

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

**QUALITY AND SAFETY COMMITTEE**

**Minutes of the meeting held on 14<sup>th</sup> November 2024 from 9am  
Joseph Swan Suite, Pemberton House, Sunderland**

- Present:**
- Sir Pali Hungin, Independent Non-Executive Member (Chair)
  - Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
  - Mr Ken Bremner, Foundation Trust Partner Member - Chief Executive, South Tyneside & Sunderland NHS Foundation Trust
  - Ms Sarah Dronsfield, Director of Quality – attended via Teams
  - Mrs Ann Fox, Interim Chief Nurse and AHP Officer
  - Dr Saira Malik, Primary Medical Services Partner Member - Clinical Lead (Meds Optimisation, Healthier and Fairer and Long Term Conditions)
  - Dr Rajesh Nadkarni, Foundation Trust Partner Member, Executive Medical Officer and Deputy Chief Executive, Cumbria Northumberland Tyne and Wear NHS FT – *attend via Teams*
  - Ms Kate O'Brien, Director of Nursing for Mental Health, Learning Disabilities and Autism and Complex Care
  - Dr Neil O'Brien, Chief Medical Officer
  - Mr Chris Piercy, Director of Nursing (South)
  - Mr Richard Scott, Director of Nursing (North)
- In attendance:**
- Ms Angie Brown, Head of Quality Governance and Assurance – *attended via Teams*
  - Ms Jen Coe, Strategic Head of Involvement and Engagement
  - Mr Neil Hawkins, Strategic Head of Corporate Governance
  - Ms Nicola Jackson, Deputy Director, Local Maternity Neonatal System
  - Dr Tom Kennedy, Clinical Fellow, NENC ICB
  - Ms Jennifer Lappin, Head of Quality and Safety, Local Maternity Neonatal System
  - Ms Sandra Sutton, Head of Quality Governance and Assurance – *attended via Teams*
  - Ms Rebeca Herron, Corporate Committees Officer
  - Ms Jane Smailes, Corporate Governance Support Officer (minutes)
- QSC/2024/11/1      Welcome and Introductions**
- The Chair welcomed all those present to the meeting.
- QSC/2024/11/2      Apologies for Absence**
- Apologies for absence were received from:
- Ms Deb Cornell – Director of Corporate Governance and Board Secretary

Mrs Claire Riley – Chief Corporate Services Officer  
Mr Dave Gallagher – Chief Contracting and Procurement Officer  
Mrs Jeanette Scott – Director of Nursing (South)  
Mr Christopher Akers-Belcher – Healthwatch Regional Co-ordinator

**QSC/2024/11/3      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/2024/11/4      Quoracy**

The Chair confirmed the meeting was quorate.

**QSC/2024/11/5      Minutes of the Previous Meeting held on 12 September 2024**

**RESOLVED**

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 12 September 2024 were a true and accurate record.

**QSC/2024/11/6      Matters Arising from the Minutes and Action Log**

QSC/2024/09/06 – Matters Arising - Primary Care Complaints

It was confirmed a more detailed report was on the agenda for the meeting. This action was marked as complete.

QSC/2024/09/06 – Matters Arising – Action Log

It was confirmed a refresh of the Action Log had taken place. This action was marked as complete.

QSC/2024/09/07 - Accessibility of Information

The Chief Corporate Services Officer to speak to the Communications team to create a range of information leaflets in various dialects for access to services. This action remains ongoing.

QSC/2024/09/08 – ICB Quality Report

The system safety alert, regarding patients with Learning Disabilities being intubated, to be shared with Committee members. It was confirmed this had been circulated. This action was marked as complete.

QSC/2024/09/10 - Medicines Optimisation Annual Report

- The Strategic Head of Involvement and Engagement to link in with the Director of Medicines to ensure there was a flow of patient information/feedback to the Medicines Optimisation Team.

- An update on the review of the green plus group and GP collective action impact on quality and safety would be brought to the November Committee

The Clinical Director Medicines Optimisation / Pharmacy provided an update to the above two actions. The risk had been raised about GP collective action moving beyond the British Medical Association (BMA) actions and specifically in relation to green plus prescribing, and in particular with a push back on green plus prescribing in Sunderland. The risk for this is now being managed with other collective actions issues by the Emergency Prevention, Preparedness and Response (EPPR) Team and escalated in a regular report to the NHS England. Whilst this continues to be a problem it is being escalated and the Clinical Director is preparing a paper for the Chief Delivery Officer. Additionally, discussions are being held on 15 November with the Trust Chief Medical Officer on options, which included the possibility of secondary care to generate electronic prescriptions to community pharmacies.

These actions to be marked as complete.

There was a discussion regarding where the risk for the GP collective action should be recorded and whether it needed to be noted as specific GP risk or to be a general provider risk. The Strategic Head of Corporate Governance explained the risk was noted on the Corporate Risk Register provided to the ICB Executive. It was agreed the risk should also be included on the Risk Register for the Quality and Safety Committee due to the quality concerns.

