

Item: 10.2

| REPORT CLASSIFICATION          | ✓ | CATEGORY OF PAPER        | ✓ |
|--------------------------------|---|--------------------------|---|
| Official                       | ✓ | Proposes specific action |   |
| Official: Sensitive Commercial |   | Provides assurance       | ✓ |
| Official: Sensitive Personal   |   | For information only     |   |

## BOARD

30 SEPTEMBER 2026

### Committee Escalation and Assurance Report

|                                      |                                                   |
|--------------------------------------|---------------------------------------------------|
| <b>Committee Name:</b>               | Quality and Safety Committee                      |
| <b>Committee Chair:</b>              | Sir Pali Hungin, Independent Non-Executive Member |
| <b>Dates of Committee Meeting/s:</b> | 10 September 2026                                 |

**Alert:** Matters that need the Board's attention or action e.g. area of non-compliant, safety issue, new risks identified.

#### MARAC / MAPPA Representation, Duty to Co-operate and Health Engagement Pathway

The Committee was asked to support phased changes to the NENC ICB Safeguarding involvement with Multi-Agency Risk Assessment Conference (MARAC) processes and Multi-Agency Public Protection Arrangements (MAPPA), whilst maintaining the ICB's statutory duties. The Committee will receive a detailed implementation plan at the next meeting in November.

**Advise:** Matters to inform the Board of - developments, opportunities or areas subject to ongoing monitoring.

#### Patient Story – Seren's Story

The Committee heard the moving story from parents about the stillbirth of their baby girl. Their story highlighted the importance of listening to parents' concerns about changes in foetal movements and the importance of escalation of concerns within obstetric services. The Committee was advised of new policy and advice measures now being placed ICB - wide.

#### Complaints Report Quarter 1, 2026/27

The report provided an overview of concerns, issues and complaints received in Quarter 1 and provided an update on the transfer of data to a new ICB system, along with newly developed reporting dashboards. Other key areas highlighted included the introduction of a new NHS England primary care complaints reporting process and NHS England and Regional ICB pre-consultation engagement sessions on the future of complaint reform, capacity and resilience of the complaints and patient experience team which was affecting ability to manage existing backlog and new cases.

#### Complaints Annual Report 2025-26

The Annual Report provided a summary of complaints, concerns and issues handled by the complaints service from 1 April 2025 – 31 March 2026. Highlights in the report included the changes in the ICB's complaints process following a review which had identified opportunities to streamline workflows, the learning from completed complaints investigations and improvement delivered during 2025/26.

#### Public Inquiry Oversight Group (Tees, Esk and Wear Valleys NHS Foundation Trust) Terms of Reference

The Committee approved the Terms of Reference for the Public Inquiry Oversight Group, which will support the Quality and Safety Committee in overseeing the ICB response to the Department of Health and Social Care initiation independent public inquiry relating to TEWV NHS Foundation Trust.

## **NENC ICB Modern Slavery Statement 2026: Annual Update**

As both a local leader in commissioning health care services for the population of North East and North Cumbria and as an employer, the ICB provided its Modern Slavery Statement 2026 Update in respect of its commitment to, and efforts in, preventing slavery and human trafficking practices in the supply chain and employment practices.

## **Individual Funding Requests (IFR) and Value Based Commissioning (VBC) Review and Transformation**

The Committee received the report which provided an update on all areas of activity within the IFR & VBC team. The report detailed the process undertaken to review the current overall VBC policy as well as the suite of condition specific policies which are integral to the ICB IFR framework. The Committee approved the Terms of Reference for the IFR Subgroup and the VBC Policy Group and also approved the recommended comprehensive review of policies requiring a deeper dive.

## **Assure: Areas of assurance that the Committee has received**

### **NENC ICB's Involvement and Engagement Update**

The Committee received the summary update on the ICB's involvement and engagement activity. It gave a high-level overview of how involvement was supporting the implementation of the Involving People and Communities Strategy and demonstrated the ICB's commitment to listening to patient experience and using insight to inform decision-making and quality improvement. The update included details on the latest partnership working with Healthwatch; the development of a community insight and involvement report which will bring together intelligence from a variety of sources and will be published quarterly on the ICB website and feedback on the engagement regarding the Patient Transport Service.

### **Aubrey Self-Assessment for ICB**

The purpose of the report was to present the self-assessment of NENC ICB's current governance, assurance and oversight arrangements in response to the Aubrey Report which was commissioned by County Durham and Darlington (CDDFT) NHS Foundation Trust to review the governance arrangements following the serious concerns regarding breast surgery services. The assessment recognised the ICB had recently strengthened director level leadership, including clinical leadership and also quality governance arrangements in the new ways of working. The self-assessment described the ICB's programme of work to support workforce culture, psychological safety and sustainable workforce practice.

### **Medicines Optimisation Annual Quality Report 2025/26**

The report provided assurance on the quality, safety, effectiveness and value of medicines use across North East and North Cumbria during 2025/26 and highlighted the significant progress in medicines governance, prescribing improvement, patient safety and clinical priorities, alongside delivery of more than £39 million in efficiencies (across primary and secondary care medicines spend). It also identifies key risks, future priorities and recommendations to support continued system-wide improvement in 2026/27.

### **Quality and Safety Committee Exception Report (AACC Quarterly Update)**

The Committee received the report which provided an overview of performance, risks and operational pressures across All Age Continuing Care (AACC), focusing on CHC assessment timeliness, Fast Track performance and conversion, appeals backlog, statutory reviews, workforce and data quality. The report also highlighted areas that remained off trajectory and required targeted recovery and assurance action.

### **Subcommittee minutes**

The Committee received the Safe and Effective Care Group Minutes – 4 June 2026 for assurance.

## **Supporting Documentation**

Confirmed minutes Quality and Safety Committee meeting 9 July 2026 – Appendix 1

## **Conflicts of Interest**

**Any potential/actual conflicts of interest associated with the paper?**

**Yes**

**No**

✓

**Recommendation / Action Required**

The Board is asked to receive the Quality and Safety Committee Escalation and Assurance Report and ask any questions of the Committee Chair.

The Board is asked to receive confirmed minutes Appendix 1 from the meeting held on 9 July 2026 for information and assurance.

**Report author**

Jane Smailes, Corporate Governance Support Officer

**Date of Approval**

14/09/2026