



**North East and
North Cumbria**

**North East and North Cumbria Integrated Care Board
Minutes of the meeting held on 31 January 2023 at 08:45,
The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Aejaz Zahid, Executive Director of Innovation
Ann Workman, Local Authority Partner Member
Annie Laverty, Executive Chief People Officer
Claire Riley, Executive Director of Corporate Governance,
Communications and Involvement
David Chandler, Interim Executive Director of Finance
David Gallagher, Executive Area Director (Central and South)
David Purdue, Executive Chief Nurse
David Stout, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Professor Graham Evans, Executive Chief Digital and Information
Officer
Dr Hannah Bows, Independent Non-Executive Member
Jacqueline Myers, Executive Chief of Strategy and Operations
Jon Rush, Independent Non-Executive Member
Ken Bremner, Foundation Trust Partner Member
Dr Mike Smith, Primary Medical Services Partner Member
Dr Neil O'Brien, Executive Medical Director
Rajesh Nadkarni, Foundation Trust Partner Member
Dr Saira Malik, Primary Medical Services Partner Member
Tom Hall, Local Authority Partner Member

In Attendance: David Thompson, North East and North Cumbria Healthwatch
Network Representative
Deborah Cornell, Director of Corporate Governance and
Involvement
Jane Hartley, Voluntary Organisations' Network North East
(VONNE)
Toni Taylor, Governance Officer (minutes)

B/2023/67 Welcome and Introductions

The Chair welcomed members to the meeting of North East and North Cumbria Integrated Care Board (the ICB).

Item 4

The following individuals were in attendance under public access rules:

- Scott Jamieson, Healthcare Development Manager, Eli Lilly and Company (pharmaceutical company)
- Colin Donald, Smith and Nephew (medical equipment manufacturer)
- Judith McGuinness, Programme Manager, NHS England
- Robert Hope, Regional Partnership Lead (North), NHS Business Services Authority.

B/2023/68 Apologies for Absence

Apologies were received from Councillor Shane Moore, Local Authority Partner Member, Catherine Mcevoy-Carr, Local Authority Partner Member, Nicola Bailey, Executive Area Director (North and North Cumbria).

It was noted Dr Hannah Bows would be joining the meeting late and Joe Corrigan, Director of Place (Newcastle) was in attendance deputising for Nicola Bailey.

B/2023/69 Declarations of Interest

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

Professor Eileen Kaner highlighted a conflict under item 7.1 with regards to the ICB receiving an award of £250,000 from the Health Foundation to continue the evaluation of Learning and Improvement system. Professor Kaner is currently Director of the National Institute for Health and Care Research (NIHR). The Chair noted the declaration of interest which was already included on the published register.

B/2023/70 Minutes of the previous meeting held on 29 November 2023

As a point of accuracy, the following amendments were to be made to the minutes;

- The inclusion of David Stout, Independent Non-Executive Member and David Purdue, Executive Chief Nurse who had attended the meeting held on 29 November 2022.
- Page 7, elective care, paragraph 1 - there were currently 334,389 patients in the region waiting for elective treatment.

B/2023/71 Matters arising from the minutes

There were no matters arising.

B/2023/72 Notification of items of any other business

There were no additional items of business raised.

B/2023/73 Chief Executive's Report

The report provided an overview of recent activity carried out by the Chief Executive and Executive Directors, as well as some key national policy updates.

National Planning Guidance

Government plans to recover urgent and emergency care services launched 30 January 2023 and the Prime Minister, Health Minister and Chief Executive of NHS England undertook a visit to North Tees Hospital Trust. The trust has been cited nationally as good practice specifically around admission avoidance, out of hospital care and the development of virtual wards. At the heart of this is the relationships with local authorities and the multiple pathways in place to support people to receive care and support at home wherever possible. North Tees Hospital Trust have one of the lowest percentages for non-criteria to reside in hospital, which has attracted significant national interest and the visit from the Prime Minister. It was acknowledged that the challenge will be how to replicate this good work in other areas.

The Prime Minister also visited Teesside University and took the opportunity, with the national press in attendance, to present the Government's plan to recover urgent and emergency care services.