**ACTION:**

**The Strategic Head of Corporate Governance to add the GP Collective Action risk to the Risk Register for the Quality and Safety Committee.**

***At 9.12am the Primary Medical Services Partner Member entered the meeting.***

QSC/2024/09/12 - Neurorehabilitation

The Director of AHP to commit a form of words for the Chief Nurse to write to the patient who presented their story to the Committee and thank them for their contribution and make him aware of the work being undertaken. It was confirmed the letter had been sent and the neuro work has been shared and will be used nationally. The action was marked as complete.

QSC/2024/09/13 – Clinical Effectiveness Update

A clinical effectiveness group report would be brought to the next committee meeting. It was confirmed the report was included as part of the reference pack of papers. The action was marked as complete.

**ACTION:**

**It was agreed to add Clinical Effectiveness Subcommittee Report as a separate item on future agendas.**

## **QSC/2024/11/6.1 Green Plus Drugs and GP Collective Action Update**

This update for this item was provided under agenda item QSC/2024/11/06 Matters Arising for action referenced QSC/2024/09/10.

## **QSC/2024/11/6.2 Paediatric Audiology Update**

The Director of Allied Health Professionals (AHP) advised a letter was sent by NHS England (NHSE) to all Integrated Care Boards (ICBs) on the 24 September 2024, outlining the immediate next steps of the Paediatric Hearing Services Improvement Programme, and implementation of the national review and recall process. This is part of the drive nationally to respond to systemic issues identified in paediatric audiology services in England.

In response, NENC ICB immediately set up a Paediatric Audiology Incident Oversight Group on the 3 October 2024, chaired by the Executive Senior Responsible Officer (SRO) Dr Neil O'Brien, to support services to review and recall cases, in line with the national implementation process.

Four of the ICB regions' Trusts are carefully reviewing their records, to make sure they have correctly tested children for hearing loss if they live in North East and North Cumbria. If they do find children who may benefit from another hearing test, NHS Trusts will be in touch to arrange this.

The ICB has put extra support in place to help do this work quickly, so that we can reduce any unnecessary worry for parents. The work is progressing well, and progress is closely monitored via incident management groups for each Trust. NHSE North East and Yorkshire (NEY) Paediatric Audiology Improvement Programme has also provided subject matter experts (SME's) to support Trusts and the regional Health Care Scientist is a core member of the new oversight group.

Regular updates from the oversight group will be communicated via the Chief Executive Report, to the NENC ICB Board.

Following a query from the Chair the Director of AHP advised the ICB was ahead of most areas in the country with this process. The NENC region has one of the highest numbers of identified cases and is responding to the national reporting requirements in a timely manner.

The Chief Medical Officer advised the management of the recall aspect of the process was going well. The Chief Medical Officer explained there was a proposal from one provider to move the Paediatric Audiology service from one site in Gateshead to another more appropriate site. The ICB is considering what steps it may need to take to support service provision noting there may be significant capital implications, however the main focus is currently the management of this incident.

The Chair welcomed the assurance that the problem had been recognised, responded to, and there was a process that was dealing with the difficulty.

The Interim Chief Nurse and AHP Officer noted that previous papers had been provided to the Committee which outlined the Incident Oversight Group arrangements and progress made and following discussion it was agreed this would be added to Annual Cycle of Business as a quarterly item, with the understanding that any exception reporting would be brought to Committee if needed.

**ACTION:**

**The Interim Chief Nurse to add Paediatric Audiology to the highlight report for the next ICB Board.**

**ACTION:**

**Committee secretariat to add Paediatric Audiology Update to the Annual Cycle of Business on a quarterly basis.**

**QSC/2024/11/7.1**

**North and South Quality and Safety Subcommittees Terms of Reference**

The Corporate Committees Officer introduced the North and South Quality and Safety Subcommittees Terms of Reference and advised the main changes were in relation to the membership of each Subcommittee. Whilst there were some slight differences between the Terms of Reference there were no material changes regarding the responsibilities of the Subcommittees.

Further to a query from the Chair, the Interim Chief Nurse and AHP Officer explained the amended Terms of Reference reflected the discussions held at the recent Quality and Safety Committee (QSC) development session on 30 October 2024. The two Subcommittees would provide a local focus and assurance on behalf of the QSC.

**ACTION:**

**The Committee Secretariat to add North and South QSC Subcommittee update reports to future meetings of the Committee.**

The Director of Allied Health Professionals (DAHP) highlighted the national recommendation for AHP input into QSC meetings and proposed the inclusion of the Director of AHP in the membership section of Terms of Reference for the subcommittees. Additionally, it was good to see the alignment between North and South Quality and Safety Subcommittees.

