

**North East and North Cumbria Integrated Care Board**

**Confirmed QUALITY AND SAFETY COMMITTEE**

**Minutes of the meeting held on 8 May 2025 from 9am  
Joseph Swan Suite, Pemberton House, Sunderland**

**Present:**

Sir Pali Hungin, Independent Non-Executive Member (Chair)  
Christopher Akers-Belcher, Regional Co-ordinator Healthwatch  
Network  
Jen Coe, Strategic Head of Involvement and Engagement – deputy  
for Claire Riley, Chief Corporate Services Officer  
Sarah Dronsfield, Director of Quality  
Kate Huddart, Deputy Director of Pharmacy – deputy for  
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy  
Hilary Lloyd, Chief Nurse and AHP Officer  
Alex Kent, Medical Director – deputy for Dr Neil O'Brien, Chief  
Medical Officer  
Dr Saira Malik, Primary Medical Services Partner Member  
Dr Rajesh Nadkarni, Foundation Trust Partner Member,  
Vicky Playforth, Interim Director of Nursing (South)  
Richard Scott, Director of Nursing (North)  
Paul Turner, Director of Contracting and Oversight (South) – deputy  
for David Gallagher, Chief Procurement and Contracting Officer

**In Attendance:**

Neil Hawkins, Strategic Head of Corporate Governance  
Nicola Jackson, Deputy Director, Local Maternity and Neonatal  
System (LMNS)  
Jennifer Lapin, NENC LMNS Head of Quality and Safety  
Trina Holcroft, Deputy Director of Nursing (Safeguarding Lead,  
North)  
Rebeca Herron, Corporate Committees Officer  
Jane Smailes, Corporate Governance Support Officer (minutes)

**QSC/2025/05/1**

**Welcome and Introductions**

The Chair welcomed all those present to the meeting.

**QSC/2025/05/2**

**Apologies for Absence**

Apologies were received from:

Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals  
Ken Bremner, Foundation Trust Partner Member - Chief Executive,  
South Tyneside and Sunderland NHS Foundation Trust

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Ann Fox, Deputy Chief Nurse  
David Gallagher, Chief Contracting and Procurement Officer  
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy  
Louise Mason-Lodge, Director of Nursing (Safeguarding)  
Kate O'Brien, Director of Nursing, Mental Health, Learning  
Disabilities, Autism and Complex Care  
Dr Neil O'Brien, Chief Medical Officer  
Claire Riley, Chief Corporate Services Officer

**QSC/2025/05/3**

### **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 either via the Committee Secretary and an extract included in the meeting papers.

No additional declarations of interest were noted.

**QSC/2025/05/4**

### **Quoracy**

The Chair confirmed the meeting was quorate.

**QSC/2025/05/5**

### **Minutes of the Previous Meeting held on 13 March 2025**

#### **RESOLVED**

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 13 March 2025 were a true and accurate record.

**QSC/2025/05/6**

### **Matters Arising from the Minutes and Action Log**

#### **QSC/2024/11/9.1 - North and South Area Quality Exception Reports**

Director of AHP advised that in regard to the action relating to bed grab rails, advice had been received from the Director of Nursing and Clinical Quality in North East and Yorkshire (NEY) NHS England, who considers this to be a "locality issue and therefore, a matter for resolution between the respective local organisations as there has been nothing identified that would suggest an alternate position". Along with general intelligence finding received via national Allied Health Professions strategic leaders in health and social care, the Director of AHP would support the Director of Nursing and Clinical Quality, NEY position and recommend that on behalf of the Q&S Committee they inform Cumberland Local Authority, who originally raised the query. Action closed.

#### **QSC/2024/11/11.1 – Patient Voice Group Update**

An update was provided at Deep Dive Session using patient

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feedback re GP access. Subsequently a further desktop research exercise was undertaken to gather more intelligence with a deeper look into areas such as digital exclusion. Work is ongoing with the Primary Access Recovery Team and Healthwatch to address the patient issues.

### **ACTION**

The Chief Nurse and the Strategic Head of Involvement and Engagement to provide an update to the next meeting.

#### **QSC/2025/03/9.5 – Patient Safety Incident Response Framework (PSIRF) Update**

The PSIRF Update was an item on the agenda. Action closed.

#### **QSC/2024/11/8 – Patient Story**

A report outlining the number of people who go into hospital and lose their home due to longer stays will be included on the agenda for the next Patient Voice Group meeting. Action closed.

#### **QSC/2024/11/9.1 – North and South Quality Exception Reports**

The report from the Local Maternity and Neonatal System (LMNS), including the LMNS report on pre-term births was an item on the agenda. Action closed.

#### **QSC/2025/03/9.7 – Report from QSC Deep Dive Session**

The notes from the session held in February had been circulated to members. Action closed.

