

North East and North Cumbria Integrated Care Board

Quality and Safety Committee meeting held on 16 February 2023 from 10.00-12.30pm in the Joseph Swan Suite, Pemberton House.

Minutes

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

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

Maria Avantaggiato-Quinn, Director of Allied Health Professionals

Ken Bremner, Foundation Trust Partner Member

Ann Fox, Director of Nursing

Maureen Grieveson, Director of Nursing

Dr Saira Malik, Primary Medical Services Partner Member

Louise Mason-Lodge, Director of Nursing

Ewan Maule, Director of Medicines

Dr Neil O'Brien, Executive Medical Director

David Purdue, Executive Chief Nurse

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

Jeanette Scott, Director of Nursing

Richard Scott, Director of Nursing

Dr Mike Smith, Primary Medical Services Partner Member

David Thompson, Healthwatch

Julia Young, Director of Nursing

In Attendance:

Lisa Anderson, Senior Involvement and Engagement Lead

Neil Hawkins, Head of Governance Newcastle/Gateshead Place

Vicky Playforth, Head of Continuing Healthcare & Complex Care
(observer)

Lucy Topping, Director of Performance and Improvement (observer)

Jan Thwaites (minutes)

QSC/2023/02/01 Welcome and Introductions

Introductions were given.

QSC/2023/01/02 Apologies for absence

Apologies were given by Jean Golightly, Director of Nursing and Annie Laverty, Executive Chief People Officer, Aejaz Zahid, Director of Innovation and Professor Sir Liam Donaldson, ICB Chairman and Tom Hall, Director of Public Health, Rajesh Nadkarni, Foundation Trust Partner Member, Nicola Bailey, Interim Executive Director of Place Based Partnerships (North and North Cumbria), Tony Roberts, Director of NEQOS

QSC/2023/02/03 Declarations of Interest

The Chair declared an interest in that she holds an honorary contract with CNTW as the host for the NIHR Applied Research Collaboration contract that she is a Director of. An updated form would be completed.

QSC/2023/04 Minutes of the meeting held on 15 December 2022

A couple of typographical errors were highlighted, these would be amended.

On page 8 of the minutes in regard to POD responsibilities the ICB would be taking over the commissioning and in due course, this would include complaints. There were ongoing discussions in regard to the resource allocation coming through from NHS England.

RESOLVED: The minutes were accepted as a true record.

QSC/2023/02/05 Matters arising from the minutes and action log

QSC/2022/12/21 It was explained that the documentation from this meeting could be identified and released to be helpful to colleague's such as Healthwatch. This item would be closed

QSC/2022/12/29 The medicines committee had been approved and the minutes would be shared with this committee. This item would be closed.

QSC/2022/10/05 The organogram was in progress, approval was awaited on the terms of reference for the Place Based Integrated Quality meetings. This item would be closed.

A governance map would go to regular board meetings to ensure all were aware of the various committees and sub-committees.

QSC/2023/02/06 Storyteller Protocol

To provide the Committee with an update on the protocol in place to capture experiences of the ICB's commissioned services, as well as its initial implementation.

The scope had been widened to ensure it captured all perspectives. To reflect this, the name of the process had been changed from patient stories to storytelling.

A communications plan had been developed with key messages, materials and animations previously utilised in the patient story approach by Clinical Commissioning Groups.

A comment was made in relation to the possibility to misconstrue the purpose of story-telling for instance as a complaint or whistle-blowing process and there is need for sensitivity in handling patient expectations. It was noted that this should be used as an opportunity for the patient to tell a story from their perspective as a lived experience. A comment was made that it would be helpful to say what was and was not included as part of the process.

It was noted that from the previous Sunderland CCG perspective the process had been used successfully, been received positively by the Governing Body with the feedback from the patient being positive.

A question was raised in regard to a patient who did not have the capacity to give consent. It was noted that there was an opportunity for a carer or family member to relay the story but there were complication with this and a number of people would be involved in the decision making process. There was also an opportunity for an anonymised version of the story to be told. A further comment was made that relatives should be able to have open discussions with consultants where there were issues of consent.

Themes and concerns would be brought together and a report with recommendations would be produced.

