

North East and North Cumbria Integrated Care Board

CONFIRMED QUALITY AND SAFETY COMMITTEE

**Minutes of the meeting held on 11 September 2025 from 9am
Joseph Swan Suite, Pemberton House, Sunderland**

Present:

Sir Pali Hungin, Independent Non-Executive Member (Chair)
Christopher Akers-Belcher, Regional Co-ordinator Healthwatch
Network
Ken Bremner, Foundation Trust Partner Member
Sarah Dronsfield, Director of Quality
David Gallagher, Chief Procurement and Contracting Officer
Kirstie Hesketh, Deputy Director of Quality
Kate Huddart – Deputy Director of Medicines (*deputy for Ewan Maule,
Clinical Director Medicines Optimisation/Pharmacy*)
Hilary Lloyd, Chief Nurse and AHP Officer
Dr Neil O'Brien, Chief Medical Officer
Dr Saira Malik, Primary Medical Services Partner Member
Claire Riley, Chief Corporate Services Officer
Richard Scott, Director of Nursing (North)

In Attendance:

Rachel Carter, Director of Quality & Safety, Newcastle upon Tyne
Hospitals (*Item 11.1*)
Ian Joy, Executive Director of Nursing, Newcastle upon Tyne
Hospitals (*Item 11.1*)
Catherine Richardson, Senior Portfolio Lead – Mental Health,
Learning Disabilities & Neurodiversity (*Item 12.1*)
Jane Smailes, Corporate Governance Support Officer (minutes)

QSC/2025/09/1

Welcome and Introductions

The Chair welcomed all those present to the meeting.

QSC/2025/09/2

Apologies for Absence

Apologies were received from:

Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Ann Fox, Deputy Chief Nurse
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy
Dr Rajesh Nadkarni, Foundation Trust Partner Member

QSC/2025/09/3

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.

The Chair advised he had recently become a patron of the Butterwick Hospice. There was no conflict of interest at the Committee.

No additional declarations of interest were noted.

QSC/2025/09/4

Quoracy

The Chair confirmed the meeting was quorate.

QSC/2025/09/5

Minutes of the Previous Meeting held on 10 July 2025**RESOLVED**

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 11 July 2025 were a true and accurate record.

QSC/2025/09/6

Matters Arising from the Minutes and Action LogQSC/2025/07/7.1 – BAF and Risk Management Report

An overview of the programme of work on Population Health, insights into how the ICB is progressing on the reduction in health inequalities and the Healthier and Fairer work to be added to the agenda for 13 November meeting. Action remains open

QSC/2025/05/7.4.1 – ICP001 Access and Choice Policy

A QR code has been generated for use on printed documentation from Healthwatch to aid patient access to information. Action Closed

QSC/2025/05/10.1 - Overview Assurance Report of Safeguarding

Children, Adults and Cared for Children Executive Summary

A report regarding the loss of life due to self-harm, within the 16-25 age group was on the agenda for the meeting. Action closed.

QSC/2025/07/7.1.2 - Q&S BAF and Risk Management Report - Q1 2025/26

ICB Governance Team has emailed risk owners to request risks are updated with enhanced explanatory notes and mitigations. Action closed

Official

QSC/2025/07/8.1 – Patient Story

Work ongoing with the communications team to do some external comms awareness of Special Guardians at the ICB. Working with the Primary Care team to share this with Primary Care / GP Practices. Action closed.

QSC/2025/07/8.1.2 – Patient Story

The Strategic Head of involvement and engagement has thanked the Trust for sharing the patient story and asked that this is passed onto all involved. Now have patient consent to share the story wider than just QSC. Action closed.

QSC/2025/05/9.1 – North and South Quality Reports

Presentation regarding the programme of work undertaken at Newcastle following the CQC inspection and Never Events was on the agenda. Action closed

QSC/2025/07/9.3 – NENC EQIA Update

An EQIA update was on the agenda. Action closed.

QSC/2025/09/7

Notification of Any Other Items of Business

There were no other items of business notified.

QSC/2025/09/8.1

NENC ICB Complaints Annual Report 2024-25

The Chief Corporate Services Officer advised the Complaints Annual Report provided a summary of complaints, concerns, and issues handled by the complaints service from 1 April 2024 to 31 March 2025 for the North East and North Cumbria Integrated Care Board (ICB). The report included a high-level overview of the primary care and ICB complaints/concerns raised during the year, along with learning from complaint investigations.