#### **QSC/2025/03/8.1 – Patient Story Autism Diagnosis Waiting Times**

Patient story shared with the Mental Health and Learning Disability Transformation Programme. Action closed.

#### **QSC/2025/03/8.1.1 – Patient Story Autism Diagnosis Waiting Times**

Response sent to patient's family thanking them for their participation and for highlighting their concerns. Action closed.

#### **QSC/2025/03/8.1.2 – Patient Story Autism Diagnosis Waiting Times**

Notification that recommendations on patient stories needed to reflect the limits of the Committee's response had been communicated to author. Action closed.

#### **QSC/2025/03/8.2 – Patient Story – Missed Opportunities and Breakdown in Communication**

A letter had been sent to the patient's family thanking them for their participation and for highlighting their concerns. Action closed.

#### **QSC/2024/11/7.1 – North and South Quality and Safety Subcommittee Terms of Reference**

The membership of Terms of Reference had been updated to include the Director of Allied Health Professionals. Action closed.

QSC/2025/03/7.1 – ToR for ICS Safeguarding Health Executive Group Subcommittee

The correct job titles had been provided to Corporate Committee Officer and been amended in the Terms of Reference prior to forwarding to the Board. Action closed.

**QSC/2025/05/6.1**

Equality, Quality Impact Assessment (EQIA) Policy Approval and Formal Ratification

The Director of Quality explained that previously the ICB had separate quality impact assessments and equality impact assessments and the EQIA policy was a combined process. It was confirmed that the policy had been circulated to members prior to the meeting and been approved virtually. The policy had been brought to this meeting to ensure ratification was noted for the minutes.

The Chief Nurse and AHP Officer explained the policy was an essential document to ensure equality and quality impact assessments were considered on all the changes that would be made. It was also important that the Committee considered the monitoring arrangements for the implementation of the policy, to ensure the assessments take place and how the Committee remains sighted on the risks associated with changes.

The Committee was advised that the Quality and Safety team were working to ensure they were sighted on all EQIAs that are taking place and logging them, into a comprehensive list and mapping them across the Quality and Safety team. The policy contains checks and balances including a panel of individuals with the right skills and expertise around each EQIA. There will also be a relevant sign off for each level of risk with high risks having executive officer oversight.

**ACTION**

The Director of Quality to bring an update report to the next meeting.

**ACTION**

Secretariat to include EQIA monitoring as separate item for future Committee meetings.

The Regional Co-ordinator Healthwatch Network stressed the need to ensure that the decision makers had the right skills and competencies to understand the consequences of their decisions and asked how the Committee could be assured. The Director of Quality explained there were links to the ICB lead on equality and health inequalities and that expertise should be sought as part of the review.

The first meeting of the ICB's difficult decision's group was taking place on 9 May 2025 and it was suggested there needed to be a mechanism for how the decisions from that group fed into this Committee.

**RESOLVED**

The Quality and Safety Committee RATIFIED the EQIA Policy which was previously circulated and approved by members via email.

**QSC/2025/05/7.1**

**Quality and Safety Risk Register and Board Assurance Framework – Quarter 4, 2024/25**

The report provided the Committee with an update to the Board Assurance Framework (BAF) and an updated position on the current risks which align to the quality and safety portfolio for the reporting period 13 December 2024 to 13 March 2025.

The Strategic Head of Corporate Governance advised since the previous report there had been a reduction in risk score for two risks due to a review of controls and assurances. The two risks related to industrial action for health providers across the ICB and pharmacy collective action. One risk had been closed in relation to global shortage of ADHD medicine due to controls and mitigations being in place.

Discussions had taken place with the Deputy Chief Nurse and Director of Quality regarding the inclusion of information from the Corporate Risk Register and this may be included in the next report to the Committee whilst acknowledging the organisational changes that were taking place.

Following a query from the Chair, the Deputy Director of Pharmacy provided an outline of the work undertaken by the ICB when there were medicine shortages. This included

- Pharmacy team working with the wider system, for example, community pharmacy to understand the situation.
- Linking with relevant bodies which included mental health trusts in the case of the ADHD medicine shortages.
- Linking with MPs, councillors, patients and patient groups.
- Redirecting to other potential wholesale suppliers.
- Working with GPs for alternative medicines.
- Developing support tools.
- Risk assess all medicine shortages and escalate as needed.

The Committee was advised that different community pharmacies had contracts with different wholesalers which could affect the supply of medicines at certain times. The Pharmacy team encourages pharmacies to have multiple suppliers however this cannot be enforced legally and is often dependent on the contracts the home company. It was confirmed that there was a national group, through NHS England looking at medicine shortages and what can be done to prevent these occurrences. The role of the ICB is to advocate for patient, practices and pharmacies at a national

level.

