

North East and North Cumbria Integrated Care Board

Quality and Safety Committee meeting held on 11 May 2023 from 09.00-12.00pm
in the Joseph Swan Suite, Pemberton House.

Minutes

Present: Professor Eileen Kaner, Independent Non-Executive Member
(Chair)

Professor Hannah Bows, Independent Non-Executive Member (Vice
Chair)

Maria Avantaggiato-Quinn, Director of Allied Health Professionals

Ann Fox, Director of Nursing

Dr Saira Malik, Primary Medical Services Partner Member

Louise Mason-Lodge, Director of Nursing (virtually)

Dr Neil O'Brien, Executive Medical Director

David Purdue, Executive Chief Nurse

Claire Riley, Executive Director of Corporate Governance,
Communications and Involvement

Jeanette Scott, Director of Nursing

Richard Scott, Director of Nursing

Dr Mike Smith, Primary Medical Services Partner Member

David Thompson, Healthwatch

In Attendance:

Neil Hawkins, Head of Governance Newcastle/Gateshead Place

Kirstie Hesketh, Assistant Director of Quality and Patient Safety

Kate O'Brien, Director of Transformation Learning Disabilities, Autism and Mental Health

Jan Thwaites (minutes)

QSC/2023/05/01 Welcome and Introductions

Introductions were given.

QSC/2023/01/02 Apologies for absence

Apologies were given by Ken Bremner, Foundation Trust Partner Member, Annie Topping, Director of Nursing, Jean Golightly, Director of Nursing, Amy Oxley, Director of Nursing, Tom Hall, Local Authority Partner Member, Dr Rajesh Nadkarni, Foundation Trust Partner, David Gallagher, Executive Area Director - Tees Valley and Central and Ewan Maule, Director of Medicines

QSC/2023/05/03 Declarations of Interest

Members had submitted their declarations prior to the meeting which has been made available in the public domain.

QSC/2023/05/04 Quoracy

The meeting was quorate.

QSC/2023/05/05 Minutes of the meeting held on 16 February 2023

RESOLVED: The minutes were accepted as a true record.

QSC/2023/02/06 Matters arising from the minutes and action log

QSC/202/12/21 It was explained that the proposal for the Patient Voice group addressed this action.

QSC/2022/02/08 The terms of reference were on the agenda for ratification.

QSC/2023/05/07 Area quality exception reports/key risks, issues and assurances

Central Jeanette Scott

Maternity services inspection of County Durham and Darlington Foundation Trust (CDDFT) at both Durham and Darlington sites, the report for this was awaited. A focus was brought to the issues across the area.

Safeguarding designate functions in the central area were highlighted it was noted that actions were in place to provide cover to mitigate any gaps. A new issue had emerged around medicals for prospective foster carers in South Tyneside. The Ofsted inspection had been published rating as inadequate which brought into focus issues around children's services and safeguarding issues. There was a Children's Improvement Board in place working on the actions from the report. There would be quarterly meetings with Ofsted to check progress on the areas identified.

The gaps in relation to prospective foster carer medicals were being addressed.

In relation to Tuberculosis there had been one case that had raised issues due to the lack of services to support patients on treatment in the community as some required observation whilst taking treatment. There had been an increase in incidents of the disease with people being placed in the area both overseas students and migrants from other countries where there may be a high incidence of infectious diseases.

There had been a significant increase in measles: steps were being taken around awareness for general practice and acute providers on the steps to take if a child presented. The immunisation rate for MMR was at the lowest in 10 years.

In relation to the long term absence of the Designated Doctor for children in care a question was raised if this needed to be escalated. In response it was explained that a review in relation to safeguarding as a whole system was being led by the Director of Nursing for North Cumbria. A report on what cover was in place was requested.

North Richard Scott

In regard to SEND there was a lot of activity around the publication of the revised framework and taking this forward. The Local Authority were trying track the previous inspection round to see where this would fall. Gateshead inspection had commenced and were in the information gathering phase and identifying children to case track. There were potential issues in relation to access to neurological and therapy services.

In regard to the revised guidance for high needs budgets it was explained that due to changes the local authority could not use these budgets for health provision. A headteacher in Newcastle had been driving this agenda. Regular meeting were held and legal advice had been requested as to the ICB position. Options appraisals were being developed to look at how to support the health provision and nursing services in schools and to enable these to be robust and scalable across the ICB.

Discussions were being held to allow the Head of Pharmacy to go into these schools and look at the administration of medications. How to rationalise and understand where the pressure points were and to reduce some of the risks.