Recent efforts to improve complaints handling have faced challenges due to legacy systems, mismatched processes inherited from NHS England (NHSE) and the Pharmacy, Optical Dental (POD) delegation, capacity issues, and some inconsistent processes across organisations. However, progress has been made in reducing backlogs, and there is optimism about more effective methods and reporting for 2025, including online triage.

The Committee was advised there remained some long-standing complex complaints from 2023 and 2024.

The Committee discussed the complaint handling and escalation process within primary care. The Regional Co-ordinator Healthwatch Network advised that there was a meeting scheduled to discuss a Patient Charter which should have the escalation process embedded.

ACTION

It was agreed a paper would be brought to the next Quality and Safety Committee in November 2025 which demonstrated the impact of the new systems, resources and transformational work that had taken place.

It was noted that one of the stated purposes of the report was to provided assurance that the ICB had fulfilled its statutory responsibilities with regards to complaints management, however, there was no definition within the report of what the statutory responsibilities were.

ACTION

It was agreed the paper would be updated to include a definition of the ICB's statutory responsibilities with regards to complaints management, before presented to the ICB Board.

There was a discussion regarding the use of digital technologies for complaints handling, not just for the ICB but across all health providers to ensure the process was more responsive and could be used to help triangulate data and transform services.

The Committee considered that as information about complaint handling became more public it was important to put into context the number of complaints received against the number of appointments that took place. There was a request that data on complaint volumes relative to appointments was included in future reports.

RESOLVED

The Quality and Safety Committee

- **RECEIVED** and **REVIEWED** the annual complaints report for the period 1 April 2024 to 31 March 2025 for assurance purposes.
- **NOTED** the ongoing work to clear the complaints backlog by the end of December 2025.
- **NOTED** the ongoing continued development of the complaints reporting processes.
- **ADVISED** it wanted to receive an update on the detailed complaints action plan at its next meeting for assurance
- **RECOMMENDED** that the complaints annual report is presented to the ICB Board on 29 September 2025 for review and approval, subject to the inclusion of a definition of ICB statutory responsibilities being included in the report.

QSC/2025/09/8.2

ICBP032 – Policy for the Development and Authorisation of Patient Group Directions (PDG)

The Deputy Director of Medicines explained the Policy for the Development and Authorisation of Patient Group Directions had reached the set review date and had been updated to clarify processes, job titles and links to national guidance. There were no

Official
material changes to the policy.

RESOLVED

The Quality and Safety Committee **APPROVED** the updated version of the Policy for the Development and Authorisation of Patient Group Directions (PGDs).

QSC/2025/09/8.3

NENC Updated Safeguarding Policies for Approval

ICBP042 Safeguarding and Looked After Children Policy

ICBP043 Safeguarding Adults Policy

ICBP044 Mental Capacity Act 2005 (MCA) & Deprivation of Liberty Safeguards (DOLs) Policy

ICP045 Prevent Policy

The Director of Nursing (North) advised the safeguarding policies had been updated in line with latest guidance and legislation, and to reflect the most recent ICB structure. There were no material changes to note. It was confirmed that the policies had been reviewed by the ICB's Health Safeguarding Executive Subcommittee.

RESOLVED

The Quality and Safety Committee **NOTED** the updated policies and **APPROVED** the changes.

QSC/2025/09/9.1

Patient Story – Example of Lived Experience across the North East and North Cumbria

The paper provided details of a patient experience and their concerns regarding the handling of their medical issues, discharge, infection control, continuity of care and slow and incomplete responses to concerns and complaints within their local NHS Foundation Trust. The lived experience had been shared by the North East and North Cumbria Healthwatch Network.

The Chief Corporate Services Officer noted there was regional inconsistency in how Trusts' Patient Experience Teams engaged with patients and Healthwatch, affecting complaint handling and resolution. Whilst it was helpful for the QSC to receive such patient experiences the primary responsibility for the complaint resolution and reassurance lay with the individual Trusts' Quality Committees.

Following a discussion regarding the ICB's areas of responsibility it was suggested that in future completed complaint reports should be presented to the Quality and Safety Committee after being presented to the individual Trusts' Quality Committees. These reports would then include details of actions taken by Trusts.

ACTION

The Strategic Head of Involvement and Engagement to request that a copy of the completed complaints report from this example be provided to a future Quality and Safety Committee meeting, once it is available.

