

North East and North Cumbria Integrated Care Board

Confirmed QUALITY AND SAFETY COMMITTEE

**Minutes of the meeting held on 9 July 2026 from 9am
Joseph Swan Suite, Pemberton House, Sunderland**

Present:

Sir Pali Hungin, Independent Non-Executive Member
Neil Hawkins, Strategic Head of Corporate Governance (*deputy for Deb Cornell, Director of Corporate Governance, Communications and Involvement*)
Trina Holcroft, Deputy Director of Nursing, Safeguarding Lead – North, (*deputy for Richard Scott, Director of Nursing, Neighbourhood Health and Safeguarding*)
Robin Hudson, (*Medical Director for Secondary Care, deputy for Neil O'Brien, Chief Medical Officer*)
Hilary Lloyd, Chief Nursing Officer
Louise Mason-Lodge, Director of Nursing (Quality and Secondary Care)
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy
Kate O'Brien, Director of Nursing (Mental Health, Learning Disabilities, Neurodivergence and All Age Continuing Care)

In Attendance:

Christopher Ackers-Belcher, Regional Co-ordinator Healthwatch
Kirsty Freeman, Senior Commissioning Manager, Mental Health, Learning Disability, Neurodivergence and All Age Continuing Care (*Item 11 – ICBP060 Personal Health Budgets Policy*)
Rabina Tindale, Director of Nursing and Patient Safety
Jen Coe, Senior Head of Involvement & Engagement
Dr Graham Syers, Clinical Lead, ICB (*Item 8 – Citizen's Jury – Pain Management*)
Jane Smailes, Corporate Governance Support Officer (minutes)

QSC/2026/07/1

Welcome and Introductions

The Chair welcomed all those present to the meeting.

QSC/2026/07/2

Apologies for Absence

Apologies were received from:

Ben Anderson, Director of Population Health
Ken Bremner, Partner Member, NHS Foundation Trusts
Deb Cornell, Director of Corporate Governance, Communications and Involvement (Neil Hawkins, Strategic Head of Corporate Governance deputising)

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Saira Malik, Primary Medical Services Partner Member
Neil O'Brien, Chief Medical Officer, (Robin Hudson, Medical Director for Secondary Care, deputising)
Richard Scott, Director of Nursing Neighbourhood Health and Safeguarding – (Trina Holcroft, Deputy Director of Nursing, Safeguarding Lead – North, deputising)

QSC/2026/07/3

Declarations of Interest

The Chair reminded members of the Committee of their obligation to declare any interest they may have on any issues arising at the Quality and Safety Committee meeting which might conflict with the business of the ICB.

Declarations made by members are listed on the ICB Register of Interests. The Register is available via the Committee Secretary and an extract included in the meeting papers.

Trina Holcroft, Deputy Director of Nursing, Safeguarding Lead (North), as deputy for Richard Scott, Director of Nursing Neighbourhood Health and Safeguarding, advised her partner was a GP in a practice within the North Area (Throckley). The Chair noted the declaration and agreed she could remain in the meeting for all items.

No additional declarations of interest were noted.

QSC/2026/07/4

Quoracy

The Chair confirmed the meeting was quorate.

QSC/2026/07/5

Minutes of the Previous Meeting held on 14 May 2026

RESOLVED

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 14 May 2026 were a true and accurate record.

QSC/2026/07/6

Matters Arising from the Minutes and Action Log

Matters Arising

There were no matters arising raised.

Action Log

QSC/2026/05/11 – Complaints Quarterly Report – Q4

All Age Continuing Care complaints update was an agenda item for the meeting. Action closed.

The provision of additional detail to future report has been requested. Action closed.

QSC/2026/05/12.3 – ICBP060 Personal Health Budgets Policy

Revised policy was an agenda item for the meeting. Action closed.

QSC/2026/05/09 – Terms of Reference

A working group was being set up to review the ToR. Action closed.

QSC/2026/05/09 – Terms of Reference

Requested amendments had been logged and will be actioned at the next review of Governance Handbook. Action closed.

QSC/2026/05/14 – Area Quality Report

Chief Nursing Officer provided quality information from the previous British Pregnancy Advisory Service (BPAS) 'look back' work undertaken to the Chief Medical Officer. Action closed.

The Chief Medical Officer has reviewed the information. Action closed.

