

North East and North Cumbria Integrated Care Board

Quality and Safety Committee meeting held on 20 July 2023 from 1.30-4.30pm in
the Joseph Swan Suite, Pemberton House.

Minutes

Present: Professor Eileen Kaner, Independent Non-Executive Member
(Chair)

Dr Hannah Bows, Independent Non-Executive Member Vice Chair
(virtually)

Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Ken Bremner, Foundation Trust Partner Member (virtually)

Ann Fox, Director of Nursing (virtually)

David Gallagher, Executive Area Director – Tees Valley & Central
(virtually)

Jean Golightly, Director of Nursing – (virtually)

Dan Jackson, Director of Policy, Public and Stakeholder Affairs

Paul Jones, Sub regional co-ordinator Healthwatch for Christopher
Akers-Belcher

Annie Laverty, Executive Director of Improvement and Experience
(virtually)

Dr Saira Malik, Primary Medical Services Partner Member (virtually)

Louise Mason-Lodge, Director of Nursing (virtually)

Dr Rajesh Nadkarni, Foundation Trust Partner Member (virtually)

Dr Neil O'Brien, Executive Medical Director (virtually)

Chris Piercy, Director of Nursing

David Purdue, Executive Chief Nurse

Claire Riley, Executive Director of Corporate Governance,
Communications and Involvement

Jeanette Scott, Director of Nursing (virtually)

Richard Scott, Director of Nursing

Dr Annie Topping, Director of Nursing

Jenna Wall, Director of Nursing

In Attendance:

Jane Hall, Quality and Patient Lead (LMNS)

Judith Thompson, Network Manager, Learning Disability Network

Neil Hawkins, Head of Governance Newcastle/Gateshead Place

Jan Thwaites (minutes)

QSC/2023/07/01 Welcome and Introductions

Introductions were given.

QSC/2023/07/02 Apologies for absence

Apologies were given by Christopher Akers-Belcher, Healthwatch and Ewan Maule, Director of Medicines and Pharmacy.

QSC/2023/07/03 Declarations of Interest

Members had submitted their declarations prior to the meeting which has been made available in the public domain.

Dr Nadkarni declared that he was the Executive Lead for Quality at CNTW.

A link to the declarations of interest to be added for next meeting agenda.

QSC/2023/07/04 Quoracy

The meeting was quorate.

QSC/2023/07/05 Minutes of the meeting held on 11 May 2023

In relation to item QSC/2023/05/07 Jeanette Scott should have been noted as reporting on this and not Ann Fox, this would be amended.

RESOLVED: The minutes were accepted as a true record.

QSC/2023/07/06 Matters arising from the minutes and action log

The action log was discussed and updated.

QSC/2023/07/07 Area quality exception reports/key risks, issues and assurances

North - Richard Scott

Key highlights from the report were given, these included the following:

Newcastle NHS Foundation Trust maternity services had been rated by CQC as required improvement with 3 must do actions in relation to equipment checks, staff appraisals and medicines management. A project board and improvement initiative had been established to ensure recommendations raised were responded to.

This Trust was showing as an outlier in relation to mixed sex accommodation breaches linked to four intensive care units.

Newcastle had the highest number of asylum seekers accommodated per head of population. There had been ongoing problems with accommodation in hotels which had led to a number of safeguarding issues. Objections had been raised by the Local Authority around the Home Office proposal of sharing of rooms.

The CQC had undertaken an inspection of Gateshead FT maternity and had rated them as good. They had recently undergone a SEND inspection, a draft report had been received for comment. The deadline for publication was expected shortly.

Northumbria Healthcare NHS Foundation Trust safeguarding practice review had been concluded, an action plan was in place.

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) had submitted a serious incident report which had been progressed to a rapid review meeting.

Across the region there had been issues around responsibility for payments for children in care undergoing statutory review health assessments. There had been increasing numbers of unaccompanied asylum seeker children with no allocated health funding to invest.

Pressures continued in relation to tier 4 beds for children with complex needs.

There were risks around the availability of LeDeR reviewers to allocate cases in the North area.

Newcastle Safeguarding Adult Review (SARS) remained high with issues relating from the lack of capacity of reviewers.