The Director of Quality advised that from an assurance perspective the ICB was designing a well-led self-assessment tool which would include elements regarding the flow of information to Committees. The tool is expected to be completed by the end of November and it was agreed to bring this to a future QSC meeting.

**ACTIONS:**

**Director of Allied Health Professionals to be added to the membership of the North and South Quality and Safety Subcommittee Terms of Reference.**

**The Committee secretariat to add the well-led self-assessment tool to the QSC forward planner and to liaise with the Director of Quality for a confirmed date.**

**RESOLVED**

The Quality and Safety Committee **CONSIDERED** and **APPROVED** the Terms of Reference for the North and South Quality and Safety Subcommittees.

**QSC/2024/11/7.2 Feedback from Quality and Safety Development Session**

The Interim Chief Nurse and AHP Officer provided verbal feedback from Quality and Safety Committee (QSC) development session held 30 October 2024. One of the most prominent elements was a chart that provided an illustration of various Subcommittees, groups and clinical networks that provide information, governance, and assurance flows into the QSC. It was acknowledged that there were other flows of information, for example from the Local Maternity and Neonatal System (LMNS), that could be included.

The chart was also useful for QSC members to see the activity, review and analysis that took place before the reports were provided to QSC meetings. The Interim Chief Nurse and AHP Officer noted the QSC would always have a large agenda due to size of the ICB and the number of providers.

An outcome from the development session had been the agreement to hold additional focussed meetings between the regular bi-monthly QSC meetings. These occasional meetings would provide an opportunity to have more in-depth discussions twice a year on a couple of topics at each meeting. The topics for discussion would be informed by the Quality Strategy and by priorities from the Patient Safety Centre.

The Chair highlighted the importance of using the QSC to act as early radar for areas that may not be picked up through the formal reports the QSC receives. For example, the patient experience as noted through the Healthwatch reports.

**RESOLVED:**

The Quality and Safety Committee **NOTED** the verbal update on the Quality and Safety Development Session.

**QSC/2024/11/7.3 Quality and Safety Risk Register and Board Assurance Framework**

The Strategic Head of Corporate Governance presented the Quality and Safety Risk Register and Board Assurance Framework and explained the report had moved to a quarterly reporting cycle.

Following a query from the Chair regarding the level of assurance in the report the Strategic Head of Corporate Governance advised there was a

rigorous review process undertaken with risk owners during each quarter which included looking at risks that were expiring and prompting them about the controls and actions that were in place. As part of the process the scoring of individual risks is reviewed. There have been minimal changes since the last report, however, two risks have been closed and all risks have been reviewed by the relevant Directors and risk owners.

The Strategic Head of Corporate Governance acknowledged the Chair's comments regarding incorporating some more background detail regarding assurance and what was being done to make improvements.

The Chair highlighted three specific areas from the Risk Register:

- Recruitment
- Maternity Services
- Ambulance Handovers

The Chief Medical Officer noted in terms of recruitment there were pockets in certain clinical areas where the workforce was more fragile than others and the ICB was sighted on those through a workforce group that looked at this and other bigger workforce issues. Provider collaboratives would also be looking at recruitment difficulties especially in the more specialist clinical roles. Acknowledging the pockets of recruitment difficulties across the region the Chief Executive, South Tyneside and Sunderland NHS Foundation Trust (STSFT) queried whether the recruitment difficulties threatened the objectives of the ICB and how that is reflected in this report.

The Committee was advised that from a maternity role point of view the ICB is aware of the vacancies in each individual trust by discipline and it was about understanding the skill mix in each trust and the longevity of experience of each staff member.

The Director of Allied Health Professionals (AHP) advised a paper had been requested by the previous Chief Nurse regarding vulnerable AHP roles, this had included speech and language therapy, podiatry, and diagnostic radiography. The paper is being reviewed by the system AHP lead for quality and safety implications before being sent to the workforce committee, though any specific quality and safety implications would be brought to this Committee for discussion.

The Director of Quality explained that though Serious Incidents (SIs) were not included on the Risk Register a process was undertaken earlier in the year to sign off SIs with individual Trusts prior to going into the Patient Safety Incident Response Framework (PSIRF). The ICB is now represented on Trust panels with input around investigations and oversight.

The Clinical Lead (Meds Optimisation, Healthier and Fairer and Long Term Conditions) highlighted the need to ensure the ICB was setting the highest standards for quality and safety and not settling for being better than somewhere else. The Interim Chief Nurse and AHP Officer acknowledged the comment and explained the ICB need to have benchmarking and to be

able to recognise when things were going well even if it was in comparison to where it did not want to be.

Following a query from the Executive Medical Director, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) regarding intelligence and themes the Director of Quality advised ICB was developing a template for those who attend Quality and Safety Committees at Trust on behalf of the ICB in order to capture and feedback relevant information through, for example, the North and South Quality and Safety Subcommittees. The Executive Medical Director noted that ICB should also be using its position in the system to share learning and improve services through the Patient Safety Centre.