North East and North Cumbria Integrated Care Board will be looking at the Government Plan with focus on priority areas;

- Earlier triage, supporting patients to be signposted into the right support at the right time, with continued focus on discharge and primary care access.
- The national plan announced 800 additional ambulances, 100 of which are mental health ambulances. This is also being explored in North East and North Cumbria.
- Increased capacity of hospital beds.
- Out of hospital / community services including care homes and hospices.

The Chief Executive commended the teams in local authorities and NHS foundation trusts for their ongoing work to maximise the use of resource for the benefit of the system, patients, families and staff.

System Resilience

The urgent and emergency care system across the country and North East and North Cumbria has been significantly challenged due to a combination of demand, capacity in urgent and emergency care, flow and discharge, staff absences and vacancies and industrial action. The whole system is working tirelessly to meet demand across a wide range of service delivery and new initiatives.

The ICB has undertaken some rapid after reviews following the industrial strikes and continues to put the learning to good use. A Board development session has been arranged to look at the strategic control centre and how this is currently being utilised. The ICBs Executive Medical Director recently met with the Chief Officer responsible for emergency planning across England to look at how the strategic control centre was set up and how the data is being used.

Emergency Preparedness, Resilience and Response Framework

As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS-funded services must show they can effectively respond to major, critical and business continuity incidents while maintaining services to patients.

The NENC ICB had undertaken a self-assessment against the 2022 updated core standards as per the NHS England EPRR Core Standards guidance. An overall assurance rating had been assigned based on the percentage of NHS Core Standards which the organisation assessed as being partially compliant at 81%.

A peer review process was undertaken with the regional team at NHS England and noted that the other three ICBs in the region had also been assessed as partially compliant.

The areas which are currently assessed as partially compliant (as well as those fully compliant) for the NENC ICB will be monitored regularly and enhanced and improved as part of an action plan.

RESOLVED:

The Board **RECEIVED** the Chief Executive report for information and assurance.

The Board **ENDORSED** the submission to NHS England as part of the Emergency Preparedness, Resilience and Response annual assurance process for 2022-23.

B/2023/74 Integrated Delivery Report

The report provided an overview of quality, performance and finance.

An error was noted on page 112 – the six reported never events related to South Tees Hospital Foundation Trust rather than South Tyneside and Sunderland NHS Foundation Trust.

Key points were highlighted as follows:

Ambulance handover delays

Data currently shows a concerning trend in handover delays. Target is 18 minutes, but some instances have seen this reach up to 60 minutes. In the month of December, the national average was 90 minutes. Improvements have been made since data was published and delays decreasing to 20 minutes. The target for the coming year is expected to be 30 minutes; it is anticipated that the North East and North Cumbria are in a position to meet this target.

NHS England escalation for cancer and elective

The target to eliminate waits of 78 weeks is set nationally. County Durham and Darlington NHS Foundation Trust are under enhanced national surveillance due to the 78+ week waiters' reduction being behind plan. As a result, the trust has been moved into Tier 2 escalation with additional support regionally and nationally. This provides risk overall in the ICB meeting the national target. Work is underway with the trust to put a recovery plan in place.

ACTION:

A further update to be brought to a future Board meeting with regards to County Durham and Darlington NHS Foundation Trust.

There has been a sustained and significant reduction in the number of people waiting beyond 104 weeks for elective procedures, complex spinal procedures being the remaining area of pressure with 24 currently on the waiting list.

The Provider Collaborative is taking the lead in a system wide approach to return waiting times back to the national standards. A fundamental point will be restoring diagnostic and treatment capacity to beyond pre-pandemic levels. It was recognised that this will be challenging should the numbers referred exceed the numbers treated. There are currently significant issues around capacity, and planning guidance is expected to include new mechanisms for incentivising capacity.

A further area of work is in relation to mutual aid and providers working together to share capacity across the region.

Work is underway to look at innovative ways to respond to the demand in care, redesigning pathways to be more efficient, getting people rapidly to a diagnosis and looking at treatment pathways. Clinical networks are being established with clinical specialities and input looking at primary, secondary and tertiary care. The Provider Collaborative will set out plans for the ICB to show how interventions coming together can reduce waiting times.

