

North East and North Cumbria Integrated Care Board

Confirmed QUALITY AND SAFETY COMMITTEE

**Minutes of the meeting held on 9th January 2025 from 1:30pm
Joseph Swan Suite, Pemberton House, Sunderland**

Present: Sir Pali Hungin, Independent Non-Executive Member (Chair)
Christopher Ackers-Belcher, Regional Co-Ordinator, Healthwatch
Ken Bremner, Foundation Trust Partner Member (STSFT) - Chief Executive, South Tyneside & Sunderland NHS Foundation Trust
Sarah Dronsfield, Director of Quality – *attended via Teams*
Ann Fox, Interim Chief Nurse and AHP Officer
David Gallagher, Chief Contracting and Procurement Officer
Alex Kent, Medical Director
Dr Saira Malik, Primary Medical Services Partner Member - Clinical Lead (Meds Optimisation, Healthier and Fairer and Long Term Conditions)
Dr Rajesh Nadkarni, Foundation Trust Partner Member (CNTW), Executive Medical Officer and Deputy Chief Executive, Cumbria Northumberland Tyne and Wear NHS FT – *attend via Teams*
Chris Piercy, Director of Nursing (South)
Claire Riley, Chief Corporate Services Officer
Jeannete Scott, Director of Nursing (South)

In attendance: Jen Coe, Strategic Head of Involvement and Engagement
Rebecca Herron, Corporate Committees Officer
Ruby Burdis, Corporate Governance Officer (minutes)
Hillary Lloyd, Chief Nurse and AHP Officer

QSC/2025/01/1 Welcome and Introductions

The Chair welcomed all those present to the meeting, noting the attendance of Hillary Lloyd who will be joining the meeting as Chief Nurse and AHP Officer from February 2025.

QSC/2025/01/3 Declarations of Interest

The Chair reminded members of the Committee of their obligation to declare any interest they may have on any issues arising at the Quality and Safety Committee meeting which might conflict with the business of the ICB.

Declarations made by members are listed on the ICB Register of Interests. The Register is available either via the Committee Secretary and an extract included in the meeting papers.

No additional declarations of interest were noted.

QSC/2025/01/4

Quoracy

The Chair confirmed the meeting was quorate.

QSC/2025/01/5

Minutes of the Previous Meeting held on 14 November 2024

A typographical error within the attendee section was highlighted. Apologies were not included for Christopher Ackers-Belcher or David Gallagher.

RESOLVED

The Quality and Safety Committee **AGREED** that the minutes from the meeting held 14 November 2024 were a true and accurate record, noting the above amends.

QSC/2025/01/6

Matters Arising from the Minutes and Action Log

QSC/2024/09/07 – Patient Story - Access to information

The Chief Corporate Services Officer confirmed that the accessibility issues with the NHS App and E-Consult forms have been raised with the ICB digital team who have escalated this nationally. They have been assured there is a translation service on the app but a comprehensive translation function will be incorporated into reprocurring the service.

The Chief Corporate Services Officer noted that in relation to the action, it would be helpful for the ICB Digital and Infrastructure to attend a future Committee meeting to update on accessibility of the E-Consult process.

The Chair discussed their visit to Sunderland Bangladeshi centre and highlighted the strong sense of marginalisation felt from the group in relation to communication, end of life care and diabetes. The Chair suggested it would be helpful for the ICB to ascertain what cultural barriers exist in relation to the earlier diagnosis of disease and decide actions required.

The Chief Corporate Services Officer suggested this could be led by the Local Delivery Teams, and voluntary and community sector, noting their knowledge of communities. They also highlighted the ICB's work with System of Communications Professionals to ensure the organisation is working toward accessibility information standards.

The Interim Chief Nurse agreed with the suggested approach to utilise local delivery team networks.

The Primary Medical Services Partner Member informed the committee they have attempted to contact the Sunderland Bangladeshi Centre on several occasions but have not received response. It was agreed that this be included within the letter to the Sunderland Bangladeshi Centre.

The Chief Corporate Services Officer proposed Local Delivery Teams review the data available to identify gaps and ensure a targeted communication approach. The Foundation Trust Partner Member (STSFT) challenged that the barriers discussed by the Chair were from anecdotal information, rather than data. The Chief Corporate Services Officer acknowledged the point but noted the data would inform population health inequalities as a starting point.

