

**North East and North Cumbria Integrated Care Board
Quality and Safety Committee meeting held on 9 November 2023 from 9.00-
12.00pm in the Joseph Swan Suite, Pemberton House**

Minutes

Present: Professor Hannah Bows, Independent Non-Executive Member (Vice Chair)
Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Mrs Juliette Fletcher, Head of Medicine and Pharmacy (deputising for Neil O'Brien)
Mr David Gallagher, Executive Area Director Tees Valley & Central
Ms Jean Golightly, Director of Nursing (virtually)
Mr Dan Jackson, Director of Policy, Involvement and Stakeholder Affairs (virtually – deputising for Claire Riley)
Ms Louise Mason-Lodge, Director of Nursing (virtually)
Mr David Purdue, Executive Chief Nurse
Mr Richard Scott, Director of Nursing (virtually)
Dr Annie Topping, Director of Nursing
Ms Jenna Wall, Director of Nursing

In Attendance: Mr Christopher Akers-Belcher, Regional Co-ordinator, Healthwatch
Dr Jonathan Harness, Chief Clinical Information Officer (virtually)
Mr Neil Hawkins, Head of Corporate Affairs, (Central and Tees areas)
Ms Nicky Lambert, Clinical Lead for Northern Cancer Alliance
Mrs Linda Reiling, Deputy Director of Transformation for Learning Disabilities, Autism and Mental Health (virtually)
Mr Tony Roberts, Director of North East Quality Observatory (NEQOS) (virtually)
Mrs Jan Thwaites (minutes)

QSC/2023/11/01 Welcome and Introductions

Professor Hannah Bows had agreed to chair the meeting as the Committee Chair (Professor Eileen Kaner) had sent apologies for the November meeting. Professor Bows welcomed members to the meeting and a round of introductions were made.

QSC/2023/11/02 Apologies for Absence

Apologies were received from, Professor Eileen Kaner, Chair of Quality and Safety Committee and Independent Non-Executive Member; Mrs Ann Fox, Deputy Chief Nurse; Dr Saira Malik, Primary Medical Services Partner Member; Ms Jeanette Scott, Director of

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Nursing; Dr Rajesh Nadkarni, Foundation Trust Partner Member; Mrs Annie Laverty, Executive Director of Improvement and Experience; Dr Neil O'Brien, Executive Medical Director; Mrs Claire Riley, Executive Director of Corporate Governance, Communications and Involvement; Mr Ken Bremner, Foundation Trust Partner Member; and Mr Chris Piercy, Director of Nursing.

QSC/2023/11/03 Declarations of Interest

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

In relation to QSC/2023/11/12 - Transforming Care Update Dr Topping declared that she is a chair of a local housing association.

QSC/2023/11/04 Quoracy

The meeting was confirmed as quorate.

QSC/2023/11/05 Minutes of the meeting held on 14 September 2023

RESOLVED:

The Committee **AGREED** the minutes from the meeting held on 14 September 2023 which were accepted as a true and accurate record.

QSC/2023/11/06 Matters Arising from the Minutes and Action Log

The Chair invited the Director of North East Quality Observatory (NEQOS) to update on the mortality information received at the last meeting which suggested that mortality rates at County Durham and Darlington Foundation Trust (CDDFT) may be an outlier compared to their peer group.

The Director of NEQOS informed the Committee that the next data from NHS England for summary hospital level mortality indicator (SHIMI) was not due until the 16 November, however it was expected that the rate for CDDFT would continue to be an outlier.

It was explained that this issue was related to the implementation of the CERNER system (an electronic administration system used by Foundation Trusts) in October 2022. In line with the discussion at the previous meeting, it is expected that the data quality issue relating to the CERNER system introduction would continue to be evident over the next four to five months.

Clinicians had used the system in ways that had affected data quality and this data lagged by a few months.

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From January 2023 the figures were seen to fall and because SHIMI was reported in rolling 12 months it takes time for data quality issues to work through the reporting process. CDDFT was looking closely to ensure there were no underlying quality concerns associated with the rise in rates.

It was noted that the issue had been raised at a Board-to-Board meeting to provide further assurance. The CDDFT Medical Director noted that they were aware of the issues in terms of recording, diagnosis and secondary diagnoses and detailed work was ongoing on this issue by the Trust.

The action log was discussed and updated and would be brought to the agenda setting meetings for update.

QSC/2023/11/07 Patient Story

A YouTube video was shared with the Committee concerning a patient's journey through the health system following a head injury and neurorehabilitation interventions that followed.

The video linked into work the ICB were undertaking to improve the neurorehabilitation service offer across the system and six task and finish groups have been set up to take this issue forward.

