

North East and North Cumbria Integrated Care Board

Confirmed QUALITY AND SAFETY COMMITTEE

**Minutes of the meeting held on 13th March 2025 from 10am
Joseph Swan Suite, Pemberton House, Sunderland**

Present: Sir Pali Hungin, Independent Non-Executive Member (Chair)
Christopher Akers-Belcher, Regional Co-ordinator Healthwatch Network
Sarah Dronsfield, Director of Quality
Ann Fox, Deputy Chief Nurse
Hilary Lloyd, 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 Neil O'Brien, Chief Medical Officer
Ewan Maule, Clinical Director MO/Pharmacy
Chris Piercy, 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: Angie Brown, Head of Quality Governance and Assurance
Rebeca Herron, Corporate Committees Officer
Jane Smailes, Corporate Governance Support Officer (minutes)

QSC/2025/03/1 Welcome and Introductions

The Chair welcomed all those present to the meeting.

QSC/2025/03/2 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 & Sunderland NHS Foundation Trust
David Gallagher, Chief Contracting and Procurement Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member, Executive Medical Officer and Deputy Chief Executive, Cumbria Northumberland Tyne and Wear NHS FT
Claire Riley, Chief Corporate Services Officer
Jeanette Scott, Director of Nursing (South)

QSC/2025/03/3

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/2025/03/4

Quoracy

The Chair confirmed the meeting was quorate.

QSC/2025/03/5

Minutes of the Previous Meeting held on 9 January 2025

RESOLVED

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 9 January 2025 were a true and accurate record.

QSC/2025/03/6

Matters Arising from the Minutes and Action Log

QSC/2025/01/6 – Matters Arising - Visit to Bangladeshi Centre

It was confirmed that a letter had been sent to the Bangladeshi Centre thanking them for their feedback and addressing their areas of concern. The Primary Medical Services Partner Member advised a series of health talks had been set up for the Bangladeshi and other local groups. This included a diabetes awareness day in May. The Primary Medical Services Partner Member would link with the Regional Co-ordinator Healthwatch Network for Healthwatch Sunderland input to the day. It was agreed this action could be closed.

QSC/2025/01/7.1.1 – Quality and Safety Risk Register and Board Assurance Framework

It was confirmed that risk owners are prompted to add mitigating actions to where the target score is lower than the residual score and where there were no documented actions to bring the risk towards the target score. It was agreed this action could be closed.

QSC/2025/01/7.1.3 – Quality and Safety Risk Register and Board Assurance Framework

It was confirmed that the risk register had the correct wording in place and the sentence read as "The risk to the ICB is that we do not reduce the suicide rate for people in contact with NHS commissioned and health care delivery services, amenable to healthcare preventative efforts." It was agreed this action could be closed.

QSC/2025/01/7.1.4 - Quality and Safety Risk Register and Board Assurance Framework

An update on Equality, Diversity and Inclusion has been added to the Committee's cycle of business. It was agreed this action could be closed.

QSC/2025/01/9.5 – SEND Update Report

An update on the ICB's statutory SEND responsibilities was on the agenda for the March QSC meeting and it was agreed this action could be closed.

QSC/2025/01/6 – Matters Arising – Accessibility of E-Consult Forms

The Chief Digital and Infrastructure Officer advised the ICB procurement strategy and approach is currently being considered and is likely to be completed around the end of the 2024/25 financial year. During this time the ICB will develop the specification / requirements definition and in the meantime the ICB will need to extend existing contracts. The action remained open.

QSC/2024/11/8 – Patient Story

It was confirmed that the data set to inform the report / information to be taken to a Patient Voice Group meeting, outlining the number of people who go into hospital and lose their home due to longer stays, had been identified. The action remains open.

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

The request for a Local Maternity Neonatal System update report to be included in a future QSC Agenda remains open.

QSC/2025/03/7.1

Terms of Reference for Integrated Care System Safeguarding Health Executive Group Subcommittee

The Director of Nursing (South) advised there were some inaccuracies in the job titles of the Subcommittee membership.

ACTION

The Director of Nursing (South) to provide the correct job titles to the Corporate Committees Officer who will amend the Terms of Reference prior to forwarding to the Board.

RESOLVED

The Quality and Safety Committee **NOTED** the amendments and **APPROVED** the Terms of Reference for the Integrated Care System Safeguarding Health Executive Group Subcommittee.