The Chair commented on the large number of reported serious incidents in Newcastle and asked if this was unusual. In response, it was noted that there had been a backlog of recording issues and a significant numbers of falls and pressure ulcers. The numbers of incidents were linked to capacity issues in the Trust.

It was noted that each Trust had a different reporting culture but were very responsive in the face of regulatory action. In some instances incidents had occurred but had not been reported – themes and trends on numbers and categories around those numbers were being looked at.

A comment was made around the amount of information in the reports, was this a capacity, process, capability or learning issue and was the committee assured on

how this was being handled. It would be useful to be aware of the most significant areas.

The Committee was reminded of the discussion at the last meeting on the type of report that would be presented bearing in mind that this was still a work in progress. A summary covering report with the 4 areas sitting behind it and then an overarching view for the ICB, the report would evolve and be refined. This should cover: what were the key risks, what actions were being taken to address the risk(s) and by whom; and how would the committee be assured that actions were mitigating the risks. It was noted that the workforce challenge would be ongoing.

A weekly Serious Incident (SI) report was received from Foundation Trusts, numbers varied from 11 to 36. It was suggested there was a need to look at how this reporting was benchmarked (according to size and case mix within Trusts) and to consider where the backlogs were. It was noted that under-reporting as well as higher reporting needed to be considered and the responsibility of this committee was to look at the themes emerging from review and take learning across the system.

North Cumbria - Louise Mason-Lodge

In regard to SEND re-inspection, an Accelerated Progress Plan (APP) had been submitted on two areas – Trust and Faith and Social and Emotional Health – the key issues for the latter being around neuro diversity pathways and access into CAMHS.

In regard to safeguarding there had been a high profile case which was going through the coroners process, unusually the lead Safeguarding Partners had been called to the pre inquest hearing. The Children's Safeguarding Board had sought legal advice and had barrister representation, the outcome of this was awaited. The ICB may still be required to submit evidence to the inquest.

One of the key issues for North Cumbria had been establishing a safe and sustainable medical advisor function in North Cumbria Integrated Care Foundation Trust (NCIC).

The outcome of the maternity CQC visit was awaited for NCIC, it was understood to be reasonably positive. The Trust has also had an unannounced CQC and well led inspection on medicine and emergency care. Part of this was due to whistleblowing and non-sustaining their improvements. The CQC had raised no significant concerns with no regulatory action taken – the report was awaited. One of the issues was around how the Trust responded to patients who were admitted with mental health issues. Some work was required around the ownership of those patients within the organisation. The ICB had already agreed to support the Trust with a review of clinical governance following visits to the Trust by the ICB Executive Chief Nurse..

A Regulation 28 notice had been received for Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) at the end of June, information on this would come in a future report.

Refugee dispersal issues were highlighted as an increased pressure

Action: Rajesh Nadkarni and Louise Mason Lodge to look at some joint work with CNTW on the ownership of patients within the organisation.

Tees Valley Chris Piercy and Jean Golightly

The format of information provided was at an aggregate level for the 5 places covered.

The South Tees Foundation Trust CQC inspection had led to a rating of good overall, an action plan had been developed in relation to identified areas of improvement. A key concern had been the backlog of open serious incidents (currently 108). The Trust were in quality escalation in relation to never events which would explain the number of these cases there were also concerns to the lost to follow up (LTFU). Plans were underway to arrange a provider specific thematic Serious Incident (SI) panel to receive robust evidence for assurance to enable closure.

Recent serious incidents had highlighted issues in relation to waiting list management within Ophthalmology services. Escalation of contract management

processes, as well as incident investigations and service review were underway for the high volume service.

North Tees Trust continue to work towards completion of the CQC action plan with regular updates provided at CQG.

Continuing concerns in relation to the care of the deteriorating patient / diagnostic delays in June 2023. A thematic review was underway to identify any trends and wider concerns.

South Tees NHS Foundation Trust had encouraged collaborative working around Lost to follow up (LTFU) work.

The Trust had been asked to look at reporting of SIs, particularly patient falls and pressure ulcers as numbers appear to be low and dropping.

Discussions were ongoing in relation to Butterwick Hospice and how services could be re-established. They were now allowed to accept 2 adult patients who were known to the service. Thanks were given to North Tees colleagues for their support to the service.

The British Pregnancy Advisory Service (BPAS) was working with NHS England to develop and deliver a comprehensive improvement plan.