The Medical Director discussed a presentation the Strategic Programme Manager – Healthcare Inequalities gave to the Long Term Condition Group regarding Inclusion Health, this included data indicating worse health outcomes for certain inclusion health groups.

The Chief Corporate Services Officer suggested it would be helpful for an update on Inclusion Health to come to the Quality and Safety Committee.

The Chair noted the positive feedback the Bangladeshi Centre gave regarding Healthwatch. The Regional Co-ordinator, Healthwatch explained those who attended the Chair's visit were supported by Healthwatch Sunderland, and noted if a follow up visit is arranged, it would be beneficial to involve Healthwatch to retain trust.

The Director of Nursing (South), noted written communication is not a preferred method for many and highlighted the benefits of The Primary Medical Services Partner Member's work on creating more accessible alternative communications, for example videos.

ACTION:

- 1) **Secretariat to include an update from the ICB Chief Digital and Infrastructure Officer on the Accessibility of E-Consult forms, to the committee cycle of business.**
- 2) **The Chief Corporate Services Officer to draft letter to the Bangladeshi Centre thanking them for their feedback and addressing their areas of concern.**

QSC/2024/11.7.1 – North and South Quality and Safety Subcommittee Terms of Reference

The Corporate Committees Officer is working with the North and South Quality and Safety Subcommittees to ensure the Director of Allied Health Professionals is included on the membership. The Terms of Reference are currently being reviewed and updated, to be completed by the end of January 2025.

QSC/2024/11/8– Patient Story

The Corporate Committees Officer and Strategic Head of Involvement and Engagement have identified a data set regarding people who go into

hospital and lose their homes due to longer stays. An update will be collated and brought to a future meeting.

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

The Local Maternity and Neonatal Services update report to be included on the Quality and Safety Committee Agenda for March.

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

Patient Safety Centre paper is included on the agenda for January's meeting. Action complete.

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

Paediatric Audiology is included in South Area Quality Report. Action complete.

QSC/2024/11/11.1 – Patient Voice Group Update

A deep dive session is planned for February which will look at key issues identified from the Patient Voice Group and Complaints, the performance data relating to these issues and what action has been taken in these areas. The aim of the session is to triangulate a response to the issues identified.

QSC/2024/11/9.3– Infection Control Update

An Infection Prevention Control update will be included on the agenda for February's deep dive session. Action complete.

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

The Director of Allied Health Professionals will provide an update to March's Quality and Safety Committee regarding the mechanisms for circulating alerts with NHSE and Allied Health Professionals.

QSC/2025/01/7.1

Quality and Safety Risk Register and Board Assurance Framework

The Chief Corporate Services Officer presented the Board Assurance Framework (BAF), including the Quality and Safety Risk Register and the Place Quality and Safety Risk Register. The Chief Corporate Services Officer asked the committee to receive, note and approve the report.

The Chief Corporate Services Officer highlighted new risks added to the Board Assurance Framework relating to; high rates of suspected suicides, general practice industrial action, neonatal and maternal access, foetal weight chart and pharmacy collective action. A closed risk was also highlighted regarding patient safety concerns for complex case management in Tees Valley.

The Chair enquired what assurance the Committee has for Place Risks; the Chief Corporate Services Officer explained the Committee can be assured there is a robust risk management process in place and the risks enclosed within the registers show the mitigating actions taken by risk owners. The BAF was also received by Audit Committee who were assured the process of managing risks was robust.

The Chief Corporate Services officer suggested it would be helpful if, moving forward, the Committee received an update on actions taken in specific areas if it were required for assurance. The Interim Chief Nurse agreed and noted the Committee should focus solely on quality risks, as other Committees will be reviewing other risk categories.

The Foundation Trust Partner Member (STSFT) suggested including in future reports any action taken to reduce residual risk scores down to their target risk scores. They also suggested the report should include commentary if new risks have affected the BAF. The Committee to highlight risks that require more detailed reports on mitigating action and improvement. The risk will be reviewed within the Area Quality and Safety Committees and an update provided to the Quality and Safety Committee.