Assurance was given that a paper was being presented to the Executive Committee in March to triangulate intel and information received though storytelling, MP enquires, complaints, social media etc – a sub-committee of this group would be created to triangulate this information to identify and hold conversations with all areas of the system. This would be presented to this committee for final approval. This narrative should be included in the storytelling process. The committee needed to be assured and understand there was a feedback loop.

A question was raised on how the evaluation would be pulled together, to look at the metrics behind the stories and were a cross section of the clinical pathways being received.

In relation to the under 16s this was an important area. In response it was explained that a meeting had been arranged with the children's advisors to gain

their understanding on how they want to participate, how to hear their voice and what we would want to hear from them.

A comment was made that this committee was a sub-committee of the ICB board and not the ICB Partnership and should be conscious and clear on its purpose and work with partners.

It was recognised that if offenders were using healthcare they also have rights to access healthcare and to be heard.

ACTION: The Senior Involvement and Engagement Lead to have a conversation with the Executive Director of Corporate Governance, Communications and Involvement on the fullness and suggestions of the conversation held today.

To work on collecting patient stories and their lived experience, to develop the documentation with the understanding that the title of Storyteller would be checked out via feedback from public members, and would include POD services in due course. A final document would be circulated with some narrative included around feedback and the process of how stories would be collected.

RESOLVED: The protocol and communication plan was received for information and assurance.

QSC/2023/02/07 Involvement and Experience update

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

Information on the development of an action plan was included within the report also highlighting key involvement activities.

In regard to the SEND agenda there should be a specific reference and link to the strategy.

It was recognised that storyteller was just one part of the broader involvement and engagement process. A variety of methodologies would be used for example surveys or focussed group processes. It was suggested to link in with patient panels and to utilise the Healthwatch offer.

RESOLVED: The report was received for information and assurance.

QSC/2023/02/08 Committee terms of reference and the establishment of sub-committees

To review and approve the revised membership for the Committee and to consider requests to establish three sub-committees.

The Quality and Safety Committee terms of reference had been looked at in terms of managing the size of the group and the membership.

A question was raised about any future requirements for quality innovation and it was agreed that the Executive Director for Innovation could be specifically invited to attend these meetings. In response it was noted that there was the option to invite

relevant attendees to present on upcoming areas to the Committee. It was also noted that clinical attendance was valuable.

In relation to the proposed change to the Director of Nursing attendance it was noted that if meaningful discussion, feedback and assurance from the area sub-committees their attendance would be beneficial.

In regard to the proposed change to the timings of these meetings it was noted that information from the various sub and regional committees would need to flow to this committee, this needed to be taken into consideration.

A question was raised as to how the committee detected trends etc from the data available and how could they do the intelligence and quality differently.

A request had been made to alter the cycle of these meetings to be in 'sync' with the ICB board meetings. There may be a need to re-align the sub-committee place based meetings to ensure quality and safety, flow of minutes and information was received in a timely manner.

A comment was made to diversify representation on this committee and also the Antimicrobial Resistance & Healthcare Associated Infection sub-committee to include Allied Health Profession representation.

It was suggested that the terms of reference were tidied up, to ensure both the core membership and essential representation from the area based structures with local options to add to this as and when required.

A comment was made that the front sheets of the reports should define the focus for the committee. NECS colleagues were having to produce multiple reports in various formats, the impact of this needed to be reduced with standard reports going forward. A comment was made that there was no reference to the 3rd pillar of patient experience which needed to be added.

Action: NH to discuss the core and additional members for this committee with DP. A further version of the terms of reference to be brought to the next meeting and to include an organogram for information.

Antimicrobial Resistance & Healthcare Associated Infection sub-committee

It was noted that there was a medicines agenda, antimicrobial risks were on the risk register. There were overlapping references to PGDs. Concerns were raised in that the deputy chair of the committee was from NHS England and should this not be represented by the ICB. These issues would be taken offline with EM and DP as this would sit under the ICP. A piece of work was being undertaken around all the meetings that sit under the ICP, this included discussion with Amanda Healy from Public Health and Chris Piercy to ensure there were no duplications of work.

RESOLVED: The committee approved the amendments to the terms of reference and supported establishment of the proposed sub-committees and recommended submission to the ICB Board for formal ratification.