**RESOLVED:**

The Quality and Safety Committee

- **RECEIVED** and **REVIEWED** the risk registers and BAF for assurance;
- **NOTED** the profile of the risks as of 18 September 2024 and **DISCUSSED** whether this accurately reflects the organisation's risk profile.
- **CONSIDERED** if any potential new risks should be added to the risk register

**QSC/2024/11/8**

**Patient Story Video**

The Quality and Safety Committee watched a patient story video which focussed on the difficulties getting mental health support for individuals who use British Sign Language (BSL).

The Chair explained the purpose of receiving patient stories, either in person or by video was to get a feel for the human side of the Quality and Safety Committee work.

Following the video the Committee was advised that Cumbria, Northumberland, Tyne and Wear (CNTW), Newcastle Hospitals and Northumbria Healthcare NHS Foundation Trusts and Deaflink hosted a conference in May called "Creating accessible services to meet the needs of D/deaf people with mental health issues".

At the conference Jo shared her story to look at what improvements could be made as a system to mental health support for Deaf people. Actions which came out from the event are being used to improve the system. The BSL Health Navigator Steering Group is leading this work and holding the action plan.

In addition, there has been a BSL Health Navigator pilot across CNTW, Northumbria Healthcare and Newcastle Hospitals, with Deaflink, to support D/deaf people to get the right support. The pilot evaluation findings will be presented to the next Patient Voice Group meeting.



The Director of Nursing for Mental Health, Learning Disabilities and Autism (MHLDA) and Complex Care advised the Learning Disabilities Clinical Network were working with Dr Kathy Patterson on access to services literature using different resources including Makaton, which is a form of signing.

The Director of Nursing for MHLDA and Complex Care noted that Jo had lost her home as a result of admission to a mental health trust and explained that this situation also happens to those with Learning Disabilities or Autism. Of the 179 people in hospital 87 remain in hospital because they do not have a home to return to. It was noted that this does not typically happen to those entering acute care. It was suggested the Strategic Head of Involvement and Engagement could bring a report or information to a Patient Voice Group meeting which outlined the number of people who go into hospital and lose their home as a result of longer stays.

**ACTION:**

**The Strategic Head of Involvement and Engagement to take a report or information to a Patient Voice Group meeting which outlined the number of people who go into hospital and lose their home due to longer stays.**

The Executive Medical Director (CNTW) highlighted the difficulties in mental health trusts where individuals are released from the justice system with mental health issues and noted that these individuals will impact GP and acute services.

The Clinical Director Medicines Optimisation / Pharmacy noted the difficulties for individuals gaining a "front door" access to NHS systems and being constantly redirected. The quality of care when in the service is good but the access to right place can be very difficult.

***At 10.15am the Chief Executive, South Tyneside and Sunderland NHS FT left the meeting***

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

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

The Director of Nursing (North) highlighted the following points:

- Newcastle Upon Tyne Hospitals Foundation Trust report issues in ophthalmology in June with letters not sent to GPs and patients and in August 2024 with printing of letters. This had been picked up early due to the integration of ICB into the Trust's committees. The Trust was notified in September 2024 that the conditions applied to their CQC licence had been lifted.
- Gateshead Health Foundation Trust (GHFT) reported significant pressures within its maternity service in October 2024 due to a

recent significant rise in births each month, with women from other areas choosing to deliver at GHFT.

- In October 2024 North East Ambulance Service Foundation Trust (NEAS) will step down from enhanced surveillance and return to business as usual. Discussions are ongoing with the Trust and plans are in place to still have access to the ongoing improvement work.

The Interim Chief Nurse and AHP Officer advised as NEAS moves into NOF (National Oversight Framework) Segment 2, quality assurance oversight should also move into business as usual. It has been discussed with Chief Nurse NHS England that as the ICB has integrated membership within the Trust on their Quality and Safety Committee and are part of the agenda setting for that meeting there is no need for a separate monitoring quality improvement group meeting. Though this remains an option if needed.

The Interim Chief Nurse and AHP Officer asked the Quality and Safety Committee for approval to monitor the improvements that are still required and report them through the North and South Area Quality Report.

**RESOLVED:**

The Quality and Safety Committee **AGREED** to monitor the outstanding improvements for NEAS through the NEAS Quality and Safety Committee reporting into the North and South Area Quality Report.

Following a query from the Clinical Lead (Meds Optimisation, Healthier and Fairer and Long Term Conditions) regarding maternity services it was explained that Trusts have planned elective caesarean births and continually look at capacity and provide mutual aid where necessary, so no one had been denied a caesarean. The Deputy Director of Local Maternity Neonatal System (LMNS) confirmed a report was being sent to the LMNS Board regarding pre-term births across the Northeast and North Cumbria which would include the impact of both ethnicity and deprivation on pre-term births and what was being done about it.

