

**North East and North Cumbria Integrated Care Board
Quality and Safety Committee (QSC) meeting held on 12 September 2024 from
9.00-12.00pm in the Joseph Swan Suite, Pemberton House**

CONFIRMED Minutes

Present: Sir Pali Hungin, Independent Non-Executive Member (Chair)
Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Ms Sarah Dronsfield, Director of Quality (virtually)
Mrs Ann Fox, Deputy Chief Nurse
Mr David Gallagher, Chief Procurement and Contracting Officer
Dr Saira Malik, Primary Medical Services Partner Member (virtually)
Mr Ewan Maule, Clinical Director MO/Pharmacy
Dr Neil O'Brien, Medical Director
Mrs Claire Riley, Chief Corporate Services Officer
Mr Richard Scott, Director of Nursing (North)

In Attendance: Mr Christopher Akers-Belcher, Regional Co-ordinator, Healthwatch
Mr David Chandler, Chief Finance Officer
Mrs Jen Coe, Strategic Head of Involvement and Engagement
Ms Caroline Gallilee, observing (virtually)
Mr Neil Hawkins, Strategic Head of Corporate Governance
Amy Hocking, Data Coordinator, North East & Cumbria Learning
Disability Network
Mrs Jan Thwaites, Executive Assistant (minutes).

QSC/2024/09/01 Welcome and Introductions

The Chair welcomed members to the meeting.

QSC/2024/09/02 Apologies for Absence

Apologies were received from Mr David Purdue, Chief Nurse, AHP and People Officer, Ms Louise Mason-Lodge, Director of Nursing (safeguarding), Dr Rajesh Nadkarni, Foundation Trust Partner Member, Ms Jeanette Scott, Director of Nursing (South), Mr Chris Piercy, Director of Nursing (South) and Mr Ken Bremner, Foundation Trust Partner Member.

QSC/2024/09/03 Declarations of Interest

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

Item: 12.2

QSC/2024/09/04 Quoracy

The meeting was confirmed as quorate.

QSC/2024/09/05 Minutes of the meeting held on 31 July 2024

The minutes of the meeting were agreed as a true and accurate reflection.

RESOLVED: The Committee **AGREED** the minutes from the meeting held on 31 July 2024 which were accepted as a true and accurate record.

QSC/2024/09/06 Matters Arising from the Minutes and Action Log

The action log was discussed and updated accordingly.

Action updates: - Primary care complaints - A recovery plan had been taken to Executives.

Action: Primary care complaints - A more detailed report would be brought to the November meeting.

Two teams had been merged with one process for complaints. The backlog for 2023 complaints had either been closed or were going through a more formal process. The ICB continued to work with NHS England and were in the process of securing additional support to the team and to turn the service into a more proactive customer service. The ICB had over 1,000 complaints on the one register and were starting to get into a consistent approach for management of these. NHS England were assured on the progress for the 2024 backlog and the 3-month recovery plan including the additional resource. Further support had been received from internal resources.

In relation to the Fuller report – this would be followed up after the meeting to update the action log for next meeting noting that sometimes PFI areas take longer than expected.

Action: to escalate outstanding actions on the action log to the Chief Corporate Services Officer.

The Director of Quality was to meet with the Board Secretary to streamline the governance process in relation to corporate meetings. This may also form part of the agenda for the forthcoming development session.

QSC/2024/09/07 Patient Story

In attendance for this section of the meeting were Paul from Millfield Medical Centre, Nahida from Sunderland Bangladeshi Centre and

Wendy from Sunderland Healthwatch to discuss issues raised by the Bangladeshi community on their struggle to access health services. Paul had been invited to meet with some of the ladies group from the Bangladeshi Centre to listen to their concerns, explain the e-consult system and to answer any questions they may raise including language barriers, difficulties making appointments for themselves and family members.

The Bangladeshi Centre worked with the local community to understand their issues be it around health and wellbeing, employment and education to listen and hear their issues and work with them to influence change especially with and for the older generation.

Paul explained that following his meeting with the group he understood that practices were failing the community in areas such as e-prescriptions, eConsult, face to face appointments requiring an interpreter. Concerns were raised as to not being able to access services in a timely manner and the consequences of this, for example, late diagnoses.