Primary Care Appointments

Reported a record number of general practice appointments occurring specifically for the month of October. 1.7 million appointments took place in October across North East and North Cumbria compared to 1.5 million in September. It was noted the demand being managed within general practice is generating pressures on primary care services.

The reported was welcomed and the detail noted. The lack of indicators for primary care under the quality section of the report was raised. The current indicators report the number of appointments attended face to face and the number of appointments not attended. The development of a set of primary care indicators was requested and therefore the Board should start to see the changes in the next reporting period.

There is opportunity for more detailed reports to be made more openly available to both the Board and the public. The reports could provide commentary linking a set of data with the strategy and improvement plans to see the progress made against them.

Health inequalities

It was noted 25% of patient records for those on acute waiting lists do not have ethnicity status recorded and it was queried what steps could be taken to increase this. Questions around inequalities are still being developed.

Improving Access to Psychological Therapies (IAPT) waiting times have increased. It was suggested this waiting list be monitored from a health and inequalities perspective in the same way as the acute waiting lists.

Performance management arrangements

Performance management arrangements have now been implemented with a set of oversight meetings scheduled with foundation trust providers. Monthly touch point meetings have been arranged in addition. A first meeting had taken place with good feedback on the initial process and further actions identified.

Oversight arrangements with the eleven foundation trusts has been rolled out, with a view to do a full cycle and review. Further work is to be carried out to provide oversight over the wider system including primary care and placed based committees which are in the process of formally established.

The ICB is working closely with NHS England, who have approved the proposed memorandum of understanding, and are reshaping some of the ways they work in response.

It was noted the current metrics and focus is on the supply rather than demand. Further work to be undertaken.

RESOLVED:

The Board **RECEIVED** the comprehensive report for information and assurance.

B/2023/75

Finance Report

The report provided an update on the financial performance of the Integrated Care Board and Integrated Care System for the period to 30 November 2022.

The full financial report for the period was reviewed in detail by the Finance, Performance and Investment Committee at its meeting on 5 January 2023.

Key points were noted as follows:

ICS duty to break-even

NHS England have officially agreed to allocate £19.9m towards pressures of the ICS duty to breakeven this year.

Working with Chief Executive Officers and ICB leads, a financial plan has been agreed to deliver a break-even plan and reduce those risks to a minimal level. The plan reduces the risk of organisations failing into a deficit. This plan will be discussed at the next Finance, Performance and Investment Committee.

NHS England has reported that the ICB will receive an additional £17m capital funding should the organisation achieve a breakeven position. It was noted that the ICBs capital departmental expenditure limit is circa £187m each year.

ICB duty to break-even

Financial pressures are being reported around independent activity, prescribing pressures and care packages. Mitigations have been put in place to manage some of these pressures through the overall plan for the ICS. The ICB continues to seek additional funding from NHS England for independent sector

activity. The latest forecast for the ICB is the independent sector activity will increase by £25 from 2019/20 – 2022/23. The system is working closely to manage risks that may arise from now until year end.

ICS capital position

There is a potential forecast pressure of almost £14m on capital spending plans across the ICS in comparison to the confirmed ICS capital departmental expenditure limit (CDEL) allocation. Assurance from the Provider Collaborative is expected by year end that a break-even position will be achieved.

ICB running costs

Running costs for 2022/23 are expected to be around £2m. It was noted that ICB costs are not increased for inflation or pay awards which in turn causes year on year pressure.

2023/24 planning

Financial planning for 2023/24 to achieve break even or better will be extremely challenging for the ICB and ICS. Working closely with system partners on the production of financial plans including system and ICB planning leads. The draft plan is due in February with the final plan due in March. An infrastructure is in place with partners to allow these deadlines to be met.

Growth funding is a key instrument in terms of financial health for a system. Growth funding for next year will be below average at 2.92%, nationally, the average is 3.4%. The growth funding, alongside inflation pressures means there is additional pressures in producing the financial plan.

Elective recovery funding

Elective recovery funding will increase from £105m to £140m next year, resulting in a £35m increase. Activity is expected to increase by 9%.