**ACTION:**

**The Deputy Director of Local Maternity Neonatal System to include the LMNS report on pre-term births in the next LMNS update report to the Quality and Safety Committee.**

The Director of Nursing (South) highlighted the following emerging themes across the North and South.

- Never Events – how they are managed and reported, and how the ICB and providers agree what is a Never Event
- Maternity Services, particularly in County Durham and Darlington Foundation Trust (CDDFT) which is still enhanced measures with NHS England.
- Infection Prevention and Control (IPC) – noting this was covered under agenda item 9.3.

The Director of Quality advised that Never Events would be an area of focus through the Patient Safety Centre as, following a consultation earlier in the year, the definition of Never Events will be changed to events that are "largely preventable".

Following a query from Executive Medical Director (CNTW), the Director of Quality explained the Patient Safety Centre would, over the next six months, be looking to correlate information from sources, including staff survey, quality incidents and patient feedback to provide an understanding of the culture in Trusts and pathways. It was agreed the Director of Quality would provide a paper for the next Committee meeting on the work of the Patient Safety Centre.

**ACTION:**

**The Director of Quality to bring a paper on the work of the Patient Safety Centre to the next Quality and Safety Committee meeting.**

The Director of Allied Health Professionals (AHP) requested that metrics regarding Paediatric Audiology were included in future South Area Quality reports.

**ACTION:**

**The Director of Nursing (South) to include Paediatric Audiology in future South Area Quality Reports.**

The Director of AHP raised a query regarding the publication of safety alert for bed grab rails for patients discharged into the community and potential strangulation due to the individuals being inappropriately assessed against their weight and capabilities. The Director of Quality advised there seemed to be a difference between Trusts on how they approached the safety alert, with some completing the work to be technically in line with the alert and others with Community Service responsibility undertaking a longer term piece of work. It was explained that this particular safety alert had not been published on the website and therefore Local Authorities had not seen it.

**ACTION:**

**The Director of Quality to meet with the Director of AHP to ensure all perspectives were captured for the bed grab rails issue; speak to NHS England colleagues to understand the mechanisms for circulating alerts and to provide an update to the Quality and Safety Committee at the next meeting.**

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the North and South Area Quality Exception Reports for information, assurance, and discussion.

**QSC/2024/11/9.2 Patient Safety Centre Update**

The Director of Quality provided a verbal update on the Patient Safety Centre, advising the Centre had a launch day on 31 October 2024 which was well attended by organisations from across the Integrated Care

System (ICS) footprint. The Patient Safety Centre is part of the ICB's Quality Strategy.

The Director explained the need to ensure engagement from all service providers, not just NHS Trusts and the need to encourage organisations to support staff who work through the Patient Safety Centre.

The Committee was advised that work would be undertaken before Christmas with the ICB's Executive and Board to understand the next steps. As agreed in item 9.1 the Director of Quality will bring a paper on the Patient Safety Centre to the Quality and Safety Committee meeting in January 2025.

The Patient Safety Centre will involve staff from relevant teams as and when needed to support the individual areas of work, focus, taking forward system learning and putting it into practice. Other areas of work will include using quality intelligence and working with provider collaboratives and using Boost as the online learning platform.

**RESOLVED:**

The Quality and Safety Committee **NOTED** the verbal Patient Safety Centre update.

**QSC/2024/11/9.3 Infection Control Update**

The Director of Nursing (South) presented the Infection Control Update which provided information on the current infection control status of the Foundation Trusts in the NENC ICB area, with a comparison of performance against agreed trajectories between 1 September 2023 and 31 August 2024. The paper also highlighted performance in respect of community acquired infections for the same period.

One of the key challenges is availability of Infection Prevention and Control (IPC) support in the community for care homes and specialist schools. The ICB has a small community team commissioned only in the Durham area, the community teams for other locations are part of integrated IPC teams from the Foundation Trusts. The Director advised the Trusts worked hard and were committed to IPC with most having a 7-day service. Additionally, the Trusts were experiencing difficulties with estate that was no longer fit for purpose, and they were developing ways of mitigating risks, for example by co-horting patients with similar infections.

The Director highlighted the Carbapenemase Producing Enterobacteriaceae (CPE) hospital acquired outbreaks in seven wards at Darlington Memorial site of County Durham and Darlington Foundation Trust (CDDFT). In conjunction with the ICB the Trust has developed a detailed action plan to manage the outbreaks and reduce recurrence. There was an external review and single item CPE Quality Summit lead by the NENC ICB held in October the outputs and agreed actions are being finalised. Actions have included expanding the available IPC service to cover 7 days as well refurbishing 7 other wards.

The Director confirmed he had spoken with the Chief Executive, Chief Medical Officer, and Chief Nurse at the Trust and it was confirmed a campaign for staff and visitors highlighting the importance of IPC is being launched. The Director advised the number of outbreaks had fallen from 11 to 5.