Concerns were highlighted in relation to a provider with multiple care homes across the area with identified issues in relation to medication management. The medicines optimisation team linked in with the provider and were ensuring processes were reviewed and improvements made.

The draft strategy from Cleveland Combatting Drugs Partnership following significant concerns relating to drug misuse/dependency and deaths had recently been received.

Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) have a robust process in place in terms of serious incidents and were undergoing a thematic review.

The Trust had reported a number of deaths from February to March. A safety review of 4 of the clinical areas had been undertaken. Sound practice and

improvement was observed. The safety review team met with 12 members of staff and patients with different disciplines. Each ward held a daily report out to all staff on duty including consultants and registrars. A staff huddle was also undertaken to discuss risk reviews and assessments. A report was being prepared for the Trust which would be shared with the Regional Chief Nurse.

The Trust was still in risk escalation and were subject to a Quality Board. A Local Clinical Quality Review Group had been established and would be holding monthly meetings.

A comment was made that the report had been well summarised but going forward would look at the following areas for improvement;

- Standardisation of the report
- what is the best format
- local groups dealing with the detail
- what information must be heard,
- assurance that risks had been remediated.

Central - Annie Topping and Jeanette Scott

A patient safety incident at County Durham and Darlington FT(CDDFT) had been undertaken following the identification that a large number of pathology results had not been transferred to GP systems. No patient harm had been identified.

In regard to Carbapenemase-producing enterobacteriaceae (CPE) infections, the infection control team had been monitoring, there were issues with the shortage of the mediums to undertake the cultures.

CDDFT had received their CQC inspection report for an accuracy check, the timeline had been delayed with the final report expected in the autumn for maternity.

Discussions were being held to re-instate the Quality Review Groups in Tees, Esk and Wear Valley FT (TEWV).

There were a large number of children waiting for neurodiversity assessments.

GP vacancies for adults and children in Durham place were being covered by the safeguarding team and a business case has been submitted for recruiting to the posts. This was not a new issue and assurance had also been provided to this committee previously.

In regard to the failure of reports being sent to General Practice this was related to software updates. This incident was reported by the Trust as a Serious Incident, the ICB Executive Director for IT and the ICB Chief Clinical Information Officer (primary care and safety) had also been directly alerted.

In regard to SEND, South Tyneside and Sunderland Foundation Trusts (STSFT) had a Designated Clinical Officer vacant position, Sunderland were going out to advert and South Tyneside were in the process of obtaining authorisation to go out to advert for the statutory posts.

STSFT reported a never event around a retained swab, this had been downgraded as it was found that the item was intended to remain in place post procedure.

In Sunderland place, the safeguarding team were introducing the under 25 year death framework and linking this around care experience and care leavers.

LeDeR were showing pressures with capacity for reviewers and administration support. Following a change of LeDeR policy no new notifications of the deaths of children (aged 4-17) will be made on the LeDeR platform.

There continued to be an increase of referrals into the safeguarding front door, the source of these referrals were analysed.

In terms of the quality and safeguarding support to general practice; there were 2 practices in the central area which were receiving additional support following CQC inspections. In terms of incident reporting and support since the transfer of pharmacy, ophthalmology and dentistry (POD) gaps were being looked at for those services since the transfer to ICB in April 2023. Work was ongoing to develop a set of indicators on quality assurance across primary medical care.

In regard to the Durham pathology reports, it was asked what tool or approach was used to assess the 7,500 results and how was harm assessed and the impact on general practice to review these. In response it was noted that the Trust had sent through the reports to GP practices and they were reviewed by the GPs. It was noted that there was a big impact on general practice taking the time to contact patients. No significant patient harm had been identified.

North East Commissioning Support (NECS) has been asked to pull together all of the incidents relating to results, an after action review would be undertaken with the Trust around communication issues.

QSC/2023/07/08 Maternity Update

To provide an overview of key areas of ongoing workstreams within maternity and to highlight key areas of risk and concern, which may require escalation.

The committee were asked to note the process for monitoring and assuring Clinical Negligence Scheme for Trusts (CNST) Year 5 compliance.

The report had been published in December 2020 with 7 immediate essential actions, only 50% of Trusts were compliant. Looking at other compliance such as CNST and saving babies lives there was variance in terms of provider engagement and compliance.