Covid funding

Covid funding will be reduced from £125m this year to £25m next year, this is a significant reduction which will impact on the parts of the system still dealing with the aftermath of the pandemic.

RESOLVED:

The Board **RECEIVED** the report for assurance and **NOTED** there were potential financial risks across the ICS still to be mitigated.

B/2023/76

Integrated Care Strategy

The Integrated Care Strategy was approved by the Integrated Care Partnership (ICP) Board on 15 December 2022.

The Board was asked to receive the strategy and note that the date of the Board meeting will be marked by a public launch of the strategy.

Once agreed for publication, the ICB will, on behalf of the ICP, develop a range of materials to support the communication of the strategy which will be made available to all partners and interest groups. This includes commissioning easy read versions of this document.

The strategy set out clear ambitions and goals for better health and wellbeing, namely:

1. Longer and healthier lives for all
2. Fairer health outcomes for all
3. Best start in life for our children and young people
4. Improving health and care services

It was reported that the Healthier and Fairer Advisory Group will meet for the first time February and a progress update will be reported to the Board. It was acknowledged that one of the main workstream for this group is prevention, looking to reduce alcohol and tobacco consumption and promote healthy weight and active lives.

ACTION:

The Healthier and Fairer Advisory Group update to be presented at Board on 28 March 2023.

The ICP will work closely with the primary care networks (PCNs) which have been established to support primary care development.

It was noted that enabling strategies to help achieve these goals include;

- A skilled, compassionate and efficient workforce
- Working together to strengthen our neighbourhoods and places
- Innovating with improved technology, data, equipment and research
- Making the best use of our resources
- Protecting the environment
- Involving people

To support the delivery of this strategy delivery plans will be developed including frameworks to support delivery at local authority place level.

This Board were reminded that the strategy will not replace individual organisation or health and wellbeing board strategies but should complement them and provide overarching goals.

The ICB is required to produce a five year forward plan that sets out how the strategy will be delivered. The first year of the five year forward plan will be in more detail when developed, than previous years; the plan will be refreshed on an annual basis. It is essential that this plan includes the support of both the foundation trusts and the local authority partners in the ICB. A draft is required by the end of March with a final approved version by the end of June 2023.

The Board wished to note their thanks to colleagues involved in producing the comprehensive and ambitious strategy document.

RESOLVED:

The Board **NOTED** the oversight arrangements set out within the report.

B/2023/77

The use and development of information systems for the work of the ICB

The Executive Chief Digital and Information Officer presented the use and development of information systems for the work of the ICB.

The United Kingdom (UK) Government presented a National Data Strategy in 2019 which was mandated to improve data and hopefully improve UK economy.

In 2022 the Department of Health and Social Care published the Data Saves Lives policy paper.

The ICS produced a Digital Strategy 2020 – 2024 well in advance of the National Data Strategy and The Data Saves Lives policy paper.

Following the publication of the Better Health and Wellbeing Strategy in December 2022, the Data and Digital Strategy will be refreshed. It is the intention to have a combined Digital and Data Strategy referencing the key elements of the overarching ICS strategy by March 2023. Following which this combined strategy will inform the five year forward plan. In addition to this a bid for Sub National Secure Data Environment had been successful which will help improve health outcomes of our population and is integral to the data strategy.

It was reported that lessons from past failings of programmes that were not developed or deliver the outcomes originally intended are being used to ensure learning as a health system.

The Board noted that there are six components to the digital infrastructure;

1. Data use cases and domains
2. Data visualisation and presentation/tooling
3. Data security and governance
4. Data storage
5. Data management
6. Data sources

The ICB work in partnership with North East Commissioning Support, utilising business intelligence and analytic services, a 5-tier model and subject matter / domain experts to help understand the data.

The Board was made aware that the ICB is currently working with NHS England to produce an academic programme across the North East and North Cumbria and have been identified as a potential vanguard of developing this programme of work.

A Chairman's Challenge paper shared with the Board presented a series of questions that will be used to determine the current data provision capabilities. Three questions were selected and explored;

Are people with diabetes receiving a standard of care that gives the lowest possible level of avoidable complications of their disease?