A typo error in the report was corrected for the minutes. Action closed.

An IPC update was added to the agenda for this meeting. Action closed.

QSC/2026/05/08 – Parkinson's Project Feedback

The Director of Nursing (Quality and Secondary Care) shared the first year report from the project with the Director of Commissioning. Action closed.

The Parkinson's Project Feedback presentation was circulated to members. Action closed.

The presenters of the Parkinson's Project Feedback were emailed and thanked for this attendance and awareness raising. Action closed.

QSC/2026/05/09 – Terms of Reference Review

A nomination from the commissioning team to join the membership of the Committee has been sought. Action closed.

QSC/2026/05/10 – BAF and Risk Management – Q4

The QSC Escalation and Assurance report submitted to Board included the recommendation that ICB strategy refresh should include public involvement and an update of why a refresh was needed. Action closed.

QSC/2026/07/7

Notification of Any Other Items of Business

There were no other items of business notified.

Citizens' Jury – Pain Management

Dr Graham Syers, Clinical Lead, presented the outcomes and methodology of the Citizens' Jury on persistent pain, focusing on shifting pain management from medical intervention to holistic, community-based approaches and discussing the implementation and broader applicability of the model.

The presentation provided information on the purpose of Citizens' Jury, impact of persistent pain, regional pain medication trends and the collaborative approach to shaping recommendations.

Key points from the presentation included, why persistent pain required a new approach, the rationale for using a Citizens' Jury, partnership delivery and governance, jury selection, deliberation and recommendation development, Citizen generated recommendations and value of Citizens' Jury approach.

The Chair thanked Dr Syers for the presentation and welcomed the involvement of service users and the community in the co-production of potential solutions.

Dr Syers explained that the approach to people needed to be based on where their strengths lay and gave examples of attending pain cafes and support groups, with link workers and social prescribers.

There was a discussion regarding the links between harm and persistent pain including deaths linked with high dose opioid use or combination of harmful drugs, mental health and suicide. The Committee was advised that the NENC had been the top prescriber of opioids in the country five years ago but following efforts by work led by Dr Syers and other colleagues the NENC was now in the national average.

Dr Syers outlined the current status of implementation, noting the lack of a named ICB programme manager, the need to integrate the Citizens' Jury's recommendations into clinical strategy, neighbourhood health plans, and population health data analysis, and the need for providers to engage with the 'left shift'. It was acknowledged that more thought would be needed for patient involvement.

Members explored the potential for applying the Citizens' Jury model to other complex, multifactorial health issues such as frailty, end-of-life care and complex family support for best start in life, noting the resource intensive nature of the process and the importance of targeting it to areas where it can have the greatest impact.

The Committee discussed the challenge of aligning identification and treatment pathways for persistent pain, noting that there was no SNOMED coding to provide a reliable identification of that cohort of

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patients. It was acknowledged that many patients feel dismissed and not readily visible within existing pathways. The value of self-help and peer groups was recognised with individuals having a safe space and common understanding.

Members noted there should be more organisational focus on pain management noting that it underpinned so many areas including inequalities. Referring people into secondary care was not may not always represent the most appropriate response and options should include more neighbourhood based options.

The Chair advised he would raise the Citizens' Jury at his next report to the ICB Board and how it might be linked with neighbourhood planning.

Dr Graham Syers, Clinical Lead left the meeting at 9.30am.

RESOLVED

The Quality and Safety Committee RECEIVED the Citizens' Jury presentation.

QSC/2026/07/9

Board Assurance Framework and Risk Management Report – Quarter 1, 2026/27

The Strategic Head of Corporate Governance advised the purpose of the report was to provide the Committee with a refreshed Board Assurance Framework (BAF) for Quarter 1, 2026/27 and an updated corporate risk register for review and consideration. It was explained that the BAF had been realigned to the ICB's new operating model and there would be an opportunity for a review once the ICB's strategic commissioning five-year plan had been reviewed following the ICB's move to a strategic commissioner. This would also apply to the national 'three shifts' though no agreed timescale for the review had yet been agreed.

The report noted that following review by the risk owner and updates to the controls and assurances in place, the risk score was reduced to 9 (from 12) for the high rates of suspected suicides. Other key areas of note included two new corporate risks, around GP collective action re BMA advice on data sharing agreements and cyber security.

