NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board

Confirmed QUALITY AND SAFETY COMMITTEE

Minutes of the meeting held on 14 May 2026 from 9am
Joseph Swan Suite, Pemberton House, Sunderland

Present:

Dr Saira Malik, Primary Medical Services Partner Member (Chair)
Neil Hawkins, Strategic Head of Corporate Governance *(deputy for Deb Cornell, Director of Corporate Governance, Communications and Involvement)*
Hilary Lloyd, Chief Nursing Officer
Louise Mason-Lodge, Director of Nursing (Quality and Secondary Care)
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Kate O'Brien, Director of Nursing (Mental Health, Learning Disabilities, Neurodivergence and All Age Continuing Care)
Dr Neil O'Brien, Chief Medical Officer

In Attendance:

Christopher Ackers-Belcher, Regional Co-ordinator Healthwatch
Rabina Tindale, Director of Nursing and Patient Safety
Jen Coe, Senior Head of Involvement & Engagement
Sam Barron, Senior Head of SEND
Jane Smailes, Corporate Governance Support Officer (minutes)
Dr Neil Archibald, Consultant Neurologist & Deputy Clinical Director for Neurology and Stroke (*for Item 8 – Parkinson's Project Feedback)*
Lynsey Edwards, General Manager, Neurology and Clinical Psychology (*for Item 8 – Parkinson's Project Feedback)*

QSC/2026/05/1 Welcome and Introductions

The Chair welcomed all those present to the meeting.

QSC/2026/05/2 Apologies for Absence

Apologies were received from:

Sir Pali Hungin, Independent Non-Executive Member
Ben Anderson, Director of Population Health
Ken Bremner, Partner Member, NHS Foundation Trusts
Deb Cornell, Director of Corporate Governance, Communications

and Involvement (Neil Hawkins, Strategic Head of Corporate Governance deputising)
Richard Scott, Director of Nursing Neighbourhood Health and Safeguarding

QSC/2026/05/3 **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 via the Committee Secretary and an extract included in the meeting papers.

No additional declarations of interest were noted.

QSC/2026/05/4 **Quoracy**

The Chair confirmed the meeting was quorate.

QSC/2026/05/5 **Minutes of the Previous Meeting held on 15 March 2026**

RESOLVED

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 15 March 2026 were a true and accurate record.

QSC/2026/05/6 **Matters Arising from the Minutes and Action Log**

Matters Arising

There were no matters arising raised.

Action Log

QSC/2026/03/10 – Patient Story
It was confirmed that a letter had been sent to family thanking them for their input and informing them that work was ongoing to improve pathways. Action Closed.

QSC/2026/03/12 - Area Quality Reports
It was confirmed that an Infection Prevention Control update had been added to the forward planner for the July meeting. Action Closed.

QSC/2026/03/13 – HSSIB Investigation Report – Patient Care in Temporary Environments

It was confirmed that this item had been added to the forward planner for the July meeting. Action Closed.

QSC/2026/03/15 – CQC Maternity Survey

It was confirmed that a wider Maternity Services report had been added to the forward planner for the March 2027 meeting. Action Closed.

QSC/2026/05/7 Notification of Any Other Items of Business

There were no other items of business notified.

QSC/2026/05/8 Parkinson's Project Feedback

This item was taken after Item 10.

The Foundation Trust Partner Member joined the meeting at 9.30am

Dr Neil Archibald, Consultant Neurologist & Deputy Clinical Director for Neurology and Stroke and Lynsey Edwards, General Manager, Neurology and Clinical Psychology joined the meeting for their Item 8 - Parkinson's Project Feedback

Dr Archibald gave a presentation regarding the PaRkinson's Outreach Advanced Community Therapy Team (PROACT) First Year Report - January 2026. The service is a therapy led service for people with Parkinson's Disease, offering access to specialist physiotherapy and occupational therapy to improve self-management. Based in the community, it supports patients in the Middlesbrough and Redcar & Cleveland locality who are adjusting to diagnosis, or facing increasing symptoms, with the option to self-refer. The PROACT Team have therapy-led interventions at home and is linked with the community hub (Parkinson's Advanced Symptoms Unit – PASU).

The presentation provided information regarding the challenges facing patients with Parkinson's and the clinicians supporting them. Other areas included the length of stay in hospitals and the emergency spend on Parkinson's admissions and highlighted some key achievements, including a 90% reduction in referral to treatment time for physio and OT access and a reduction of hip fracture risk and associated costs.