In regard to Continuing Healthcare (CHC), fee rates, care management and service alignment the 4 local authority areas operated differing levels of delivery and each had various issues. A dispute between the former CCG and North Tyneside in regard to payments was nearly resolved.

There were issues in Newcastle around complex case management linked to workforce issues in the market and commissioning arrangements for people with mental health and learning disabilities.

There had been a spike in LeDer reviews these were being managed by looking to work more collaboratively.

North Cumbria Louise Mason-Lodge

Concerns had been raised by the Care Quality Commission (CQC) in regard to maternity services at the West Cumbria and Penrith sites. The ICB were working

with NCIC in terms of quality improvement. A new Director lead for discharge had been appointed and they were making clear plans to support the improvements.

There were ongoing issues around workforce and capacity.

In terms of children's commissioning Ann Fox , Director of Nursing was leading work across the ICB to support this area. It was noted that the ICB had inherited a number of high cost children's packages – this was impacting on the safety and sustainability of care packages.

The impact of the vacancy freeze in the ICB was raised, this would continue to be worked through and were working in a business continuity mode until this was lifted. There were 18 open domestic homicide reviews being prioritised to meet statutory duties.

Tees Valley Chris Piercy

In regard to South Tees there had been issues around the timeliness of receiving serious incident reports. Work was ongoing, it was hoped to get the timeline reduced shortly. In relation to never events the ICB were working with the Trust to understand the themes and how to improve these.

In North Tees there had been an issue of identifying deteriorating patients. A group had been established to explore how to improve the position.

Tees Esk and Wear Valley Trust remain in quality escalation with a Quality Board in place. It was proposed to re-establish the local Clinical Quality Review Group. The ICB were working with the quality team in the trust to re-establish the relationship.

In regard to independent providers particularly with Butterwick Hospice there were some challenges in relation to the CQC report. Support had been received from other agencies including a Hartlepool Hospice and North Tees and Hartlepool Foundation Trust. Staff were seeing the service coming back on target with the resumption of services in a planned way.

The controlled licence issue in terms of the BPAS service was nearly completed.

North Tees and Hartlepool NHS FT had recently established a Peripatetic Service with a team of Registered Nurses working across the Trust to improve the identification of deteriorating patients. Their role is providing clinical support and education to front line clinical Staff.

Action: To bring to a future meeting for an in depth look at:

1. CHC fragility of markets, complexity and cost
2. Specific detail on safeguarding and looked after children

In regard to Continuing Healthcare (CHC) although there is national guidance with multiple organisations how the guidance was complied with varied. A proposal had been scoped out to set up an All Ages Continuing Care Strategic Transformation Group. The group would oversee 3 workstreams of adults children and a financial element . The first plan of action was to work with the staff who were delivering the functions operationally to ask what were the quick wins and biggest challenges and pressures. Work around consistent fee setting, agreeing principles along with the local authorities input. It was hoped this would be approved by the Executive committee as a model to take forward across the ICB. An update would be brought to this committee following approval.

It was noted that bespoke engagement could be looked at to see how to influence this issue.

In relation to the ICB recruitment freeze it was made clear that any posts that were critical for delivery and safety were being approved.

In regard to hospice care there were some challenges overall with some MPs lobbying for an increase of funding into hospice. This was a complex situation with a wider piece of work around palliative and end of life care. A letter had been drafted to MPs.

In regard to recruitment there were issues around designated doctors as they were employed by trusts who sent out the requests but received a lack of interest.

An MOU had been developed previously around safeguarding, quality and infection and prevention and control functions around mutual support and looking

at the broader team to support. It was noted that the designated doctors post had to be a working paediatrician.

QSC/2023/05/08 Future area quality report

This report provided the committee with insight into work underway to develop a quality report template for the ICB and provided members the opportunity to offer further direction or suggestions for improvement.

It was noted that it was deemed as appropriate for an area report because of the area sub-committees and to use the ICB front sheet to reflect place and groups.

There were challenging demands pulling quality information from all areas including business intelligence. The team were working closely with the performance team as conscious of the integrated delivery report – would work at area and use the indicators the performance team were drawing onto to put the operational detail in, true quality concerns and risk and good practice. This would replace the top 3 risks report.

It was noted that the report would evolve and had been based around the 4 pillars and would be produced for the July meeting.

A question was raised as to how much patient experience could be weaved in to the report and also on social care providers in relation to social care and care homes this did need including.