QSC/2023/02/09 Integrated Delivery Report

The NENC Integrated Delivery Report provides an ICS overview of Quality and Performance, highlighting any significant changes, areas of risk and mitigating actions. The report encompasses key elements of the 2022/23 planning priorities, NHS Oversight framework (NHS OF) metrics, some NHS Long Term Plan (LTP) and the NHS People Plan commitments

In terms of quality performance it was noted that the urgent and emergency care (UEC) system had seen significant improvements in terms of handover delays nationally. In terms of UEC there were a number of actions in the recovery plan, it was explained that looking at the metrics the 76% A&E standard was not aspirational enough for the system. This would be looked at locally to monitor continuous improvement.

An improved position in terms of discharge was highlighted utilising the share of the additional funding pot looking at harm and the moving of patients.

In terms of 78 week waits the Department of Health had requested that before the end of March all patient placements were to be dated. There were 3 organisations who were at tier 2 for escalation risks Newcastle Hospitals, Co. Durham and Darlington Foundation Trust and North Cumbria Integrated Care. Regular meetings were in place. Newcastle were not achieving re complex spine, elective care etc.

Inpatients and learning disabilities were being looked at in regard to out of hours services and not admitting patients who could be supported to remain at home.

A piece of work would be carried out for patients on the neuro diversity programme waiting list. It was suggested that an analysis of issues and what was being done to address this could come to a future meeting.

A comment was made that the locality groups to have the correct information to inform this report at place and provider level – some level of detail not appropriate at board level. It needs to be resolved what detail remains at place level and what is presented on a system-level risk register.

Discussion at this meeting should be about what performance means to patients in the system, with the biggest quality impact risk to the system being medically optimised patients in beds and how many would be able to go back to their own home. What was the patient experience, social care aspect and measures of improvement.

Need to be aware of pressures in the mental health services in regard to recruitment, need to be aware of where patients were, care plans and work with trusts regarding the patient experience. It is importance to keep a focus on patients and not data, what was the quality and safety impact of the performance breaches and what was the specific quality and improvement plan. To be aware of the level of detail this committee required and the need to drive data at a local level. All agreed that the detail should be at place and this committee to have an

aggregate version of this and have deep dives into pertinent issues to address and improve safety and outcomes.

It was agreed that achieving positive, timely and effective outcomes were most important, the role and focus of this committee was to ensure that the achieved outcomes were the same across the region and to highlight areas that would make a difference and to trust that work was happening at place. Soft intelligence would hold a major part of this.

RESOLVED: The report was received for information and assurance.

QSC/2023/02/10 Risk Register

The report provided the Quality and Safety Committee with some suggested risks facing the ICB which align to the quality and safety portfolio.

Ambulance handovers were highlighted as an increase in scoring for the reporting period.

Of the new identified risks were the following:

- Workforce pressures in clinical and social care, maternity services,
- children and young people's access to mental health services
- meeting the needs of asylum seekers and refugees
- funding allocation for local maternity and neonatal system
- antimicrobial prescribing

A potential new risk was identifying suitable placements for patients with complex learning disabilities. A number of risks at place had been identified with the detail in the appendices of the report.

In regard to the placements for complex needs what was being seen was patients being discharged unsafely and ending up back in in patient beds sometimes out of area when the safest place for them would be in a hospital bed.

It was explained that place escalate risks to the area team, for this committee to discuss these but this committee should be looking at corporate risks not place based. There should be some consistency around how place leads rate these risks.

It was noted that the complex needs risk should be expanded to include both adults and children. There was an issue on where this risk should sit and whether it should be on the corporate risk register.

A comment was made that a broader discussion should be held on this item if this was to be more than an item for information only. It was noted that this committee needed to be aware of risks and in the future may have specific risks on the agenda that required a longer time to discuss.

RESOLVED: The committee reviewed the report.

QSC/2023/02/11 Director of Nursing top risks

A summary of the key areas were highlighted:

Central - Ann Fox

The CQC report for South Tyneside and Sunderland Foundation Trust (STSFT) had been received. The review of the action plan would be managed and assurance would be escalated through the Quality Review Group.

LeDer required an ICB model to deliver the duty.

