

**North East and North Cumbria Integrated Care Board
Quality and Safety Committee meeting held on 11 January 2024 from 9.00-
12.00pm in the Joseph Swan Suite, Pemberton House**

Minutes

Present: Professor Eileen Kaner, Chair of Quality and Safety Committee and Independent Non-Executive Member
Professor Hannah Bows, Independent Non-Executive Member (virtually)
Ms Sarah Dronsfield, Director of Quality
Mrs Ann Fox, Deputy Chief Nurse
Mr David Gallagher, Executive Area Director Tees Valley & Central
Ms Jean Golightly, Director of Nursing (virtually)
Dr Saira Malik, Primary Medical Services Partner Member (virtually)
Mr Ewan Maule, Director of Medicines (virtually)
Mr Chris Piercy, Director of Nursing.
Mr David Purdue, Executive Chief Nurse
Mrs Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement.
Ms Jeanette Scott, Director of Nursing
Mr Richard Scott, Director of Nursing
Ms Jenna Wall, Director of Nursing

In Attendance: Ms Samantha Barron, Strategic Lead SEND
Mr Christopher Akers-Belcher, Regional Co-ordinator, Healthwatch (virtually)
Ms Jen Coe, Head of Involvement and Engagement
Mrs Sarah Dennis, (for patient story item)
Mr Neil Hawkins, Head of Corporate Affairs, (Central and Tees areas)
Ms Ailie Hodgson, Care coordinator for the Northern Neonatal Network, (for patient story item)
Mr Tony Roberts, Director of North East Quality Observatory (NEQOS) (virtually)
Mrs Jan Thwaites (minutes)

QSC/2024/01/01 Welcome and Introductions
A round of introductions were made.

QSC/2024/01/02 Apologies for Absence
Apologies were received from Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals, Mrs Annie Laverty, Executive Director

of Improvement and Experience, Dr Neil O'Brien, Executive Medical Director, Mr Ken Bremner, Foundation Trust Partner Member, Ms Louise Mason-Lodge, Director of Nursing, Dr Rajesh Nadkarni, Foundation Trust Partner Member and Dr Annie Topping, Director of Nursing

QSC/2024/01/03 Declarations of Interest

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

QSC/2024/01/04 Quoracy

The meeting was confirmed as quorate.

QSC/2024/01/05 Minutes of the meeting held on 9 November 2023

RESOLVED:

The Committee **AGREED** the minutes from the meeting held on 9 November 2023 which were accepted as a true and accurate record.

QSC/2024/01/06 Matters Arising from the Minutes and Action Log

Item 09/06 had been completed and would come to this meeting following approval at the Medicines sub-committee.

Item 09/07 had been completed as part of the engagement framework. A previous patient story participant would join a developing group regarding lived experience.

Item 09/12 the national dashboard was not yet available - to roll this item and Item 09/06 into one single action.

Item 09/13 this item was linked to County Durham and Darlington Foundation Trust mortality. Not all data had been received yet.

Item 07/14 regarding NICE implementation test bed sites. The Executive Director of Corporate Governance, Communications and Involvement to speak to the Executive Medical Director to gain an update for the March meeting.

QSC/2024/01/07 ICB Quality Report

Highlights from the report were given to the committee.

Continuing healthcare (CHC) continued to be one of the highlighted areas regarding workforce pressures causing delays in reviews and appeals; the achievement of the 28-day target and challenges around increase demand for fast tracks and complex care.

There were backlogs in relation to the court of protection deprivation of liberties (DoLs), these were listed as concerns on the risk register.

Pressures in the domiciliary care markets had been seen around specialist complex needs, delays in discharge were being felt due to the lack of secured accommodation of packages of care. Where significant delays are seen, the concerns were escalated to the relevant Director.

Cost improvement programmes were underway working with providers and partners especially to improve the transition between children's and adults continuing care.

A workshop had taken place on 18 December to look at a CHC premium model to support fee setting and workforce issues.