It was noted that this was a complex area as all individual trusts had their own data with staff experience being part of this. Each organisation had different levels of information, what was the standard of information needed to be collated.

Looking at system including general practice, dental and foundation trusts.

It was noted that the report triangle was a summary of what was required as at present the number of indicators was too great. Each individual place gives detail with this committee receiving the key information.

In relation to the care homes and social care aspect this information would come by exception and not the full detail. There were structures at place to discuss these issues including CQC and commissioners which would be escalated as

required. In relation to performance impacting on quality it was hoped there would be one agreed report.

There is an established process for assurance of quality and safety of Local Authority commissioned services (contacted on behalf of NENC via a Section 75 agreement). The place based quality committees receive regular reports outlining, by exception, any risk and associated mitigating actions taken in relation to care homes and domiciliary care providers, including any anticipated impact on user experience and patient flow in the system. Where required, experienced clinicians are deployed to join the monitoring teams to provide expert knowledge and skills to the process, as well as designated safeguarding professionals who support staff with all safeguarding and clinical quality or user experience concerns.

RESOLVED: The report was received.

QSC/2023/05/09 Patient Involvement and Experience update

To provide the Committee with an update on the ICB's involvement and engagement activity across the North East and North Cumbria.

The committee were given assurance on the depth of work being undertaken across the region and the joint work with Health Watch – further proposals would be brought to include a joint group going forward.

In regard to the Citizens panel, further work on this was required and would be brought to the July meeting. This was work in progress and impacted by the reduced resources and recruitment freeze. As the new ICB link to the reduced running costs was developed there was a need to look at how to streamline work across teams.

A question as raised as to how to ensure the voice of dispersed people in rural locations were heard. In response it was explained that these issues had been recognised and benefited from the work with partners in the voluntary and community sector.

A comment was made to ensure the hardest to reach population were included and not excluded. This it was noted depended on the issue, the ICB needed to be specific on the objective, what the issue was and how to bring those voices in, this was a work in progress.

The ICB had agreed to co-ordinate a communications and involvement group for digital bringing all partners together with digital quality and inclusion.

RESOLVED: The Committee received the report for information and assurance

QSC/2023/05/10 Complaints quarters 3 and 4 report

To provide assurances that the ICB has fulfilled its statutory responsibilities regarding complaints management. The reports also provide an overview of the issues raised in complaints/concerns during the quarter along with learning for the ICB following complaint investigations.

It was explained when programmes such as the vaccination or Covid are developed you will see complaints and MP enquiries coming through.

The reports represented a snapshot of complaints received, the recommendation going forward would be linked to the Patient Voice group and the triangulation of involvement activity.

The information from these reports and from the Patient Voice point of view would be used to develop proposals to create a customer centre. All complaints were currently supported by North East Commissioning Support (NECS), complaints it was thought could not be a devolved responsibility along with Freedom of Information (FOI) requests. This service was proposed to be brought in house and co-ordinated through the customer centre. The data from this would flow into this committee.

It was noted that in regard to complainants and the safety of staff who were involved in responding to these were taken seriously, there were processes and procedures in place to manage these instances.

In regard to the ambition to strengthen the patient voice this was supported and would give a timely response to issues and that staff would see the impact of the care they were delivering.

It was clarified that complaints were received from patients and the public and that there was a process for any staff grievances. There were a minority of vexatious complainants.

In response to a question it was explained that looking at the previous year's quarter reporting to compare with this years would gain a more accurate position in relation to volume increase or decrease.

It was noted that all comments made on social media were tracked, this was the opportunity for triangulation with the patient voice group.

A question was raised if from a clinical effectiveness point of view complaints were risk rated. It was noted that they were for MP enquiries but could not provide assurance that they were for complaints. This was another reason that the service needed to be brought in house. There was a need to recognise some complaints need urgent attention and should go through a triage process.

A Freedom to Speak Up policy had been approved by the Executive Committee and would be formally ratified by the ICB board in due course.

RESOLVED: The Committee received the report for information and assurance

QSC/2023/05/11 Primary Care (POD) update

In terms of the Serious Incident process for Pharmacy, Optometry and Dentistry this was managed by NHS England and would devolve to the ICB. The ICB were looking to harmonise with the way SIs come through from GPs. NECS would undertake this on the ICBs behalf for the next 6 months. The service was delivered at the minute by NHS England (NHSE) with a safe transition programme in place which had been agreed with the ICB, NHSE and NECS.