A question was raised that now we were aware of the issues what other steps were being proposed and to share across the whole of the region.

The development of centralised leaflets was raised as not everyone had access to electronic information – eConsult was only developed for the English language. Paul explained that his practice had produced leaflets themselves to explain access to services.

It was noted that systems such as e-consult were designed around efficiencies whereas there was a need to build in adequate alternatives. There was not a full understanding where patients were prescribed medication but was there a full understanding of why they had to take it, there was a need to include inclusive conversations with service users.

Thanks were given for raising the issues faced by marginalised communities and that systems were not as good as they should be for those at the highest risk of morbidity. It was noted that this was a wider ICB issue to be considered.

Action: Accessibility of information The Chief Corporate Services Officer to speak to the Communications team to create a range of information leaflets in various dialects for access to services. There was a fundamental issue on how the overall digital programme was developed and did not support minority groups.

Action: Access to information - The Strategic Head of Involvement and Engagement to speak to the Chief Digital and Infrastructure Officer to raise the issues and explore the digital programme and incorporate those that either did not speak English as their first language or were digitally excluded.

The importance of working with the voluntary and community sector was highlighted to ensure support for those that need help.

A request was made for more patients from inclusion groups to attend patient participation groups in GP surgeries. The investment for translation and interpretation services was raised and how much NENC ICB provide in relation to materials. From a GP perspective there were multiple issues to address with inclusion groups including the time and resources to do this.

A question was raised in relation to technology and if there was something that the NHS could utilise to overcome the issues they were encountering. It was noted that the Bangladeshi Centre help individuals in relation to issues such as GP appointments, with banking etc.

It was noted that there were only 10 languages translated into leaflets nationally for cervical screening. This issue should be escalated to NHS England as an opportunity to influence and not to delay the work that the Communications team would be tasked to undertake.

A suggestion was made for the ICB to explore working with the Bangladeshi Centre to build on their expertise.

Action: Nahida to share their report on a cancer project which had just concluded.

Action: Access to information (translation of leaflets) - The Chief Corporate Services Officer to provide a progress report following on from the information shared in the patient story section of the agenda.

Congratulations were given to Healthwatch for bringing the issues to the committee's attention noting the value the ICB had learnt from service users.

It was noted that there was a role for the Deputy Director of Health Equity and Inclusion in this on the impact of efficiencies from a sense check point of view.

It was important to capture information from all areas and inclusion but being mindful to not stifle innovation.

QSC/2024/09/08 ICB Quality Report

The Committee received the report which provided members with oversight of key themes outlined in the ICB Area Quality reports for the North and South ICB footprint.

Never events were increasing in the North, this issue had been discussed at quality and oversight meetings. The PSIRF new methodology was being used to investigate these.

There had been issues over trajectory regarding Healthcare Associated Infection (HCAI) and a deterioration in the national picture. In Durham an audit had been conducted with oversight from the Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HCAI) subcommittee for shared learning.

There had been an increase in maternal deaths since May 2024 across 4 trusts. The Trusts had been asked to review specific areas and seek assurance from the maternity services once they have reviewed their own services.

There has been growing concerns across the ICB in relation to a small number of incidents involving patients with a Learning Disability (LD) within intensive care units who had been intubated and ventilated to manage their behaviour and compliance with treatment, for extended periods of time.

A System Safety Alert was sent on 29 August to all services and organisations that provide urgent and emergency care and intensive care services. The Senior Quality team staff were working collaboratively across the ICB with system partners to gain assurances.

Part of the approach was to explore alternative measures that could have been used. It was noted that the issues were more around managing behaviours which was why the safety alert had been issued. More detail on these issues would be provided in a future update.

CHC issues remain around capacity - recruitment was in process. It was explained that there had been multiple factors which had resulted in the lack of capacity including sickness and some leavers. Plans were in place to support the team and recover performance position. The plans included developing bank work and apprenticeships.

There had been a number of issues relating to digital systems across the Trusts, these had been picked up via the oversight meetings. The patient safety centre would be launched in October.

A Regulation 28 notice had been issued around a death and how some agencies were working together. A response to this was in progress.