QSC/2025/03/8.1

Patient Story – Autism Diagnosis Waiting Times

The Patient Story detailed the experiences of a parent and their child who had been waiting for an extended period of time to secure an autism diagnosis. The Patient Story also detailed the impact the wait had on both the child and the family as a whole.

It was acknowledged that the ICB was not meeting neurodevelopmental assessment targets, recognising there were many factors impacting this including limited resources and the system being overwhelmed by referrals for assessments for adults.

The Chief Medical Officer explained there was a workstream looking at measures that could be used to recover the waiting lists position, it was proposed using a similar approach to the Waiting Well which was used for recovery of the surgical waiting lists during Covid.

Another suggestion was the need to be more specific about prioritisation for assessments for children, noting the limited resources available, at their most formative years and the impact on their life course. The assessment for children was a specialist area.

There has been an increase in spend on assessment in the region mainly due to online Right to Choose providers for ADHD assessments for adults.

The Committee was advised that whilst there were a lot of initiatives in the community to support children and their families with a needs based approach to provide support whilst waiting for a diagnosis it was probably not robust enough. Additionally, it was noted that even when there was a diagnosis with an education plan in place it could be difficult for families to navigate when the plans come to an end and there was a need for local authorities, education and NHS to work together to try and provide some structured support.

The Committee was advised there was a Learning Disabilities and Autism Network which reported into the ICB Executive Committee and would be take their workplan to that Committee. However, it was suggested that this report would need to be looked at by the existing working group that has already been established and sits within the Mental Health and Learning Disability Transformation Programme.

ACTION

Patient Story to be shared with the Mental Health and Learning Disability Transformation Programme and request feedback on the priorities within their workplan and what activities they are undertaking.

The Committee recognised the need for consistent good partnership arrangements between ICB, local authority partners and Allied Health Professionals across the SEND agenda.

Official

There was a discussion regarding prioritisation of patients and whether there was an option to work with mental health teams to streamline and screening referrals by not going through GP services but being directed to more appropriate services immediately.

ACTION

The Strategic Head of Involvement and Engagement to send a response to the patient's family, thanking them for their participation and for highlighting their concerns. They would be advised that the QSC has formally requested that the relevant workstream provide their workplan for recovery and how they are keeping patients safe whilst awaiting an assessment.

It was noted that Patient Stories were not part of the complaint process, they were about sharing experiences and they could be signposted.

ACTION

The Deputy Chief Nurse to advise the Strategic Head of Involvement and Engagement to be advised that recommendations need to be aware of the limits of the Committee's responses.

RESOLVED

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

QSC/2025/03/8.2

Patient Story – Missed Opportunities and Breakdown in Communication

The Patient Story highlighted the challenges faced by a patient and their family in getting the right care, following a fall at home, and the delays in their injuries being suitably identified and treated.

The Chair welcomed the format of the report and how it made the point for the patient.

ACTION

The Strategic Head of Involvement and Engagement to send a response to the patient's family, thanking them for their participation and for highlighting their concerns.

RESOLVED

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

Post meeting note - Item 9.8 – SEND ICB Statutory Duties was taken as the next item for discussion at this point of the meeting, but for ease of reference the minutes of that item remain in order

QSC/2025/03/9.1

of agenda items.

North and South Area Quality Reports

The North and South Area Quality Reports provided an overview of the key quality themes, risks and exceptions.

The Director of Nursing (South) explained that the North and South Area Quality Subcommittees managed the detail of the reports and provided assurance to the Committee.

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

- **Never Events**
It was confirmed that the ICB has contributed to discussions with NHS England (NHSE) regarding development of future guidance on Never Events.
- **Healthcare Associated Infections (HCAI)**
This area was discussed at length during the QSC Deep Dive session held on 18 February 2025
- **Urgent and Emergency Care**
There has been increased system pressure across UEC services not just A&E but also assessment suites etc. There have been focussed visits around UEC and engagement with senior director teams in those organisations and follow up write outs with agreed actions to improve quality.

There was a discussion regarding the effect of GP collective action and whether it had affected some services more than others. It was suggested that it may have had an impact on UEC services. Referencing a BMA report which highlighted 32K unfilled GP shifts in London hospitals in 6 months the Primary Medical Services Partner Member asked if there were any similar reports for the ICB area, which may also affect UEC services. No such report was known but it was suggested the unfilled shifts in London hospitals may be as a result of cost reductions and reliance on bank staff.