ACTION

It was agreed that the Director of Nursing (North) would work with the Strategic Head of Involvement and Engagement to provide an All Age Continuing Care example of lived experience for the November QSC meeting.

The Committee was advised that whilst the ICB has contractual mechanisms to ensure providers follow complaints processes and use learning to improve services the current systems are fragmented and require better alignment and data integration to enhance oversight and strategic commissioning.

RESOLVED

The Quality and Safety Committee **ACKNOWLEDGED** the feedback shared through the lived experience example, **RECEIVED** this as a source of reassurance, and **THANKED** those who contributed. The Committee is also asked to reflect on the value these stories bring to the ICB and to note any resulting actions.

QSC/2025/09/10.1

Involvement and Engagement Update

The report provided the Quality and Safety Committee with a summary update on the ICB's involvement and engagement activity across the North East and North Cumbria (NENC).

The Regional Co-ordinator Healthwatch Network drew members' attention to the spreadsheet which highlighted the priorities for the 14 Healthwatch organisations across the ICB. Key areas of work have been around the Primary Care Access and Recovery Plan and promoting the use of NHS App, Pharmacy First and Extended Hours to help take pressure off the system.

The Chief Corporate Services Officer highlighted some of the engagement activities that were targeting key organisational priorities such as gluten-free prescribing and safer prescribing to ensure the patient voice influences decision making within the organisation. The report was encouraging and demonstrated the breadth of work that happens across the region.

The Primary Medical Services Partner Member explained that within general practice there were Patient Participation Groups and themes from these groups were fed back to the ICB through local delivery teams.

Official

The Foundation Trust Partner Member advised that any Healthwatch reports received by their Trust were taken to the appropriate Board Subcommittee and any issues would be explored with actions picked up and reported to Board in due course.

ACTION

It was agreed the Chief Corporate Services Officer would arrange to disseminate the Involvement and Engagement report to general practice through the Primary Care Bulletin and to Foundation Trust partners for them to determine how to use the information and triangulate with information they already have.

The Regional Co-ordinator Healthwatch Network advised that most of the individual Healthwatch organisations at place present their findings to the ICB place based subcommittees. These meetings are attended by colleagues from Primary Care, Foundation Trusts and other partners.

RESOLVED

The Quality and Safety Committee **RECEIVED** the report for information and assurance that the ICB continued to fulfil its statutory involvement and engagement duties.

The Executive Director of Nursing and the Director of Quality & Safety from Newcastle upon Tyne Hospitals joined the meeting at 9.50am.

QSC/2025/09/11.1

Newcastle upon Tyne Hospitals

The Executive Director of Nursing and the Director of Quality & Safety from Newcastle upon Tyne Hospitals provided a presentation on the improvement work undertaken by the Trust, following a Care Quality Commission (CQC) inspection. The presentation highlighted key areas including,

- Background information
- Improvement focus
- Service specific action plans and oversight
- Quality priorities for 2025/26
- Accrediting Excellence Programme
- Quality & Safety Peer Review Programme

Additionally, the presentation provided an update on Never Events recorded during 2025/26 to date including immediate actions taken and medium to long term actions.

The Chief Nurse acknowledged the phenomenal amount of work undertaken and the organisational challenges faced by the Trust and noted the assurance that the Trust was on right trajectory.

Official

The Trust is using diagnostic tools and Pulse surveys to help monitor their progress in improving underlying cultural issues, which remain complex and some areas will be a long-term commitment. There is some nervousness in the Trust about how and when to share their learning externally, due to previous experiences, however some informal sharing has occurred. The Trust is linking with similar organisations nationally to understand any learning and formal governance factors, and to ensure that by increasing theatre productivity there is no detriment to the quality and safety of services.

The Chair thanked Executive Director of Nursing and the Director of Quality & Safety for the presentation.

The Executive Director of Nursing and the Director of Quality & Safety from Newcastle upon Tyne Hospitals left the meeting at 10.21am.

Reflecting on the presentation the Committee felt it worked well to have teams and organisations come and talk directly about their quality and safety journey. The Committee noted the need for a safe environment for organisations to share their learning.

ACTION

The Foundation Trust Partner Member will look for mechanisms within the Provider Collaborative to help support the shared learning.