- When looking at CQC reports Newcastle Foundation Trust required improvement and was non-compliant in terms of Ockendon informed decision making and work to do around medicines management and staff appraisals. Gateshead had an overall rating of good, they were fully compliance with CNST, Ockendon and received a favourable CQC maternity survey.
- Northumbria were compliant with saving babies lives, Ockendon requirements and CNST. Feedback had been good from CQC.
- The CDDFT report was expected shortly, they were non-compliant with workforce elements for CNST as well as training and this mapped against the Ockendon compliance which was around risk assessment during pregnancy with a poor CQC maternity survey result. They would require

support around the suspension of services and closures linked to their workforce elements.

- South Tees were awaiting their CQC inspection, there was some work to do around risk assessment during pregnancy
- North Cumbria did well against the maternity CQC survey and had worked hard to achieve compliance with actions from Ockendon.
- North Tees had partial compliance with 4 of the 7 essential actions and partial compliance with workforce and guidelines.

Continued pressures from a maternity point of view were the failure to follow the correct procedure in regard to suspensions. Local Maternity and Neonatal Systems (LMNS) and the Clinical Network were developing a maternity framework.

It was explained that there was a national process to go through before any unit could progress to closing a commissioned service. As part of the process this would include working with the overview and scrutiny committees of the local authorities and work with partners to remain open and transparent. Work would need to be undertaken on the challenge if services were to be reconfigured.

Action: An item to be added to the next meeting agenda in relation to the ICB oversight of maternity services and the role they have in regard to Ockendon (which used to be NHS England) and the support to areas.

If Trust CQC ratings dropped to requires improvement, the approach to this would be brought back to this committee.

Good feedback had been received in relation to maternity surveys especially in the North of the region. The LMNS was well established in terms of supporting providers with mechanisms in place to support organisations.

Action: An update on Patient Safety Incident Response Framework (PSIRF) to be brought to a future meeting.

RESOLVED: The report was received.

QSC/2023/07/09 Infection, Prevention and Control update

The report updated the Quality and Safety committee of the current Infection Prevention and Control position against nationally set thresholds, The outcome of a deep dive event into the Clostridium Difficile infection rates across the ICB would be reported at a future meeting.

The key issue was in regard to C.difficile and the Trusts not meeting the threshold although some Trusts had improved significantly on last year. A deep dive event had been held in June with all 8 Trusts exploring in detail their performance and the challenges they faced. There were a number of issues including the availability of isolation facilities, the ability to maintain patient flow in terms of stress on the service, delays in sending specimens to the laboratory, lack of decant facilities to enable deep clean and decluttering of clinical areas. South Tees had seen significant improvement around the C.difficile targets when they had a decant ward available to utilise.

The infection and control teams were undertaking peer reviews across all 11 Trusts to share, learn and improve. An ICB wide plan on a page had been agreed to ensure the ICP targets could be met this year. All Trusts had been asked to submit a detailed action plan. A plan on a page had also been agreed to look at reducing C.difficile going forward.

Two more half day deep dive events had been planned into other infection challenges with a plan on a page being produced that would be consistent across the ICB. Some trusts did not have detailed community teams for infection control, some were employed by the local authority. Work was being undertaken on the consistency of approach and what could be done about this.

Mr Piercy had become a member of a national working party looking at Infection Prevention and Control (IPC) workforce and requirements. The guidance from this would be completed by September and would be shared with Trusts.

A comment was made that there were individual issues for organisations to resolve with their own workforce in terms of practice, monitoring and control of IPC. In terms of decant facilities and the issues around this could be resolved with delayed discharges being released as capacity levels were high.

In terms of discussion on patient visiting regimes and the impact this had a comment was made that thought may be required in the strengthening of communications to patients. To give a collaborative key message across the region, Trusts, GP practices and social care to push out.

RESOLVED: The Quality and Safety Committee was asked to support the actions as outlined in the paper to undertake a Deep Dive into the issues affecting performance against threshold resulting in an ICB wide plan on a page. This was supported.

QSC/2023/07/10 LeDeR Annual Report

The Learning from Lives and Deaths (LeDeR) of people with a learning disability and autistic people Annual Report, is a statutory requirement that provides assurance about delivery of LeDeR including numbers of reviews, causes of death and learning/improvement action undertaken across North East and North Cumbria.