There are 9 key care processes for diabetes.
28% of adult diabetics had all 9 in the past year.
57% had at least 8.

What is known about levels of incapacity and frailty of older people living at home?

67,000 people aged 65+ are moderately or severely frail.
50% of people aged 95+ have moderate or severe frailty.

What progress is being made in controlling tobacco-related disease?

The Covid-19 pandemic has impacted the capture of carbon monoxide reading confirmed quits, improvement should be monitored from 2022/23 onwards as service returns to some level of normality. Hartlepool has had no stop smoking service since 2019/20. The North Cumbria service has been declining following the Covid-19 pandemic however they are looking to reinvest the service from quarter four 2022/23. Smoking prevalence has a target of 5.0% by 2030.

The recent successful bid for the Secure Data Environment is already enabling the mobilisation of opportunities, taking learning as a measurement and feedback into the system to improve data sets.

Further work is required around patient engagement giving them a platform around patient preference, but also to gain understanding and trust around the benefits of this. It is important to ensure the eight Caldicott Principles are linked into this work. The priority over the next six months is to build the confidence of stakeholders.

With the infrastructure in place, there is capability to gather data from all sources with relevant controls including crime, social care, domestic abuse and link together providing opportunity to involve and work with different organisations and communities.

ACTION

Chief Executive Digital and Information Officer to present the use and development of information systems for the work of the ICB at the Integrated Care Partnership meeting.

RESOLVED:

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

B/2023/78

Managing and improving hospital discharge: a system overview

The Executive Chief Nurse presented managing and improving hospital discharge: a system overview.

Acute hospital care for older patients saves lives and planned care for older patients helps them to remain independent. Large numbers of older patients stay in hospital longer than appropriate because meeting their health and social needs in the community is not always possible.

The Board were informed that the adverse effects of prolonged hospitalisation are;

- Pre-admission level of independence is lost quickly
- With three or more nights delay, 1 in 10 will suffer actual harm
- With a delay of five or more nights, 1 in 5 deteriorate so badly they cannot be discharged
- By 28 days, 1 in 3 will suffer harm

Discharge is rated on the number of patients who no longer 'meet the criteria to reside'. There is a large variation across the system ranging from 25% - 3% of beds occupied.

A key factor in safe effective discharge is making sure care is tailored to the needs of the individual.

From a national context, in March 2020 due to the pandemic the

Covid 19 Hospital Discharge Service Requirements was published, the focus being to free up hospital beds, putting discharge to assess in place and set out timescales.

In August 2020 the document became a Hospital Discharge Policy with further updates to include reference to community, designated settings, funding changes, and an increased focus on carers.

An updated Hospital Discharge and Community Guidance was published in March 2022 setting out how health and care systems should support the safe and timely discharge of people who no longer need to stay in hospital. A further update was expected summer 2022, however it was noted that the update is still awaited.

There is still no requirement to discharge to assess but is seen as best practice. There is currently no national funding and is therefore reliant on local area agreement.

There are currently four discharge pathways for people of 65 years and over which were noted as follows:-

Pathway 0 – able to return home with no support

50% discharges for people over 65.

Path determined by ward staff.

Pathway 1 – need support to return home

45% discharges for people over 65.

Path determined by ward based staff with support from the transfer of care hub.

Pathway 2 – further rehabilitation is required in a bedded setting

4% discharges for people over 65.

Path determined by therapists and transfer of care hub lead professionals.

Pathway 3 – new placement into a nursing or residential care home

1% discharges for people over 65.

Path determined by transfer of care hub. Clarification must be given as to why pathways 1 or 2 are not an option.

As a system there is a lot of learning and good practice being shared including learning from people's experience. Daily director of place meetings chaired by the Executive Chief Nurse are proving to be useful and helpful for the system to provide oversight of the key issues at an early stage. Multi-agency working also provides opportunity to look at issues and what can be done differently.

The Board was advised that the Government has made a special funding allocation through the Better Care Fund, of which £26m is allocated to North East and North Cumbria. The Better Care Fund Framework 2022/23 was established to enable the right care in the right place at the right time. Implementation will introduce capacity and demand planning for intermediate care to help winter system preparation. The special funding has been allocated across the thirteen North East and North Cumbria places.