It was noted that there would be a transfer of a small number of staff from NHSE in July – concerns were raised if this would this be sufficient capacity as currently they have a team of GPs to look at complaints from a clinical point of view which would not follow. The ICB would need to look at how to get that clinical oversight.

In regard to the recent devolvement of dentistry and pharmacy issues would there be a risk to patients. Healthwatch had received reports from 4 regions which highlighted dentistry as one of the biggest issues to patients.

It was noted that the Executive were concerned with the transfer and its implications. Certain aspects of the transfer were being picked up, there was a

need for an overall dental health strategy. This would be recognised in the Chief Executive report to Board. A proposed independent review would be undertaken.

It was noted that dentistry contracts were national therefore what realistically were the ICB able to do to make the contracts more attractive. In other areas business resources were being pulled together to triage patients with the biggest risk and touring the area to look at the backlog of patients.

It was noted that it would be good to use local commissioning, this had not been done with dentists in the past. Local commissioning would be attractive to providers and services would be an opportunity. There was a need to understand the market and develop a strategy.

There was a process in place to develop this issue and to bring a paper back to the committee with an update and assurance how to move forward,

A comment was raised that as the ICB had a Director of Innovation and if there were innovative models elsewhere could these be learned about and cross referenced and utilise best practice.

It was noted that the people most affected by this were already those that were most disadvantaged and there was an emerging issue around pharmacy closures.

QSC/2023/05/12 Update report of NENC ICB Transforming Care Programme for people with Learning Disabilities and Autistic People

The report provided an update on the North East and North Cumbria's (NENC) ICB Transforming Care Programme for people with learning disabilities and autistic people.

The programme had been running since 2015 and unfortunately there were patients with too long a stay in hospital. As of March 2023 there were 162 adults in hospital with learning disabilities or autism which was 37 more than the national prediction. This year there was a change where there were more autistic people in hospital with a growing trend in autistic children being admitted to hospital who were not suitable for transfer to adult services.

There were more admittances due to break down of care and support.

There was national guidance and care reviews designed to reduce admittance to hospital which would be embedded in the ICB. The 12 point discharge plans would be put to good use.

The Chair noted the 2 year timeframe and a paper to come on the financial implications.

RESOLVED: The report was received for information and assurance.

QSC/2023/05/13 Excess Mortality and The Summary Hospital-level Mortality Indicator

The presentation looked at excess mortality in the population and the summary hospital led mortality indicator (SHMI) data.

A lot of coverage had come out in January 2023 in relation to excess deaths associated with waits in emergency departments.

The Royal College's approach to this was a paper published in 2018 that associated delay of patients with increased mortality then looked at the waiting figures coming out of ED department using a certain calculation this would give 3-500 extra deaths.

A spike of mortality occurred in April 2020 due to the first Covid wave, the second big peak was in January 2021 with a winter peak. An increase in mortality from around 10-12,000 to 15/16,000 was noted. This was converted to what was noted as excess deaths from the graphs within the report.

A question was raised by a Director of Nursing in relation to the dips after the peaks in the excess deaths, was it possible because of some of the peaks and the vulnerabilities of people to Covid in the excess deaths were some of the people featuring in those peaks be responsible for the dips. In response it was noted that there would be an element of this caused by harvesting or displacement of deaths.

The hospital graph and deaths at home were noted as higher throughout the period. This was in relation to a permanent shift in where people were dying and if they were receiving good quality end of life care. There was a link in the presentation to a report from the Nuffield Trust looking at the difference in access to good end of life care during the covid period and highlighted inequalities.

There were 4 bodies in the UK creating excess mortality indicators which were not consistent with each other. The issue was the size of the estimated excess was different between the 4 metrics.

In relation to South Tees counts of deaths 165 deaths per year which was consistent over a decade. Over a 3 month period the 611 were worse than the previous year but similar to the Covid spike in 2021 and second to 2014/15 which was a bad year for flu.

Northumbria carried out case note reviews and tried to assess if the deaths could be associated with waits in ED. They found no evidence of this in these reviews. Those that died at a later date were noted that the wait did not contribute to their deaths.

In relation to SHIMI the info to the end of December 2022 was being processed. There were no Trust outliers in the North East and at the moment were not at pre-pandemic levels because of the way NHS Digital processed the data.

SHMI was being looked at to make it more useful and were proposing on how to change the figures.

It was noted that there was not a consistent mechanism for assurance accepting the other processes with medical examiners and the mortality reviews taking place that benchmarking and early warning indicators were not there at the moment.