It was explained that there were informal mechanisms used by practices and pharmacies working together to source medicines when there were shortages, often through Primary Care Networks. There were also options for prescriptions to be sent back to the NHS Spine but the results could be variable. There is a national database that is revised daily with stock updates and alternatives, and which is open to professionals.

The Regional Co-ordinator Healthwatch Network commented that the report did not highlight the impact of the risks to specific cohorts of patients. It was noted that the risk register was set up to understand the risk to the organisation primarily and there was a need to manage the level of detail. Recognising that the purpose of the BAF was to inform the Board agenda it would be possible, if something came to the attention of this Committee, to create an agenda item with a report before escalating.

### **RESOLVED**

The Quality and Safety

- RECEIVED and REVIEWED the risk registers and BAF for assurance;
- NOTED the profile of the risks as of 13 March 2025 and discuss whether this accurately reflects the organisation's risk profile.
- CONSIDERED if any potential new risks should be added to the risk register.

**QSC/2025/05/7.2**

### **Quality and Safety Committee Effectiveness Survey**

The annual Effectiveness Survey results were highlighted in the report with the main areas of feedback being the volume and level of detail contained within the papers. The feedback also highlighted the overlap with the Finance, Performance and Investment Committee and Executive Committee and the benefits of the introduction of deep dive sessions.

Whilst acknowledging the results of survey and the need to have more assurance rather than scrutiny, due to the current national changes to ICBs it had been agreed to pause any refresh of the Committee's Terms of Reference. The Corporate Committees Officer advised that a full review of all ICB Committees' Terms of Reference was planned in the next few months.

The Committee considered whether the discussions sometimes strayed more into performance rather than quality but wondered if it was inevitable due to the secondary questions that would arise from asking about quality of service. It was recognised that the Committee needed to check and challenge themselves in discussions to understand what the quality impact was on patients.

Over the next 6 to 9 months the QSC will continue to evolve and improve into the next period of organisational change and the results of the survey will help to focus discussions on assurance. An example of this would be whether it was beneficial to continue to receive the minutes from subcommittees or whether exception reporting would be more valuable.

**RESOLVED**

The Quality and Safety Committee NOTED the results and findings from the Committee Effectiveness Survey for information.

**QSC/2025/05/7.3**

**Quality and Safety Committee Annual Review 2024/25**

The report provided a brief introduction of the scope and remit for the Committee and provided a summary of the main areas of work and achievements throughout 2024-25. The work areas were captured under the three headings of patient safety; clinical effectiveness; and patient experience. The report was to be sent to the Board in May as a summary of the Committee's work.

**RESOLVED**

The Quality and Safety Committee

- REVIEWED and commented as appropriate on the content of the annual review
- APPROVED the review to be submitted to the Board for assurance and for inclusion in the ICB annual report as required.

**QSC/2025/05/7.4**

**ICBP001 Access and Choice Policy**

The Access and Choice Policy had been reviewed in accordance with the ICB's review schedule and following some legislative changes which required an update to the policy. Whilst there was no national template for the policy it was based in line with national regulations and there had been no challenge to the policy.

The Interim Director of Nursing (South) noted that under Section 12.1 Personal Health Budgets – What Choices are Available reference was made to "adults and children who receive NHS continuing healthcare funding (CHC)". As there were two distinct frameworks it was suggested this be reworded into two parts, Adults Continuing Healthcare and Children Continuing Care.

**ACTION**

The Director of Contracting and Oversight (South) to arrange the change in wording in the policy.

**The Chief Nurse and AHP Officer left the meeting at 9.50am**

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From a patient perspective it was suggested that as well as being available on the website a QR Code could be made available that, for example, Healthwatch could circulate to help patients find the information they need.

### **ACTION**

The Corporate Committees Officer to ask the Communications Team about providing a QR Code.

The meeting was advised that the NHS England website also contained easy reading information about choice.

As part of the information for patients it was noted that not all private right to choose providers provided the same quality as local providers and this should be an important consideration for them. Additionally, it was noted that choosing a private provider would not affect when patients were seen for treatment. There was a need for patients to have informed choice and the ICB to support GPs in having those discussions at the point of referral.

**The Strategic Head of Corporate Governance left the meeting at 9.53am**

### **RESOLVED**

The Quality and Safety Committee CONSIDERED and APPROVED the changes and updates in the revised policy, subject to the following amendment:

Section 12.1 Personal Health Budgets – What Choices are Available reference was made to "adults and children who receive NHS continuing healthcare funding (CHC)". This should be separated into two parts as there were two distinct frameworks, Adults Continuing Healthcare and Children Continuing Care.