There was a discussion regarding the assurance mechanisms for the cyber security, the Information Governance (IG) Toolkit assessment, and the need for further information from the Leadership Committee to ensure adequate precautions were in place. Four risks including funding being secured for the Connect NENC digital referral system had now been closed.

The Senior Commissioning Manager, (MHLDN and AACC) joined the meeting at 0940.

The Committee discussed the closed risk relating to NHS England Screening and Immunisation with clarity sought about the changes in funding mechanisms for COVID vaccination and the impact on immunisation rates.

ACTION

The Chief Nursing Officer working with the Clinical Director Medicines Optimisation/Pharmacy to provide members with further details on COVID vaccination funding arrangements and the measures to maintain immunisation rates and circulate to members before the next Quality and Safety Committee meeting.

RESOLVED

The Quality and Safety Committee

- Satisfy itself that the ICB has a sound system of internal control concerning the management of risk;
- Satisfy itself that the BAF accurately reflects the principal risks to achieving our objectives as well as their current mitigations.
- Recommend the approval of the BAF for quarter 4 2025/26 by the Board;
- Receive and review the corporate risk register for assurance;
- Note the corporate quality risks with a score below 12
- Note the place quality risks with a score above 12

QSC/2026/07/10

Draft Annual Cycle of Business

The Committee was advised the draft Annual Cycle of Business proposed a series of regular reports and updates for 2026/27.

RESOLVED

The Quality and Safety Committee REVIEWED, COMMENTED and APPROVED the Annual Cycle of Business.

QSC/2026/07/11

Policy for Approval – ICBP060 Personal Health Budgets

The Senior Commissioning Manager, Mental Health, Learning Disability, Neurodivergence and All Age Continuing Care (MHLDN and AACC) described updates to the policy following feedback from the previous Quality and Safety Committee meeting held 14 May. The updates included enhanced risk assessments for employing family members, clearer financial controls to minimise fraud and misuse, and explicit documentation of safeguarding and training requirements. The policy aimed to align local variations and strengthen assurance processes.

The Committee was provided clarity on the funding for Personal Health Budgets depending on whether individuals qualified for AACC or not. The responsibility for monitoring and ensuring appropriate use of budgets, either the local authority or the ICB's

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brokerage team, depending on delegation arrangements in place.

The Director of Nursing (MHLDN and AACC) explained that in the ICB structure the AACC directors were accountable but that officers were responsible for making sure that the due diligence around the allocation of PHB was carried out.

Whilst acknowledging local variations across the ICB, the Committee was advised that the development of a Standard Operating Procedure, supported by a working group, was intended to strengthen consistency, align processes and improve communication where possible, particularly in areas where PHBs are implemented by the ICB. The ICB is working with Redcar & Cleveland local authority on co-production of engagement communications to understand what works well, or not, before a broader rollout.

The Chief Nursing Officer left the meeting at 0955.

The Regional Co-ordinator, Healthwatch raised concerns about funding for the engagement and the need for consensus-building across regions. It was noted that there may be a need for commissioner funding.

Following a query from the Deputy Director of Nursing, Safeguarding Lead, the Committee was advised that any suspected fraud would require a full reconciliation of the account to fully understand the spend. There is an escalation policy into counter fraud and it would be for them to investigate and decide if the matter was to proceed as a criminal matter.

The Chief Nursing Officer re-joined the meeting at 0959.

The transition process for children moving to adult care was also discussed, with emphasis on early planning and integration into standard transition arrangements.

The Committee acknowledged this was a complex area and it was agreed to bring the policy back for a review in six months' time to assess implementation and learning.

ACTION

An update report on the implementation and learning from ICBP060 Personal Health Budgets Policy to be brought to the Quality and Safety Committee in January 2027. Committee Secretariat to add to Annual Cycle of Business.

RESOLVED

The Quality and Safety Committee CONSIDERED and APPROVED the Personal Health Budgets Policy.

The Senior Commissioning Manager, (MHLDN and AACC) left

the meeting at 1005.

QSC/2026/07/12

Management of Complaints within All Age Continuing Care

The Director of Nursing (MHLDN and AACC) advised the report provided details on the actions being taken to strengthen the complaints management processes within All Age Continuing Care, address themes relating to staff attitude and behaviours, and improve organisational culture and learning.

