

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	X	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	X
Official: Sensitive Personal		For information only	

BOARD	
30 MAY 2023	
Report Title:	Quality and Safety Committee annual review 2022/23
Purpose of report	
<p>In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board. The attached report is presented to Board as a summary of the Committee's work in 22/23.</p>	
Key points	
<p>The attached report provides a brief annual review of the Committee's activity in 2022/23. The report considers the set up of the Committee and the work carried out to refine the Committee's terms of reference and membership throughout the first few months of operation.</p> <p>The report provides a brief introduction of the scope and remit for the Committee and provides a summary of the main areas of work and achievements throughout 22/23. The work areas are captured under the three headings of – patient safety; clinical effectiveness; and patient experience.</p> <p>The report also provides a brief summary of some of the headline findings from the online Committee effectiveness survey that members were asked to respond to a few weeks ago.</p>	
Risks and issues	
<ul style="list-style-type: none"> • No significant risks or issues to consider for the annual review. The report includes details of how the Committee receives regular risk reports concerning the risks aligned to the Committee within the corporate risk register. • The summary results of the Committee effectiveness survey contained some improvements to consider for the Committee's work program and future ways of working. 	
Recommendation/action required	

The Board are asked to receive the 2022/23 annual review of the Quality and Safety Committee for information and assurance.

Acronyms and abbreviations explained

Sponsor/approving executive director	Eileen Kaner, Chair of Quality and Safety Committee
Report author	Neil Hawkins, Governance Lead for Quality and Safety Committee

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	x
CA2: tackle inequalities in outcomes, experience and access	x
CA3: Enhance productivity and value for money	x
CA4: Help the NHS support broader social and economic development	x

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	X	N/A	
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If yes, please specify

Equality analysis completed (please tick)	Yes		No		N/A	X
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If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	X
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Key implications

Are additional resources required?	N/A
Has there been/does there need to be appropriate clinical involvement?	N/A
Has there been/does there need to be any patient and public involvement?	N/A
Has there been/does there need to be partner and/or other stakeholder engagement?	N/A

ANNUAL REVIEW OF QUALITY AND SAFETY COMMITTEE	
<i>In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board.</i>	
Review period	July 2022 – March 2023
Number of Meetings	Three (Oct 22; Dec 22; Feb 23)
Membership and terms of reference	Throughout its first year of operation the Committee has focused on refining its terms of reference and membership to reflect the scope of the responsibilities within the Committee's remit and to ensure it has the appropriate representation to provide assurance to the Board. The terms of reference were initially revised and approved by Board in December 22 and will be presented again to Board in May for further updates to membership and to define the Committee's role in assuring public and patient involvement activity for the ICB.
Role and responsibilities of the Committee	
<p>The Committee is responsible for ensuring the appropriate governance systems and processes are in place to commission, monitor and ensure delivery of high quality, safe patient care in services commissioned by the ICB.</p> <p>In achieving this, the Committee seeks to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience to provide assurance to the Board on the quality, safety and risks of services being commissioned that may impact on the delivery of statutory duties, agreed organisational strategic and operational plans.</p>	
Details of main work areas and main achievements and assurances	
<p>In its first year, the Committee has developed a cycle of business structured around the three core pillars of patient safety, clinical effectiveness and patient experience.</p> <p><u>Patient safety</u></p> <p>Clinical quality exception report – the Committee received presentations concerning quality and safety exceptions and performance. These covered infection prevention and control; never</p>	

events; serious incidents; maternity; and an update on the NEAS independent enquiry. The Committee also received a presentation concerning work to implement the Patient Safety Incident Response Framework (PSIRF).

Developing the ICB Safeguarding Strategy – An overview into the steps of this important piece of work were given noting that the ICB needed to be held to account to deliver against its statutory functions including prevention and strategic workforce planning. The terms of reference for a new Health and Safeguarding Executive Group were shared, which would be established as a formal sub-committee of the Quality and Safety Committee. It was noted that safeguarding partnership arrangements would continue at place. The focus of a new executive group was to assure safeguarding partners as well as the ICB Board and NHS England that the appropriate safeguarding arrangements were in place.

Quality and safety risks – the Committee received regular reports on the corporate risks aligned to the Quality and Safety Committee. New risks have been added throughout 2022/23, with bi-monthly reports presented to the Committee at each meeting. The NECS risk team continue to work with owners to regularly review risks to ensure controls and actions to mitigate risks remain current and risks are escalated where appropriate.

In addition to the regular risk reports, the Directors of Nursing from each of the four geographies within the ICB also presented their top three areas of risk/concern. Themes included: workforce capacity in health and social care; continuing health care (CHC) capacity and the fragility of the domiciliary care market; significant pressures across health and social care system resulting in pressures on Emergency Depts and ambulance waits.

Integrated Quality and Performance Report – the Committee received regular reports concerning key quality and performance indicators, including data concerning never events, serious incidents and infection rates. Risks and assurances around independent providers, workforce pressures (sickness at some trusts above the national average with high turnover rates), 104 week wait for spinal surgery, ambulance response times, cancer 62 week waits were all provided within the reports. The Committee will continue to receive bi-monthly reports moving forward.