Learning from lives and deaths, people with a learning disability and autistic people (LeDeR) reviews were seen to be increasing. A piece of work was being undertaken to look at the backlog with an options paper outlining an interim solution awaiting approval.

Action: An update on the position of the backlog of LeDeR reviews to be included in the ICB Quality Report for the May meeting.

An increase in Never Events had been seen both across the ICB commissioned services and nationally. It was noted that 16 Never Events had been recorded with 10 from the same provider. Identified themes were noted as not adhering to local process and human factors. A suggestion was made that rapid quality improvement across the ICS should be investigated. There was an increase in demand for safeguarding in both adults and children which had an impact on the workforce capacity.

Concerns had been raised around the mental health and wellbeing of asylum seekers being accommodated in shared rooms in hotels along with the risk of infection control issues.

The continued increase of children entering care was placing pressure on providers to complete initial health assessments within statutory timeframes. Education partners had highlighted poor school attendance especially for those with special educational need and disabilities (SEND). Also, in the general school population there had been a drop in attendances, this was attributed to in part the pandemic and a change in attitudes to school attendance from some parents and carers.

A question was raised in relation to the low uptake of personal budgets and whether this was in relation to the offer or whether people were not accepting when offered the opportunity. In response it was noted that it was a mixture of both, there were some areas within the ICB area that had higher take up rates than others. This was in part due to the personal health budget process where people could engage their own teams to work with the related individual. The Local Authority would support individuals who indicate they wish for a personal health budget but did not feel they could manage the employment of a team themselves. It was felt that more could be done to offer support in this area.

Regarding CHC transformation it was suggested that a presentation should be placed on the QSC agenda.

Action: An update on the CHC transformation programme to be placed on the March agenda and to bring a patient story at a later date.

One of the themes being picked up via the complaints route is the accessibility of CHC information linked to health literacy - this would be picked up via the transformation group.

In regard to the Personal Health Budgets, assurance should be gained from the pilot work in the Northeast particularly in Hartlepool and Stockton which has evidenced some good examples of good practice that can be used across the ICB area.

A question was raised in relation to the high level of Never Events from one provider (Newcastle upon Tyne Hospitals Foundation Trust) and what the threshold and level of concern was of this committee to look at more of the detail of those investigations.

Action: A detailed analysis of Never Events to be brought to the March meeting, including consideration of escalation to the ICB Board.

Assurance was given that the ICB system were very experienced in supporting providers who had these challenges. There was a requirement to understand the nature and the number of these events. Going forward the Patient Safety Incident Response Framework (PSIRF) methodology and framework would be applied.

The issues raised in relation to the CHC delayed reviews had seen some improvement due to the receipt of non-recurrent funding to address the backlog of reviews.

The Director of Nursing (North) also provided the committee with an update on the recently aired Panorama programme concerning Prestwick Care.

On 10th November the ICB received a copy of a letter received by Prestwick Care notifying the Company that BBC Panorama intended to produce a programme setting out concerns about the company and Addison Court one of its care homes in Gateshead. Prestwick were given a right to reply by 24th November 2023.

Given the nature of issues raised by Panorama, Addison Court was formally taken into Gateshead's joint ICB/LA Serious Provider Concern (SPC) process on 22nd November 2023.

On Friday 24th November 2023, the ICB were further advised of concerns relating to Prestwick Care and employment of overseas staff. This notification was the result of a High Court judgement in respect of a Judicial Review that had been taken by Prestwick Care regarding notification that the Home Office intended to revoke Prestwick's sponsorship licence. The Judicial Review had not been upheld.

On 29th November the Home Office revoked Prestwick's Licence and set in place arrangements to notify Prestwick's 197 overseas employees. On 30th November the Council and ICB received further correspondence from the BBC listing additional concerns and seeking clarification from the Council regarding a number of reported safeguarding concerns/issues. On the 18 December the BBC aired the panorama programme.

Following receipt of initial concerns ICB staff have worked collaboratively with LA partners and the regulator to address concerns and to mitigate patient risk. The ICB has implemented the SPC process jointly with Gateshead LA working directly with the provider who subsequently agreed to voluntarily suspend admissions to the home.