Regarding the LD issues, concerns were raised as to the potential for significant media interest. It was explained that was part of the safety alert that had been sent out and was around the mental capacity act.

An out of area independent investigation was taking place for one of the cases. The ICB were part of the investigation noting that there were some wider issues which would involve GP practice and Continuing Healthcare (CHC) as the patient was jointly funded.

Action: The system safety alert would be shared with the committee members.

There was a need to do system learning around this and look at pathways with all organisations.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined.

QSC/2024/09/09 Safeguarding Annual Report

The 2023-24 North East and North Cumbria Integrated Care Board (NENC ICB) Safeguarding Annual Review Report was presented to the committee.

Due to a timing issue the report had been received by the ICB Board and approved prior to being received at this meeting. The report gave assurance to the committee regarding our ICB safeguarding functions and outlines the continued fulfilment of our statutory safeguarding duties. The report would be shared with relevant safeguarding partnerships and Corporate Parenting Boards for assurance purposes.

RESOLVED Committee members were asked to receive the report for information and assurance and note that the report will be shared with our relevant safeguarding partnerships and Corporate Parenting Boards for assurance purposes.

QSC/2024/09/10 Medicines Optimisation Annual Report

The report provided an update and assurance for the period April 2023 to March 2024 on quality and safety associated with medicines optimisation in North East and North Cumbria Integrated Care Board.

It was explained that due to organisational change and operational challenges the medicines optimisation team had reduced by around 30% with a vacancy rate of 40%. Regardless of these constraints the team had continued to work proactively and reactively regarding emerging safety issues and managing medicines shortages.

From a governance point of view the team had moved to a single medicine's governance process across the ICB. This had led to strong system working.

Good practice examples were highlighted in the slide pack with cardiovascular disease being ahead of the national curve. There had been good work on antimicrobial stewardship and the 'Are your medicines working for you' campaign.

A question was raised regarding the 1/4m population with respiratory disease. In response it was explained that this was a priority area with a clear link to deprivation. The balance between preventative and treatment needed to be addressed as patients were still using inhalers for treatment rather than preventing attacks in the first place.

It was noted that on a national scale the ICB were high prescribers with more people with clinical conditions which drove prescribing.

In regard to medicines and how the RAG rating for drugs was used concerns were raised as to which medication was listed as green or green plus. It was explained that the definition for RAG ratings was out for consultation. There was a related question regarding commissioning the intention of the RAG rating was about clinical safety and appropriateness, activity, and commissioning. How does this translate into the patient journey. In a recent Patient Voice meeting there had been comment made regarding pharmacy first.

Action: The Strategic Head of Involvement and Engagement to link in with the Director of Medicines to ensure there was a flow of patient information/feedback to the medicine's optimisation team.

It was noted that the GP collective action was influencing the safe prescribing of medication. Some GPs intimated that they would not prescribe some drugs that were green plus because of workload implications. This was being managed as an incident and could have an impact on the quality and safety in the system.

Action: An update on the review of the green plus group and GP collective action impact on quality and safety would be brought to the November committee.

Congratulations were given to the team for its work on opioids.

Following on from the data from the women's health conversation – from a menopause point of view we are failing -need to understand and to look how to transform.

RESOLVED The Committee:

- Received the contents of this report and noted both progress and on-going concerns.
- Noted appropriate plans are in place to address on-going concerns.
- Noted risks to delivery beyond the control or influence of NENC ICB.

QSC/2024/09/11 LeDeR Annual Report

The report provided the Committee with the LeDeR Annual Report 1st Jan – 31st Dec 2023, the Learning into Action Report and the easy read version.

Last year 257 notifications had been received to the LeDeR platform with 216 reviews carried out, 208 were about people with a learning disability and 8 with autism. 41 reviews had not been completed in 2023; an addendum would be added to the report once they had been completed.

There was significant variation across the area with Durham having the highest reporting and the North the lowest.

The KPI target of 35% for focus reviews had not been achieved. This year's report had included some grading and caring which had not been shown previously but could only be used from the focus reviews, further work on this was required.

The most common causes of death during 2023 were pneumonia, aspiration pneumonia, heart disease, respiratory disease, and cancer.

New arrangements were in place including a new panel, a new learning into action group and a refreshed assurance group. Action plans were in place.