The Regional Co-ordinator, Healthwatch highlighted a typographical error on page 49 of the papers. The word "reduce" is missed from the description of risk NENC/0047.

The Director of Nursing (South) noted they are listed as the owner for risk PLACE/0112 but this is now managed within the local delivery team. The Interim Chief Nurse suggested clarity should go back to the Area Quality Subcommittees to ensure risk owners are correct.

The Chair noted the time taken to compile the BAF report and thanked colleagues for the report.

The Primary Care Partner Member highlighted the Equality, Diversity and Inclusion section of the risk report noting that it would be beneficial to include relevant members of staff in the work to offer their insights.

ACTION:

- 1) Governance Team to encourage commentary to be included on risk reports to show mitigating action taken to reduce risk scores to their target score.**
- 2) The secretariat to contact risk owner of NENC/0047 to amend risk description.**
- 3) The secretariat to include an update on Equality, Diversity and Inclusion on the Committee's Cycle of Business.**

QSC/2025/01/8.1

Patient Story Video

The Quality and Safety Committee viewed a patient story video from South Tyneside and Sunderland Foundation Trust which focused on a

patient who is a campaigner for sight loss issues and experienced ongoing issues receiving communication from the hospital via letter. The patient has worked with the Trust to improve reasonable adjustments in the hospital and make information more accessible.

The Committee agreed this was a great example of where there is good work to improve reasonable adjustments across North East North Cumbria.

The Chief Corporate Services Officer highlighted there remains work to be done on the accessible information standards, for example, systems currently do not record accessibility information in a way that makes it clear to staff in services what reasonable adjustments are required.

The Regional Co-ordinator for Healthwatch inquired if the ICB's work on accessible information standards was linked into the portfolio for the Director of Health Equity and Inclusion. The Chief Corporate Services Officer assured the committee these pieces of work are linked to ensure it is tackled as a system.

The Interim Chief Nurse noted the reasonable adjustments approach is useful as the terminology is known to staff already.

The Medical Director, reflected on work required in Primary Care to support reasonable adjustments, noting digital tools are available but may be underutilised. They also noted the patient story highlighted the waste in the system, by sending communication via letter when they are not required.

The Chief Corporate Services Officer discussed their upcoming attendance to a Clinical Leadership Meeting to discuss findings from the patient voice triangulation. They will look to feed patient stories into that group to support learning in Primary Care.

QSC/2025/01/9.1

North and South Area Quality Reports

The Chair asked the Committee if the reports were a helpful way to receive information, the Committee agreed the reports were a helpful format.

The Director of Quality presented the North Area Quality Report, updating by exception. It was highlighted that they are still awaiting the Never Again Event Guidance and the quality and safety issues in Urgent and Emergency Care, to be discussed in more detail in item 9.4.

The Chair requested further information regarding handover times. The Director of Quality acknowledged this is an issue of challenge both across the system and nationally and is monitored across Trusts.

The Primary Medical Services Partner Member highlighted the reduced uptake of vaccines and high sickness absence and enquired if there was data available to compare the sickness rates of previous years and

probable cause of absence to provide an evidence base to staff to increase the uptake of vaccinations.

The Director of Quality agreed that it has been challenging to increase the uptake of both flu and covid vaccines this year, noting discussions that have taken place with the ICB Executive to develop initiatives to increase uptake. The Director of Quality highlighted it would be helpful to establish what is preventing people from being vaccinated.

The Foundation Trust Partner Member (STSFT) noted that vaccine uptake is 100% for doctors within South Tyneside and Sunderland Foundation Trust, however rates for Allied Health Professionals are 41%, and 41% for Nursing and Midwifery, highlighting those two areas as requiring additional focus in the coming year.

The Chair enquired if the data on vaccination uptake includes those who received their vaccine outside of their GP practice. The Foundation Trust Partner confirmed the national data does capture this.

The Interim Chief Nurse noted reduced vaccine uptake and vaccine cynicism is seen in the general public, not just the health service workforce and suggested asking for support from Public Health colleagues to work nationally to improve in the coming year.