RESOLVED:

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

QSC/2023/11/08 ICB Quality Report

The Director of Nursing (Tees Valley) introduced the report and invited comments from the Committee. It was recognised that there were over 150 pages of information in the reference pack which provided further information in addition to the items for escalation by exception included in the cover report.

The Directors of Nursing were keen to understand how the committee wished them to refine their approach and summarise all the work undertaken in one report and asked for guidance on how to take this forward.

The Chair welcomed the thematic data which gave a good overview of what the key issues and themes were for the Committee to be aware of including the assurance around actions being taken and the ongoing work to support those actions.

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Committee members noted that the format was helpful as it showed the thematic detail alongside the appendices showing the detailed area updates. Escalation routes through to the Committee were clear from the individual area reports when required.

It was noted that this was an evolving report which highlighted key themes. If there were significant issues the Committee would want to be made aware, along with assurance on how the issues were being investigated, the outcome and linked learning across the system.

The Executive Chief Nurse suggested an evolution of the report could be to include a section concerning the performance of foundation trust providers within the ICB area, including RAG (red, amber, green) rating where appropriate/available, drawing on external information (e.g. Care Quality Commission reports) where available.

Action: To explore whether a RAG rated review of foundation trusts could be included in future versions of the ICB quality report.

It was noted that at the last meeting there was discussion on health care acquired infections (HCAI). A detailed monthly report was available via directors of nursing and provided information on both provider and community settings by type of infection. Information could be escalated to the Committee from within the report as required and a discussion would take place as to how this would be reported.

Action: A discussion to be held outside of the meeting in relation to the production and presentation of the monthly HCAI infection rates by provider.

It was noted that reporting on never events was included within the reports, with five recent never events being reported at Newcastle upon Tyne Hospitals Foundation Trust (NuTH). The Committee was assured that these incidents had been reviewed by the relevant Quality Review Group and were being managed via the Serious Incident (SI) panel. There was no indication that they had not been declared on time by the Trust.

RESOLVED:

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

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The report provided the Committee with a brief overview of serious incidents (SIs) and associated themes relating to failures in digital systems / software, that have been reported by North East and North Cumbria (NENC) providers since 1 July 2022.

A review of the Strategic Executive Information System (StEIS) identified eight incidents associated with system upgrades or software concerns during the reporting period. These incidents involved digital systems across provider trusts across NENC including recent examples reported in the press concerning significant numbers of patient letters identified as having not been received by General Practice.

The report provided members with assurance on the actions being taken in response to the reported incidents and the learning identified as a result. Five themes had been identified, one of which was the lack of end-to-end testing of the systems and the lack of awareness of the impact on primary care once trusts released letters to patients.

The ICB Digital and Information Team was currently developing a process to respond to and support such incidents based on recent experiences and best practice.

The NHS Digital Clinical Safety Strategy was published in September 2021. The National Learning from Patient Safety Events (LFPSE) system would provide greater detail and clarity on the reporting of digital safety events.

NHS England (NHSE) was supporting an enhanced approach to continuous improvement around digital clinical safety in the NHS. The ICS Clinical Safety Officer (CSO) was in the process of reviewing/developing a regional model for a clinical safety hazard review process.

It was noted that one key theme was the failure to undertake full testing of the system before implementation and the training and involvement of those involved in the pathway.

In mitigation it was noted that each trust has a clinical information officer (CIO), chief information officer (CIO) and a clinical safety officer (CSO). There was a safety officer for the ICS looking at a model for the entire system to adopt the clinical safety approach based on national best practice.

The Chair suggested that this issue should be escalated to the ICB Board for information and assurance.

Action: This report to be escalated to the ICB Board for assurance.

RESOLVED:

The Committee received the report for information.

QSC/2023/11/10 Maternity Report

The report provided an overview of key areas of ongoing workstreams within maternity and highlighted key areas of risk.

The main area of pressure for trusts were:

- Staffing challenges: the report highlighted the support that the Local Maternity and Neonatal System (LMNS) had provided.
- The impact on morale following the Care Quality Commission (CQC) reports and degree of support provided dependant on the rating of services
- Patient Safety Incident Response Framework (PSIRF) navigation and compliance
- Saving Babies Lives care bundle around smoking and diabetes in pregnancy: it was explained that a large amount of time was taken up going through the elements of the implementation tool.

Regarding the Maternity Incentive Scheme (MIS), pressures were noted around compliance with the workforce element, midwifery staffing and one-to-one care in labour. This could potentially impacted on the quality and safety of care that patients received and the ability to maintain training compliance. The report outlined the actions taken by NENC training faculty to address pressures in terms of a regional approach to training to prevent duplication, especially among the medical workforce.