**The Chief Nurse and AHP Officer rejoined the meeting at 9.54am**

QSC/2025/03/8.1

### **Examples of Lived Experience across the North East and North Cumbria**

The Committee watched a video which showed the story of a patient who had learning disabilities and asthma. The video highlighted the difficulties they had faced, the progress made and the need for reasonable adjustments to help them manage their own care.

The Committee reflected on the video noting that reasonable adjustments were not difficult, just thoughtful and how this work underlined the life expectancy issues for those with Learning Disabilities. There was a recognition of the personalisation of care provided which had reduced attendance at Accident and Emergency (A&E). The role of the ICB would be to help promote



and share the learning from examples of good practice.

The Director of Quality explained that work had been happening to try and develop the shared learning through the Urgent and Emergency Care (UEC) Board, but BOOST could be used for sharing best practice with staff in a more consistent way.

It was recognised that good quality care to patients reduced the overall cost of care in the longer term and this video was an example of the national shift from treatment to prevention. The shift to digital solutions however was not always appropriate and there needed to be alternatives for everyone to access care. Additionally, there was concern raised regarding the number of times the patient had attended A&E and queried how many contact points had been missed to provide support.

Issues were highlighted with asthma treatments, a recent asthma death and finding the relevant information from community and providers for example to inform the work of the ICB. It was noted that this should become easier as primary care comes online with LFPSE (Learn from Patient Safety Events) Service, however it would take some time to develop.

#### **RESOLVED**

The Quality and Safety Committee RECEIVED the patient story and ACKNOWLEDGED the feedback shared through the lived experience examples, RECEIVED them as a source of reassurance, and thanked those who contributed.

### **QSC/2025/05/9.1**

#### **North and South Area Quality Reports**

The report provided the Committee with oversight of key quality themes, risks and exceptions outlined in the ICB Area Quality reports for North and South.

The report highlighted three key areas and provided additional information regarding insights, involvement and improvement for each.

- Healthcare associated infections (HCAI)
  - This is an ongoing matter affected by issues such as estates, environmental and numbers of patients which also affects deep cleaning. A visit to County Durham and Darlington FT (CDDF) is planned to understand the mitigations and timescale for improvements.
  - An outbreak in Newcastle was noted around Carbapenemase Producing Enterobacteriaceae (CPE) following the death of 2 babies. It was advised that more screening and deep cleaning was underway as the parents of the babies had CPE and there had been shared living accommodation in Newcastle. The Trust

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were undertaking some rapid work and had asked for system wide support to help manage the situation. Extended screening was taking place for those new to the UK.

**The Regional Co-ordinator Healthwatch Network left the meeting at 10.18am.**

- Never Events
  - An increase incidence of Never Events across the ICS with wrong site surgery being the biggest issues. The Quality Team is linked into the Patient Safety Incident Investigation (PSII) work.
- Newcastle
  - Trust continues to report progress on key areas identified in the CQC inspection through the corporate improvement plan, including support from NHSE colleagues around Cardiothoracic Value Circle.
- Northumbria
  - Midwifery Services have on 2 occasion requested mutual aid for 5 patients and they have a rolling programme for recruitment and have received support from NHSE with international recruitment.
  - A Regulation 28 issued in March following the death of a patient who died following an unwitnessed fall despite being assessed as a level 3 falls risk. A response is pending from the Trust.
- Gateshead
  - Issues regarding Medical Examiners (ME) Office and bereavement service.
  - Trust experienced unexpected loss of the Picture Archiving and Communication System (PACS). No incidents of patient harm identified as a result, with Business Continuity Plan enacted.

**The Regional Co-ordinator Healthwatch Network rejoined the meeting at 10.21am.**

- North Cumbria
  - Received positive feedback for the services they provide following Ofsted/CQC SEND inspection in March.
- South Tees
  - Limited resource to support clinical audits has increased risk of non-compliance with NICE guidance and national clinical audit work. A restructure of the quality governance team to support this work is

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underway.

Following a query from the Executive Medical Officer, CNTW, it was explained that North East Quality Observatory (NEQOS) have been asked to look at the mortality information and coding to understand if there are trends or whether differences are as a result of coding issues. The Committee was advised that there was a challenge in terms of mortality data and how it was presented, noting it can take a long time to see any changes, even if it is a coding issue.

In respect of the Never Events at Newcastle and recognising they have undertaken a programme of work there was a request that a report was brought to the Committee in order to share learning.

### **ACTION**

The Director of Nursing (North) to bring a report to a future meeting regarding the programme of work undertaken at Newcastle following the Care Quality Commission (CQC) inspection and Never Events.