The Chief Corporate Services Officer highlighted the impact of social media and the influence it can have on perceptions of vaccines. The ICB Communications team are continuing to encourage uptake of vaccines.

The Medical Director enquired if plans need to be in place to ensure staffing levels in the event vaccine rates do not return to pre-covid levels, for example protecting certain weeks of the year from annual leave. They also suggested clarifying to the workforce that vaccines are given during peak sickness time, therefore being unwell following the vaccine does not necessarily mean it is linked.

The Regional Co-ordinator for Healthwatch suggested some messaging is required around vaccines as anecdotally they are finding colleagues who are receiving covid vaccines are feeding back that they are more unwell than previous times they have had the vaccine. They also noted people are not being told which vaccine they are receiving; it is shown on the NHS App several weeks after the vaccine date.

The Primary Care Partner Member agreed social media is a strong influence on patient's decisions and as an NHS organisation the ICB should be challenging Government to prevent the sharing of misinformation online. They also noted the local population are also the staff working in services, therefore if there are high sickness rates due to lower uptake of vaccines there should be some transparent messaging around the impact of this on health services.

The Chief Corporate Services Officer agreed national influencing is required for this as well as with the Royal College of Nursing. The

Foundation Trust Partner member (STSFT) highlighted that the messages would have to come from the relevant person in government to engage the correct audience.

The Medical Director noted the potential correlation between high sickness rates in nurses and their caring duties. They also suggested considering a better vaccine offer to younger children by working into nurseries, and considering what support could be given to those off work with flu, who then have an extended absence due to caring for children who get unwell.

The Chair noted the Board should be made aware of this through the Committee's highlight report at January's meeting. The Chief Corporate Services Officer agreed and suggested an agenda item for Quality and Safety Committee in the summer to discuss the winter plan and vaccination plan.

The Foundation Trust Partner Member (CNTW) asked for clarity of what the escalation to the Board would be, the Chair clarified the highlight to the Board would be the low uptake of vaccines and the requirement for an ICB wide approach to improve the rates for the coming year.

The Primary Care Partner Member noted the influence of social media should also be taken to the Board as it needs to be raised in the public domain and tackled nationally.

The Director of Nursing (South) presented the South Area Quality Report, updating by exception. Highlighting the work being done to improve Infection Control in the Foundation Trusts.

The Director of Nursing (South) noted the impact of corridor care and the hard work of the staff to ensure patient safety, privacy and dignity despite the pressure in emergency care.

The Chair inquired if the same pressures were experienced in the North. The Interim Chief Nurse noted that it is, and it is a national issue. The Director of Quality noted these issues are highlighted in the report for item 9.4.

The Medical Director highlighted the impact pressures will be having on staff, and noted the importance of ensuring there is a staff wellbeing offer and acknowledgement of the challenges from Trust management. The Foundation Trust Partner Members gave assurance that this is happening.

The Director of Nursing (South) will be conducting an Infection Control session in the deep dive planned for 18 February 2025.

The Director of Quality noted the concept of the Patient Safety Centre was launched and published 1 October 2024, looking to drive improvements across the system.

Since July 2024, the themes and trends have been monitored across the system and issues have been highlighted to the ICB Executive Team where required. An incident dashboard has been created which can also be searched using key words.

The work has been shared regionally, and through NHSE. Care Quality Commission (CQC) have asked for the learning to be shared to develop their systems.

In terms of next steps, the Director of Quality noted a blueprint document is required to outline the role of the Patient Safety Centre, how learning will be shared across the system and where system wide issues will be tackled.

Since the paper was written there has been a national report on patient safety, which highlighted challenges in the North East and an increase in avoidable mortality since 2022. The centre is conducting a deep dive into this to identify what has changed between 2022-24.

The Chair noted the importance of linking with analytics team for insights. The Director of Quality confirmed this is established and business intelligence are creating an infographic on the work of both the health observatory and the patient safety centre and the common ground between the two.

The Foundation Trust Partner Member (CNTW) noted it would be helpful to utilise the centre to identify improvements that would make the biggest impact in reducing avoidable harm. They inquired how the Committee would be assured the quality information available would identify the early signs of harm happening in the system. The Director of Quality noted more development is required in this area but work is ongoing for example, including quality and safety questions in contracting. Work is ongoing to develop a more robust quality and safety monitoring tool, which should go live April 2025.