This was the first ICB LeDeR report, the national report was expected in September 2023. The report gave the position of completed reviews and not the number of deaths.

A number of reviews were automatically required to go to a focussed review these included Black, Asian and Minority Ethnic (BAME), those with learning disabilities or autistic deaths, the latter were only included in the reviews from 2021-22.

It was anticipated that there would be more deaths of people with autism in future. For the year 2022/23 there had been 163 reviews completed, 128 initial reviews and 35 focussed reviews. The top causes of death were predominately pneumonia, respiratory disease and aspiration pneumonia.

The learning from the reviews had not significantly changed. The reviews of autistic people took significantly longer than those with people with learning disabilities. Reviewers were required to expand their skills and knowledge to ensure all learning was gathered

There had been a marked improvement in end of life planning, an increase in the uptake of flu immunisations and annual health checks with learning disability and autistic patients. It was noted that all areas across the ICB had met the target for annual health checks this year.

In regard to risks, reviewing capacity was highlighted as a key area of concern. The current capacity would not enable compliance with future demands and requirements. This would have an impact on national Key Performance Indicators (KPIs) for LeDeR.

Work was ongoing to further align the improvement initiative with the ICB health and inequalities programme with a focus on early intervention and prevention.

In regard to the governance group going forward would they address the fears in the report. It was noted that Ann Fox chaired this group, the fears noted came from the Stop People Dying Too Young Group. All issues were regularly included in the discussion and were reflected in the improvement work programme going forward.

It was noted that this was a very focussed report on the LeDeR process, this would be triangulated with the area subcommittees and to link into the network work and also commissioning arrangements for learning disabilities and mental health and to ensure the information was used in a matrix way to inform future strategy and direction.

A comment was made if there was a role for the provider collaborative to pick up themes and share the learning. In response, it was explained that this was being looked at and linking in with the collaborative and also the normal mortality processes.

RESOLVED: The Committee was asked to review the report and recommend it for approval and publication by the ICB Board. The report was approved.

QSC/2023/07/11 Patent Involvement Update

To provide the Committee with an update on the ICB's involvement and engagement activity across the North East and North Cumbria, the principles that

had been set out and how the ICB had promoted a range of schemes. Communication to all staff on the need to plan in involvement and engagement activity was highlighted.

A detailed summary of involvement and engagement was included in the report. Involving the communities as an ICB was a statutory duty. Common themes were identified from these engagement exercises.

It was noted that a large amount of work was being undertaken in conjunction with Healthwatch.

In regard to patients in rural areas and how to ensure their views were heard it was noted that this was a work in progress which included working with Northumberland Healthwatch and also the Voluntary and Community Sector (VCSE) sector to reach out to the more rural areas.

A comment was made in regard to the lack of focus on processes of co-production, it was noted that not everything could be put into the report but that there was more to do.

RESOLVED: The report was received for information and assurance.

QSC/2023/07/12 Creation and meeting schedule for Patient Voice Group

To update the committee of the formation of the QSC Patient Voice Sub Committee,

It was thought the formation of this group would enable the ICB to delve into the themes emerging from stakeholder and service user feedback received. The ICB received complaints and compliments, MP enquiries and monitor social media for local information and the work of Healthwatch colleagues.

The formation of a Citizen's Panel was being looked at with questions being planned and also summarised for this committee to triangulate the information to influence co-production.

The Chair enquired if there was capacity for leadership for this group and had Hannah Bows (Non-Executive Director with responsibility for Public Involvement)

been involved. It was confirmed that Hannah had been involved and would chair the meeting, an agenda was in production and a first meeting date had been set.

The Chair noted previous conversation around public involvement in this committee, it was agreed to include a Story-telling agenda item from the September meeting and if possible to align the patient/staff story with a bigger item for example LeDeR or a programme of improvement and ensure feedback is given to the person relating their story.

RESOLVED: The report was received for information and assurance.

QSC/2023/07/13 Maternity Patient Voices

The purpose of this report was to provide an overview of the current processes to engage maternity patient voices in co-production across the NENC ICB Local Maternity and Neonatal System (LMNS) and Maternity Clinical Network and current risks.