The Co Durham Infection, Prevention and Control team had recently had notice served from Darlington Borough Council to support delivery of the service as the council have a desire to implement an in house model. This leaves a significant funding gap for the specialist team and is causing heightened anxiety among team members particularly as expectations were raised in CCG days that health would support funding.

North – Richard Scott

Workforce pressures around complex community placements for packages of care – Gateshead had a number of homes closed to admissions which created pressures moving patients

SEND – preparation for anticipated inspections, revised guidance on high need budgets presented a risk to the ICB in Newcastle and Gateshead regarding funding to meet health needs in special schools.

Continuing Healthcare (CHC) financial risks in Northumberland relating to capacity and the possible TUPE of staff from the Foundation Trust.

Tees Valley – Jean Golightly

Loss to follow up concerns for South Tees hospital seeking evidence for assurance to close serious incidents

South Tees- a number of incidents relating to never events

North Tees failure to manage deteriorating patients

North Cumbria – Louise Mason-Lodge

System flow – focus to patient harms as a result of treatment delays

CQC had rated NCIC as high risk in relation to medical wards. The ICB were undertaking supportive work with the trust

Fragile domiciliary care markets – continued concerns with provider giving notice and having to urgently move vulnerable patients

It was noted that the Directors of Nursing flagging their top 3 risks was thought to be the best way to highlight these risks to this committee via this report. In relation to health input into special schools this needed to be standardised across the ICB.

It was noted that the discharge funding was non recurrent, the biggest risk from a quality perspective was if this was not sustained.

A comment was made that where positive quality improvement work was occurring it would be helpful for this to be reported alongside any risks and good practice to be shared across the ICB. A short briefing to be arranged and shared with the quality and safety groups.

QSC/2023/02/12 ICB Maternity CNST return

The ICB had the responsibility to confirm the 8 Maternity providers self-declaration for the Clinical Negligence Scheme for Trusts. 4 of the Trusts are declaring full compliance and 4 non-compliance.

If full compliance was achieved, a rebate of an element of their contribution relating to the CNST maternity incentive fund would be received.

In terms of safety actions the LMNS would look to the training requirements.

It was noted that there were different interpretations and variation across the region. In relation to action 5 it was thought that this was not achievable to have a suite co-ordinator on site 100% of the time, STSFT was around 95-97%.

It was explained that a review of evidence was undertaken with the LMNS.

Trusts needed to ensure that the information included in the declaration was robust, ICB to sign off this year to have assurance on position and used an independent audit to check the data.

RESOLVED: The report was received for information.

QSC/2023/02/13 Reflections on ICB development session with Bill Kirkup

Vice chair Hannah Bows led this discussion and the following reflections were made:

- The presentation identified areas for attention and action in our system
- The lack of national outcome data is unhelpful – we need such data to inform and understand where there were issues
- National Enquiries were retrospectively identifying issues – need to look at current activity to improve quickly
- Often no formal complaints made following childbirth even after negative experiences, as families are keen to get home and move on – opportunity at early stage to improve – earlier samples to triangulate information
- Cultural problems are hard to measure – how can we identify them at early stage to achieve change
- It is difficult for less senior staff to challenge people in high positions – and to challenge across clinical specialities
- Badgernet – ensure providers were in that space and what was the ICB role
- We need to ensure we can triangulate data and information for example MP letters and complaints.
- Should we have safety champions in each trust – work with LMNS as what stories were coming back.
- Risks of press undercover coverage that ICB were not aware of.

It was suggested that there was a need to undertake a deep dive on all of these issues, to look at behaviours and cultures and clinical leadership – need to ensure all aware of issues and working together for improvement. Issues around time to look at data versus usual work at place.

A national bulletin noted that maternal suicide was now the highest cause of death. It was thought that pregnancy issues may have an impact on mental health and potentially lead to maternal suicides. Managing patient expectations were key.

A comment was made for the supporting of staff undertaking complex cases.

A question was raised as to how to pick up the soft intelligence to be productive as the only information held is that of the complainants, no data was available for those that do not complain. The messages of service users should be heard earlier to be used. Healthwatch could be utilised to gain this intelligence although it was noted that Foundation Trusts also had their own processes for gathering this information.

It was explained that a new single maternity plan would be launched on 16 March which fed in from both Ockendon reports.