In relation to observational data, the public enquiry would try to unpick this.

Diabetes UK published a paper stating there had been 7,000 excess deaths based on the lack of GP reviews. To expect the impact across the country was partly to do with deprivation and partly to do with the delivery of service.

A question was raised by the Vice Chair in relation to inequalities was it possible to understand who was represented in those excess deaths, that may be more important than the top line figure. What this converted to 1 in 1,000 population and may have more excess deaths but in line with population growth. In response the ONS looked at deaths by deprivation.

It was noted that the ICB did not have the capability to do this work in a responsive way to take in all the data sources, the predictions and analysis. There was a need to set up some capacity and capability.

Information had been received that the medical examiners process for all community deaths would be in force by April 2024.

It was noted that more granular detail would be appreciated in relation to death rates.

A comment was made in relation to hospital performance and unwarranted excess deaths – how do we manage community performance with more patients dying at home. In response it was noted that this was the data set that could be used, there was nothing at a national level to produce a SHMI at a population level but there was expertise in public health around mortality.

The mortality figures were influenced depending on the model of care provided. SHIMI was based on hospitals only, there was a need to widen and look at all areas and services.

RESOLVED: The report was received for information and assurance.

QSC/2023/05/14 NICE recommendations update.

Discussions had been held at the Executive Committee in relation to NICE guidance compliance. Currently all NICE guidance and the decisions on adoption was taken through a medicines committee but it was noted that not all NICE guidance was in relation to medicines.

There was a lot of work to understand what compliance for NICE treatment was, this did fall into the clinical effectiveness route. The Director of Medicines had set up a process to look at this going forward and would form part of clinical effectiveness and how to report on this including pathway development.

A question was asked as to who looks at the whole of NICE guidance including all not related to medicines – was there a group that looked at this. It was noted that there was a portals group looking at guidelines but did not look at recommendations etc. This was a gap and was one element of our clinical and care effectiveness. Who would take this away to look at the must do's.

It was supported for the ICB to look at this issue and this committee should have oversight and ownership of this but it was not practical to look at all points of the guidance to check for compliance. It was explained that a process had been set to filter this and look at this issue.

There needed to be a structured way of reviewing compliance against NICE guidance then a way to understand the commissioning and cost implications and if they needed to be escalated to other committees.

Action: The Executive Medical Director and Executive Chief Nurse to take the discussion on NICE guidance and come back to the committee with a solution on where this will be discussed.

It was suggested that this should be taken to the Integrated Place meetings, the area meetings and then back to QSC as per the usual process.

There was also NICE guidance out for consultation, it would be useful to know where this would go in relation to the ability to strategically influence.

A request was made for a short summary under clinical effectiveness on how trusts were performing as currently this focussed on CQC and diagnostics but do not look at pure performance.

Action: The Executive Chief Nurse to speak to Jacqueline Myers take forward this request for example cancer rates and how many face to face or telephone appointments were undertaken.

QSC/2023/05/15 Risk Register

The report provided the Quality and Safety Committee with some suggested risks facing the ICB which align to the quality and safety portfolio.

Attention was drawn to new risks and risk movement. Two new risks had been identified:

- finding and maintaining suitable placements for patients with complex needs
- potential suicide in the region

A risk from the Executive register had been transferred to the QSC in regard to patient and public involvement.

Podiatry, Optometry and Dental (POD) risks had been captured on the Executive risk register – once embedded in the ICB would look to see if the risk was more appropriate for this committee.

Work was ongoing in relation to automated responses to prompt owners to update risks and followed up with personal contact and invitations to improve the system.

A question was raised in relation to the scoring of the 2 new risks. In response it was noted that they would be reviewed with owners to see if the scores were appropriate.

The Executives had held a discussion on holding a challenge session on how risks were scored.

It was noted that dentistry had not been mentioned on this register. It was explained that the risk was on the Executive risk register but may transfer to this committee in the future.

It was noted that there were a number of risks where the risk score and the mitigation were scored the same.

RESOLVED: The committee reviewed the report.

QSC/2023/05/16 Terms of Reference

The purpose of the report was to review and approve the revised membership for the Committee and to recommend the updated terms of reference to Board for ratification.

The template had been revised, membership changes were highlighted with the inclusion of the committee's responsibility for assurance of public and patient involvement activity. The membership had been refined to make best use of everyone's time but to ensure the correct expertise were involved bearing in mind that several sub-committees had been put in place.