CQC brought forward their inspection for the home and this was concluded on Friday 15th December 2023. Whilst the report is yet to be published CQC have suspended the home rating and are issuing two regulatory notices.

As Prestwick/Malhotra Group have 15 homes across the NENC footprint the ICB have worked with LA partners in our area to agree a wider approach to management and assurance in relation to these concerns. The ICB's Chief Nurse convened and chaired a multi-agency risk escalation meeting on Friday 1st December to agree and coordinate a system response.

The ICB has planned and implemented a monitoring programme across all 15 homes in response to Panorama, coordinating with Local Authority Social work and Commissioning teams as required.

The ICB and LA have worked closely with the provider to support relatives and residents at Addison Court this has included undertaking patient reviews and attending meetings with relatives.

An Independent Safeguarding Review would be commissioned by Gateshead Safeguarding Adults Board (GSAB) to identify broader themes and learning in relation to:

- Routine quality monitoring and assurance processes.
- System escalation response.
- Information and data triangulation and analysis.

Once the Chair is appointed the review will take around 6 months to conclude. The report would be presented to the committee once ratified by the GSAB.

ACTION: The Independent Safeguarding Review to be brought to the committee in November 2024.

RESOLVED:

The Committee **RECEIVED** the report for information and assurance.

QSC/2024 /01/08 Maternity Report

The report gave an overview of key areas of ongoing workstreams within maternity and highlighted key areas of risk and concern, which may require escalation.

A review of the birth reflections would be undertaken to standardise guidance and pathways, there were inequities in access to maternal mental health services. There was an options paper going to the sub-committee for approval to help address the identified inequities.

Due to changes in the neonatal pathway around gestation for delivery, bookings for North Cumbria had been changed to James Cook Hospital if they were prior to 32 weeks. Concerns had been raised around travel time by parents and expenses. Work would continue to support access to charitable funding and to ensure the parental voice was heard.

A Charter was being developed through the Local Maternity and Neonatal Systems (LMNS) Board around the publication of parental literature which would be easy read and in the top five spoken languages.

It was noted that there was a lack of support available for maternity services data analysts to extract patient data. The digital steering group had input from all analysts from every unit and additional midwives and we are expecting to see improvements in this area.

Concerns were raised as to the number of vacancies. The LMNS were working from an NHS England perspective to commission additional shortened midwifery training programmes and looking at the use of apprenticeships and to ensure clinical time was used effectively.

A query was raised in relation to maternity newborn safety investigations (MNSI) – with NENC Trusts having submitted 198 referrals since the commencement of MNSI. Of these reported incidents 165 met the criteria for full investigation. The actions from the reports would be fed into the LMNS Quality and Safety Group and supported by providers and the wider system. Themes were reviewed to ensure support was given to the providers. It was noted that a reduction in reported cases had been seen over the last 2 quarters. Caution was highlighted around these figures due to reconfigured pathways and the impact of the pandemic on staffing and women accessing services.

Regarding the pelvic health issue there was a lot of press around this issue and there had been a request for a meeting from a local MP to ask the ICBs position and what its plans were around further roll out.

Every ICB has been tasked with commissioning and implementing a perinatal pelvic health service by the end of March 2024, in line with national service specifications, to identify, prevent, and treat common pelvic floor problems in pregnant women and new mothers. The national service specification was delayed; however, it was published on 16th October 2023. NENC have received funding and have seconded a programme lead for the service for one year. Recruitment into fixed term five-month clinical leadership posts has recently commenced to include leads from physiotherapy, midwifery, obstetrics, gynaecology, primary care and digital.

It was noted that perinatal mental health was commissioned from routine mental health and learning disabilities providers and specialist commissioning. In Tees, Esk and Wear Valley they had a specialist perinatal team available.

ACTION: An update on maternity and perinatal mental health services to be brought to the May 2024 meeting.

RESOLVED: The Committee noted the planned actions and ongoing workstreams.