QSC/2023/02/14 Flu update

There had been a peak in flu admissions which coincided with a Covid peak. The number of admissions were high in this area compared to the whole of England mainly due to the greater number of long term conditions.

The vaccination programme had been successful and the majority had been delivered before mid-December.

Increased pressures were seen due to respiratory illness and strep A issues.

A slight drop had been seen in the uptake of the flu vaccination

Achievements to note were:

- improved data
- uptake in pregnancy increased
- pilot in nurseries which would be rolled out
- good communication campaigns – planning for next year

Challenges to note were:

- Sharing data between organisations
- national booking system
- low intake of health and social care workers

Planning for 2023/24

- a washup event to look at the learning had been held – planning for next year focussing on pregnancy and 2-3 year olds
- looking at new data on behavioural science work

There would be a spring booster programme probably focussing on care home residents.

In terms of quality concerns there had been a number of pharmacies giving incorrect vaccine to the wrong group, this had been picked up and managed by NHSE as the commissioner. The investigation and actions had been concluded.

The heat map showed that vulnerable populations did not uptake as well as white British populations – looking at initiatives for this and undertaking good work in communities.

QSC/2023/02/15 CQC, review of ICS Providers

The report highlights the current level of CQC activity in the ICB. Providers are RAG-rated on the current insight reports and soft intelligence from the CQC.

Cumbria, Northumberland, Tyne and Wear Foundation Trust (CNWT) were currently classed as outstanding by the CQC. Following some work by Inclusion North significant concerns were highlighted in relation to patient mental health wards. A weekly meeting would be held to look at these issues

South Tees FT CQC report was expected in early March, initially this had gone well.

South Tyneside and Sunderland Foundation Trust's (STSFT) report had been received in February. They had dropped from good overall to requires improvement.

North East Ambulance Service (NEAS) had dropped from good to requirement improvement overall – 2 areas with inadequate ratings were well led and emergency care.

Newcastle Hospitals had a focussed inspection on inpatient with learning disabilities and autism – the report was expected shortly.

The CQC were RAG rating all organisations as good medium or high risk and extreme risk.

Visits were planned to Cumbria to look at governance and standards.

Issues were highlighted with a provider of medical transport sub-contracted by CNTW. CQC rated as inadequate and removed the licence. Another provider had the same issues. North East Commissioning Support (NECS) were now looking at the quality of all sub-contracts for the ICB as due to the legacy of Covid where contracts were sub-contracted without the due diligence of the same procurement rules. It was noted that CQC also had given sub-contracting agreements during the pandemic.

RESOLVED: The report was received for information.

QSC/2023/02/17 Place Quality and Safety Group minutes

North Cumbria 9 November 2022

North Tyneside November 2022

RESOLVED: The above minutes were received.

QSC/2023/02/18 Quality Review Group minutes

North East Ambulance Service (NEAS) 14 October 2022

Newcastle upon Tyne Hospitals NHS Foundation Trust 10 November 2022

RESOLVED: The above minutes were received.

QSC/2023/02/19 Medicines Committee minutes 18 October 2022

QSC/2023/02/20 Any other business

A possible system risk was raised in that there had been recently a baby death in a GP practice. This highlighted the need for education and training in practice on resuscitation, accepting this was a very rare event. Work was being undertaken to advise practices that they need to ensure training compliance was up to date and a review of equipment to ensure all resus equipment was available and staff were compliant with its use.

This review had raised further issues around patients from overseas, students, extended families and houses of multiple occupancy not being registered with a GP. The impact of all services needed to be considered and the understanding that these potential patients had of the services they could receive and how to access them. A multi-agency piece of work was being undertaken in Sunderland and would be shared across all areas.

QSC/2023/02/21 Reflection on meeting process/content

The Chair noted the room issues and potential hybrid meetings, as well as the need for clear name badges in future in-person meetings.

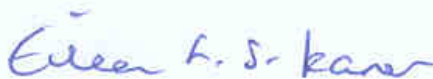
The committee should be clear on what the ICB responsibilities are to avoid duplication at place and what are the top 3 risks and how are they being reviewed in this committee.

Lot information given but not intelligence.

QSC/2023/02/22 Date and time of next meeting

Thursday 20 April 2023 at 10.00am.

Signed:



Date: 11 May 2023