From a local maternity neonatal system perspective the ICB was required to have service user representatives at every level through the LMNS. Assurance was required that they could reach underrepresented groups and would like to draw on the expertise of the involvement and engagement teams to embed the listening process and use the voluntary sector to help support this.

It was explained that a Head of Involvement post had recently been interviewed for.

RESOLVED: Approved the recommendation to scope a focused project with the Involvement and Engagement Lead to improve engagement of overserved communities. Noted the progress thus far, and the establishment of an Equity and Equality steering group with appropriate Chairs

QSC/2023/07/14 NICE guidelines, ICB test beds for implementation

The technology appraisals were around new medicines and new treatments. There had been agreement with the finance leads that the vast majority of this would be funded via block contracts. If this was unable to happen this would trigger a systemwide finance discussion to look at a solution.

At the last audit of the technology appraisals the ICB was non-compliant for 26 out of 46 areas of the published guidance. This would be re-audited once the financial situation had been completed and the information would be brought back to a future committee meeting.

In regard to test beds an update was given noting that a set of slides would be provided following the meeting. The purpose of the recent meeting was for NICE to share acknowledgement that as health and care systems were transforming they were too, with a new Chief Executive Officer. On listening to stakeholders there were three areas to improve:

- To make their guidance more relevant
- To ensure information was more timely and usable
- Demonstrating greater impact by learning from data and implementation.

They had committed to developing a NICE wide prioritising function underpinned by stakeholder engagement and to ensure a single front door for innovators and industry. To reduce access to medicines by 15% and expand their technology advice. They were running pilots to incorporate appraisals of medicines. They were looking at developing 3 national ICB test beds working in partnership with ICBs on how they can have the biggest impact on health and care, to learn and codesign solutions.

Each ICB test bed would identify an area for a focus on collaboration and be an output for the testing of the 3 core strategic NICE priorities.

NICE wished to align to the ICB strategic priorities and challenges, addressing health and inequalities. They had some resource to share in terms of people with expertise around implementation. It was noted that Cheshire and Merseyside was one of the 3 sites to be included. A more detailed proposal would be followed up.

The Chair requested to be copied in and included in future meetings and asked for the slides to be shared.

A question was raised on how providers in general practices and Foundation Trusts would be engaged in this process.

Action: Annie Lavery to take forward the question on how providers in general practices and Foundation Trusts would be engaged in this practice and feedback a response.

QSC/2023/07/15 NEQOS Hospital Monitoring Report

The slides presented the latest quarterly mortality information based on the NEQOS quarterly mortality report. The NEQOS quarterly mortality report provides further detail and interpretation alongside supporting text and key mortality updates which gives greater insight into mortality both for individual trusts and across the wider system

RESOLVED: The committee reviewed the report.

QSC/2023/07/16 Risk Register

The purpose of this report is to provide the Quality and Safety Committee (QSC) with current risks on the risk register which align to the quality and safety portfolio. Update on any changes to risks on the risk register which relate to QSC.

Work continued with risk owners to update the system There had been 1 risk in relation to the Podiatry, Ophthalmology and Dentistry (PoD) transfer of clinical staff which had moved from the Executive risk register to the QSC risk register.

Three risks had reduced in score:

- Respiratory and also Patient and public involvement which had gone from high to moderate
- Delayed ambulance handovers from extreme to high

There were 2 new risks reported relating to the CHC process and variation and POD individual right to work documentation.

The LeDeR review capacity was to be included and allocated to this committee.

The Chair noted the positive position in relation to the ambulance handover reduction. The POD risk transfer should reduce over time as clarity emerged.

The all age continuing care report further on the agenda would describe a lot of the mitigation for the CHC risk.

RESOLVED: Receive and review the attached risk registers for assurance.

QSC/2023/07/17 Proposal to develop a SEND assurance sub-committee

The paper proposed the development of a Special Education Needs and Disability (SEND) Assurance Sub Committee to support quality improvements across the SEND agenda and deliver assurance regarding compliance with statutory duties.

Permission was sought to recommend the establishment of this committee. This was approved.

RESOLVED: Approved the recommendation for the development of a Special Education Needs and Disability (SEND) Assurance Sub Committee.