Dr Archibald advised a first year report had been produced which included more patient feedback and details on the potential cost savings due to admissions avoidance and care packages.

There was a comprehensive discussion regarding the commissioning of community rehabilitation services and if specialist

therapy services were needed for Parkinson's patients to give them the best outcomes and be more cost effective for organisations when delivered in a healthcare model.

It was noted that previously additional layers had been added to services but from a strategic commissioning function there was a need to say to providers that they need to provide services for the needs of their population, for example a Parkinson's population, and that they have a model that is working. Further details were provided on the specifics of running the service and how it links with existing services in the community.

The Chief Nursing Officer confirmed that the attendance at the meeting was to raise the profile of the project and how effective the model was. It was confirmed that Dr Archibald has discussed the project with the Chief Executive of South Tees Hospitals NHS Foundation Trust (STFT).

ACTION

It was agreed that the PaRkinson's Outreach Advanced Community Therapy Team (PROACT) – First year report would be circulated to members.

The Committee was advised that Parkinsons's UK had agreed to fund the project for a two year period, with an undertaking when the funding was agreed from the STHFT and the ICB to support the ongoing model contingent on outcome measures.

Following a query regarding cost savings, Dr Archibald advised the first year report did provide some breakdown of costs in a package of care but it was noted that this was a not 100% accurate.

There was a discussion regarding the awareness raising for neurorehabilitation and other neurological orders noting an upcoming meeting with senior clinical staff on Tees to discuss use of existing resources and if there were any services not commissioned could that be considered in the commissioning intentions.

As part of the development of the project patients are now being referred earlier into the pathway, which helps with the self-management of the condition and avoidance of complications and admissions.

Dr Neil Archibald and Lynsey Edwards left the meeting at 10am.

The Committee discussed the need for the ICB as a strategic commissioner to commission services for outcomes and to understand which commissioning portfolio had responsibility for different services. It was noted that other neurological schemes in different parts of the NENC ICB were also coming to an end due to funding issues.

ACTION
The Committee secretariat to write and thank Dr Archibald and Lynsey Edwards for their attendance and raising awareness of the Parkinson's Project.

ACTION
The Director of Nursing (Quality and Secondary Care) to share the PaRkinson's Outreach Advanced Community Therapy Team (PROACT) – First year report with the Director of Commissioning (Central and South Alliance) to inform contract meeting discussions with South Tees Hospitals NHS Foundation Trust and, ask what their plans are to continue the service.

Recognising the work done across the ICB footprint by specialist teams / champions, there needed to be a forum for sharing quality innovations and patient stories to inform strategic commissioning and encouraging the spread of effective models, like PROACT, across the region. Providers need to be challenged about sharing good practice amongst themselves, it was not always for the ICB to provide specific funding.

The Committee felt that the Patient Story element of the agenda did not always need to be about an individual story and including presentations from clinicians about pathways and successful outcomes would be valuable.

RESOLVED
The Quality and Safety Committee NOTED the Parkinsons Project Feedback presentation.

QSC/2026/05/9 **Terms of Reference Review**

This item was taken before agenda item 8.

The Chief Nursing Officer highlighted key areas in the Committee's Terms of Reference including membership and attendance requirements, noting the inclusion of the Healthwatch representative as being in attendance, but not a formal member. It was advised that the Terms of Reference had been approved at an extra-ordinary Board meeting.

The Chief Nursing Officer noted there had been some comments regarding the responsibilities of the Committee.

ACTION
It was agreed the Chief Nursing Officer, the Chief Medical Officer and the Non-Executive Directors would have a meeting to discuss the responsibilities to ensure they were deliverable. Any amendments to the Terms of Reference would need to be taken to the Board for approval.

The Regional Co-ordinator Healthwatch joined the meeting at 9.10am

There was a discussion regarding meeting frequency of this Committee and whether this would need to changing to align with proposed changes to Board frequency, which may be moving to quarterly.

There were concerns raised about timeliness of information and the need for continuing bi-monthly QSC meetings, even though there would be occasions when the QSC reporting could be out of synch with the Board.