QSC/2024/01/09 Paediatric hearing services report

The purpose of the report was to provide an update on the Paediatric Hearing Services Improvement Programme system recommendations for immediate action for the NENC ICB.

The report provided a comprehensive overview of the position of each of the seven Trusts that have a paediatric audiology service.

Within the report, issues raised were around the soundproofing of the rooms where the tests were carried out and the understanding and interpretation of the tapes. It was noted that in relation to the Auditory Brain Stem (ABR) recordings the issue was around the variation to bring back infants for repeat investigation.

Assurance was given that all the services with concerns around ABR had a buddy and the tapes were being reviewed by an organisation rated as green within the Yorkshire footprint. There were no concerns around ongoing service provision.

There was a comprehensive improvement programme required for numerous organisations. The challenges around backlogs were noted. The Regional Quality Improvement Board from NHSE had not yet been established.

RESOLVED: The Committee noted the planned actions for assurance and noted the potential risk regarding wait times and the quality of care as outlined in the report.

QSC/2024/01/10 Patient Voice sub-group update

The report provided the committee with a summary update from the Patient Voice Subgroup meeting held on 16 November. It was explained that this new group had only met twice, and the minutes of the meetings would be attached to the report in future.

The Subgroup considered the various sources of feedback received and identified emerging themes from stakeholders such as complaints, MPs, Healthwatch and from the public and service users.

Involvement activities across the region had been mapped, one of the outputs from this was the ICB did not have a reimbursement policy to pay people for their time and involvement. An option paper would be developed and taken to the subgroup ensuring that

people were not disadvantaged for taking part in involvement activity, including any implications for those on benefits.

The majority of issues were listed as primary care access, GP access, dentistry and pharmacies. MPs specifically enquired about covid, ADHD and autism waiting times and transport access to services.

Healthwatch were undertaking some survey work on dentistry and an incentivised access plan which if found to be working would be rolled out further across the area. They were also looking at the ICB inclusion and hosting a number of workshops.

A pharmacy needs assessment was being worked through in Northumberland regarding pharmacy withdrawal of services. To develop a process to learn from and apply across the ICB as there were several issues where services were being withdrawn.

A point was made that the ICB received a lot of MP enquiries around dentistry. The ICB Board had discussed the £3m investment which included an increase in the availability of appointments. A piece of work around oral health was being undertaken by the communication team.

A point of accuracy was made on page 10 on the report growing older planning ahead section – NECS do not commission, the ICB work through NECS to commission.

A question was raised as to what communications were going out to the public to support them to keep well. In response there were ongoing conversations regarding the oral health strategy, key communications and outcomes which would link in from a prevention point of view. The final strategy was awaited.

RESOLVED: The Committee RECEIVED the update for information and assurance.

QSC/2024/01/011 Patient Story

A patient story was shared concerning the journey through the health system up to and following the birth of her child and the subsequent access and experiences to various maternity units across the area.

The journey included 93 days in three different Neonatal Intensive Care Units (NICU) and Special Care Baby Units (SCBU).

Thanks were given to the Tiny Lives charity funding that gave subsidised meals, the accommodation for the family at Crawford House and the baby transport team.

The parents were members of the parent representative groups at the Royal Victoria Infirmary (RVI) family integrated care service, which strived to put parents at the forefront of baby's care and stresses the importance of this for babies' development and supporting the mental health of parents.

A comment was made that learning needed to be undertaken in relation to information given to parents about what to expect if required to attend NICU units, talking them through this rather than leaving them to read letters in isolation. Many parents will not have considered the potential need for such interventions and more could be done to help parents what to expect and how they can get answers to the questions they will have.

The Chair and committee members thanked the storyteller for joining the meeting to share their personal journey and the learning we can take from this to improve services in the future.

RESOLVED: The Committee **RECEIVED** the lived experience account for information.

QSC/2024/01/12 Special Educational Needs and Disabilities (SEND) update.

A comprehensive presentation was given to the committee concerning the ICB's responsibilities with regards to SEND. The presentation had been informed by national practice and had been discussed at the ICB SEND Assurance subcommittee.