The Director provided details on the implementation of a dashboard for live complaints, enabling the senior leadership team to address complaints promptly, investigate professional practice issues, and resolve many complaints informally through direct communication with complainants.

The new process started six months ago and has led to an increase in the number of complaints that were dealt with informally. Noting that many complaints related to eligibility decisions and the time taken to address appeals using the complaints tracker it was possible to provide complainants with a more accurate timeframe for when appeals would be heard.

Lessons learned from complaints are shared in team meetings, with a focus on improving communication, timely decision-making, and supporting staff in high-pressure situations, particularly in complex mental health cases.

The Committee was advised that most people accept the Decision Support Tool (DST) outcome if they feel the process was a fair and transparent process. The recruitment for additional nurse assessors was progressing as was the procurement for a case management provider.

Recognising that some complaints reflected wider cultural themes, an independent cultural assessment process is being commissioned to provide objective insight into areas such as team culture and behaviours, leadership visibility and responsiveness and barriers to learning and improvement. The Terms of Reference for the assessment have been agreed at an initial meeting with the assessor is due to take place in July 2026.

Following a query from the Regional Co-ordinator, Healthwatch it was acknowledged that there was a need to capture and resolve low level queries and concerns before they escalated to formal complaints.

There was a discussion regarding the challenges in managing expectations around eligibility for continuing care, noting the AACC team worked within a nationally mandated framework for decision making.

The Committee was advised that an external provider was now undertaking the continuing care reviews on behalf of the ICB. The reviews should take place annually but due to workforce capacity there has been a backlog. The reviews are not looking to change eligibility but to ensure the care package continues to meet the needs of the individual.

The discussion highlighted the low threshold for referral but the high bar for eligibility in continuing care, leading to frustration among families and a high volume of referrals that do not result in eligibility, necessitating better communication and expectation management.

RESOLVED

The Quality and Safety Committee:

- NOTED the actions being undertaken to strengthen complaints management.
- TOOK assurance on the enhanced oversight and early investigation of high-risk complaints.
- SUPPORTED continued focus on cultural and behavioural improvement across All Age Continuing Care.
- ENDORSED ongoing monitoring of progress, including outcomes of the independent cultural assessment.

QSC/2026/07/13

NENC ICB's Involvement and Engagement Update

The Senior Head of Involvement & Engagement explained the report provided a summary update on the ICB's involvement and engagement activity. This included engagement with patients and carers as part of a wider review of Patient Transport Services (PTS) which is aligned to national NHS guidance and proposed changes to eligibility criteria. Other areas of note included end of life health needs assessment, child death reviews, People's Hub and Community Engagement Library.

The Committee was advised that the ICB's new operating model provided an opportunity to strengthen the way intelligence from involvement and engagement activity was used to inform strategic commissioning. This would be supported through routes including the Patient Engagement Assurance Group, Healthwatch and other partners.

The update also included the NENC Healthwatch network end of year report for 2025/26 and the Healthwatch report covering a thematic review of hospital discharge related reports covering the period from 1 March 2024 to 31 May 2026.

The Regional Co-ordinator Healthwatch advised the reports provided some external assurance to the Committee that progress was being made to influence decisions and public awareness. There was a concern that the NHS was prioritising the shift from analogue to digital rather than prevention. Healthwatch were aware of people

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struggling with e-consult and going to Citizens Advice for help, for example. This shift to digital may exclude seldom heard groups.

The Committee was advised that the Thematic Review of Hospital Discharge Reports document highlighted a number of recurring themes including communication. The Regional Co-ordinator Healthwatch explained he had worked with University Hospitals Tees who had accepted the recommendations and a joint action plan had now been embedded. This highlighted how the patient voice had had an impact and could provide some assurance to the ICB.

The 14 local Healthwatch organisations are currently working on a thematic review regarding mental health and it was agreed this could be brought to a future Committee meeting.

The Clinical Director Medicines Optimisation/Pharmacy advised the report would be taken into consideration for the medicines part of the secondary care contract for next year noting the need for timeliness of discharge with medications.

RESOLVED

The Quality and Safety Committee RECEIVED the report for information and assurance that the ICB continues to fulfil its statutory involvement and engagement duties.

The Senior Head of Involvement & Engagement left the meeting at 1025.