The Committee noted the Quorum section of the Terms of Reference needed amending to ensure the meeting would be quorate if both the Chief Medical Officer and Chief Nursing Officer were absent at the same time. The change needed to read Chief Medical Officer or the Chief Nursing Officer (or their nominated deputies).

The Clinical Director Medicines Optimisation/Pharmacy requested that the reporting of the Pharmaceutical Services Regulations Subgroup (PSRS) was removed from the Quality and Safety Governance Framework and added to the Neighbourhood Subcommittee structure. It was explained that the majority PSRS work was aligned to commissioning functions, ie awarding and amending contracts and would therefore be more appropriate to sit under Neighbourhood Subcommittee.

ACTION
The Strategic Head of Governance to coordinate the necessary changes for inclusion in the amended Terms of Reference that will be presented to the Board in the coming months, with an update to Governance Handbook.

- Change quoracy in Terms of Reference to read Chief Medical Officer or the Chief Nursing Officer (or their nominated deputies).
- Amend Quality and Safety Governance Framework with Pharmaceutical Services Regulations Subgroup moved to Neighbourhood Subcommittee.

RESOLVED
The Quality and Safety Committee REVIEWED the Terms of Reference and made suggestions for amendments.

Post meeting note

Following the Parkinsons' Project Feedback item, which was taken after the Terms of Reference discussion, it was noted that the Committee did not have a commissioning or finance representative.

ACTION
It was agreed that the Chief Operating Officer would be approached to be added to the membership of the Committee, or if they would

nominate a member of the commissioning team.

QSC/2026/05/10 **Board Assurance Framework and Risk Management Report – Quarter 4, 2025/26**

The Strategic Head of Governance advised the report provided a refreshed Board Assurance Framework for quarter 4, 2025/26 and an updated corporate risk register for review and consideration. It was explained that the BAF was aligned to the five-year strategic commissioning plan, and the ICB's four strategic outcomes. As a result of the ICB's new operating model and changes to the ICB's committee structure more work will be needed to refine the BAF and Risk Register, including risk owners.

The Committee's attention was drawn to the changes in risk scores and the addition of two new corporate risks.

Following a query from the Regional Co-ordinator Healthwatch which noted the four principal risks highlighted in the report to the ICB's Better Health and Wellbeing for All strategy, the Committee discussed the need for a strategy refresh and reframe, due to the change in the ICB's role as strategic commissioner. It was recognised that this would be a Board responsibility and should include extensive public involvement and clear communication about the need for changes and the challenges.

ACTION
The Quality and Safety Committee highlight report to Board to include that the QSC discussed the Board Assurance Framework (BAF) Quarter 4 2025/26 and recognised that there were some key strategic targets for the ICB that were off track. The Committee recommended that the Board provide a view on the plan for a strategy refresh and reframe in light of changes to the ICB's operating model. The strategy refresh to include public involvement and to provide the public with understanding of why a refresh is needed.

ACTION
Following a discussion regarding funding for the Connect NENC digital referral system it was agreed the Strategic Head of Governance would bring a verbal update to the next meeting of the Quality and Safety Committee.

RESOLVED
The Quality and Safety Committee

- SATISFIED itself that the ICB had a sound system of internal control concerning the management of risk;
- SATISFIED itself that the BAF accurately reflected the principal risks to achieving our objectives as well as their current mitigations.
- RECOMMENDED the approval of the BAF for quarter 4

2025/26 by the Board;
- RECEIVED and REVIEWED the corporate risk register for assurance;
- NOTED the corporate quality risks with a score below 12
- NOTED the place quality risks with a score above 12

QSC/2026/05/11 Complaints Quarterly Report – Quarter 4

This item was taken after item 8.

The Strategic Head of Governance advised the report provided an overview of the concerns, issues and complaints received in Quarter 4, 2025/26 for the North East and North Cumbria Integrated Care Board.

The report highlighted the volume of complaints and concerns received, the main themes of the complaints, including dental, All Age Continuing Healthcare (AACC) and Individual Funding Requests (IFR) and other key developments.

Key points of note include the planned Patient and Staff Working Group meeting in June 2026 with the aim to integrate engagement and public perception findings with complaints data. This will facilitate proactive interventions and inform commissioning and contracting decisions. The Complaints Team continue to work with AACC colleagues with a workshop due in May 2026 and will provide detailed guidance to facilitate effective complaints handling for both teams.