The Interim Chief Nurse noted work is ongoing with partners and Place Directors this quarter to clarify the type of quality information required when commissioning services.

QSC/2025/01/9.3

ICB Well-Led Self-Assessment

The Director of Quality noted that a self-assessment tool is being developed to establish how well-led the ICS is, for any forthcoming CQC or NHSE assessments. CQC's ICS well-led inspections have been postponed until at least April 25. The purpose of the self-assessment is to ensure the ICB is sighted on what will be asked as part of the assessment and has an opportunity to collate examples of good practice and note improvements required.

Next steps include working with the Corporate Services directorate to consider the evidence, presenting findings to Senior Leaders team in January / February 2025 and present to the ICB Board in March 2025. This should identify areas of strengths, development and allow the team to put plans in place where required.

The Chief Contracting and Procurement Officer clarified that alongside this, NHSE are developing a self-assessment tool for ICBs. The ICB is piloting this alongside other areas nationally to test the process and benchmark the organisation. The findings of this are due to be presented jointly at Board in March.

The Interim Chief Nurse inquired if these two self-assessment processes would be aligned to one development plan. The Chief Contracting and Procurement Officer and Director of Nursing confirmed there will be one development plan.

QSC/2025/01/9.4 Quality and Safety Monitoring in Urgent and Emergency Care

The Director of Quality noted in September 2024 NHSE contacted Trusts and ICBs to consider their priorities over winter, managing capacity, demand, and quality and safety.

The Royal College of Emergency Medicine indicates that waiting times of over 5 hours in emergency departments, increased patient risk of harm. In the event the stay is over 12 hours there is an increased mortality risk resulting in 1 extra death per 72 patients.

The Director of Quality discussed the ask to develop an approach to monitoring quality and safety over the winter. A process has been developed to monitor the pressures in services as well as learning opportunities.

Twice weekly calls are being set up with Quality Leads in emergency departments, to share early learning from the process and discuss themes, incidents and offer support. The joint working has identified opportunities to work more collaboratively in relation to medicines delays and supporting people presenting with a mental health concern in emergency departments.

A learning review will be conducted post March 2025 to consider themes that need to be planned for as part of preparing for the next winter period.

The Director of Quality noted they have been asked by NHSE to share the process across the region, following this the process is being implemented either in full or in part by Yorkshire ICBs.

The Director of Quality noted whilst temporary escalation spaces could be in a corridor it is important to use the term temporary escalation

space as interventions could be taking place in other locations for example, a day surgical unit.

The Director of Quality highlighted the key themes from reviewing incidents as; long waits in emergency departments, management of deteriorating patients and patients arriving on wards with a minimal assessment or without treatment plans. These will be taken into the joint quality meetings with Trusts for discussion and improvement.

The Interim Chief Nurse noted the process was well received by clinicians in the Urgent and Emergency Care Network who recognised the support being offered.

QSC/2025/01/9.5

SEND Update Report

The Director of Nursing (South) highlighted key points from the report. The Quality Assurance Framework Development is a pilot from NHSE aiming to collate a national framework for SEND to ensure consistent approaches. Local Delivery Teams submitted data returns at the end of November 2024. Following their review key findings included; variation in the interpretation of the key indicators and inconsistency of what information is collected.

The Director of Nursing (South) noted there is assurance at Local Delivery Team and SEND Board Level that services are being delivered due to ratings from CQC so far being level 1 or level 2.

A collective position is required for the ICB and work is ongoing to achieve this. The ICB Senior SEND Leader has been working with colleagues nationally, reviewing examples of good practice, understanding their business intelligence and the steps required of the ICB as part of the change process.

The Chair inquired if the ICB area was providing a reasonable SEND Service, if the number of placements was reasonable and if pupils were receiving the quality of care.

The Interim Chief Nurse noted the variation demonstrated by partnership assessments information in the report. There are issues with neurodiversity pathways but work is ongoing through pathway development and commissioning arrangements to make improvements. The results of SEND Inspections have been level 1 and level 2, indicating improvements are required but have not had any assessments which are level 3.