RESOLVED

The Quality and Safety Committee **NOTED** the presentation update from Newcastle upon Tyne Hospitals Trust.

QSC/2025/09/11.2

North and South Area Quality Reports

The report provided the Committee with oversight of any key themes outlined in the ICB Area Quality reports for the North and South ICB footprint.

The Director of Nursing (North) highlighted the following key areas.

There has been a variable approach to implementation of the ICB's EQIA Policy. However, the Quality Team have been providing one to one support to Local Delivery Team staff to help with their understanding and application of the full EQIA process and to support effective sign off.

The Chief Corporate Services Officer left the meeting at 10.33am.

A planned CQC inspection of the Sexual Assault Referral Centre took place in July 2025 at Newcastle upon Tyne NHS Foundation Trust with initial feedback highlighting good practice and no regulatory concerns.

Two Regulation 28 reports were issued to Northumbria Health Care NHS Foundation Trust (NHCFT) during June and July 2025. The Trust is preparing a response and completed reports will be received in due course.

The ICB is maintaining oversight following a clinical review initiated at NHCFT following concerns about echocardiogram discrepancies. The review is due to conclude during September 2025.

Gateshead Health NHS Foundation Trust (GHFT) has a number of actions in place to reduce their backlog of mortality case reviews, including additional Mortality Council meetings and dedicated cohort sessions.

Staff from North Cumbria Integrated Care NHS Foundation Trust (NCICFT) have been involved in a SEND inspection with Cumberland Local Authority. The outcome is expected to be shared in September 2025.

The Chief Medical Officer asked how the echocardiogram discrepancies at Northumbria Health Care FT were discovered and if there was any harm due to false positive results.

ACTION

Director of Nursing (North) to seek additional information in relation to the echocardiogram discrepancies at Northumbria Health Care FT and report back to the Committee and the Chief Medical Officer.

There was a discussion regarding recently published CQC reports, and ongoing CQC inspections of different services within Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT). It had recently been agreed to stand down a Rapid Quality Review Group regarding the Mitford Unit following improvements made. Considering some soft intelligence and pending the outcome of a quality review of other CNTWFT services it was agreed to ask representatives of the Trust to attend a future meeting and present an overview of the quality journey.

ACTION

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT) to be invited to a future Committee meeting to present an overview of their quality journey. Committee secretariat to add this to the forward planner.

RESOLVED

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

Infection Prevention Control Update

The report provided the Quality and Safety Committee with an updated position relating to Infection Prevention and Control within Hospital Trusts across the North East and North Cumbria region. The Director of Nursing (North) advised that although there was variation across the ICB footprint there was a rising infection rate in both hospital and community settings, with over 80% infections originating in the community. There was a growing risk due to high prescribing rates in areas such as Middlesbrough and Redcar.

The report highlighted key risks and issues, for example, community onset infections shifting burden to hospitals, gaps in antimicrobial stewardship in winter and IPC compliance fatigue due to staffing and operational pressures. Additionally, the report highlighted assurances such as treating the rising infection rates as a strategic safety risk requiring system-wide coordination and prioritising antimicrobial stewardship by enforcing 48 hour antibiotic reviews and expanding CRP (C-reactive protein) testing pilots in high prescribing areas.

The Director of Nursing (North) drew members' attention to some key themes around older hospitals with infrastructure age and layout challenges, for example limited isolation capacity. Additionally, it was noted that Trusts with well established and mature Infection Prevention Control (IPC) teams performed better.

The Chief Nurse advised the ICB Board had discussed IPC at a recent meeting with a view to working with the Insights Teams to try and create an IPC dashboard for each Trust. There was a need to look in greater detail to understand what was avoidable or unavoidable harm. The ICB has asked each Trust for a copy of their Annual Report to help inform understanding of what was happening.

ACTION

The Chief Nurse to meet with the ICB Chair to discuss IPC concerns.

It was suggested that the ICB focus should be on levels of antibiotic prescribing and avoidable health care acquired infections.

The Foundation Trust Partner Member noted that whilst Trusts could take some actions to mitigate issues due to old infrastructure some things, such as isolation facilities and decant wards were more difficult due to infrastructure age and pressure of activity. Mitigations could be focussing on hand hygiene for example.

The Deputy Director of Medicines asked for clarification regarding the risk noted for gaps in antimicrobial stewardship, especially in winter, and whether there were specific concerns for this winter or whether it was about the process of assurance.