The Complaints Team successfully cleared the 2024 complaints backlog and is working to address remaining cases from 2025.

Following a query from the Chief Medical Officer, it was confirmed that the Complaints team were working to improve the dashboard to include a comparison of complaints over time, ie from quarter to quarter and from year to year. There was recognition that with the development of AI complaints were becoming more comprehensive and the ICB need to understand the trends in complaints to ensure enough resource was committed so no further backlogs developed.

The Committee was advised that the outstanding Parliamentary and Health Services Ombudsman (PHSO) cases were long standing complaints where the compliant did not agree with the ICB response, often linked to AACC. It was felt that the Complaints Reports needed more narrative on any PHSO upheld complaints. Additionally, more information was requested regarding complaints where the theme was staff attitude and behaviour and how the ICB links with primary care.

ACTION
The Strategic Head of Governance to feedback to Complaints Team

requesting the following detail is added to future reports

- Narrative regarding PHSO upheld complaints
- Additional information regarding staff attitude and behaviours complaints.

Referencing the upcoming Patient and Staff Work Group meeting the Committee discussed the need to better communicate how patient feedback and complaints, for example, lead to service changes. The Senior Head of Involvement and Engagement advised was an intention to strengthen the feedback provided to patients and public by triangulating Freedom of Information, communication and MP letters, for example. The updates for this work will be captured in future involvement and engagement reports.

The Director of Nursing (MHLDN and AACC) advised that many of the staff attitude and behaviour complaints were AACC related. The Director advised that any new complaint submitted is shared with them immediately for triage and they contact the complainant usually within 48 hours to get more information.

ACTION

It was agreed the Director of Nursing (MHLDN and AACC) would bring a report to the next QSC meeting in July, which would outline the steps being taken to address the complaints and the learning from complaints.

RESOLVED

The Quality and Safety Committee

- RECEIVED the complaints report for Quarter 4, including the complaints dashboard at appendix 1, for assurance purposes.
- NOTED the ongoing work to reduce the complaints backlog for the last Quarter of 2025.
- NOTED the ongoing continuing development of the future complaint reporting into 2026.

QSC/2026/05/12 Policies for Approval

QSC/2026/05/12.1 ICBP003 Choice and Equity Policy

The Director of Nursing (Mental Health, Learning Disabilities, Neurodivergence and All Age Continuing Care) advised the Choice and Equity Policy had been updated following recent changes in national guidance and legislation. As outlined in the paper there had been no substantive amendments to the policy.

Following a query, the Committee was advised that when the ICB inherits a care package that had been constructed by a local authority, when the individual becomes eligible for Continuing Healthcare, the ICB makes a number of checks. This includes the CQC rating of the provider, use of the Choice and Equity Policy and speaking to the individual about whether the package is delivering

the outcomes. Further discussion may be needed where individuals currently receive additional services outside of NHS provision including hairdressing, daily paper delivery or bigger room requests in care homes. It would then be for the care provider and individual (or their family) to agree how these would be funded.

RESOLVED
The Quality and Safety Committee REVIEWED and APPROVED the updated ICBP003 Choice and Equity Policy.

QSC/2026/05/12.2 ICBP005 Safe and Supportive Observation Policy

The Director of Nursing (Mental Health, Learning Disabilities, Neurodivergence and All Age Continuing Care) advised the Safe and Supportive Observation Policy had been updated to align with updated NHS England (NHSE) guidance. The main change to the policy was in tone and expectation, based on current NHSE Enhanced Therapeutic Observation and Care (ETOC). This included the ETOC defining enhanced observation as active, therapeutic, person-centred care, not passive 'watching'.

RESOLVED
The Quality and Safety Committee REVIEWED and APPROVED the updated ICBP005 Safe and Supportive Observation Policy.

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

The Director of Nursing (Mental Health, Learning Disabilities, Autism and Complex Care) explained the ICB had a responsibility to provide people with the information that if they were eligible for Continuing Healthcare, Section 117 after care or Children's Continuing Healthcare they could arrange their care and support through a Personal Health Budget. This increased the choice and control that an individual had about how and where their care was delivered, and who supported them.

This new policy established a single regional approach, aligning delivery across the ICB footprint and provided clear, consistent guidance for internal teams and external partners.

The Director of Nursing highlighted the NHS England guidance where there are times when people living with the person in receipt of care and support were the best people to deliver that care and support. A framework has been developed to ensure a consistent approach across the ICB local authority footprint.