The Regional Co-ordinator for the Healthwatch Network noted the shift in public opinion around the uptake of Covid vaccinations and the suggestion there needed to be a refresh of the communications for both public and staff. The Committee also noted the role that social media had influencing patient decisions.

### **RESOLVED**

The Quality and Safety Committee RECEIVED the report for information, assurance, and discussion.

## **QSC/2025/05/9.2**

### **Local Maternity & Neonatal System Update**

The report provided an overview of the overall quality and safety of maternity and neonatal services and the Local Maternity and Neonatal System (LMNS) role in delivering key quality and safety actions from the NHS England (2023) Three Year Delivery Plan for Maternity and Neonatal Services. The report highlighted workstreams to address variation in access, experience and outcomes.

The Deputy Director, LMNS highlighted the ongoing national focus on midwifery services and associated national media scrutiny. This included the ongoing review of cases at Nottingham NHS Trust, with a report due for publication in June 2026, and concerns at Leeds, Oxford and Sussex. Additionally, previously ringfenced funding for maternity had been withdrawn by the Department of Health and added to local health services. The LMNS have been working on a Personalised Care toolkit, which was co-designed with providers and service user's representatives and includes shared decision-making tools, information on choices and consent, and will be translated into the top five languages spoken locally. The toolkit was due for launch on 8 May 2025.

The Head of Quality and Safety, LMNS highlighted the following key areas from the report:

- Listening to and working with women and families with compassion
- Growing, retaining and supporting the workforce
- Developing and sustaining a culture of safety, learning and support,
- Standards and structures that underpin safer, more personalised and equitable care, including
  - Preterm Births
  - Maternity Triage
  - Maternity Incentive Scheme Year 6 and Saving Babies Lives V3
  - Great North Care Record

The Regional Co-ordinator Healthwatch requested that future reports clearly noted that North Tees Foundation Trust was North Tees and Hartlepool Foundation Trust and that both sites should be specifically included as the Friarage and James Cook University Hospital were for South Tees Foundation Trust. It was noted that since the report had been written the Hartlepool midwifery led unit had been temporarily closed.

Regarding maternal death reports there was a query about a sudden unexpected death with epilepsy (with no previous known history of epilepsy).

### **ACTION**

The Head of Quality and Safety, LMNS to check that the recording of death as a result of previously unknown epilepsy was correct.

The LMNS is following the regional process regarding the regional review of maternal deaths occurring from 1 January 2022 to 31 December 2024. The LMNS expect to have completed a review of the results by the end of May, which will include information on deprivation and ethnicity of the 27 maternal deaths. Once complete this information will be fed back into the relevant groups for consideration but in the meantime the LMNS continues to provide support for example by providing information in the top 5 local languages.

Currently only 3 trusts are providing a full maternal mental health service and 2 of the maternal suicides were in areas that had the service, so there did not seem to be a correlation between provisions of maternal mental health service and suicide. However more work was needed to understand if the right services were being provided.

The LMNS had been undertaking work on local maternity mortality, noting this had been agreed by the ICB's Executive Committee, however this work had been superseded by the regional maternity

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mortality review. The LMNS Deputy Director confirmed that the decision to take part in the regional maternity morality review was recorded in the minutes of the LMNS Board.

**The Deputy Director of Nursing (Safeguarding Lead, North) joined the meeting at 11.01am**

It was confirmed the LMNS has a 5 year equity and equality plan and by drilling down on the census data for maternity age population there has been a noticeable shift in language and ethnicity over the past 2 years, including an increase in Sickle Cell Disease due to the ethnicity of students at Sunderland University. The LMNS continues to adjust services accordingly.

**RESOLVED**

The Quality and Safety Committee NOTED the planned actions and ongoing work within the LMNS across all 8 Trusts.

**QSC/2025/05/9.3**

**Martha's Rule Update**

The report provided assurance to the Quality and Safety Committee (QSC) that Martha's Rule was being implemented across NENC ICB, and it reported the progress to date. Martha's Rule is an initiative to improve recognition of deterioration by enabling patients and those closest to them, and staff, to escalate concerns and by seeking to understand the patient's perspective on their progress through implementation of a patient wellness question.

There are 143 pilot sites in England with 6 trusts actively engaged with the pilot across NENC area. The three components to Martha's Rule are

- Patients asked at least daily how they are feeling
- All staff are able to ask for a review from a different team if they have concerns
- Escalation route always available to patients, families and carers and clearly advertised across the hospital.

Although there is activity data from the local pilot sites there is no information yet on the impact, additionally the numbers of activity are currently quite small. However, national data indicates the implementation of Martha's Rule will likely result in life saving interventions. It was recognised that there would be challenges over the coming year due to changes in the NHS architecture which may impact the implementation of the programme.