ACTION

The Director of Nursing (North) to seek clarification regarding gaps in antimicrobial stewardship for winter.

RESOLVED

The ICB Quality and Safety Committee **RECEIVED** the Infection Prevention Control Update for assurance purposes and **ACKNOWLEDGED** the national position of rising IPC rates and pressures and the remedial improvement actions in place to address across the NENC system.

QSC/2025/09/11.4

Update on Compliance with Equality Quality Impact Assessment (EQIA) Process

The Director of Quality advised the summary report provided an update on the Equality Quality Impact Assessment (EQIA) and highlighted current practices, challenges and actions taken to improve the process and ensure quality and safety in service changes.

The report also highlighted the improved position of completed EQIAs and the work undertaken to review the schemes on the Local Delivery Team (LDT) tracker and determine the status of each scheme. There was still work to be done regarding an update to the EQIA Policy in line with national guidance.

A training package is being developed with NECS to support staff with the completion of EQIAs, though a roll out date has not been confirmed. The Quality Team have identified a completed EQIA to use as an example of best practice.

The Deputy Director of Quality explained that since the publication of the report 98 EQIAs had been recorded on the register since 1 April 2025, with 65 completed and the remainder in process, either returned to the author for further detail or with Quality team for review. There were no outstanding EQIAs with the star chamber.

RESOLVED

The Quality and Safety Committee **NOTED** the ongoing risks to quality and safety, and the actions taken to date to mitigate and improve completion of EQIA's.

QSC/2025/09/11.5

Three Year Overview of Never Events - Key Themes, Risks and Exceptions reported across NENC between 2022/23 to 2025/27 (year to date at 11.08/25)

The report provided an overview of Never Events reported by providers across the North East and North Cumbria Integrated Care Board (NENC ICB) over a three-year period. It highlighted key quality themes, risks, and exceptions and supporting assurance and scrutiny at a system level.

The Director of Quality outlined key points of note including the number of Never Events reported since April 2022, categorisation of Never Events and levels of reporting within Trusts. There are recognised safety procedures that do reduce the risk of Never Events happening and it is important to understand what is it that stops people following the procedures. The Quality Team are looking to undertake some system learning, possibly with Newcastle or South Tees Foundation Trusts as they have started some improvement work.

The outcome from the Never Events framework consultation is expected shortly but no confirmed date has been given.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Three Year Overview of Never Events report for information and discussion, and to **NOTED** the assurances provided as well as the ongoing work being undertaken by the ICB regarding Never Events, including work with provider collaboratives.

QSC/2025/09/11.6

Overview of Health Services Safety Investigations Body (HSSIB) Report into Sepsis

The report provided an overview of the Health Services Safety Investigations Body (HSSIB) report published in June 2025 which explored how the NHS Patient Safety Incident Response Framework (PSIRF) can be used to investigate and learn from sepsis-related incidents.

The Deputy Director of Quality explained the report was made up of three separate investigations, each focused on a patient safety incident involving sepsis but with different clinical presentations. The format was a new approach by the HSSIB who were looking to use the learning from incidents. There were some common themes including accuracy of recording confusion on the National Early Warning Score 2 (NEWS2), communication and engagement with family members and interagency referral process and communication.

There was a discussion regarding recognition of sepsis within Primary Care. It was noted there had been a lot of clinician education around the recognition and management of sepsis including awareness raising campaigns within community services.

The Primary Medical Services Partner Member reflected that the medical markers in chemical tests, used to substantiate if sepsis is present or not, are not always there even when patients were very unwell. Therefore, it was important to have good communication between clinicians.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Overview of Health Services Safety Investigations Body (HSSIB) Report into Sepsis for information purposes and discussion.

The Senior Portfolio Lead – Mental Health, Learning Disabilities & Neurodiversity joined the meeting at 11.15am.

QSC/2025/09/11.7

County Durham and Darlington Foundation Trust – Breast Services Update

The Chief Medical Officer advised that the information provided in the report was correct as of 2nd September. The Royal College of Surgeons Review report had been received at the ICB's public Board meeting. The Chief Medical Officer continues to chair the Breast Oversight Group and attends the Clinical Reference Group, which is reviewing all the cases and meets on a fortnightly basis.