QSC/2023/07/18 Clinical Effectiveness sub-committee proposal

The following report outlined a proposal to strengthen governance in relation to the ICB clinical effectiveness agenda. Ensuring links with existing forums and stakeholders and maximising opportunities to seek assurance, using data to understand and improve practice and to review compliance with national quality standards.

The proposal was to set up a clinical effectiveness advisory group that would feed into this committee and take the current data and information to provide a summary report.

The function was around NICE compliance, assessing impact and outcomes of proposed changed to commissioned pathways, develop a system wide audit plan and oversee its delivery, use data insight and provide assurance to QSC. To understand some of the clinical impacts on services

A suggested membership was included in the report, the group would meet bi-monthly and act as an advisory group to QSC.

It was suggested in future to scale up the group and set a vision to possibly broaden the remit to cover the care arena and prevention. It was agreed there was a need to bring together clinical members with health and social care.

RESOLVED: Review the following clinical effectiveness proposal. Take note of the current issues in terms of limited opportunity within existing structures to manage the agenda. Agree to the development of a Clinical Effectiveness Advisory Group. The proposal was agreed.

QSC/2023/07/19 Integrated quality, performance and finance report

The NENC Integrated Delivery Report provided an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provided an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations.

The report used published performance and quality data covering April 2023 for most metrics and May 2023 for others, unless otherwise specified. Finance data was for February 23 (Month 2).

RESOLVED: The report was received for information and assurance.

A comment was made in that there was a huge amount of information in the following papers and a suggestion was made that where there was a Chair of the relevant committees that they present a short summary of key issues to bring to the committees attention.

QSC/2023/07/20 Place Quality and Safety Group minutes

North Cumbria minutes from 8 February 2023 and 18 May 2023.

RESOLVED: The above minutes were received.

QSC/2027/021 Quality Review Group minutes

CNTW minutes from 15 November 2022

North East Ambulance Service minutes from 10 February 2023

Northumbria Healthcare minutes from 2 February 2023

Newcastle upon Tyne minutes from 14 February 2023

Gateshead Foundation Trust minutes from 10 January 2023

RESOLVED: The above minutes were received.

QSC/2023/07/22 System Quality Group minutes from 11 March 2023

RESOLVED: The above minutes were received.

QSC/2023/07/23 Medicines Committee minutes from 18 April 2023

RESOLVED: The above minutes were received.

QSC/2023/07/24 HCAI Sub-committee minutes from 3 May 2023

RESOLVED: The above minutes were received.

QSC/2023/07/25 ICB Governance Framework Organogram

It was noted that this was evolving.

QSC/2023/07/26 All Ages CHC and transformation plan

This paper proposed the development of a Transformation Programme for All Age Continuing Care (AACC) including adult NHS Continuing Healthcare, NHS-funded Nursing Care (CHC), Children and Young People's Continuing Care (CYPCC) and S117 Mental Health and Learning Disabilities care packages to deliver compliance with statutory duties without unwarranted variation.

RESOLVED: The report was received.

QSC/2023/07/27 North East Ambulance Service Independent enquiry

The Report of the Independent Review in to alleged failures of patient safety and governance at the North East Ambulance Service (NEAS)

The committee received a copy of the Department of Health commissioned report into NEAS which looked at 4 specific cases and then a governance review and HR processes within the organisation.

The ICB had been asked to provide an assurance statement which had been delivered. A full review of this would be presented to the ICB next week.

The ICB were working closely with NEAS in terms of their recommendations and the ICB had 2 specific asks on how the service was commissioned – using the national framework for the commissioning of ambulances to reflect what was required. The other ask was to look at a medium term resource plan with the commissioners to ensure they had a safe, sustainable services, these elements had been completed.

There was an independent panel put in place, an independent Chair had been approached and the ICB would undertake the governance of this meeting. The meeting was to oversee the input of the four families involved in the report.

It was explained that the assurance report was undertaken by the Executive Team.

NHS England and the Department of Health and Social Care had controlled the information and the release of information in the report. They had requested that the assurance statement be approved by the Non-Executive and Executive Directors of the ICB Board.

QSC/2023/07/28 Date and time of next meeting

Thursday 14 September 2023, 1.30-5.00pm in the Joseph Swan Suite, Pemberton House.

Signed:

A handwritten signature in blue ink, reading "Eileen H. S. Kanwar", is displayed on a light green rectangular background.

Date: 14.09.23