It was noted that moving to one process across the ICB had been difficult, the team had worked hard, and it was expected that compliance would continue to improve.

The team were now well connected with other teams including communications and engagement, the healthier and fairer and commissioning teams. To make improvements in the lives of patients and prevent early mortality. Links through the groups would inform the strategic plans.

A comment was made that some inaccurate information had been entered onto the report, this would be amended and re-issued before publication.

Regarding the Oliver McGowan training a question was raised as to whose responsibility it was to ensure compliance that all staff had received their training. In response the ICB needed to ensure everyone accessed training to ensure they are aware of how to care for people with learning disability and autism. A lot of work had been undertaken with the diamond standards training. A blended approach had been agreed and to ensure compliance had been achieved on the competencies of Oliver McGowan training. The ICB's focus would be out in the community where training had not been completed. It was noted that it was now a legal requirement as part of the health and care act and CQC would be regulating this as part of its inspections.

A correlation between early mortality and failure to undertake annual health checks had been made, was this improving or declining. It was noted that it was around assessing the quality of checks and implementing health action plans.

The work to bring this under one system was recognised and all the workstreams that were going forward.

A question was raised as to the underreporting of autism, it was noted that this was across the whole area and was now reported as a whole whereas in the past it had been looked at by area.

A question was raised if there had been an evaluation on the costs and the benefit of training as it was estimated at around £40m. This was a lot of money to commit to a programme as:

1. No funding was made available other than the cost of provision
2. Would the programme be evaluated, how to assess the effectiveness of this programme.

It was noted that this was a national decision and the ICB were navigating this as best they could to ensure providers were compliant.

RESOLVED The Committee accepted the LeDeR Annual Report, recommend to Executive Board and publish on ICB website.

QSC/2024/09/12 Neurorehabilitation

The presentation outlined progress and recommended next steps since the set-up of the Neurorehabilitation Programme Board and a recent stocktake of priorities following the outcome of commissioning intentions for 2024/2025

Following a patient story presented to the Committee in Spring 2023 the ICB had set up a Neurorehabilitation Programme Board. Its recommendations were reported to the ICB Executive Committee in October 2023 and were supported.

There were over 150 people involved in the multiprofessional and multi organisational system to explore neuro rehab pathway from inpatient to community.

The main pathways were to be re-aligned to the following.

- Community neuro workstream to be aligned to the Living and Ageing Well Partnership.
- The proposed new Prolonged Disorders of Consciousness (PDOC) Pathway will be transferred into the All-Age Continuing Health Care review
- The Inpatient Workstream Business Proposals for Digital Referral Management System (BadgerNet) and Case managers transferred to Complex Case management for review.
- There is an ICB and NHSE joint committee, to consider addressing inequity in Level 2 inpatient provision across NENC ICB.
- The Executive Chief Nurse remains the Senior Responsible Officer (SRO) responsible for the neurorehabilitation programme of work providing updates to the Executive Teams and Board, as required. The Director for Allied Health Professions would assume the link Director role for oversight of neurorehabilitation. To support recommendations being shared with and ongoing oversight,

accountability, and operational support transferred to, the NENC ICB Executive Committee.

- To offer participants the opportunity to develop their own clinically led Neurorehabilitation Community of Practice, for peer support, development and sharing of good practice.
- To step down the Neurorehabilitation Programme Board Steering Group and thank participants for the valued contributions and dedication.

Action: The Director of AHP to commit a form of words for the Chief Nurse to write to the patient who presented their story to the Committee and thank them for their contribution and make him aware of the work being undertaken.

A comment was made that it was good to keep oversight of these issues even though the workstreams had been aligned to differing areas.

A member of the government had led a piece of work on neuro rehab and had requested the ICB findings to be put on their national work.

RESOLVED The Committee approved the recommendations within the report.

QSC/2024/09/13 Clinical Effectiveness update

An update on the establishment of clinical effectiveness (CE) sub-committee which was approved at Executive Committee on the 31 July 2024 was provided.

It was explained that some of the medicine's governance should integrate with the clinical effectiveness and be specific with what it receives.

The first meeting would be held in October and would be developmental regarding function. The terms of reference had previously been agreed.