The Clinical Reference Group was reviewing cases where the Fine Needle Aspirations (FNAs) had been completed to ensure the correct treatment path had been followed. Of the 99 cases reviewed in the highest risk category there had not been any identified cases of delayed diagnosis as yet, however, some patients still need to be reviewed. After this review there will be a larger cohort of patients with a lower risk category that will need to be reviewed. The Clinical Reference Group is working on some clinical criteria to ensure a proportionate way of undertaking the reviews.

The Royal College of Radiologist has been commissioned to undertake a review of radiology and the terms of reference for this review are being agreed. The completed report will probably not be completed until January 2026.

There has been a review of 200 radiology cases done by a radiologist in London. Ten of the 200 patients were identified for recall either for further imaging or back into one stop breast clinics. As that recall was in process there was no update available on potential harm to patients.

Since the initial report became public and the subsequent media interest the number of inquiries to the Trust telephone line has increased significantly, and they have now taken about 190 telephone calls from patients, all are being managed as incidents.

Currently Duty of Candour is complete in 22 cases and all of the incidents that have been through the process. The 22 cases so far have been graded as moderate or greater than moderate harm. Whether Duty of Candour applies is decided each time the clinicians go through the look back cases and enacted by the Trust.

The referral cap for breast referrals is still in place for CDDFT and this is having an impact on other providers which is being managed

Official

through a mutual aid group. CDDFT have offered some mutual aid to other units around processing of pathology samples.

A workshop has been arranged for 4th October, to be facilitated by the Northern Cancer Alliance, to look at the future model of breast services across the ICB patch. Initially the work will be focused on how services across North Tees, Durham and Gateshead can work much closer.

An external review of the clinical governance and oversight at CDDFT has been undertaken. The Trust have received the report in draft form and it is currently being checked for factual accuracy. NHS England have a copy of the report and the ICB will have sight of the report once it has been through factual accuracy.

The Chief Medical Officer was confident that the right oversight was now in place and that the Trust was acting appropriately in the look back exercise.

Following a query from the Chair it was confirmed that the Faster Diagnosis Standard across the ICB footprint had been impacted by the difficulties at CDDFT. Trusts were trying to manage this through mutual aid with additional clinics being provided by Northumbria and Newcastle hospitals into the Durham area. It was confirmed that there was no preferential treatment for any one area and the relevant service leads are managing services to ensure there are no excessively long waits in one Trust versus another.

The Regional Co-ordinator Healthwatch Network advised there had been no direct enquiries into Healthwatch regarding the Breast Services at CDDFT.

The Chief Medical Officer advised that the Trust has provided pastoral support to all members of the clinical team who have been affected. Additionally, support is being provided to the team that are now having to enact the Duty of Candour, as it is a difficult and distressing thing to do. The Trust has also brought in external psychologist to support the team. Performance issues are being picked up through the usual Trust processes.

RESOLVED

The Quality and Safety Committee **NOTED** the verbal update on County Durham and Darlington Foundation Trust Breast Services.

QSC/2025/09/11.8

Impact of Medicine Shortages in North East and North Cumbria

The report highlighted the ongoing issue of medicines shortages, including the impact on patients, frontline teams, ICB teams, finance and patient safety. It drew upon national reports, alongside local data and intelligence. The Deputy Director of Medicines noted that the supply chain for medicines was complex and it was becoming

harder to mitigate the impact of medicine shortages.

The Deputy Director of Medicines highlighted key points from the report including, reports from national bodies such as the Royal Pharmaceutical Society, impact on patients not only from lack of medicine but the anxiety and worry, intricate and vulnerable global supply chains caused by manufacturing issues and market pressures, higher costs and higher workloads for healthcare professionals. The report included details of the financial impact for the ICB when medicines are in short supply.

The Deputy Director of Medicines drew members' attention to the examples included in the report which demonstrated the significant time and resource invested through the Medicines Optimisation Team to co-ordinate medicines shortage responses across the system.

There was a discussion about whether smaller independent pharmacies had more difficulties sourcing medications compared to larger multiple pharmacies. It was noted that multiple pharmacies often had strict rules on how much stock they kept within the pharmacy. Additionally, contractually from NHS England the guidance states pharmacies had to be prompt in the supply of prescriptions, it did not state they had to keep all medicines in stock. It was noted there could be multiple reasons as to why pharmacies had low stock and their whole pathway would need to be looked at to understand any issues.