New nationally specified monitoring metrics will be introduced, along with additional funding and a complex data template which requires completion on a two week basis.

The two current mental health trusts in the region have very different data information in terms of people in delayed discharge. £1.3m funding has been dedicated to mental health provision. There has been recent development in the appointment of a Chief Information Officer to work across both trusts, which will provide opportunity for standardisation.

The strategic priorities to improve services were noted as follows:-

- Improving data accuracy (use of Optica)
- 7 day working
- Workforce planning
- Escalation

As part of the presentation the Board was given opportunity to view a short film regarding Optica, a secure cloud application which tracks patient discharges in real time and supports patient flow by minimising avoidable delayed discharges during which it was explained how Optica is used within an acute setting.

A further short film was presented, created by Stockton on Tees Borough Council regarding their hospital discharge process and integrated work with health colleagues.

It was highlighted to the Board that in terms of the existing National Institute for Health and Care Excellence (NICE) guidelines around transition between inpatient hospitals settings and community settings and an associated quality standard, that the importance of ensuring the right information is brought into hospital, especially with regards to mental health patients, is key.

NHS England personalised care leads commissioned a twelve-month piece of research on carers experience of discharge carried out by Northumbria University and Voluntary Organisations Network North East. This involved eight trusts across North East and Yorkshire and a number of carers. The report sets out patients and carers experiences but also drawing together the discharge practice, best practice and production of the toolkit

around how to which will hopefully be showcased and used to improve practice.

RESOLVED:

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

B/2023/79 Governance Handbook

The Governance Handbook (issue 1) was approved by the Board on 1 July 2022, with further amendments approved by Board on 27 September (issue 2) and 29 November 2022 (issue 3).

As part of a process of ongoing review of the documents within the Governance Handbook, several proposed amendments have been identified to ensure the documents remain fit for purpose.

The Board was asked to note the proposed changes to the governance documents and approve the updated versions for insertion into the Governance Handbook (issue 4) as follows;

- Scheme of Reservation and Delegation version 2.0
- Standing Financial Instructions version 2.0
- Financial Delegations version 2.0
- Financial Limits version 2.0
- Executive Committee Terms of Reference version 2.0
- Quality & Safety Committee Terms of Reference version 2.0
- Finance, Performance & Investment Committee Terms of Reference version 2.0
- Audit Committee Terms of Reference version 2.0
- Governance Structure version 2.0

RESOLVED:

The Board **NOTED** the proposed changes to the governance documents and **APPROVED** the updated versions for insertion into the Governance Handbook (issue 4).

B/2023/80 Highlight Report and Minutes from the Executive Committee meetings held on 15 November and 13 December 2022.

An overview of the discussions and decisions at the Executive Committee meetings held on 15 November and 13 December 2022 was provided.

The Committee identified a risk to be added to the risk register in relation to the healthcare needs of asylum seekers.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance.

B/2023/81 Highlight Report from the Quality and Safety Committee meeting held on 15 December 2022

An overview of the discussions at the meeting of the Committee held on 15 December was presented.

Members suggested that risk reporting be provided at each meeting, previously it was suggested as a quarterly report.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance.

B/2023/82 Highlight Report from the Finance, Performance and Investment Committee and minutes of 3 November and 1 December 2022 and 5 January 2023.

An overview of the discussions and decisions at the Finance, Performance and Investment Committee meetings held on 3 November 2022, 1 December 2022 and 5 January 2023 was presented.

Board members were welcomed to attend a short update session scheduled prior to each committee whereby a subject expert will present on topics such as pharmacy or prescribing. It was acknowledge that this is useful for committee members to maintain knowledge and understanding.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance.

B/2023/83 Highlight Report from the Audit Committee and minutes of 13 October 2022 and 12 January 2023.

An overview of the discussions and decisions at the Audit Committee meetings held on 13 October 2022 and 12 January 2023 was presented.

The Audit Committee received several assurance reports at its meeting on 12 January 2023 and did not identify any concerns with the assurances received.