It was suggested that the policy was brought back to the Committee in 6 months' time with an evaluation to see if the policy was being effective.

The Regional Co-ordinator Healthwatch asked if there was to be a reflection on the policy that community groups and those with lived experience were involved in the co-production of the policy.

There was a query regarding the level of assurance on the quality of care provided by, for example resident family members, noting that whilst they may be willing to undertake the care and support it may not be in the best interest of the individual. Organisations employed to provide care are required to have quality assurance through their CQC registration.

The Director of Nursing explained the ICB had influence over the writing of the care and support plan and ensuring that the outcomes could be delivered by the people employed by the recipient of the PHB. This included undertaking a fit and proper person check to ensure their suitability.

The Director of Nursing and Patient Safety left the meeting at 10.30

Following a query regarding the safeguards in place, the Committee was told that previously there had been four circumstances where AuditOne had advised the care and support plan had not been robust enough to allow the person holding the PHB to make the right decisions about what they spent the money on. As part of the ICB restructure a brokerage team has been established to support the individuals.

In terms of employment of people, across most of the ICB footprint local authorities help individuals but where they do not the brokerage team will assist.

The Committee was concerned that the policy was not strong enough on safeguarding and understanding the roles and responsibilities within the organisation. Additional concerns included the need to fully risk assess situations to safeguard vulnerable people from the risk of financial, neglect and other abuse. The Committee was keen to understand how the policy would work in practice, and what steps would be taken.

It was agreed that the policy would be taken back and reviewed and additional supporting information, outside of the policy, could be provided to give the safeguarding assurance.

It was suggested that early reflection, following implementation of the policy, would allow a review of case studies where plans had not delivered what had been intended.

ACTION

The Director of Nursing (Mental Health, Learning Disabilities, Autism and Complex Care) to work with the All Age Continuing Care team to strengthen the ICBP060 Personal Health Budgets Policy to address the safeguarding concerns raised by the Committee and bring it

back for consideration and approval.

RESOLVED
The Quality and Safety Committee considered the ICBP060 Personal Health Budgets Policy and requested that, following the meeting discussions, an updated version is brought to a future Committee for the further consideration and approval.

QSC/2026/05/12.4 ICBP056 Equality Quality Impact Assessment Policy

The Director of Nursing (Quality and Secondary Care) advised the policy had undergone a significant rewrite following publication of the NHS England Quality Impact Assessment Framework, changes to NHS architecture and the ICB's operating model, and user feedback. The policy included a change to EQIA proforma and internal review panel.

There are plans for a digital format of the proforma to be made available for ease of use and the Quality Team are looking to develop videos and other training to support the process.

The Chief Nursing Officer commented that many of the practices included in the policy were already being enacted, for example, the Star Chamber. The Committee welcomed the progress made on EQIA in the past year.

RESOLVED
The Quality and Safety Committee APPROVED and RATIFIED the revised ICB Equality Quality Impact Assessment Policy.

QSC/2026/05/13 **NENC ICB Involvement and Engagement Update**

The Senior Head of Involvement and Engagement advised the update provided a summary update on the ICB's involvement and engagement activity across the North East and North Cumbria (NENC). The update also included the regular Heatlhwatch report and the Annual Involvement and Engagement Report 2025/26.

The report highlighted recurring themes such as access to services, continuity of care, communication and workforce pressures. The annual report also provided a summary of regional involvement projects undertaken with Healthwatch including end of life care health needs assessment and accessing the views of seldom heard groups.

The Committee was advised on some of the proactive work being undertaken following the establishment of the People's Hub which had over 2,500 people signed up since September 2025. Additional projects and areas of work have included working together through co-production in County Durham, Community Engagement Library, and establishing a short set of questions to gather public feedback

through "Tell us What you Think" web link.

The Senior Head of Involvement and Engagement highlighted the work undertaken regarding the learning disability respite at Levick Court. This was now fully operational and delivering the new respite services. This had been achieved by working with families and carers and using co-production to find a good solution.

The Senior Head of Involvement & Engagement advised plans were outlined to refresh the involvement strategy in line with the long-term plan, and to develop a sustainable model for working with Healthwatch and the voluntary sector beyond the current financial year.