The Clinical Effectiveness and Governance (CEG) subcommittee would bring together the work of the medicines committee and be designated as a formal sub committee to take some of the work from the Executive.

A guidelines group would be developed as a reformed function of Northern Treatment Advisory Group (NTAG) and use the engagement and tools to incorporate wider guidelines and quality.

These would form part of the governance and would be escalated to the Executive or the Quality and Safety Committee.

The value-based commissioning polices would be brought into the CEG subcommittee and development was underway on a clinical ethics group to feed into the CEG subcommittee. The function of this group would be investigate variation, guidelines, setting the clinical audit plan for the year and ensure it was aligned with the quality priorities for the year.

The Quality and Safety Committee would be presented with a summary report of which mortality would be a part. The report would demonstrate more oversight and assurance on the implementation of evidence-based health care.

Effectiveness summits would be held twice a year which would be whole system and thematically based. Expertise from the nursing directorate would be drawn in to assist with the agenda.

Action: A clinical effectiveness subcommittee report would be brought to the next committee meeting.

It was noted that this would align to the quality strategy and the safety centre to demonstrate the impact of any clinical decisions.

RESOLVED The Quality and Safety Committee noted the structure and remit of the Clinical Effectiveness and Governance (CEG) subcommittee and its relationship to the wider ICB governance structure. This includes receiving regular reports for information as the CEG agenda progresses.

QSC/2024/09/14 Patient Involvement and Experience update

The Committee was provided with an update on the ICB's involvement and engagement activity across the North East and North Cumbria.

All the Involvement Leads were aligned to locality delivery areas to support service change and to get to know the communities and networks and listen to service users.

The Involvement strategy was being refreshed with simplified language and health literacy approach.

The Patient Voice group had been reestablished; a slightly different report would be prepared for this meeting on how it will discharge its duties, what mechanism were in place for listening and engaging, access to dentistry and research on GP access.

The Patient Voice group would add in further attendees including Local Maternity and Neonatal System (LMNS) and the Cancer Network.

The group would be working with the learning and improvement system to use what is heard to target involvement work aligned to key priorities and shape continuous learning.

Regarding women's health there had been over 4,000 responses – work was ongoing to understand what this was saying and to use it to learn and improve. A comment was made if this learning should be shared with practitioners throughout the area to share these issues. The group had held a conversation on how to communicate back to the patients, public and also the seldom heard. Healthwatch agreed a protocol with the ICB to collate lived experience and voices across the sub regions.

Over 3.5k responses had been received regarding the dentistry sector, responses needed to be made on what the ICB were doing about these concerns.

It was explained that the team target inclusion groups working alongside Health Watch to ensure there was no duplication. The involvement leads were finding connections and relationships and linking into stroke groups A suggestion was made to link into the clinical effectiveness group to make them aware of what issues there were in the community.

RESOLVED The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined.

QSC/2024/09/15 Items escalated from sub committees.

HCAI subcommittee – no update was given.

Medicines subcommittee – no update was given.

Patient Voice Group – no update was given.

Safeguarding Health Executive Group - no update was given.

SEND subcommittee - no update was given.

North subcommittee - no update was given.

South subcommittee - no update was given.

QSC/2024/09/16 Integrated quality, performance and finance report

The NENC Integrated Delivery Report (IDR) provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

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RESOLVED: Committee members received the report for information and assurance.

QSC/2024/09/17 Area Quality and Safety Subcommittee Minutes

The following minutes were received:

- South minutes of the meeting held on 18 June 2024

RESOLVED:

The Committee **RECEIVED** the minutes for assurance.

QSC/2024/09/18 System Quality Group minutes of 13 June 2024

RESOLVED: The Committee **RECEIVED** the minutes for assurance.

QSC/2024/09/19 Safeguarding Health Executive minutes of 29 May 2024

RESOLVED: The Committee **RECEIVED** the minutes for assurance.

QSC/2024/07/27 Any Other Business and items for escalation.

QSC/2024/07/28 Date and Time of Next Meeting

Thursday 14 November 2024, 09.00-12.00pm in the Joseph Swan Suite, Pemberton House.

The meeting closed at

Signed:

Position: Chair

Date: 15.11.24