The next step for the Trusts as they collect more data will be to understand the impact from both staff and patient perspective and feed that back through their Quality and Safety Committees. It was acknowledged that local data was essential so understand whether there was a quality of care issue or if patients were using it more

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because its advertised more widely.

### **RESOLVED**

The Quality and Safety Committee RECEIVED the paper for assurance and NOTED that Martha's Rule was being implemented across the registered pilot sites.

**QSC/2025/05/9.4**

### **PSIRF Update**

The paper provided an update on Patient Safety and Incident Response Framework (PSIRF) and the ICB approach to developing and maintaining effective systems and processes for responding to patient safety issues and incidents for the purpose of learning and improving patient safety. The ICB policy was due to be reviewed in October 2024 but was intentionally delayed while consideration was given to the publication of the primary care strategy in September 2024. Additionally, further consideration is required for the oversight of primary care, community pharmacy, optometry and dental services as well as independent health, recommendations from the PSIRF audit and the future role of the ICB.

It was suggested that some sort of the education or training for primary care (who already had other mechanisms in place for reviewing incidents) would be beneficial to help the uptake of PSIRF. It was confirmed that the CQC were sighted on the change in investigative approaches and were looking to include this in some of their frameworks going forward. There was a recognition of the need to have a joint approach, for example, with NHSE, CQC and primary care to encourage uptake and provide support, possibly with a pilot PCN.

It was confirmed the ICB maintains scrutiny of moderate and severe harm incidents by looking at the trends and themes as reported through the Learning from Patient Safety Events (LFPSE) Dashboard. However, this was currently a manual review and the ICB was considering whether some AI technology would be beneficial to more quickly undertake this review. Other areas of improvement include whether the ICB can have access to patients' NHS numbers and then map this to the Primary Care data set, though there are challenges around appropriate governance.

The Corporate Committees Officer confirmed the Committee could approve the extension of the current policy.

### **RESOLVED**

The Quality and Safety Committee

- RECEIVED the paper for information and discussion, and NOTED the assurances and work being undertaken by the ICB.
- APPROVED the extension of the current policy to December 2025, to enable further work to be undertaken in relation to

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primary care and the ICB operating model which will inform the policy.
- NOTED The actions taken to date to develop the ICB's patient safety information and identifying themes and trends across the system.

QSC/2025/05/10.1

### **Overview Assurance Report of Safeguarding Children, Adults and Cared for Children Executive Summary**

The summary report provided assurance to the Committee of the work undertaken by NENC ICB Safeguarding and children Cared For teams in fulfilling its statutory responsibilities. It highlighted emerging risks and concerns from both providers, the ICS system and ICB local delivery teams.

The Deputy Director of Nursing (Safeguarding Lead, North) highlighted key areas from the report in respect of the following:

- Initial and Review Health Assessment Compliance for Children Cared For and the possible withdrawal of children's public health service from undertaking 0-25 the assessments.
- Following review of Prevent guidance there is a proposal to withdraw ICB Designated Nurses from Channel panels to avoid any duplication with FT representation. The Designated Nurses would attend complex cases.
- Working Together to Safeguard Children 2023 – all child safeguarding partnerships have published revised arrangements. The Cumbria Safeguarding Children Partnership (CSCP) split into 2 separate partnerships for Cumberland and, Westmoreland and Furness. This provides financial challenge and staffing challenges as there is statutory requirement for ICB attendance at both meetings.
- Domestic abuse continues to be a significant factor in safeguarding for adults.
- NHS provider issues and ICB local delivery team issues.
- ICB is an outlier with regards to loss of life due to self-harm, particularly in the 16-25 age group, with a 26% above national reported incidents.

#### **ACTION**

It was agreed that report regarding the loss of life due to self-harm, within the 16-25 age group would be brought to the next Quality and Safety Committee meeting in July 2025.

The Director of Nursing (North) highlighted the work undertaken by the Safeguarding team in improving the quality of service and triage for children and driving out inconsistency of practices across the patch, noting the financial and relationship challenges.

**RESOLVED**

The Quality and Safety Committee NOTED the contents of the report.

**QSC/2025/05/10/2**

**Safeguarding Adults Review: Thematic Analysis of Safeguarding Enquiries within a Residential Care Setting in Gateshead**

The report was an independent review commissioned by Gateshead Safeguarding Adults Board (GASB) following national media reports in December 2023 that had raised allegations of poor quality of care and safeguarding concerns within a local residential care setting. The review was commissioned under section 44 of the care Act (2014).

The Director of Nursing (North) provided some background to the report noting that the review was thematic and was not re-investigating individual cases but rather looking at how local professional and agencies work together to safeguard adults, reviewing effectiveness of procedures and inform and improve local interagency practice.