The Regional Co-ordinator Healthwatch reiterated the need ensure continued listening and feedback to the public, recognising the ICB's statutory responsibility to listen and engage. It was acknowledged that the ICB represents every member of the population in any service provided.

The Committee thanked the Involvement and Engagement Team and Healthwatch for their ongoing work.

RESOLVED
The Quality and Safety Committee RECEIVED the NENC ICB Involvement and Engagement Update for information and assurance that the ICB continues to fulfil its statutory involvement and engagement duties and APPROVED the annual involvement report 2025/26.

QSC/2026/05/14 **Area Quality Report**

The Director of Nursing (Quality and Secondary Care) advised the Area Quality Report provided a condensed synopsis of key risks or concerns that had been presented to the North and South Area Quality and Safety subcommittees, using the alert, advise and assure model with high level exceptions. It was explained the report would continue to evolve so ensure the QSC effectively delivered its statutory roles and responsibilities for quality within strategic commissioning.

Key areas highlighted from the report were mortality, Regulation 28 - Prevention of Future Death Reports, Never Events, the British Pregnancy Advisory Service (BPAS), and the Care Quality Commission (CQC) inspection of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) crisis services and health-based places of safety.

Additionally, the Committee was advised that Gateshead Health NHS Foundation Trust's (GHFT) Local Maternity and Neonatal System Annual Assurance Visit identified immediate safety concerns

regarding Special Care Baby Unit (SCBU) workforce and neonatal service provision, requiring urgent assurance on safe care. The Trust has an action plan in place.

The Senior Head of SEND joined the meeting at 10.55am.

The Chief Medical Officer noted that under the Mortality heading for County Durham and Darlington NHS Foundation Trust (CDDFT) the report said "a data quality improvement plan has been put in place to address coding issues". However, no such plan had been received and therefore this should be amended to "a data quality improvement plan is anticipated to be put in place to address coding issues".

ACTION
The Committee Secretariat to note this change in the minutes.

ACTION
The Director of Nursing (Quality and Secondary Care) to note the change.

The Committee discussed an incident involving the BPAS service and self-reporting of gestation for medical abortions, which was done via a checklist by telephone. It was noted that BPAS were meeting their statutory requirements under the national service specification. However, concerns had and did still remain regarding the self-reporting of gestation.

ACTION
The Chief Medical Officer to have an offline discussion regarding the specific service commissioned via BPAS and to review further data on quality incidents as a result of the pathway.

ACTION
The Chief Nursing Officer to provide quality information from the previous 'look back' work undertaken to the Chief Medical Officer.

The Regional Co-ordinator Healthwatch requested more detailed Infection Prevention and Control (IPC) reporting at a future meeting, noting that previously there had been a request for public support and the actions they could take to reduce the spread of infections. The Committee was advised the ICB has been undertaking improvement work with three Trusts with a report expected 10 June 2026. The work has been supported by some World Health Organisation experts.

ACTION
Committee secretariat to add Infection Prevention and Control report to the next meeting agenda.

RESOLVED
The Quality and Safety Committee RECEIVED the Area Quality

Report and to CONFIRMED that there was good assurance regarding the review and monitoring of quality risks and concerns and that these were receiving appropriate ICB oversight.

QSC/2026/05/15 **Mother and Babies Reducing Risk through Audits and Confidential Enquires -UK (MBBRACE -UK) 2024 Perinatal Mortality Rates 2024-North East and North Cumbria Position Paper**

This item was taken after agenda item 16.

The Chief Nursing Officer advised the positional paper provided oversight of the 2024 Perinatal Mortality Rates across the North East and Cumbria with specific reference to Trusts who were showing over 5% higher mortality compared to their MBRRACE group average.

It was explained that the 2024 Perinatal Mortality Rates, by Trust, was released in March 2026 and therefore the data was out of date. Two organisations were noted as being outliers for their perinatal mortality rates between April and June 2024. Work has been undertaken by the organisations themselves, supported by the Northern Neonatal Network and the Local Maternity and Neonatal System (LMNS) and their figures are reduced and in line with normal variation. The report provided details of the systems in place for monitoring and assurance with no major service or safety issues.

Other key points highlighted were changes to the use of Fetal Growth Charts and the Maternity Outcomes Signal System (MOSS).

The Committee discussed possible contributing factors such as student populations and the impact of Covid-19 as well as national reviews of home birth guidance, the right of mothers to choose place of birth and the number of high risk mothers.