The presentation ran through several topics including:

- Overview of statutory duties
- What does good look like – including performance dashboards
- What are our key priorities/risks
- Design work plan

The proposed actions were to develop an ICB SEND Quality Assurance Framework and to produce quality standards.

There were five workstreams in place currently in support of this work. They are workstreams supporting the development of performance dashboard; risk; lived experience and co production; development of an ICB SEND Quality Assurance Framework, and; workforce development.

The timeframe for the Quality Assurance Framework was discussed. It was explained that NHS England were developing a national quality assurance framework, the SEND team were working in tandem with this. The deadline was expected around July 2024.

Action: To bring the SEND Quality Assurance Framework to the committee in July 2024.

RESOLVED: The Committee **RECEIVED** the updated report for information and assurance.

QSC/2024/01/13 NEQOS Hospital Mortality Monitoring

The report provided the latest quarterly mortality information, including the Summary Hospital-level Mortality Indicator (SHMI) and associated contextual indicators for all North East and North Cumbria Trusts, for the period July 2022 to June 2023.

The report highlighted that for County Durham and Darlington Foundation Trust (CDDFT), SHIMI data was changing. The Trust were experiencing issues with coding in relation to primary diagnosis. This was partly impacted by the implementation of CERNER (an electronic patient record system) in 2022 but further impacted by the loss of staff in the coding dept, which was impacting the SHIMI data trends.

South Tyneside and Sunderland Foundation Trust (STSFT) were also having an issue with coding depth. However, it was noted that their figures were higher as they also included St Benedict's Hospice within their data set.

CDDFT had gone from average to the lowest in the region in the space of two quarters. It was suggested that this situation could decline further before it starts to improve.

It was explained that clinicians found CERNER harder to use so this compounded the issue of coders finding the correct diagnosis codes to use and the loss of staff had deepened the issue.

The CDDFT issues had been discussed at a Board-to-Board meeting in terms of mortality. The Medical Director had given a timescale for an improvement plan.

ACTION: The Executive Chief Nurse to share the CDDFT timescale for improvement with the committee.

ACTION: A focussed update on CDDFT issues to be brought to the March 2024 meeting.

Following consideration at the March committee meeting, a decision will be taken as to whether this issue should also to be taken as an assurance item to a future ICB Board.

RESOLVED: The Committee **RECEIVED** the updated report for information and assurance.

QSC/2024/01/14 Healthcare Associated infection (HCAI) rates by provider

The report highlighted details of the HCAI position relating to NHS providers across the North East and North Cumbria ICB area.

County Durham and Darlington NHS Foundation Trust (CDDFT) had challenges in regard to CPE infections (Carbapenemase-producing enterobacteriaceae) along with some outbreaks at South Tyneside and Sunderland NHS Foundation Trust (STSFT). CDDFT were holding a full day event on 16 February to explore CPE issues further.

On 21 February an event was planned to invite all Trusts to develop a single plan on a page (POAP) concerning HCAI.

In terms of winter, the following challenges were noted: increased urgent activities, patient flow issues, isolation facilities, sickness absence and industrial action. This had resulted in significant movement of staff between wards and specialties.

There were ongoing issues around patient flow and demand, hand hygiene, pressures on staff, high turnover of patients, ambulance turnaround challenges and cleaning of vehicles.

It was noted that NENC ICB was not out with the position of other ICBs and were in a better position than most due to the collaborative work across all of the Foundation Trusts.

RESOLVED: The Committee **RECEIVED** the report for information and assurance.

QSC/2024/01/15 Patient Safety Incident Response Framework (PSIRF)

The report provided an overview of the benchmarking of the ICB policy against the national guidance for oversight as well as the role of the patient safety partner.

The Committee were asked to explore how the patient and public voice partners could support the development of a Patient Safety Partner role and which committee would be best to develop that role.

The published guidance stated there was a need for a five-day 24/7 contact for the Foundation Trusts for escalation. Options would be brought on the proposed structure once completed.