Key areas points noted were:

- Individual concerns were being investigated however there was a lack of triangulation of information between the ICB and Local Authority.
- Lack of understanding and consistency regarding safeguarding following the Local Authority roll out of a new safeguarding referral tool.
- Ineffective information sharing and a misunderstanding the reporting incidents on Safeguard Incident and Risk Management System (SIRMS) or DATIX safety systems did not automatically trigger a safeguarding referral.
- Threshold and pathways were not fully understood or applied consistently across providers and partner agencies to enable appropriate triage when incidents occurred.
- Families felt residents were badly let down by failures on behalf of commissioners and the regulator to act collectively to either spot patterns of neglect or consider triggering either the Serious Provider Concerns process or a s42 enquiry into organisational abuse prior to notification of the media reports.

The Committee's attention was drawn to the 8 recommendations outlined within the report.

The Committee was receiving the report due to the seriousness of the concerns and assurance that the ICB has put steps in place around the report's recommendations. At the time the media report was made assurances were made in response to the specific issues and to undertake broader work with other care homes within the



provide group.

The recommendations from the report will be managed through the Gateshead Safeguarding Board who will need to be assured through a subcommittee of the Board which will scrutinise the evidence to ensure compliance.

It was acknowledged that this was a helpful piece of work and highlighted the need to continue to be mindful of the risks as the care home population becomes frailer.

The learning from this review will be shared across the ICB footprint and other partnerships.

### **RESOLVED**

The Quality and Safety Committee NOTED the contents of the independent review.

**QSC/2025/05/11.1**

### **Chief Nurse Report**

The Chief Nurse highlighted the following key areas:

- EQIA Policy – Acknowledging the upcoming changes to ICBs and the need to ensure that assessments are undertaken in line with the agreed process for any service changes.
- Maternity Services at North Tees and Hartlepool NHS FT – The midwifery led unit in Hartlepool is closed to births for at least three months due to a shortage in workforce. The ICB and LMNS will continue to monitor the situation.
- North and South Area Quality Reports – It was agreed a thematic analysis report should be brought to a future QSC meeting in relation to the Never Events highlighted in the Quality Reports. Also, a mortality review was needed to understand the data in more detail.
- North East Ambulance Service (NEAS) – Meeting has taken place with Andrew Hodges, the Director of Paramedics to discuss their new workforce framework which has a novel approach and is leading the way nationally. Additionally, there was a visit to the call handling centre.
- Durham Maternity Services – A meeting with the Chief Nurse with discussions including the digital solutions within maternity services and roll out of Birmingham Symptom-specific Obstetric Triage System (BSOTS) for triaging pregnant women.
- Quality Improvement Group, Newcastle – Significant progress has been made against the action plan including Emergency Department (ED), Cardiothoracic, Maternity and Medicines Management.

The Interim Director of Nursing South advised there had recently

Official

been a Joint Targeted Area Inspection (JTAI) in Redcar and Cleveland which had included NEAS. Whilst the written report had not yet been received there had been some positive verbal feedback in regard to NEAS responses, particularly for call handling and clinical input.

### **RESOLVED**

The Quality and Safety Committee **NOTED** the verbal Chief Nurse Report.

**QSC/2025/05/12.1**

### **Patient Voice Group Update and Terms of Reference**

The Patient Voice Group Update provided the Committee with a summary from the Patient Voice Group meeting held on 10 March 2025. Key areas of discussion had been

- NENC Healthwatch regional network feedback report
- Involvement report and quarterly dashboard
- Analysis of MP and elected member correspondence.
- Summary of concerns and complaints quarter three (previously reported to the Committee).
- Emerging themes from media monitoring.

The Strategic Head of Involvement and Engagement explained the Group had finalised their Terms of Reference and these were presented to the Committee for approval.

The Patient Voice Group provided a dedicated space to analyse and triangulate patient and service user feedback with a clear reporting line to the Committee and ensured the ICB was fulfilling its statutory responsibilities.

The Chair noted the good progress made by the Group in a short space of time and congratulated Healthwatch on their recent event. The event had been well attended and had showcased the connection between the ICB and user involvement in shaping and developing commissioning.

The Healthwatch Regional Co-ordinator advised that Healthwatch England were using the relationship between the Regional Healthwatch Network and the ICB as a site of best practice on how to use public and patient involvement in co-production of services.

### **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.
- APPROVED the terms of reference for the Patient Voice Group.

**QSC/2025/05/13.1 Subcommittee and Group Minutes**

**QSC/2025/05/13.1.1 Antimicrobial Resistance (AMR) and Healthcare Associated Infections (HCAI) Subcommittee Minutes – 4 December 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the Antimicrobial Resistance (AMR), and Healthcare Associated Infections (HCAI) Subcommittee Minutes from 4 December 2024 for assurance.