It was noted that the national contract is the responsibility of NHS England and this includes the supply mechanism and any contractual reform would take time. In the meantime it was important to use any complaints received into the ICB to understand what was happening for patients and for the ICB to continue to raise pharmacy shortage concerns to a national level.

RESOLVED

The Quality and Safety Committee **RECEIVED** the report and **NOTED** the request for ongoing senior leadership support.

QSC/2025/09/12.1

Loss of Life Due to Self Harm in Children and Young People Aged under 25 years

The presentation from the Senior Portfolio Lead – Mental Health, Learning Disabilities & Neurodiversity provided an overview of suspected suicides among children and young people up to age 24 in the North East and North Cumbria area, highlighting the prevalence, risk factors, and current service gaps in mental health support. It also highlighted recent audits, health needs assessments, and initiatives aimed at addressing these challenges while emphasising the need for enhanced intervention and investment. The presentation specifically used data from Gateshead but the results were reflected across the NENC ICB patch.

Recent developments in 2025/26 included Crisis Text Service; Thrive after Tackling Trauma for children and young people if they are a care leaver and suffered trauma following a death and the Near Miss Project looking at data from emergency services to understand where individuals are contacting services and if pathways are working as well as they could be.

Key actions to be considered were

- Establish CYP mental health and wellbeing health needs assessments in each LA area.
- Develop a CYP MH implementation plan with targets to improve treatment coverage and monitor, repeating HNA regularly to prevent MHCs and promote mental wellbeing/resilience.
- Agree actions to improve coverage and outcomes of Public Mental Health interventions
- Continue to focus on high-risk populations informed by HNA and suicide/self harm intelligence
- Near miss suicide and self harm programme report on lived experience and service pathways improvement

Following a query from the Chair, noting the high suicide rates of young people and drugs and alcohol misuse in most deprived areas such as Middlesbrough, it was advised that as the near real time surveillance system for suspected suicides is set up there will be implementation of a similar system for substance misuse.

There is an annual report, which includes the percentage of those individuals who have deceased who have been in contact with mental health services in the last 12 months. This also includes individuals who have had substance misuse issues, domestic abuse for example, and been in contact with the criminal justice system. Around 51% of people who are suspected to have taken their own lives have been in contact with mental health services within the last 12 months.

Noting the gap between those that need mental health support and those who are receiving support it was confirmed that modelling of future demand has started through the use of health needs assessments and it showed that without treatment there will be a significant increase as the young people transition into adults.

Neuro diagnosis for those individuals who are deceased is recorded but also recorded is whether they were on a waiting list for neuro assessments.

It was noted that police guidance regarding social media was from 2019 and there had been many changes in the last six years. The Street Triage Teams were working alongside police as they were risk assessing the 40-60 year old white males. This has been raised

Official
with the All Party Parliamentary Group Chair.

The ICB Integrated Delivery Reports showed that the waiting time for children and young people to be assessed seemed to be worsening as the pressure on the system increased and it was difficult to see how things would improve without additional investment. There was a need for early intervention and prevention and more education in schools and universities.

RESOLVED

The Quality and Safety Committee **RECEIVED** the update regarding Loss of Life Due to Self Harm in Children and Young People Aged under 25 years

The Senior Portfolio Lead – Mental Health, Learning Disabilities & Neurodiversity left the meeting at 11.50am

QSC/2025/09/13.1

Clinical Effectiveness and Governance Subcommittee Highlight Report

The Chief Medical Officer advised the report highlighted a key discussion item regarding mortality indicator reporting at County Durham and Darlington Foundation Trust (CDDFT) which was discussed at the Clinical Effectiveness and Governance Subcommittee. The report summarised the need for additional reporting in order to assure the ICB around mortality rates at the Trust whilst the current reporting issues were corrected.

The report highlighted the discussions regarding Summary Hospital-level Mortality Indicator (SHMIs) for CDDFT which remained higher than expected. It was believed that this was due to data quality and coding issues at the Trust and these would need to be corrected for the SHMI value to fall.

The mortality review of their process and improvement are part of the established Quality Improvement Group (QIG), which required active assurance that adequate reporting of mortality data was in place whilst the SHMI issue awaited resolution. An external review of mortality data has been requested. Additionally, a data quality improvement plan has also been requested. It was noted that without improvements to the internal data quality the SHMI data could not be relied upon and CDDFT would be under greater scrutiny.