In terms of Ockendon, there were pressures around the informed consent element and engaging service users with decisions around induction of labour. The workforce issues had been escalated through the Regional Perinatal Quality Surveillance Group to the Regional Chief Midwife who had reported this back to NHS England, particularly around the impact on MIS and Ockendon compliance.

The final Ockendon peer review was imminent with the outcome of all the reviews to be brought back to this Committee.

It was noted that both Gateshead Hospitals and Northumbria Healthcare Foundation Trusts were in the strongest position across

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the ICB in terms of CQC rating, MIS, Saving Babies Lives and Ockendon compliance.

At the end of the Ockendon visits a best practice day was to be arranged to share learning, in relation to both clinical and leadership activities.

A question was raised whether there had been any initial feedback from the CQC inspection regarding South Tees Hospitals Foundation Trust (STHFT). In response there had been a focus around triage (which was thematically across all trusts) and the ability to deliver the Birmingham Specific Obstetric Triage model. There were no further insights, but STHFT would receive its report shortly which was overall a very positive visit with the staff being very engaged.

There had been a previous request to receive perinatal mortality data (MBRACE) which was detailed within the report. An assurance visit had been conducted at Newcastle upon Tyne Hospitals Foundation Trust (NuTH), with specialised commissioning colleagues in relation to neonatal mortality outlier status. This report would be available for the January meeting.

Action: Neonatal mortality data to be brought to the January 2024 meeting.

RESOLVED:

The Committee **RECEIVED** the report for information and assurance and **NOTED** the planned actions and ongoing workstreams.

QSC/2023/11/11 Involvement and Engagement Update

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

A new dashboard of the team activities had been included as an appendix to the report. A significant amount of work had been undertaken to capture learning, themes and key trends and emphasise emerging issues.

The dashboard would highlight recurring themes, for example from patient feedback and complaints, enquiries from MPs and elected members, and social media monitoring.

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Some top issues highlighted in the dashboard were in relation to access to primary care, waiting times, dental services access, mental health and discharge.

Regarding the Children and Young People's Mental Health Summit, it was confirmed that the session had been held on 25 October and the outcome from that meeting would be brought to a future meeting of the Committee.

Discussions had been held previously on how to gain the young person's voice within the Committee. The Executive Director of Corporate Governance, Communications and Involvement had discussed a framework to underpin all engagement, including how best to capture young voices, and would be brought to the Committee once the framework had been developed.

Action: The framework around all engagement to be brought to a future meeting.

It was noted that regular meetings including the Children's and Young People's Network were held with the inclusion of children's groups. Issues around timings were highlighted due to the difficulties around schooling etc, although the use of video links could be a possible way forward.

It was acknowledged that the contact with children and young people was sporadic across all 14 Healthwatch areas. In the South, a Youth Focus North East had been commissioned as a trail pilot and Healthwatch was looking at how this model could be replicated following the pilot.

RESOLVED:

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

QSC/2023/11/12 Transforming Care Update

A detailed presentation was given showing the inpatient position at the end of quarter one, 30 June 2023. The information included statistics concerning the number of adults in secure services, children in hospital beds, the numbers of new admissions and discharges within the reporting period.

Various reasons were highlighted for discharges not being achieved which included:

- No property identified
- Building and adaptations to properties not completed

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- Waiting for completion of Deprivation of Liberties (DOLs)
- Everything being in place but discharges should be indicative to the patient and at their pace
- Indicative discharge dates as some local authorities struggled to plan for these

It was noted that the ICB had been chosen for a ministerial visit as the region had been identified as having high numbers of current inpatients, impacting on the progression towards the target of 30 inpatients per million population by March 2024. The key issues and challenges were noted within the presentation along with priority areas to explore.

The ICB was aware of the issues and challenges, and it was recognised there were strong relationships with the foundation trusts and local authorities within the region.

A question was raised in relation to the number of admissions and discharges in Durham in quarter two and any notable issues. In response it was explained that there had been pressures within the community treatment team and case management. These pressures were being addressed with support from across the ICB.

A question was raised with regards to housing shortages and how the housing strategy was going to evolve and whether there was a plan to collaborate with housing providers. Pressures were being heard in relation to poor housing, rent increases, possible further hospital stays.

In response it was explained that a recent meeting had been held with housing providers and the local authorities, bringing together key partners to discuss issues in housing - especially for those who provide housing for those with complex care and where stock housing was not easily adjusted. The meeting reviewed what was needed going forward, however there was a lot of mapping work being undertaken to understand the issue further.