QSC/2026/07/14

Quality and Safety Report

The Director of Nursing (Quality and Secondary Care) advised the Quality and Safety Report provided a summary of key risks or concerns.

The Committee was informed that the front cover for the report advised that "Copies of the Quality and Safety Report is available on request from the Deputy Directors of Quality." This was incorrect and would be removed from any future front covers.

Additionally, due to the recent changes in the ICB operating model, the overall approach to reporting of Quality and Safety was under review and included the weekly Alert, Advise, Assure reports and monthly reporting to the subcommittees such as the Acute Subcommittee and Mental Health Subcommittee. These were subcommittees of the ICB Leadership Committee.

The key points of note were

- County Durham and Darlington NHS Foundation Trust (CDDFT) was in the Integrated Quality Improvement Group process following its Care Quality Commission (CQC) rating of Inadequate;

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- Patient Safety Incident Investigations (PSII) were underway in respect of three Never Events reported in April/May 2026;
- Two Regulation 28 reports have been issued across NENC including one to North Cumbria Integrated Care NHS Foundation Trust (NCIC) regarding lack of appropriate information being available on discharge;
- The ICB has reviewed all accountable placements at Billingham Grange following an unannounced CQC visit and subsequent Rapid Quality Review process and identified no areas of concern. The RQR has been stepped down
- An ICB led assurance visit took place in June to Castlegate and Derwent practice following their CQC report and Inadequate rating.
- The ICB report and action plan are being developed.

The Committee acknowledged the need for the ICB to consider how quality issues relating to Specialised Commissioning (Spec Com) would be incorporated into wider ICB quality governance processes, ahead of the transfer of responsibility for Spec Com next year.

The Director of Nursing (MHLDN and AACC) advised she had been invited to a provider collaborative meeting which was reviewing the Spec Com quality framework and how that could be adopted. The Director would provide feedback in due course.

Following a query, it was agreed that future reports would include the number and type of providers within each Enhanced Quality Assurance and Improvement classification, for example GP practices, to provide greater context.

RESOLVED

The Quality and Safety Committee RECEIVED the report and to confirm that there is good assurance regarding the review and monitoring of quality risks and concerns and that these are receiving appropriate ICB oversight.

QSC/2026/07/15

Update on the use of Temporary Escalation Spaces (corridor care)

The Director of Nursing (Quality and Secondary Care) advised the report provided an update on the use, governance and oversight of temporary escalation spaces (corridor care) in acute Trusts across North East and North Cumbria ICB, since the initial report was received by Committee in March 2026.

The report noted that NHS England (NHSE) issued a definition of 'corridor care' in March 2026 to ensure consistency in the reporting of activity and to enable acute hospitals to accurately record and count corridor care. Additionally, the NHS Corridor Care Improvement Guide was also published in March 2026 setting out a framework to minimise, and ultimately eliminate, corridor care through the adoption of Getting it Right First Time (GIRFT) Clinical

Operational Standards, system-wide collaboration and strong leadership.

The report highlighted the current position of each acute Trust within the NENC and there was a recognition that the ICB would need to focus on what Trusts were doing to improve the situation whilst acknowledging it was a complex area. The actions needed would be different for individual Trusts.

There were some concerns raised regarding the speed of improvement on corridor care and that Trusts were not expected to report on their audits and assessments until 2027.

The Medical Director for Secondary Care noted that the national focus on corridor care fed into the ongoing work over the past three or four years from an Urgent and Emergency Care (UEC) Network perspective. This included changing the 'front door' to hospitals, improving Same Day Emergency Care (SDEC) provision and co-located Urgent Treatment Centres (UTC). A key element for improvement was patient flow, such as redirecting to appropriate provision, and ensuring quicker ambulance handovers. There was an acknowledgement that some Trusts had severe estate constraints but new UTCs had been built and other estate improvements were planned and were visible in the UEC Network along with winter planning.

ACTION

It was agreed that the Chair would include the update on the use of Temporary Escalation Spaces (corridor care) in the highlight report to the next ICB Board meeting.

RESOLVED

The Quality and Safety Committee RECEIVED the report of information and noted the evidence that providers are planning and auditing systems to address corridor care.