Importance was placed on the understanding of current data collection across the ICB and how this could be triangulated to gain a clear insight into the effectiveness of the system and processes in place.

A comment was made that it would be good to have the patient and public voice partners flow through the Patient Voice sub-committee. A conversation around how to best achieve this was required to ensure this was more representative of the local population. A link into organisations, models and frameworks such as Healthwatch would be beneficial.

It was noted that there were staff within the organisation who had the skills and knowledge to adopt the role of Patient Safety Specialist (PSS) with some additional training.

ACTION: In regard to the recommendation within the report the ICB PSIRF Lead will bring an options paper for consideration in March 2024 on the PSS structure.

RESOLVED: The committee RECEIVED the report for assurance and noted the ongoing actions underway.

QSC/2024/01/16 Risk Register

The purpose of the report was to provide the Committee with an updated position on the current risks which align to the quality and safety portfolio for the reporting period 23 October 2023 to 18 December 2023.

Two new risks had been identified; these were:

- 0062 around the PSIRF transition
- 0070 Maternity and Neonatal Voices Partnership survey around informed consent

Both had been scored as moderate risks.

One risk had changed during the reporting period from amber to yellow in relation to reducing and preventing antimicrobial resistance. There had been no closed risks and a summary of place risks was highlighted in the report.

It was noted that there could have been some duplication for Newcastle/Gateshead on some previously reported place-based risks but there were no concerns being an outlier.

In regard to 0062 the PSIRF risk – this was around capacity particularly admin support to ensure support to the FTs and the independent sector. The control around this was ICB 2.0 and to ensure the resource was used effectively.

RESOLVED:

The Committee RECEIVED and reviewed the quality and safety risk register for information and assurance.

QSC/2024/01/17 Board Assurance Framework

The report provided the Committee with the latest version of the Board Assurance Framework (BAF) for quarter 3 2023/24.

Appendix 1 as a visual representation of how the risks mapped to the ICS strategy.

The detail had been pulled through from the corporate risks.

A technical point was made in regard to the "better health and care services" section of the report where the ICB had not yet received their rating from the CQC. This should read as "does not achieve a good or outstanding rating" – rather than "maintain". This would be amended.

A request was made to adjust future agendas to ensure the BAF was at the top of the meeting agenda as this was a strategic meeting around quality and safety and how this was monitored through the governance agenda.

ACTION: The Board Assurance Framework to be moved to the start of each agenda going forward.

RESOLVED: The Committee RECEIVED and reviewed the Board Assurance Framework.

QSC/2024/01/18 Integrated Quality, Performance and Finance Report

RESOLVED:

The Committee RECEIVED the report for information and assurance.

QSC/2024/01/19 Area Quality and Safety Subcommittee Minutes

The following minutes were received:

- Central Area Quality and Safety Subcommittee minutes of 17 October 2023
- North Cumbria Area Quality and Safety Subcommittee minutes of 16 October 2023
- North Area Quality and Safety Subcommittee minutes of 17 October 2023
- Tees Valley Area Quality and Safety Subcommittee minutes of 10 October 2023.

RESOLVED:

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

QSC/2024/01/20 Quality Review Group Minutes

The following minutes were received:

- Gateshead Quality Review Group minutes of 1 August and 24 October 2023

RESOLVED:

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

QSC/2024/01/21 System Quality Group Minutes from 19 October 2023

RESOLVED:

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

QSC/2024/01/22 Health Care Acquired Infection subcommittee minutes of 1 November 2023

RESOLVED:

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

QSC/2024/01/23 Medicines Subcommittee Minutes of 17 October 2023

RESOLVED:

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

QSC/2024/01/24 SEND Assurance Subcommittee Minutes from 31 October 2023

RESOLVED:

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

QSC/2024/01/25 Any Other Business

None items of other business were raised.

QSC/2024/01/26 Date and Time of Next Meeting

Thursday 14 March 2024, 9.00-12.00pm in the Joseph Swan Suite,
Pemberton House.

The meeting closed at 11.54am.

Signed: 

Position: Vice Chair

Date: 14.03.24