Action: Dr Topping offered her support to work with Mrs Reiling from a Durham perspective on housing provision.

With regards to the Positive Behaviour Support (PSB) offer, it was noted that the PBS offer was not consistent, with each place differing in delivery. The aim was to ensure this information would be fed into the next planning round. It was noted that the ICB needed to invest smartly to make significant transformation and ensure the voice of carers remained a priority.

QSC/2023/11/13 Paediatric Hearing Services

The purpose of this paper was to provide an update on the Paediatric Hearing Services Improvement Programme system.

There had been a national request to review all paediatric audiology screening services following concerns around inappropriate screening following new born detection of concerns. A regional board had been established by NHS England (NHSE). All ICBs were asked to ensure all foundation trusts completed a self-assessment document that would be reviewed by a paediatric audiology lead within NHSE. At the time of writing the report not all trust responses had been received, however the Committee was assured that these had now all been received and were being reviewed. A meeting had been arranged for 30 November to understand the trusts' positions.

It was noted that one trust had registered 15 historic serious incidents in regard to Paediatric Audiology Services. NHSE was undertaking a review to understand if these incidents were historic or could potentially be an ongoing issue with the service. Advice would be provided around the ongoing safety of the service. Appropriate actions had been taken in the interim and progress on these would be reported back to the Committee in due course. The likelihood was that trusts would require support around quality improvement.

RESOLVED:

The Committee **NOTED** the planned actions and potential risk and **RECEIVED** the update for information.

QSC/2023/11/14 Patient Safety Incident Response Framework (PSIRF)

The report presented provided an overview of the ICB workstream to support the transition to the Patient Safety Incident Response Framework (PSIRF) for all providers under the Standard NHS Contract.

The ICB was working with the foundation trusts to ensure they had a PSIRF plan and policy signed off by the end of November. The Committee was assured that the majority were on track to deliver this request. The transition for some organisations was planned for December/January subject to staff training and rollout.

In terms of the transitions, resources, and the scale of the task (especially for smaller independent providers and care homes), a query was raised whether there had been any co-production or collaboration to set these timescales. It was explained that a

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meeting had been set up with all hospice providers to look at a PSIRF implementation across multiple small providers to bring together into a collaborative. From an NHS contract point of view all providers were expected to be in a position to implement the PSIRF.

The paper also included an ICB PSIRF policy and standard operating procedure (SOP) for approval, along with the sign off process for patient safety incident response plans. Also included for consideration were terms of reference for a proposed ICB PSIRF Oversight Framework Group.

Action: the formatting/numeration in section 3 of the policy needed reviewing and some helpful references in chapter 6 were to be included. On the phased implementation, point five should be changed from 'podiatry' to 'pharmacy'.

Action: A quarterly update from the PSIRF escalation group to be brought to the Committee.

RESOLVED:

The Committee **APPROVED** the following:

- The ICB PSIRF policy, including SOP for implementation and the sign off process for patient safety incident response plans
- The proposal for a structured phased approach for transition
- Noted the entry of the resource issue on the ICB risk register
- The terms of reference for ICB PSIRF Oversight Group.

QSC/2023/11/15 Cancer Alliance Report

The presentation provided members of the Committee with an overview of key quality updates from the Northern Cancer Alliance (NCA) Board and the national cancer programme.

One of the biggest quality indicators was the National Cancer Patient Experience Survey. All of the acute trusts were involved and the report spanned the entire patient pathway. The questions in the report received a high response rate of around 50/60% which was above the national average considering this was a postal survey for patients.

Highlights from the presentation included:

Workforce

- There was a recognised workforce gap within specialist cancer nurses and allied healthcare professionals (AHPs)
- This gap had been reported since 2017

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- To address the gap the NCA, in conjunction with acute trusts, was participating in two different approaches to improve the supply of aspirant cancer nurse specialists (CNSs), support career progression, retention and succession planning
- The NCA would like to train CNSs to give them exposure to cancer and education. The first year evaluation was due to be published shortly which had positive feedback from patients, students and organisations.

Internship programme

- Originally developed by South Tyneside and Sunderland Foundation Trust (STSFT) in 2022/23, with South Tees Hospitals Foundation Trust (STHFT) subsequently participating in this approach
- This model gave nurses the opportunity to leave their ward environment for one day per week for 12 months at Agenda for Change band 5 or 6 to work as part of a specialist cancer multi-disciplinary team, through the provision of clinical and nonclinical placements across a variety of cancer specialties
- Health Education England had funded 10 interns in 2022/23 (five each in STSFT and STHFT) and following initial positive feedback of this approach, a further 13 were funded in 2023/24 (an additional five each in STSFT and STHFT and three in Gateshead Hospitals NHS Foundation Trust.)
- Evaluation was underway

The Director of Allied Health Professionals (AHP) was keen to support the expansion of specialists to AHPs and the development of AHP cancer specialists. It was noted that AHPs were to be included in cohort three.