QSC/2026/07/16

Update on Compliance with Equality Quality Impact Assessments (EQIA) Process

The Director of Nursing (Quality and Secondary Care) advised the report provided an update on the EQIA highlighting current practices, compliance, challenges and actions taken to improve the process and ensure quality and safety in service changes.

The Chief Nursing Officer noted the good processes that were in place and these were working well.

RESOLVED

The Quality and Safety Committee

- NOTED the assurance provided

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- NOTED the ongoing risks to quality and safety and the actions taken to mitigate these
- NOTED the improvement in the number and quality of completed EQIAs.

QSC/2026/07/17

Infection Prevention Control Update

The Director of Nursing and Patient Safety explained that the front cover to the report incorrectly advised the information related to Q1 2026 (January to March) this should be Q4 2025/26 (January to March).

The report provided the Committee with an updated position regarding Infection Prevention and Control (IPC) within hospital trusts across the North East and North Cumbria, including an update on the system-wide IPC improvement programme, with emerging findings and a risk assessment. The report highlighted recent data on *Clostridioides Difficile* (CDiff), MRSA, E coli, *pseudomonas aeruginosa* bacteraemia and *klebsiella* species bacteraemia.

The key findings from the ICB launched system-wide programme to raise IPC standards, and reduce variation across all ten foundation trusts in the region included,

- Leadership and culture as the primary driver of performance.
- Operational pressures eroded good practice.
- Estate and infrastructure constrained progress.
- Positive innovation.
- Further issues requiring system-level attention are
 - Community transmission
 - National measurement
 - Training pipeline

The report included a risk assessment table and proposed next steps such as reinvigorating the local IPC AMR working group as a multidisciplinary improvement collaborative led and focused on action.

The Chair welcomed the format of the report, particularly the risk assessment table with mitigations.

The Committee discussed the need for hospitals to be able to differentiate between hospital acquired infections and when patients were admitted with community acquired infections. It was recognised that work was needed with social care, local authority and community settings to start to explore mechanisms where there would be a level of confidence on where infections originated. Additionally, there was a need to ensure prompt screening when patients entered hospital, noting that for example, C diff had a 72 hour period before symptoms would show.

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The Committee was advised that IPC had been included in the winter plan for the Urgent and Emergency Care (UEC) Network last winter to ensure it was more visible and this would be underlined for the coming winter. Whilst recognising the importance of IPC there needed to be consideration of the effect of influenza, COVID and RSV over the winter period and the impact on beds and operational pressures, noting there was no standardised way of counting bed closures between trusts. Additionally, there was a misunderstanding on the meaning of bed closures and how occupied beds were counted.

ACTION

Noting the importance of this report and inclusion of IPC in winter planning it was agreed that the Medical Director for Secondary Care would invite the Director of Nursing and Patient Safety to the winter planning meetings.

Following a query from the Regional Healthwatch Co-ordinator about public involvement the Director of Nursing and Patient Safety noted the need for triangulation with community involvement and the UEC work and this would be included in the next IPC report.

The Committee noted that an IPC presentation was being prepared for the ICB Board following a letter from NHS England.

RESOLVED

The Quality and Safety Committee:

- RECEIVED the report for assurance purposes and
- ACKNOWLEDGED the national position of rising IPC rates and pressures and the proposed improvement actions to address across the NENC system.

QSC/2026/07/18

Safeguarding Assurance Interim Report

The Deputy Director of Nursing, Safeguarding Lead – North advised the report provided interim assurance on the work undertaken by the NENC ICB safeguarding team following implementation of the ICB restructure and commencement of the new organisational arrangements from May 2026, ahead of a more detailed report to the Safeguarding Assurance Group in August 2026.

The report detailed statutory compliance and multi-agency working, workforce planning, audit findings, training compliance, compliance with health assessments for children entering care and the impact of the Supreme Court's decision on Deprivation of Liberty and move away from the 'acid test.' The new determination if someone is deprived of their liberty is more contextual to the individual's understanding of their situation and level of acceptance.

The Deputy Director of Nursing, Safeguarding Lead highlighted the continued high number of Domestic Abuse Related Death Reviews which was placing pressure on the system, including additional costs

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for independent authors. The ICB has offered a proposal to address the costs, and this will be taken to the Safeguarding Assurance Group for approval.