**QSC/2025/05/13.1.2 Antimicrobial Resistance (AMR) and Healthcare Associated Infections (HCAI) Subcommittee Minutes – 5 February 2025**

**RESOLVED**

The Quality and Safety Committee RECEIVED the Antimicrobial Resistance (AMR), and Healthcare Associated Infections (HCAI) Subcommittee Minutes from 5 February 2025 for assurance.

**QSC/2025/05/13.1.3 Tees Valley Area Quality and Safety Subcommittee Minutes – 9 April 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the Tees Valley Area Quality and Safety Subcommittee Minutes from 9 April 2024 for assurance.

**QSC/2025/05/13.1.4 Central Area Quality and Safety Subcommittee Minutes – 9 April 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the Central Area Quality and Safety Subcommittee Minutes from 9 April 2024 for assurance.

**QSC/2025/05/13.1.5 South Area Quality and Safety Subcommittee Minutes – 20 August 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the South Area Quality and Safety Subcommittee Minutes from 20 August 2024 for assurance.

**QSC/2025/05/13.1.6 South Area Quality and Safety Subcommittee Minutes – 23 October 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the South Area Quality and Safety Subcommittee Minutes from 23 October 2024 for assurance.

**QSC/2025/05/13.1.7 South Area Quality and Safety Subcommittee Minutes – 18 February 2025**

**RESOLVED**

The Quality and Safety Committee RECEIVED the South Area Quality and Safety Subcommittee Minutes from 18 February 2025 for assurance.

**QSC/2025/05/13.1.8 North Area Quality and Safety Subcommittee Minutes – 18 June 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the North Area Quality and Safety Subcommittee Minutes from 18 June 2024 for assurance.

**QSC/2025/05/13.1.9 North Area Quality and Safety Subcommittee Minutes – 20 August 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the North Area Quality and Safety Subcommittee Minutes from 20 August 2024 for assurance.

**QSC/2025/05/13.1.10 North Area Quality and Safety Subcommittee Minutes – 15 October 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the North Area Quality and Safety Subcommittee Minutes from 15 October 2024 for assurance.

**QSC/2025/05/13.1.11 North Area Quality and Safety Subcommittee Minutes – 18 February 2025**

**RESOLVED**

The Quality and Safety Committee RECEIVED the North Area Quality and Safety Subcommittee Minutes from 18 February 2025 for assurance.

**QSC/2025/05/13.1.12 ICB SEND Assurance Subcommittee Minutes – 19 June 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the ICB SEND Assurance Subcommittee Minutes from 19 June 2024 for assurance.

**QSC/2025/05/13.1.13 ICB SEND Assurance Subcommittee Minutes – 16 October 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the ICB SEND Assurance Subcommittee Minutes from 16 October 2024 for

assurance.

**QSC/2025/05/13.1.14 ICB SEND Assurance Subcommittee Minutes – 19 December 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the ICB SEND Assurance Subcommittee Minutes from 19 December 2024 for assurance.

**QSC/2025/05/13.1.15 NENC ICB Safeguarding Health Executive Minutes – 23 October 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the NENC ICB Safeguarding Health Executive Minutes from 23 October 2024 for assurance.

**QSC/2025/05/13.1.16 NENC ICB Safeguarding Health Executive Minutes – 22 January 2025**

**RESOLVED**

The Quality and Safety Committee RECEIVED the NENC ICB Safeguarding Health Executive Minutes from 22 January 2025 for assurance.

**QSC/2025/05/13.1.17 System Quality Group Minutes – 15 August 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the System Quality Group Minutes from 15 August 2024 for assurance.

**QSC/2025/05/13.1.18 System Quality Group Minutes – 10 October 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the System Quality Group Minutes from 10 October 2024 for assurance.

**QSC/2025/05/13.1.19 System Quality Group Minutes – 12 December 2024**

**RESOLVED**

The Quality and Safety Committee RECEIVED the System Quality Group Minutes from 12 December 2024 for assurance.

**QSC/2025/05/13.1.20 Integrated Delivery Report – April 2025**

**RESOLVED**

The Quality and Safety Committee RECEIVED the report for information.

**QSC/2025/05/14**

**Any Other Business**

No additional items of business were noted.

**QSC/2025/05/15**

**Meeting Critique**

The Committee felt there had been opportunity for good discussion.

No additional feedback or comments were made.

**QSC/2025/05/16**

**Date and Time of Next Meeting**

The next meeting of the Quality and Safety Committee will be held Thursday 10 July 2025.

**CLOSE**

The meeting was closed at 11:59am

**Signed**



**Position Chair**

**Date 10/07/2025**