**Committee Escalation and Assurance Report – Alert, Advise, Assure**

**Report from: Leeds Quality & People's Experience Subcommittee (QPEC)**

**Date of meeting: 6 March 2024**

**Report to: Leeds Committee of the West Yorkshire Integrated Care Board (WY ICB)**

**Date of meeting reported to: 13 March 2024**

**Report completed by: Karen Lambe, Corporate Governance Senior Support Officer, on behalf of Rebecca Charlwood, Independent Chair, Leeds Quality & People's Experience Subcommittee (QPEC)**

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| **Key escalation and discussion points from the meeting** |
| **Alert:** |
| **Joint Targeted Area Inspection (JTAI)**  The subcommittee was informed that a Joint Targeted Area Inspection (JTAI) was being carried out with a focus on serious youth violence and multi-agency working in Leeds. Inspectors had carried out site visits to a number of services and community teams. While the JTAI would not result in a rating, written feedback would be received on 8 March 2024 and shared with QPEC members. |
| **Advise:** |
| **Quality Highlight Report**  The subcommittee received the Quality Highlight report which highlighted ongoing improvement work with the Paediatric Hearing Services Improvement Programme and quality support for quality and equality impact assessment (QEIA). Members also noted that Leeds ICB would be completing a set of QEIA, by population, to assess the collective impact of financial efficiency schemes on given populations.  With regards to the Care Quality Commission (CQC) status of care homes, members were informed there had been no changes since the previous report to the QPEC Subcommittee. Following discussion relating to collaborative work between Leeds ICB staff and the local authority, it was agreed that a report would be brought back to a future QPEC meeting to provide further detail and assurance regarding care homes.  **Patient Safety Incident Response Framework (PSIRF) Update**  The subcommittee was provided with an update on the progress of providers’ implementation of the PSIRF. Members noted the considerable work carried out by providers in developing their Patient Safety Incident Response Plans (PSIRPs) and the culture shift required to transition from serious incident (SI) reports. It was acknowledged that national guidance regarding the sign-off of PSIRPs had been ambiguous but a process had been developed. Members were assured that Leeds Teaching Hospitals NHS Trust (LTHT), Leeds Community Healthcare NHS Trust (LCH) and Leeds and York Partnership NHS Foundation Trust (LYPFT) would sign off their PSIRPs at their respective Trust boards in March 2024. It was noted that there had been strong collaboration between the providers and the Quality Team in the ICB in Leeds to develop the plans. |
| **Assure:** |
| **Population and Care Delivery Board Reports**  The subcommittee received reports submitted by the Same Day Response (SDR), Frailty and End of Life (EoL) Population and Care Delivery Boards. Members were assured that the three boards were making good progress in delivering their outcomes. The financial challenges facing the boards were also noted, particularly regarding third sector services and the closure of the Leeds Bereavement Forum.  With regards to the EoL Population Board report, the subcommittee was informed that approximately 50% of people in the terminal phase of life had been proactively identified; this included an underrepresentation of people from non-white communities. Members commended the Board on its review of the Nights Offer to Fast Track patients which had resulted in patients and families receiving a better quality of service while reducing the monthly spend on Nights from c£85k to c£10K, with LCH meeting more night needs and less reliance on agencies.  With regards to the Frailty Population Board, members noted the Leeds diagnosis rate for dementia as 70.6%, above the national target of 66.7% set by NHS England. Assurance was also given regarding the sustained decreasing trend in falls admissions with a significant drop in the most deprived groups. While falls bed days had increased, the number of days spent in hospital were reducing, reflecting the positive progress of the Home First Programme.  The subcommittee was assured of work by the SDR Delivery Board in gaining insight into people’s experience of urgent care services. Work was ongoing to ensure providers were signposting people to the most appropriate services. Concern was expressed that non recurrent funding for community based services was not a sustainable model and that a shift in the model of funding was required.  **People’s Voice**  Members received the Healthwatch report ‘People’s experiences of end-of-life care in West Yorkshire’ along with an audio video of family members sharing their experiences of EoL care in Leeds. The subcommittee welcomed the report’s focus on non-white communities and the qualitative approach taken via face-to-face conversations and links with community organisations. It was noted that 80% of respondents reported care was well co-ordinated and staff were caring, compassionate and kind. Members welcomed the report’s findings and recommendations; the latter focussed on the ambition ‘Each person is seen as an individual’.  **Risk Report**  The risk report for risk cycles five and six was presented to the subcommittee. Five risks were aligned to the subcommittee and shared with the Leeds Delivery Subcommittee. Members were assured that a review had been carried out of all static risks held at place. Following discussions with risk owners, three risks aligned to QPEC had been closed.  **Maternity Incentive Scheme**  The subcommittee received assurance that LTHT and Leeds place were compliant with all ten safety actions in the national Maternity Incentive Scheme. Members welcomed the robust processes in place to provide assurance via: bimonthly perinatal quality surveillance meetings which included ICB leads and Local Maternity and Neonatal Systems (LMNS) leads; the Quality Assurance Committee; and the Leeds Perinatal Quality Surveillance Group. The recent CQC inspection had also rated the maternity service as *good*. The subcommittee discussed the role of the Leeds Maternity and Neonatal Voices Partnership (MNVP) and the need for the partnership to be representative of the local demographic. |