RESOLVED

The Quality and Safety Committee **CONSIDERED** the issues raised concerning mortality reporting and agree the steps to be taken to overcome this issue and provide adequate assurance to QIG.

QSC/2025/09/13.2

Medicines Optimisation Annual Report 2024-25

The Medicines Optimisation Quality Annual Report 2024–25

Official

provided assurance on the quality and safety of medicines use across the North East and North Cumbria Integrated Care Board (NENC ICB).

The Deputy Director of Medicines highlighted the following key areas of note from the report:

- Medicines Strategy which underpins efforts to reduce unwarranted variation, promote prevention, and improve value-based care.
- Governance Enhancements including streamlined decision-making and improved transparency.
- Quality, Innovation, Productivity and Prevention (QIPP): Over £22.6 million in expected savings were achieved through targeted initiatives. Improvements in asthma prescribing and formulary alignment enhanced both clinical outcomes and patient convenience.
- Public Engagement: Campaigns like “Are your medicines working?” and “Only order what you need” empowered patients and reduced waste.
- Overprescribing: A new steering group and PCN engagement events promoted deprescribing and reduced oversupply.
- Analgesia: Opioid prescribing fell by 7.8%, supported by education and patient campaigns.

Following a query it was confirmed that the cost of any new drug approved by NICE would need to be absorbed by the ICB's existing budget. NHS England provide an annual uplift and state that they factor in those medicines that are due to be approved in the next year. This principle applies to Foundation Trusts also.

RESOLVED

The Quality and Safety Committee

- **RECEIVED** the medicines optimisation annual report 2024-25 and note the significant progress across NENC with regards to the optimisation of medicines.
- **ACKNOWLEDGED** that appropriate plans are in place to address areas of on-going concerns.
- **RECOGNISED** that there are risks to delivery beyond the control or influence of NENC ICB such as medicine shortages with procurement and pricing at a national level.
- **CONTINUED** to support implementation of the Medicines Strategy through the lens of the NHS ten year plan and planned changes to NHS bodies.

QSC/2025/09/13.3

Chief Nurse Report by Exception

The Chief Nurse advised there was nothing to report by exception.

- QSC/2025/09/14** **For information / assurance items escalated from Subcommittees**
- QSC/2025/09/14.1** **Integrated Delivery Report – August 2025**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the Integrated Delivery Report (August 2025) for information and assurance.
- QSC/2025/09/14.2** **Antimicrobial Resistance (AMR) and Healthcare Associated Infections (HCAI) Subcommittee Minutes – 2 June 2025**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the Antimicrobial Resistance (AMR), and Healthcare Associated Infections (HCAI) Subcommittee Minutes from 4 June 2025 for assurance.
- QSC/2025/09/14.3** **ICB SEND Assurance Subcommittee Minutes – 28 May 2025**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the ICB SEND Assurance Subcommittee Minutes from 28 May 2025 for assurance.
- QSC/2025/09/14.4** **North Area Quality and Safety Subcommittee Minutes – 17 June 2025**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the North Area Quality and Safety Subcommittee Minutes from 17 June 2025 for assurance.
- QSC/2025/09/14.5** **South Area Quality and Safety Subcommittee Minutes –17 June 2025**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the South Area Quality and Safety Subcommittee Minutes from 17 June 2025 for assurance.
- QSC/2025/09/14.6** **Internal Audit Report – Patient Safety Incident Response Framework**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the Internal Audit Report – Patient Safety Incident Response Framework for information.
- QSC/2025/09/14.7** **LMNS Quality and Safety Report**
- RESOLVED**
The Quality and Safety Committee **RECEIVED** the LMNS Quality and Safety Report for information.

QSC/2025/09/15

Any Other Business

The Chief Nurse advised that the Director of Quality would be moving to Leeds teaching hospital on secondment as an Improvement Director. Initially this would be until end of December 2025. The Chief Nurse and the Chair, on behalf of the Committee, thanked the Director of Quality for her contribution and the support provided to the Committee and ICB.

QSC/2025/09/16

New Risks to add to Risk Register

No new risks were identified.

QSC/2025/09/14

Meeting Critique

No additional feedback or comments were made.

QSC/2025/09/17

Date and Time of Next Meeting

The next meeting of the Quality and Safety Committee will be held Thursday 13 November 2025.

CLOSE AT 12.05pm

Signed



Position Chair

Date 13/11/2025