A request was made to include the structure of CNSs, diagnostic and therapeutic radiographer issues and any actions to address this.

Action: To bring an update from the NCA to the Committee on a six monthly basis.

RESOLVED:

The Committee **RECEIVED** the presentation for information.

QSC/2023/11/16 Risk Register

The report provided the Committee with an updated position on the current risks that align to the quality and safety portfolio for the reporting period of 29 August 2023 to 23 October 2023.

There were two new risks included in the report:

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- The impact of industrial action for health providers – this was rated as a high risk. Detail of the controls and mitigation were included in the appendices.
- The global shortage of ADHD medication, this had been reported as a low risk.

Some of the risks had been reviewed to ensure the appropriate controls and mitigations were in place. The Committee was assured that ownership of risk was being taken into consideration as part of the ICB 2.0 consultation currently underway with staff.

Action: To bring the Board Assurance Framework (BAF) to this Committee going forward for information. The BAF would be brought quarterly in line with its current reporting cycle.

RESOLVED:

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

QSC/2023/11/17 Complaints Quarterly Report

The purpose of the report was to provide assurances that the ICB had fulfilled its statutory responsibilities with regards to complaints management. The report also provided an overview of the issues raised in complaints/concerns during the quarter along with learning for the ICB following complaint investigations.

It was noted that the team was reviewing areas for potential improvement and learning from the complaints received.

One of the main areas in the report related to continuing healthcare (CHC) complaints. The report highlighted key themes for CHC complaints, such as communications to families. The Complaints Team was looking to understand and identify any potential improvements to communications to patients to address issues before they escalated into formal complaints.

It was noted that it was important to look at processes and themes as well as a broader overview, however with the nature of CHC there would always be an element of complaints as a result. Improvement in communications to patients was key and more informal resolutions reached wherever possible.

RESOLVED:

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

QSC/2023/11/18 Integrated Quality, Performance and Finance Report

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The NENC Integrated Delivery Report (IDR) provided an overview of quality and performance, highlighting any significant changes during the reporting period, along with areas of risk and mitigating actions. The report used published performance and quality data covering August 2023 for most metrics and September 2023 for others. Finance data is for September 23 (Month 6)

RESOLVED:

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

QSC/2023/11/19 Area Quality and Safety Subcommittee Minutes

The following minutes were received:

- Central Area Quality and Safety Subcommittee minutes of 15 August 2023
- North Cumbria Area Quality and Safety Subcommittee minutes of 13 June 2023
- North Cumbria Area Quality and Safety Subcommittee minutes of 21 August 2023

RESOLVED:

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

QSC/2023/11/20 Quality Review Group Minutes

The following minutes were received:

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Quality Review Group minutes of 11 July 2023

RESOLVED:

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

QSC/2023/11/21 System Quality Group Minutes from 17 August 2023

RESOLVED:

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

QSC/2023/11/22 Medicines Subcommittee Minutes

The following minutes were received:

- Minutes from 20 June 2023
- Minutes from 14 September 2023

RESOLVED:

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

QSC/2023/11/23 Patient Voice Group Minutes from 23 August 2023

RESOLVED:

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

QSC/2023/11/24 Safeguarding Health Executive Group Minutes from 26 July 2023

RESOLVED:

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

QSC/2023/11/25 North Cumbria Quality and Safety Area Subcommittee Terms of Reference

RESOLVED:

The Committee ratified the North Cumbria Quality and Safety Area Subcommittee terms of reference.

QSC/2023/11/26 Quality and Safety Area Subcommittee Terms of Reference for the North and Tees Valley Areas

RESOLVED:

The Committee received and ratified the terms of reference for the North Area and Tees Valley Area Quality and Safety Subcommittees.

QSC/2023/11/27 SEND Assurance Subcommittee Minutes from 27 September 2023

RESOLVED:

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

QSC/2023/11/28 Any Other Business

None items of other business were raised.

QSC/2023/11/29 Date and Time of Next Meeting

Thursday 11 January 2024, 9.00-12.00pm in the Joseph Swan Suite, Pemberton House.

The meeting closed at 11.53am.

Signed: 

Position: Vice Chair

Date: 11.01.2024