The Committee was advised the Southport Inquiry has now been published and a presentation of the health recommendations will be shared at the Safeguarding Assurance Group meeting in August.

The Deputy Director of Nursing, Safeguarding Lead explained that following Operation Beaconport local police forces were now undertaking a triage of cases from 2010 onwards and as commissioners the ICB needed to ensure there were services available to support any potential victims.

Challenges in recruiting Designated Doctors were noted, with suggestions to improve the role's visibility, support, and peer networking to encourage participation and retention.

It was confirmed that Director of Nursing, Neighbourhood Health and Safeguarding and the Deputy Director of Nursing, Safeguarding Lead were working on a plan to support the Designated Doctors.

RESOLVED

The Quality and Safety Committee

- NOTED the interim assurance provided in relation to safeguarding activity following the ICB restructure.
- RECOGNISED current and emerging risks, including initial health assessment compliance, Deprivation of Liberty implications, Families First reforms and Domestic Abuse Related Death Review pressures.
- AGREED that a more detailed safeguarding assurance report is presented to the Safeguarding Assurance Group in August 2026.

QSC/2026/07/19

Chief Nurse Report by Exception

The Chief Nursing Officer provided a verbal update highlighting the publication of the Ockenden Report and Baroness Amos report into England's maternity and neonatal services and the distressing contents and impact on families.

The Committee was advised that the Chief Executive of NHS England had sent out a letter to trusts and ICBs with 10 points of urgent action that were required. A response is being developed to the 10 priority areas with comprehensive position statements, assurance mechanisms and providing a clear understanding of the risks. The response will be taken to the ICB Board.

The Chief Nursing Officer highlighted two key issues from the recent maternity reports, the need to listen to women and their families, and listening to staff.

The Director of Nursing (MHLDN and AACC) left the meeting at 1125.

Following a query from the Regional Co-ordinator, Healthwatch the Committee discussed the need for system-wide conversations on maternity service funding, infrastructure, and service models, emphasizing the importance of regional coordination and stakeholder engagement.

The Director of Nursing (MHLDN and AACC) rejoined the meeting at 1129.

The Chief Nursing Officer highlighted the current maternity relationships across the ICB footprint with the Local Maternity and Neonatal System (LMNS) which is a partnership on NHS organisations and the Maternity and Neonatal Voices Partnerships (MNVP) which are a team of women and their families, commissioners and providers. These helped to provide assurance mechanisms through local and regional networks.

The Committee was advised that James Cook University Hospital had received funding from the Government to remove Reinforced Autoclaved Aerated Concrete (RAAC) from their central delivery suite.

QSC/2026/07/20

Feedback from Subcommittee Chairs by Exception

There was no by exception feedback from subcommittee Chairs.

For information / assurance items escalated from Subcommittees

QSC/2026/07/21

South Area Quality and Safety Subcommittee Minutes – 17 April 2026

RESOLVED

The Quality and Safety Committee **RECEIVED** the South Area Quality and Safety Subcommittee Minutes from 17 April 2026 for assurance.

QSC/2026/07/22

Any Other Business, New Risks to add to the Risk Register and Items for Escalation to Board

There were no other items of business, no new risks to be added to the Risk Register and no items for escalation to Board.

QSC/2026/07/23

Meeting Critique

The Committee members reflected on the effectiveness of processes, information presentation and assurance mechanisms, considering options for in-depth sessions, improved data alignment and evolving governance structures. It was suggested that there

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could be a session provided on the Board Assurance Framework (BAF) once the ICB strategic goals had been reviewed. This could help members to understand how assurance affects change.

Members discussed challenges in navigating dense reports and the need for clearer indicators of improvement or deterioration in key areas, suggesting potential changes to presentation and focus.

The Committee considered that under the new operating structure other groups and meetings would be identifying areas of concern and key lines of enquiry and having in-depth and rigorous discussions with trust providers, with no need for duplicate discussions at this meeting. However, there was value in having an overview and providing challenge back to subcommittees and groups.

The Committee considered arranging in-depth topic specific sessions but felt more time was needed for teams to understand the new operating model and the ICB's role as strategic commissioner.

QSC/2026/07/24

Date and Time of Next Meeting

The next meeting of the Quality and Safety Committee will be held Thursday 10 September 2026.

CLOSE AT 1145

Signed



Position

Chair

Date

10 September 2026