RESOLVED

The Quality and Safety Committee ACCEPTED the content of MBBRACE 2024 Perinatal Mortality Rates NENC Position Paper and actions which were taking place to analyse this data and the ongoing monitoring of perinatal mortality within the NENC ICB.

QSC/2026/05/16 **Special Educational Needs and Disability (SEND) Annual Report 2025-26**

The Foundation Trust Partner Member left the meeting at 11.00am

This item was taken before agenda item 15.

The Senior Head of SEND present the SEND Annual Report 2025/26 outlining system stability, increased demand, inspection findings, and ongoing risks related to workforce capacity. The

report highlighted that whilst the SEND system was stable and improving there had been a 35% increase in demand over the past 2 years. The SEND inspection findings had shown improvement however common challenges remained in waiting times for paediatric therapies, neurodevelopmental diagnostic pathways and health advice in education healthcare plans.

The Committee was advised there was an ongoing risk with workforce capacity for Speech and Language Therapy and Occupational Therapy following the national SEND reforms. If not carefully managed there was a potential impact on existing NHS commissioned services.

The Senior Head of Involvement & Engagement left the meeting at 11.10am.

The improvement plans have yet to be submitted the local authorities, it is a local authority initiative that the ICB is working in partnership with. There is a weekly task and finish group with commissioners, business intelligence, finance and the SEND team that allows for a central overview of what was happening across the system.

The Chief Nursing Officer thanked the SEND team for their ongoing work, alongside commissioning colleagues, despite the complexity and challenges.

RESOLVED

The Quality and Safety Committee NOTED the improving but pressured system position, ongoing workforce and capacity risks (particularly SLT and OT), inspection findings and themes, and the importance of sustained ICB oversight and assurance as SEND reforms move into a delivery phase during 2026–27.

The Senior Head of SEND left the meeting at 11.15am.

QSC/2026/05/17 Clinical Effectiveness and Governance Subcommittee: Highlight Report

The Chief Medical officer summarised the Clinical Effectiveness and Governance Subcommittee Highlight Report and drew members' attention to the following key areas.

The ICB is currently non-complaint with three NICE approved medications, due to commissioning and finance issues which are being picked up with providers.

The CEG looked at the clinical audit finding and risks in areas such as stroke, non-Hodgkin lymphoma, neonatal and inflammatory arthritis services, all of which resulted in enhanced risk, for different

reasons, and identified actions for further review. The clinical audit for inflammatory arthritis services reported wide variation in timely treatment for patients at three Trusts, with an action taken to raise with Commissioning colleagues.

The report provided an update on the continued progress in reducing inappropriate prescribing of drugs of low clinical value.

The Chief Medical Officer advised that under the new ICB model the work of the CEG will move into the Safe and Effective Care Group and presented through the highlight report from this group.

The Committee noted that the ICB continued to have a strong oversight and processes with the different Trusts in the NENC footprint and any concerns raised.

RESOLVED
The Quality and Safety Committee CONSIDERED the issues identified through the Clinical Effectiveness and Governance Subcommittee Highlight Report.

QSC/2026/05/18 Chief Nurse Report by Exception

The Director of Nursing (North), on behalf of the Chief Nurse, confirmed there were no matters to report by exception.

QSC/2026/05/19 Feedback from Subcommittee Chairs by Exception

There was no by exception feedback from subcommittee Chairs.

QSC/2026/05/20 For information / assurance items escalated from Subcommittees

QSC/2026/05/20.1 North Area Quality and Safety Subcommittee Minutes – 17 February 2026

RESOLVED
The Quality and Safety Committee **RECEIVED** the North Area Quality and Safety Subcommittee Minutes from 17 February 2026 for assurance.

QSC/2026/05/20.2 South Area Quality and Safety Subcommittee Minutes – 17 February 2026

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

QSC/2026/05/21 **Any Other Business, New Risks to add to the Risk Register and Items for Escalation to Board**

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

QSC/2026/05/22 **Meeting Critique**

The Committtee noted the good chairing of the meeting.

QSC/2026/05/23 **Date and Time of Next Meeting**

The next meeting of the Quality and Safety Committee will be held Thursday 9 July 2026.

CLOSE AT 1120

Signed

Position **Chair**

Date **9 July 2026**