Following a query from the Chair, the Director of Nursing (South) confirmed the ICB was a member of the Trusts' Quality and Assurance Committee and provided challenge at the meetings. Additionally, ICB staff visited Trusts, particularly if there were more areas of concerns, and meet and work with Medical Directors / Chief Nurses and senior team members around action plans, follow up actions and sharing of good practice across the ICB footprint. The ICB works with Trusts to build supportive relationships and encourage transparency to seek solutions. The Deputy Chief Nurse explained there could be confidence in the mechanisms and the information provided in the report, and that the information was being acted on. It was recognised however that the Committee could not directly fix

the issues.

In reference to Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT) there was a request to watch the number of reported self-harm incidents as the Trust was projecting a 28% annual increase. Additionally, the Trust had reported a number of patient and staff assaults which could impact staffing levels. In relation to staff violence, it was noted that work had been done with regarding a specific CNTW unit and the need to balance restraint of patients and harm to patients and staff. Additionally, it was noted that the Trust was a high reporter of incidents. A meeting has been arranged with the Trust to discuss additional support they may need.

RESOLVED

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

QSC/2025/03/9.2

Safeguarding Adults and Children Training Policy

The Safeguarding Adults and Children Training Policy provides guidance for all NENC ICB staff and the services it commissions of the statutory safeguarding training requirements.

The Director of Nursing (South) advised the policy reflected national guidance and included best practice guidance. The Committee was also advised that the policy had been widely consulted on with staff groups and approved by the ICB People and OD Committee.

It was confirmed the Policy had been recommended for approval by the Safeguarding Subcommittee.

RESOLVED

The Quality and Safety Committee **NOTED** and **APPROVED** the inaugural policy guidance (Safeguarding Adults and Children Training Policy) for all NENC ICB staff and the services it commissions of the statutory safeguarding training requirements.

QSC/2025/03/9.3

Patient Safety Centre Update

The Director of Quality noted a written report had been provided to the Committee at the meeting held 9 January 2025 which had provided an update on the Patient Safety Centre launch. Since then, further work had taken place regarding the vision for the Patient Safety Centre and staffing in order to operationalise the work. It was acknowledged however that following announcements regarding ICB budgets this work would need to be re-visited and re-prioritised, with any changes being brought back to the Committee.

Following a query from the Regional Co-ordinator Healthwatch Network it was confirmed that the Patient Safety Centre would include

Official
patient representation.

RESOLVED

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

Post meeting note - Item 9.5 – Patient Safety Incident Response Framework (PSIRF) was taken as the next item for discussion at this point of the meeting, but for ease of reference the minutes of that item remain in order of agenda items.

QSC/2025/03/9.4

Paediatric Audiology Quarterly Update

The Committee was advised that the Director of Quality and Chief Medical Officer were leading the work and held monthly oversight meetings with the Trusts. There are seven Trusts in the incident management group and work is progressing through the assessments. Due to the size of the tertiary service case load there was a delay at Newcastle. There are some current national challenges around the lack of subject matter experts and timelines.

The Director of Quality advised there had been no reported harms reported to the ICB through the process however the full report of harms will not be available until the end, as agreed by NHS England. The Committee was advised that whilst good progress was being made through the review would still be a long process.

Future challenges for Paediatric Audiology would be around the accreditation of services, including the cost of the Improving Quality in Physiological Services (IQIPS) accreditation, which is the only UK national accreditation body. Work was continuing with NHS England to understand if it was possible to provide the accreditation to services.

ACTION

It was agreed an update would be brought to Committee either when the Paediatric Audiology Review was complete or in six months' time, whichever was sooner.

RESOLVED

The Quality and Safety Committee **NOTED** the verbal Paediatric Audiology Quarterly Update.

QSC/2025/03/9.5

Patient Safety Incident Response Framework (PSIRF) Update

The Director of Quality advised one of the key areas of work would be the inclusion of Patient Safety Partners and ensuring a consistent approach across the system, recognising there could be more strength in having a group of patient safety partners rather than at an individual Trust.

The initial PSIRF Policy had focussed on the initial oversight role of the ICB and signing off plans for Trusts. The policy is due an update and needs to be reviewed in a broader context to understand what the role of Patient Safety Partners oversight would look like.

It was advised that most Trusts, and the ICB, will be taking part in the new PSIRF audit.

ACTION

The Director of Quality to provide a PSIRF policy update to the next QSC meeting in May 2025.

The Director of Quality advised the first sharing of Patient Safety Incident Reporting Plans (PSIRP) from the Trust should have taken place by the next meeting and there will be some reflections from the Quality and Safety Committees of the Trusts.