It was highlighted that there were 2 primary medical care attendees at the meeting but only 1 was listed on the terms of reference. A discussion was held around commissioner/provider attendance to ensure the correct balance was upheld.

It was noted that the committee was not here to fulfil the governance responsibilities for providers, they have their own governance infrastructure and were statutory organisations in their own right. The committee had to fulfil the ICB duties as a commissioner organisation to undertake a performance management and oversight role.

A question was asked by the Assistant Director of Quality and Patient Safety if the committee were recruiting a patient safety partner. In response it was noted that they would be recruited and would be added to membership Conversations had been held with the Academic Health Science Network and they may be included in the membership at some point if appropriate.

The role of patient safety specialist to the ICB would be identified and join this committee and the Associate Directors of Nursing would also be looked at as part of the PSIRF introduction in September.

RESOLVED: The committee reviewed and approved its terms of reference and recommended submission to the Board for formal ratification.

QSC/2023/05/17 Proposal to establish a Patient Voice sub group/ draft terms of reference for discussion.

The purpose of the report was to provide the Committee with draft terms of reference for discussion on the proposed formation of the Patient Voice Subgroup.

The proposal had been supported by the Executive Committee. The committee were asked if they were happy with it in its current form noting this would evolve.

A question was raised if the voice of young people was to be included. In response it was noted that representative from children and young people would be included.

Questions were raised around the process, how to reach people who did not live in the community, who lived in hostels, were homeless or were in temporary accommodation.

The group would initiate an audit on where are we and align to the ICB vision and people and communities strategy. The audit would inform a broader strategy.

The group would report into this committee on actions and how they would be delivered. A review on the VCSE sector would be undertaken on how to develop the outcomes focus based on how the ICB were commissioning those groups.

In response to a comment on where carers sat within the group it was noted that this area would be strengthened in the report.

It was noted that the group needed to ensure the NHS were seen as exemplars in this area which was the ambition. The plans when evolved would lead to this point. Some Foundation Trusts and Local Authorities were doing this work really well but more collaborative work was required. Ideally as part of the performance report the information was fed through into the area ICP meetings.

RESOLVED: The committee considered the draft terms of reference and recommended additions to the membership.

QSC/2023/05/18 QSC Annual Review 2022/23 including the results of the online survey.

In line with its terms of reference, the committee must undertake an annual review of its performance and provide an account of its work to the Board. It was proposed to submit to the ICB in May as a summary of the committee's work in 2022/23.

Some of the issues on timings for agenda items were noted. The style of the agenda had been re-designed prior to the review.

RESOLVED: The draft annual review was approved and recommended to the ICB in May.

QSC/2023/05/19 Integrated quality, performance and finance report

The NENC Integrated Delivery Report provided an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provided an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations. The report used

published performance and quality data covering February 2023 for most metrics and March 2023 for others, unless otherwise specified. Finance data was for February 23 (Month 11).

The new style of this report was noted to include more information from Healthwatch, general practice and CQC ratings and social care in future.

The Director of Nursing for Tees was to undertake a deep dive from a quality perspective on the increased rate of C.difficile rates with the Trust.

To give context to the report it was explained that in regard to MRSA 2 patients had colonised 3 times – in each case a route cause analysis was undertaken to see if could have been avoided.

In regard to C.difficile most trusts were reporting an increase, this could be attributed to intense workload, the availability of single side rooms and estates issues.

RESOLVED: The report was received for information and assurance.

Action: The minutes of infection prevention of control to be added to next agenda.

QSC/2023/05/20 Place Quality and Safety Group minutes

North Cumbria minutes from 11 January 2023

RESOLVED: The above minutes were received.

QSC/2023/021 Quality Review Group minutes

North East Ambulance Service minutes from 9 December 2022

Northumbria Healthcare minutes from 8 November 2022

Newcastle upon Tyne minutes from 10 November 2022

South Tyneside and Sunderland Foundation Trust minutes from 2 March 2023

RESOLVED: The above minutes were received.

QSC/2023/05/22 Medicines Committee minutes from 20 December 2022.

RESOLVED: The above minutes were received.

QSC/2023/05/23 Cycle of Business

RESOLVED: The cycle of business was received.

QSC/2023/05/24 Date and time of next meeting

Thursday 20 July 2023, 1.30-5.00pm in the Joseph Swan Suite, Pemberton House.

Signed:

A handwritten signature in blue ink, reading "Eileen H. S. Kanar", is displayed on a light green rectangular background.

20.07.23