***At 10.54am the Deputy Director of Local Maternity Neonatal System entered the room***

**ACTION:**

**The Director of Nursing (South) to lead on an IPC deep dive item at the first Quality and Safety Committee focus session when the date is confirmed.**

The Clinical Director Medicines Optimisation / Pharmacy provided some positive news in relation to antimicrobial stewardship and the improvement in the ICB's ranking in national benchmarked measures. This included community prescribing, which though still very high was an improving position.

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the initial report and **AGREED** a date for a future single item scrutiny of Infection Prevention Control.

**QSC/2024/11/9.4 Local Maternity and Neonatal System Update**

The Deputy Director of Local Maternity Neonatal System (LMNS) presented the LMNS update which provided an overview of key areas of ongoing work within maternity and highlighted key areas of risk and concern, which may require escalation.

The Deputy Director highlighted the following key areas:

- The Perinatal Quality Surveillance Annual Assurance Peer Review Visits with the reviews being undertaken by teams from other Trusts within the ICB footprint. Areas of shared learning have included implementation of triage and ensuring access to information for women whose first language is not English.
- Late transfers of care where women will book one unit for their birth but need to change at 34 weeks (or later) to another unit and work is underway to understand what information women would like available to help them make their choice earlier in their pregnancy.
- There are suspensions in some Midwifery Led Birth Unit, Home Birth Provision & Waterbirth Provision services and LMNS is working with the relevant Trusts to put plans in place to determine timescales for reopening.
- Driving Quality Assurance and Quality Improvement through Analytics. Following the 'Reading the Signals' review, and pending development of a national surveillance tool, the LMNS has implemented the recommendations of the review and is receiving national attention for their work.

- There have been eight maternal deaths since April 2024. Each death has been investigated at Trust level and through the Maternity & Newborn Safety Investigations (MSNI).
- There are three Trusts on the Maternity Safety Support Programme (MSSP) which have external maternity improvement advisors appointed to them and these advisors have been involved in the peer review visits.

Following a query from the Chair regarding culture within units, the Deputy Director advised Trusts have taken part in the Perinatal Culture and Leadership Programme which has included undertaking a culture survey. This is one of the tools to helping to improve relationships and sharing the results of the survey with focus groups in the Trusts.

The Interim Chief Nurse and AHP Officer noted the paper provided assurance there were mechanisms in place for the LMNS to drive forward improvements to services and overview of current service provision and the risks and issues.

The Interim Chief Nurse and AHP Officer advised of an emerging theme regarding the choice agenda in maternity and the clinical risk agenda. The three-year delivery plan noted that it needed to be a women's choice and if she is informed of the risk and can demonstrate an understanding of the risk of remaining in midwifery-led care then that choice would trump the advice of the consultant who is leading the consultant-led care. There have been some challenges in respect of the choice agenda and this issue will be taken to the regional quality group for further discussion and debate. Another issue for consideration is to clearly understand the responsibilities for providers and commissioners when there is service suspension, in terms of the providing the choice agenda.

Further to a query from the Chief Medical Officer regarding suspension in Home Births services, the Deputy Director of LMNS advised for South Tyneside and Sunderland the Trusts were undergoing a HR consultation about On-Call services. Additionally, the LMNS was working to support the Trusts as 33% of the Band 6 midwives had only started in the last 2 years so there was a lack of experience in the service provision. As part of the Peer Review visits the Trusts need to provide a plan by 30 November for when the service will be reopened. For County Durham and Darlington Foundation Trust (CDDFT) there is a timeline for reopening the service.

The Chief Medical Officer queried the Saving Babies Lives Care Bundle (Action 6) for Newcastle. The Deputy Director advised that outstanding issues are being addressed through the new QUAD and the Director of Midwifery and improvements should be seen in the Quarter 2 report.

Further to a query from the Chief Medical Officer, it was confirmed that maternal deaths as a result of suicide are investigated through the MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) system.

**RESOLVED:**

The Quality and Safety Committee **NOTED** the planned actions and ongoing work within the LMNS across all 8 Trusts and requested future reports to provide assurance of the impact of those actions.

## **QSC/2024/11/9.5 Complex Care Incident Management Report**

The Director of Nursing for Mental Health, Learning Disabilities and Autism (MHLDA) and Complex Care presented the report which provided an overview of outcomes achieved following the initiation of an incident management group set up to address risks identified in complex care in Durham and the Tees Valley.

The report provided:

- A background and overview of the historical and current complex case management arrangements
- Outcomes following completion of all safe and wellbeing reviews.
- Recommendations and learning

Following a query from the Chair, the Director of Nursing for MHLDA and Complex Care confirmed that every individual had been reviewed face to face by clinical staff who conducted a systematic review of the quality of care the individual was receiving, based on a single framework that the Quality team had helped to develop.