Maternity, Clinical Negligence Scheme for Trusts - The ICB has the responsibility to confirm the eight Maternity providers' self-declaration for the Clinical Negligence Scheme for Trusts. Four of the Trusts are declaring full compliance and four not. There was some concern about scope for subjectivity in reporting. The Committee considered a report which highlighted the key areas of non-compliance and the process the Local Maternity and Neonatal System is following to support the Trusts. A number of Trusts nationally have had to payback premiums due to false declarations to their Boards. The ICB held a session with all providers and used local intelligence and data to assure the Trusts declared an accurate position.

Establishment of sub-committees – the Committee recommended to the ICB Board the establishment of the below sub-committees:

- NENC Integrated Care System Safeguarding Health Executive Group: Children, Adults and Cared for Children Sub Committee
- Quality and safety sub-committee (Area) (x4) – four sub committees covering the four geographic areas within the ICB - North Cumbria; North Area (Northumberland, North Tyneside, Newcastle and Gateshead), Central Area (Sunderland, South Tyneside and County Durham) and Tees Valley Area (Darlington, Hartlepool, Redcar & Cleveland, Middlesbrough and Stockton).
- Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HCAI) sub committee

The terms of reference for the sub-committees were approved by the Board in March 2023. Work is now underway to get the sub-committees established with assurance and reporting lines back through to Quality and Safety Committee via minutes and exception reporting.

Clinical effectiveness

Medicines overview – The Committee was provided with an overview including the role of the regional medicine's committee and reporting to the Quality and Safety Committee (via minutes and annual reporting). The Committee approved the recommendation of the formation of a Medicines Safety Committee proposed to sit jointly under the Quality and Safety Committee and Medicines Committees. Terms of reference will be developed before considering further.

Update briefing – 2022/23 flu vaccination and forward view 2023/24 – Dr Neil O'Brien, ICB Medical Director took the Committee through a brief presentation concerning the flu vaccination program for this year, including some of the achievements of note and challenges. Planning for 23/24 is underway with a focus on:

- Pregnant women
- 2 and 3 year-olds
- New data and behavioural insights – from ICB inequalities funding
- Pharmacy focus
- New contract for school age providers from 1 Sept 2023
- Data flows and intelligence improvements
- Formalised plan ready by end of July

Sodium Valproate – the Committee also received a presentation concerning the use of Sodium Valproate in people of childbearing potential across North East & North Cumbria. Assurance was given that the numbers were being reviewed and compliance with the care package was being monitored and reviewed. Across NENC there were 1583 people of child bearing potential that were prescribed valproate at present and could be at some type of risk. Half of these had been biologically excluded. Of the coding in the GP practices only 12% across NENC had been coded as having this care package in place. The Committee sought assurance around data recording given the low coding rates and this will be further explored as part of the work moving forward.

Patient experience

Delivering our people and involving communities strategy – the Committee received an update on the strategy and work to progress the ICB's involvement and engagement work. Discussions noted the importance of using multiple methods and approaches, to reach out to less heard groups, to children and young people, and the use of citizens panels.

Storyteller protocol and involvement and experience update – the Committee was provided with an update on the proposed protocol to capture patient and carer's lived experiences of the ICB's commissioned services, as well as its initial implementation. Specific consideration has been given to the need to widen the scope, ensuring we are listening to staff perspectives and those able to represent communities across our geography (instead of purely individual patient sorties). To reflect this, the name of the process has been changed from patient stories to storyteller.

A section has also been enhanced around ensuring people follow individual organisation's complaints procedures. An initial communication plan has also been developed with the ICB communications team. To support this work, key messaging and communication materials are also being developed and pre-tested. There was some concern about whether the term story

telling could be confused with whistle-blowing or perceived as trivializing experiences – hence the need to check this with members of the public.

Complaints – the Committee received quarterly reports concerning complaints – providing assurance that the ICB has fulfilled its statutory responsibilities regarding complaints management. This includes an overview of the issues raised in complaints/concerns during the quarter along with learning for the ICB following complaint investigations. The KPIs for acknowledging and responding to complaints continue to be met. The ICB will soon take on responsibility for other primary care services from NHS England (ophthalmology, dentistry and pharmacy), so it is envisaged numbers of complaints may rise in future in line with this additional scope (not as a result of a lessening of quality).

Committee effectiveness and main challenges faced by the Committee during the year

Members of the Committee were asked to complete a short survey and provide their reflections on the first year of the Committee's work. The survey sought views on the terms of reference; meeting frequency; meeting Charing arrangements; the skills and experience of its members; management of conflicts of interest; meeting papers/information format; and Committee successes and improvements to consider.

The majority of members agreed the terms of reference were appropriate noting that time has been taken to review and agree these – which was an important step/process. Whilst most members agreed that the meeting frequency seemed appropriate there are challenges with such a full agenda and being able to give sufficient time to each agenda item.

Whilst the Committee has dedicated significant time to reviewing the terms of reference and membership of the Committee, some members still feel we need to continue to focus on the balance of skills and experience to ensure appropriate representation of e.g., providers and commissioners.

The Committee has been provided with comprehensive papers and presentations throughout the year. These can be very detailed and lengthy, and members fed back that they can be difficult to fully review ahead of meetings. Authors will be asked to ensure reports are focused and include only relevant data/information.

Proposal to review terms of Reference?	The terms of reference have been reviewed in April 23 and will be presented to Board in May 23 for ratification.
Chair of the Committee	Eileen Kaner, Chair of Quality and Safety Committee
Report Author	Neil Hawkins (Governance Lead for Quality and Safety Committee)
Date:	21.04.23