The Interim Chief Nurse clarified that the SEND Inspections at Place are a joint inspection with Local Authorities. The Quality Assurance Framework is aiming to establish what the ICB's statutory responsibilities are in relation to SEND to get a clear picture of performance.

Following a review of SEND Inspections to date key areas of focus from inspections have been; long waiting times neurodevelopment

assessment pathway, lack of support while waiting and the views of children and young people not being consistently listened to.

The ICB is in the process of establishing a standard support and learning response, to ensure everyone will get the same advice, which will be in place by March 25.

In relation to risk 0120, regarding medical needs in schools, The Director of Nursing (South) noted there is a pilot ongoing with a school in the patch. They noted there are different levels of challenge being expressed by schools and work is ongoing to establish reasons for this.

There are also workforce considerations for this risk, The Director of Nursing (South) noted the importance of ensuring adequate levels of education staff who are confident with the delegated health responsibilities. NHSE have oversight of the ongoing actions for the risk.

The Director of Nursing (South) gave an update on the consultation for the Designated Clinical Officer roles. The process had a high response rate which shaped the final structure. 1.8 WTE vacancies remain and a business case is in place to recruit as soon as possible. Implementation task and finish groups are in place to manage the transition period and support staff into different ways of working.

The Foundation Trust Partner Member noted they were unsure what the focus areas for SEND are and suggested it would be helpful for the report to clearly specify the ICB's responsibilities, if they are being achieved and what outcomes support this.

The Interim Chief Nurse agreed work was required to identify the ICBs responsibilities, and clarity would be provided by the ongoing Quality Assurance Framework pilot.

The Regional Co-ordinator, Healthwatch inquired if the coproduction element of the framework included coproduction involving the local authority. The feedback Healthwatch get from parents in relation to the local authority is that it is a barrier to care for their children and budgets tend to be used across schools rather than for individuals.

The Interim Chief Nurse agreed more work was required on coproduction, and in areas that received a level 2 inspection result not hearing the child's voice enough was noted as a reason.

The Chief Corporate Services Officer noted clarity of responsibilities should be discussed within the Place Subcommittees. The Quality and Safety Committee will receive assurance that the discussions are taking place and have oversight of the plans and actions being taken forward.

ACTION:

The Director of Nursing to present a report at the Quality and Safety Committee in March 2025 clarifying the ICB's statutory responsibilities in relation to SEND.

QSC/2025/01/9.6.1 North East North Cumbria ICB Commitments and Arrangements to meet the Statutory Responsibilities Outlined in Working Together to Safeguard Children 2023

The Interim Chief Nurse highlighted Table One within the report: NENC ICB Safeguarding Arrangements to meet new Working Together 2023 requirements December 2024. The table has been agreed with partners and ensures going forward the ICB is compliant with the requirements of Working Together to Safeguarding Children 2023.

The Foundation Partner Member (STSFT) inquired if there was a reason the ICB Chief Executive was the Lead Safeguarding Partner Member for the majority of the partnerships. The Interim Chief Nurse clarified it was due to capacity but there will be scope to review next year.

The Chief Contracting and Procurement Officer noted the proposal has been helpful; Local Authority partners are keen to have the ICB Chief Executive at the partnerships to ensure parity of attendance.

QSC/2025/01/9.6.2 ICBP047 – Safeguarding Adults and Children Supervision Policy

The Interim Chief Nurse presented the updated Safeguarding Adults and Children Supervision Policy, seeking approval. The policy has been updated following changes to legislative guidance.

The Regional Co-ordinator, Healthwatch, highlighted the numbering of the contents page is not in line with the order of the policy.

RESOLVED:

The Committee approved the Safeguarding Adults and Children Supervision Policy, noting the above amendment.

QSC/2025/01/10.1 Clinical Effectiveness and Governance Subcommittee Highlight Report

The Medical Director provided an update from the Clinical Effectiveness and Governance Subcommittee meeting 12 December 2024. They noted NICE technology appraisal guidance and the duty to make treatment available within 90 days of publication. Due to the structure of this process this can be a challenge, for example in relation to a new agent for the treatment of alopecia. Work is ongoing to establish an ethical framework to consider drugs that are high cost and potentially not a high clinical value to determine where they sit alongside ICB priorities.