It was confirmed that all hospices in the ICB area have agreed a joint PSIRF plan which was signed off by the Director of Nursing (South) and which the ICB worked closely with them on. Some Independent Sector providers have also signed up to PSIRF. It was acknowledged that the challenge would be keeping focus on the work moving forward.

RESOLVED

The Quality and Safety Committee **NOTED** the verbal Patient Safety Incident Response Framework (PSIRF) Update.

QSC/2025/03/9.6

Publication of Williams MOU

The Chief Nurse informed the Committee of the publication of the Williams Memorandum of Understanding (MoU), an MoU between regulatory, investigatory, and prosecutorial bodies. The MoU provides for the investigation of healthcare incidents where suspected criminal activity may have contributed to death or serious life-changing harm.

The document was developed in consultation with a broad range of signatories, including NHS England. It was produced to help deliver early, co-ordinated and effective action following incidents where there is reasonable suspicion that a patient/service user's death or serious life-changing harm occurred as a result of an incident where there is suspected criminal activity in the course of healthcare.

RESOLVED

The Quality and Safety Committee **NOTED** the verbal up on Publication of Williams MOU.

QSC/2025/03/9.7

Report from QSC Deep Dive Session held 18 February 2025

The Chair thanked everyone who had contributed to the reports brought to the deep dive session held on 18 February. Whilst the depth of information provided for each topic had worked well, it was acknowledged that the timing for each topic had been too ambitious. Therefore, future deep dive sessions would have fewer topics on the agenda.

ACTION

The Committee Secretariat to circulate the notes of the Deep Dive Session from 18 February 2025 to members.

The Chief Nurse thanked the teams for the depth of information provided in their presentations, including highlighting the various challenges in each area of work. It was noted that the session would help Committee members to be more informed when reports were brought to the Quality and Safety Committee meetings.

It was confirmed that Improving Patient Discharge would be included in the next session. It was suggested that waiting times in A&E could be included at a future session.

The Director of Quality left the meeting at 11:03am.

RESOLVED

The Quality and Safety Committee **NOTED** the verbal update from the QSC Deep Dive Session held 18 February 2025

Post meeting note - Item 9.8 – SEND ICB Statutory Duties was discussed before Item 9.1 in the meeting, but for ease of reference the minutes of the discussions remain in order of agenda items.

QSC/2025/03/9.8

SEND ICB Statutory Duties

The Deputy Chief Nurse presented the SEND ICB Statutory Duties report which outlined the SEND regulatory framework, provided an overview of statutory duties and described the assurance challenges and opportunities as well as current assurance arrangements.

The Clinical Director MO/Pharmacy entered the meeting at 10:21am.

The Deputy Chief Nurse highlighted the complexity of statutory duties, noting that partners had equal responsibility for a large proportion of the duties.

It was confirmed that work was on going to develop a new action plan, following identification of changes needed to the model to ensure consistency for the ICB's designated clinical officers.

Official

Additionally, there was a need to clearly identify both within partnerships but also within the ICB where the responsibility and activity lay for assurance and where the responsibility and activity lay for delivery.

The Deputy Chief Nurse explained that a proposal was to be presented to the Executive Committee to explore system solutions for the monitoring of the data and information held in relation to the health requirement of the delivery of SEND. There will be proxy measures including one from the inspections to provide assurance on the effectiveness of the partnerships and measuring of the progress and performance. It was explained that the new system would provide a SEND specific view on data to inform commissioning intentions across the whole ICB.

Following a query from the Chair it was confirmed that the new SEND governance arrangements would be brought to a future QSC meeting so the Committee would have an overview of the activity the team will be undertaking from an assurance perspective.

The Committee recognised the challenges regarding the number of potential emergency care plans for the population in both health and education and that post Covid the numbers had increased. Using the data and highlighting any areas of mitigation that can be shared across the system will be needed in order to improve service and inform future commissioning intentions.

RESOLVED

The Quality and Safety Committee **NOTED** the content of the report and to **SUPPORTED** the following recommendations

- A SEND Assurance action plan be developed for approval by QSC and be reporting on quarterly
- The national SEND QAF (once published) be used annually to inform level of ICB assurance and capture SEND improvement activity
- Proposal be presented to Executive Committee to explore system solutions for the monitoring of data in relation to children and young people services which would support assurance of SEND activity and outcomes

The Director of Quality left the meeting at 11:03am.

QSC/2025/03/10.1

Clinical Effectiveness and Governance Subcommittee Highlight Report

The Chief Medical Director explained the report summarised the discussions and decisions from the Clinical Effectiveness and Governance Subcommittee (CEG) meeting held 13 February 2025. Additionally, it was explained that the CEG would be moving to monthly meetings.