The Interim Chief Nurse and AHP Officer explained that prior to this review the ICB would not have been able to offer the level of assurance that the individuals had the right commissioned services for their care. However, following the review the ICB was able to address any concerns that had arisen and there had been no significant harm. The Interim Chief Nurse and AHP Officer also explained there were now assurance mechanisms in place for the ICB to be confident in the care for those people where the ICB was responsible for commissioned services.

The Chair requested that the outcome from this review should be in the Quality and Safety Committee highlight report presented to the next ICB Board meeting.

### **ACTION:**

**The Interim Chief Nurse to add the outcome from this report to the highlight report for the next ICB Board.**

Further to a query from the Director of Nursing for MHLDA and Complex Care confirmed the learning from the five Safeguarding Adults Reviews (SARs) had been incorporated into action plans with providers. Three of the action plans were complete and remaining two were still being actioned.

The Chief Nurse thanked the team involved in the work recognising the scale of the review and the flexibility of the team to ensure the work was delivered.

## **RESOLVED:**

The Quality and Safety Committee

- **APPROVED** the recommendation that following completion of all assurance visits to individuals identified and assurance provided, it is recommended Incident Management Group to be concluded.
- **APPROVED** the recommendation that a learning and Improvement event be held to share wider learning.
- **NOTED** the assurance provided in respect of the work being undertaken.

### **QSC/2024/11/10.1 NENC ICB All Age Continuing Care Transformation Quality Update**

The Transformation Deputy Director of Nursing All Age Continuing Care (AACC) presented the All Age Continuing Care Transformation Quality report which provided an update on the current position and progress of the NEC ICB/ICS All Age Continuing Care Transformation Plan for Continuing Healthcare (CHC), NHS Funded Nursing Care (FNC) and Children and Young People Continuing Care (CYPCC).

The Deputy Director highlighted the following key areas:

- The continuation of transformation work and planning to make positive progress in reducing unwarranted variation across the NENC ICB.
- TUPE arrangements for the Northumberland CHC team and the South Tyneside CHC team into the ICB from 1 December 2024.
- The remaining AACC services from NECS will TUPE into the ICB from 1 April 2025.
- Support from the Director of Nursing, MHLDA and Complex Care with the alignment and streamlining of pathways.
- Recruitment and retention challenges of specialist workforce.
- Development of a Personal Health Budget (PHB) Policy and Strategy through co-production with service users and their families.
- A CHC contracts review and how assurance is provided under Section 75 agreements is underway.
- An ICB wide legal services review is underway which AACC and Mental Health, Learning Disabilities and Autism and Complex Care Transformation is contributing to and reviewing how Court of Protection Deprivation of Liberty Safeguards work is resourced and delivered.
- Consideration of priorities for the 2025/26 AACC workplan.

The Interim Chief Nurse and AHP Officer noted that the AACC work was the biggest financial risk for the ICB and the most ambitious transformation programme.



The Chair noted the positive update regarding recent recruitment with the Deputy Director noting the position was improving and the need to have the right people in post with the right people to them in their work.

The Director of Quality asked the Committee to note there were also Quality and Safety risks to be aware of, for example, are providers registered with the Care Quality Commission (CQC) for the right regulated activities. The Director also noted there would likely be more examples as the work progressed.

**RESOLVED:**

The Quality and Safety Committee **ACCEPTED** the NENC ICB All Age Continuing Care Transformation Quality Update report as the current position on All Age Continuing Care Transformation and **NOTED** the progress made to date.

**QSC/2024/11/10.2 Involving People and Communities Strategy 2024-28**

The Strategic Head of Involvement and Engagement presented the Involving People and Communities Strategy 2024-28 report. The Committee was advised that Healthwatch had been asked to review the strategy and following discussions with local communities had provided feedback to the ICB. In response to the feedback the ICB had

- shortened and simplified the document
- replaced the original principles with:
  - Involving people meaningfully
  - Removing barriers
  - Listening to feedback
- improved information on governance so that leadership and accountability is clear
- developed an action plan that will show clear actions and measures.

**RESOLVED:**

The Quality and Safety Committee **AGREED** to recommend the Involving People and Communities Strategy 2024-28 to the Board for approval and **RECEIVED** the summary feedback report and workplan for information and assurance.

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

The Strategic Head of Involvement and Engagement presented the Patient Voice Group Update noting it provided a summary from the meeting held 9 September 2024. The remit of the Patient Voice Group is primarily to triangulate the information received through engagement and stakeholder feedback mechanisms to identify key themes and priorities. It is then the role of the relevant ICB commissioning team or department to respond to the issues identified by the group, and, where appropriate, develop proposals to improve the services they commission, including their quality and accessibility.

The key discussion highlights from the meeting included:

- Involvement report (already shared with QSC's September meeting)
- Analysis of MP and elected member correspondence
- Complaints and Compliments activity 2023/24
- Emerging themes from media monitoring.