The Medical Director noted to the Committee that the group is not compliant with its statutory duties in regard to meeting the 90 day deadline for the new agent for alopecia but expect a decision to be made by the end of February 2025.

The Medical Director highlighted the publication of the Tier 3 weight management referral criteria, noting that there is currently variation between services. The criteria provides a common framework and referral criteria to improve standardisation of the process.

The Foundation Trust Partner Member (CNTW) noted they will discuss with the Chief Medical Officer mental health representation as part of the ethical framework. They also inquired if the Subcommittee had oversight of all NICE Guidance, not just relating to medication. The Medical Director clarified it does.

The Foundation Trust Partner Member (STSFT) sought clarity on the implications of not meeting its statutory duty in relation to the 90 day deadline. The Medical Director noted that due to the financial, ethical and capacity implications for the ICB in relation to this medication the Subcommittee agreed it required further due process.

The Regional Co-ordinator, Healthwatch noted discussions around the new medication and decision to complete further due diligence were not just around financial implications, noting there were complex issues such as workforce to deliver it, its success rate, and patients not being able to access different treatment if they chose the new medication.

The Primary Care Partner member agreed that despite guidance from NICE the ICB has a duty of care to patients to consider all facts before promoting a medication into communities.

QSC/2025/01/11.1 Patient Voice Group Update

The Strategic Head of Involvement and Engagement presented an update of the Patient Voice Group, providing assurance to the Committee that the ICB is meeting its statutory duties for involvement.

Notable changes to the key themes in the report were the addition of hospital discharge and hospital waiting times. Healthwatch highlighted there have been delays preparing risk assessments which then delay patients being able to be discharged from hospital.

The Strategic Head of Involvement and Engagement noted the importance of now feeding back to people and communities the impact of their contribution and what the ICB have actioned from it.

The Chief Corporate Service Officer noted work is planned with Local Delivery Teams to review key themes from engagement and identify pathway improvements that could be addressed both short and long term.

The Chair highlighted the importance of demonstrating how the ICB has addressed feedback and utilising the deep dive sessions to horizon scan for potential issues.

The Chief Corporate Services Officer agreed the priority moving forward was to convert the engagement into action, to demonstrate the ICB is delivering on the feedback given.

The Regional Co-ordinator, Healthwatch, noted the issues highlighted in the patient stories within the report span all industries and change frequently. In relation to dentistry and women's health there have been over 9000 responses therefore expectations have to be managed.

The Chief Corporate Services Officer noted the Women's Health Implementation Plan will be presented to the Board March 2025.

The Chief Contracting and Procurement Officer noted the engagement Healthwatch has conducted helped to shape the access to emergency dental service and Healthwatch are now engaging with service users to sense check if the service is working.

The Foundation Trust Partner Member (CNTW) suggested proactively engaging with patients who have experienced pathways where the quality data highlights potential issues.

At 4pm the Foundation Trust Partner Member CNTW left the meeting

The Regional Co-ordinator, Healthwatch noted they are organising a regional Healthwatch event 31st March 2025 and suggested presenting the outcome of February's deep dive event to demonstrate the impact.

QSC/2025/01/12.1.1 HCAI Subcommittee Minutes – 1 October 2024

RESOLVED:

The Quality and Safety Committee **RECEIVED** the minutes for assurance.

QSC/2025/01/12.1.2 Patient Voice Group Minutes – 9 September 2024

RESOLVED:

The Quality and Safety Committee **RECEIVED** the minutes for assurance.

QSC/2025/01/13 Any Other Business

No other items of business were received.

QSC/2025/01/14 Meeting Critique

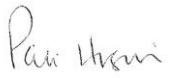
The Chief Corporate Services Officer suggested that moving forward, all reports should include the statutory responsibilities of that area.

The Chair thanked The Interim Chief Nurse for their hard work and support to the Committee over the last 3 months.

QSC/2025/01/15 Date and time of next meeting

13 March 2025

The meeting closed at 16:07

Signed 
Position Chair
Date 17/03/2025

Confirmed