Official

One of the key discussions was regarding the Northern Treatment Advisory Group (NTAG) that had been providing a cross-organisational strategic approach to medicines management in NENC for over 15 years and had recently become a subgroup of the newly established NENC Clinical Effectiveness and Governance Subcommittee (CEG).

NTAG has a well-established process for recommendations, treatments and guidelines and these undergo a four-week NENC wide open consultation before being sent to CEG for ratification and sent to the ICB Executive Committee.

The Director of Quality re-entered the meeting at 11:05am.

Any recommendation that will have major financial implications are referred to the ICB Executive Committee for decision.

The CEG reviewed their Terms of Reference and approved the medicines and guidelines recommendations reached by its subgroups. The recommendations from the subgroups have been published and communicated across the NENC system. This included the addition to the formulary of ritlecitinib for alopecia as per NICE TA958.

The Director of Nursing (North) left the meeting at 11:06am.

This decision was reached following consideration of the recommendations of the ICB ethical decision making group. However, the Chief Medical Officer explained that this was a NICE technology appraisal and the ICB was legally obliged to make it available, though it was still a good test of the ICB processes. It was confirmed that a paper was being developed for a future CEG meeting that would look at how the ICB managed NICE technologies appraisals in the future.

Other areas discussed at the CEG were AI Scribe Safety Templates and data flows and governance in relation to audit and pathways, which was presented by North East Quality Observatory Service (NEQOS). NEQOS produced a schedule of clinical audits which are intended highlight any areas which warrant further investigation. The Chief Medical Officer outlined the process for the audits, explaining that when completed they would be sent to the relevant ICS clinical group who would fill out a proforma including key highlights and risks which would be reported to the CEG and through to the QSC. It was advised that consideration was needed on how to use information from the GIRFT programme.

The Director of Nursing (North) re-entered the meeting at 1110.

The Chair noted how inappropriate coding could affect outcome reporting.

Official

The Clinical Director MO/Pharmacy referenced the challenge facing all organisations due to the growing number of NICE technology appraisals and the need for a better way to manage these. The paper being prepared for the next CEG meeting will propose an approach for balancing legal and reputation challenges with financial and operational constraints.

RESOLVED

The Quality and Safety Committee **NOTED** the decisions made by the Clinical Effectiveness and Governance Subcommittee at the February Meeting.

QSC/2025/03/11.1 Q3 Complaints Report

The Q3 Complaints Report provided an overview of the concerns, issues and complaints received in Quarter 3, 2024/2025 for the ICB.

The Committee was advised that steady progress was being made against the backlog of complaints. At the time of report being written there were 63 outstanding complaints yet to be reviewed, although this number had subsequently been reduced to 15, with no complaints awaiting a review from the 2023 and 2024 backlog.

RESOLVED

The Quality and Safety Committee

- **RECEIVED** the report for information and assurance
- **NOTED** the ongoing work to clear the backlog by the end of May 2025
- **NOTED** the ongoing development of the complaint report
- **CONSIDERED** if additional information would be useful to have included in future reports.

QSC/2025/03/12.1 Subcommittee and Group Minutes

QSC/2025/03/12.1.1 North Quality Subcommittee Minutes – 17 December 2024

RESOLVED

The Quality and Safety Committee **RECEIVED** the North Quality Subcommittee Minutes dated 17 December 2024 for assurance.

QSC/2025/03/12.1.2 South Area Quality & Safety Subcommittee Minutes – 17 December 2024

RESOLVED

The Quality and Safety Committee **RECEIVED** the South Area Quality & Safety Subcommittee Minutes dated 17 December 2024 for assurance.

QSC/2025/03/12.2 Integrated Delivery Report – February 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the report for information.

QSC/2025/03/13 Any Other Business

The Chief Nurse and Deputy Chief Nurse explained that the Director of Nursing (South) was retiring and thanked him for his immense contribution to Quality and Safety over the years. It was noted that he had made an outstanding contribution to the work of the ICB through his support to both ICB staff and partner organisations and had always put the welfare of patients at the heart of the work.

QSC/2025/03/14 Meeting Critique

No feedback or comments were made.


QSC/2025/03/15 Date and Time of Next Meeting

The next meeting of the Quality and Safety Committee will be held Thursday 8 May 2025.

CLOSE

The meeting was closed at 11.15am

Signed



Position Chair

Date 08/05/2025