Following a query from the Chair there was a discussion on the mechanism for the ICB to respond to themes raised in the NENC Healthwatch Network Feedback Report. The discussion points included understanding what patients and the public were telling the ICB and feeding this through to the workplan for the ICB; discussing individual themes at each QSC meeting; asking individual teams to provide a progress update to the QSC on the themes or asking the Patient Voice Group to respond.

It was acknowledged that the ICB needed to be better at providing feedback to local groups and communities on what was being done to address their concerns.

**ACTION:**

**The Interim Chief Nurse and AHP Officer and Chief Medical Officer would liaise with the Chief Corporate Services Officer and Strategic Head of Involvement and Engagement and seek advice on the best routes to provide feedback to local groups and communities on what was being done to address their concerns.**

The Clinical Director for Medicines Optimisation / Pharmacy highlighted the importance of capturing concerns that would only be known to patients. An example of this was the impact of collective action by pharmacists on reduced opening hours and stopping of home deliveries.

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the Patient Voice Group Update report for information and assurance and to consider the proposed actions.

**QSC/2024/11/11.2 Summary of Concerns and Complaints: Quarters 1 and 2 for 2024/25**

The Strategic Head of Involvement and Engagement presented the Summary of Concerns and Complaints Report noting that due to significant capacity constraints a detailed analysis of the themes from contacts received or learning from complaint investigations had not been possible on this occasion. The attached report was intended as an interim report that would be developed over the coming months to provide a more detailed overview of performance and assurance of the overall ICB complaints function.

The ICB complaints function is currently managed by two separate teams due to historic arrangements; the North of England Commissioning Support (NECS) via an service level agreement with complaints relating to the ICB itself and its commissioning functions but not primary care, and the

Primary Care Complaints Team with complaints relating to primary care services specifically (transferred from NHS England following the delegation of primary care commissioning to the ICB).

Work is underway to in-house the ICB complaints function as part of the wider in-housing business case that was recently approved by NHS England. The Clinical Director Medicines Optimisation / Pharmacy highlighted the difficulties for NECS to recruit to business critical roles across multiple teams due to the implications of the in-housing and TUPE arrangements.

It was advised that recruitment was underway for additional staff and plans for a team session week commencing 18 November 2024 would look towards processes to improve the current situation.

**ACTION:**

**The Chair requested that the lack of assurance regarding the complaints process was highlighted to the ICB Board by the Interim Chief Nurse.**

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the Summary of Concerns and Complaints: Quarters 1 and 2 for 2024/25 report for assurance purposes.

**QSC/2024/11/12.1 Antimicrobial Resistance (AMR) and Healthcare Associate Infections (HCAI) Subcommittee Minutes (5 June 2024)**

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the minutes for assurance.

**QSC/2024/11/12.2 Clinical Effectiveness and Governance Subcommittee Minutes (10 October 2024)**

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the minutes for assurance.

**QSC/2024/11/12.3 Clinical Effectiveness and Governance Subcommittee Highlight Report**

**RESOLVED:**

The Quality and Safety Committee

- **NOTED** that the ICB is not compliant with its statutory obligations with regards TA958, but supports CEG in the assessment of this agent against the ethical decision making framework.
- **EXPECTS** a report on the measured expansion of ICB commissioned weight management services.
- Is assured that the system is making progress in reducing prescribing of drugs of low clinical value.

**QSC/2024/11/12.4 Safeguarding Health Executive Group Minutes (8 August 2024)**

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the minutes for assurance.

**QSC/2024/11/12.5 South Subcommittee Minutes (20 August 2024)**

**RESOLVED:**

The Quality and Safety Committee **RECEIVED** the minutes for assurance.

**QSC/2024/11/13 Any Other Business**

The Primary Medical Services Partner Member raised a query regarding rejected requests for scans from primary to secondary care, which can lead to a breakdown in communications between GP and patient. It was noted that this issue should be raised at the local interface meetings between primary and secondary care and the Primary Medical Services Partner Member will forward this matter to their Local Medical Council (LMC) to raise at the interface meeting.

***At 12.05pm the Strategic Head of Involvement and Engagement left the meeting***

Feedback on Meeting

The Clinical Fellow advised he was working in the ICB for a year and would be working with the Patient Safety Centre and how that will function. The meeting had been helpful to understand more about the context of the Quality and Safety work.

One of the key recurrent themes through the meeting had been around triangulation of information from various data sources and learning from incident reports and patient feedback. Another key theme had been around the importance and value of the patient stories, which help as a leveller to understand what meaning of the reports that are presented to the Committee.

**QSC/2024/11/14 Date and Time of Next Meeting**

Thursday, 9 January 2025, from 9.30am, Pemberton House

**The meeting closed at 1207**

**Signed:** 

**Position: Chair**

**Date: 20 January 2025**