The committee received a report outlining the timetable for the ICB to submit its Data Security & Protection Toolkit 2022/23 and discussed with internal audit the arrangements for the audit of the toolkit. No issues were identified at this stage of the process.

The Audit Committee reviewed the proposed amendments to the Scheme of Reservation and Delegation (SORD) and agreed to recommend them to Board for approval.

RESOLVED:

The Board **RECEIVED** the highlight report and minutes for assurance.

B/2023/84

Maternity and Neonatal Services in East Kent Independent Investigation

The Chair welcomed Dr Bill Kirkup to the meeting.

Dr Bill Kirkup first worked in the NHS as a ward orderly in 1968, and qualified as a doctor in 1974. After 35 years of clinical, public health and NHS management practice in the North East and London, he retired as Associate Chief Medical Officer for England at the end of 2009. He subsequently led investigations in major organisational failures and chaired the independent investigation into East Kent maternity services.

Dr Bill Kirkup presented the findings from the East Kent Independent Investigation, which covered the period 2009 – 2020, and highlighted some underlying themes identified;

Failures of team working

- Lack of trust and respect
- Dominant egos, informal hierarchies
- Bullying and intimidation
- Inexperienced clinicians left isolated
- Lack of common purpose
- Conflicts played out publicly

Failures of professionalism

- Disrespecting women
- Disparaging colleagues
- Shifting blame to colleagues
- Blaming women for outcomes
- Played out publicly

Failures of compassion and listening

- Examples in almost every account we heard
- Dismissive and uncaring attitudes
- Not listening – labour, fetal movements
- Led directly to poor outcomes
- Left a permanent legacy

Failures after safety incidents

- Similar attitudes and behaviours
 - lack of compassion
 - blame shifting
 - defensiveness
- Denial, deflection and dishonesty
- Failure to learn

The individual and collective behaviours of those providing the services were visible to senior managers and the Trust Board in a series of reports right through the period from 2009 to 2020 and lay at the root of the pattern of recurring harm. The Board were advised that at any time during this period, the problems identified could have been acknowledged and tackled effectively. Eight clear separate opportunities were identified where this should have happened.

It was explained that had care been given to the nationally recognised standards, the outcome could have been different in 97 of the 202 cases assessed by the Panel and the outcome could have been different in 45 of the 65 baby deaths.

The Panel has not been able to detect any apparent improvement in outcomes or suboptimal care, as evidenced by the cases assessed over the period from 2009 – 2020.

Four broad areas for action were identified;

1. Maternity Signalling System – monitoring safe performance

There is plenty of data being collected, but this is often analysed poorly, and not meaningful or timely. There are vast benefits to the effective monitoring of outcomes. Speak to staff and patients, the signals were there including a high turnover of chief executives and an under-reporting culture.

2. Standards of clinical behaviour

Caring for patients in any setting requires not only technical skills but also kindness and compassion. Unprofessional conduct is disrespectful to colleagues and endangers and effective and safe working; it undermines the trust of women. Effective clinical leadership is crucial.

3. Flawed teamworking

The Panel found that there was dysfunctional teamworking both within and across professional groups. The lack of trust and respect between midwives and obstetric staff, and between paediatric and obstetric staff, posed a significant threat to the safety of mothers and their babies. There is a need for the establishment of common purpose, objectives and training from the outset.

4. Organisational behaviour

There was denial, deflection, concealment and aggressive responses to challenge within the trust. A recommendation was made that the Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies.

The Board noted that discussions have taken place with NHS England following the investigation and a conversation with the Health Minister has been scheduled; it is hopeful a formal response will be made from the Government.

The Board discussed the use of effective data and feedback from families and highlighted that the Family and Friends Test and staff surveys can be useful tools providing invaluable information. Also looking at social media activity, complaints and concerns raised could provide insight.

The Board noted the presentation and acknowledged the distressing content and how important and insightful, specifically the personal testimonies and experiences from families and staff.

RESOLVED:

The Board **THANKED** Dr Bill Kirkup for the presentation

B/2023/85

Questions from the Public on Items on the Agenda

None.

B/2023/86

Any other business

There were no other items of business.

The meeting closed at 13:30