

North East and North Cumbria Integrated Care Board

Confirmed QUALITY AND SAFETY COMMITTEE

Minutes of the meeting held on 13 November 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
Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals
Ken Bremner, Foundation Trust Partner Member
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
Kate O'Brien, Director of Nursing, Mental Health, Learning Disabilities, Autism and Complex Care
Dr Saira Malik, Primary Medical Services Partner Member
Vicky Playforth, Interim Director of Nursing (South)
Claire Riley, Chief Corporate Services Officer

In Attendance:

Mary Bewley, Director of Communications
Jon Quine, Head of Programmes – Healthcare Inequalities (*Item 8 – Healthier and Fairer Programme*)
Gillian Johnson, Head of Programmes, Healthier and Fairer (*Item 8 – Healthier and Fairer Programme*)
Trina Holcroft, Deputy Director of Nursing (Safeguarding Lead) (*Item 18 - Overview assurance report of Safeguarding Children, Adults and Cared for Children*)
Judith Thompson , NENC Learning Disability Network Manager (*Item 17 – NENC ICB Annual Report – Learning from the Lives and Deaths of People with Learning Disability and Autistic People (LeDeR)*)
Jane Smailes, Corporate Governance Support Officer (minutes)

QSC/2025/11/1

Welcome and Introductions

The Chair welcomed all those present to the meeting.

QSC/2025/11/2

Apologies for Absence

Apologies were received from:

Ann Fox, Deputy Chief Nurse
Ewan Maule, Clinical Director Medicines Optimisation/Pharmacy
Dr Rajesh Nadkarni, Foundation Trust Partner Member

QSC/2025/11/3

Declarations of Interest

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

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

No additional declarations of interest were noted.

QSC/2025/11/4

Quoracy

The Chair confirmed the meeting was quorate.

QSC/2025/11/5

Minutes of the Previous Meeting held on 11 September 2025

RESOLVED

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

QSC/2025/11/6

Matters Arising from the Minutes and Action Log

Matters Arising

QSC/2025/09/11.7 – County Durham and Darlington Foundation Trust (CDDFT) – Breast Services Update

The workshop, facilitated by the Northern Cancer Alliance, took place on 4 October 2025, to look at future models of breast services across the ICB patch. This was a clinical meeting that generated possible options to progress new models of breast cancer diagnostic activity across the central patch and into the Tees Valley area. The options include looking to centralise the Durham services on to one site and stabilising the workforce and improving quality by having services in-reach from screen centres. Once the options have been worked up there will need to be a view taken on whether the preferred options progresses to public engagement or consultation as required.

Official

Within the Northern Cancer Alliance there are different clinical tumour groups including a breast group. They have been kept apprised of developments around the CDDFT breast services throughout the incident.

Action Log

QSC/2025/09/10.1 – Involvement and Engagement Update

The Involvement and Engagement reports are shared with senior leaders across the organisation and with the Healthwatch Network. Additionally, there have been discussions with the Chief Strategy Officer on the report to inform the planning round and demonstrate how the organisation is using feedback for meaningful engagement. Action closed.

QSC/2025/09/11.1 – Newcastle Upon Tyne Hospitals

The Foundation Trust Partner Member advised discussions had taken place on the back of the CQC report with the provider collaborative. Action closed.

QSC/2025/09/11.3 – Infection Prevention Control Update

There will be a session on 24 November for reflection and learning to which all provider organisations have been invited. It will be a high level discussion about making an impact in Infection Prevention Control. It is hoped the session's outcome will include clear actions across the North East and North Cumbria to reduce healthcare acquired infections. Action closed.

QSC/2025/09/11.3.1 – Infection Prevention Control Update

Meetings continue through the networks on antibiotic and vaccine administration and Ewan Maule as Senior Responsible Officer (SRO). There is a full work programme on antimicrobial stewardship across the ICS which is ongoing work. Also, there is work to bring the Infection Prevention Control (IPC) and Antimicrobial Resistance (AMR) groups together. There has been renewed efforts in the past few months regarding high prescribing rates and the Deputy Director of Medicines will bring a summary report to the next meeting. Action closed.

ACTION

Deputy Director of Medicines to bring summary report regarding AMR and renewed efforts to affect the high prescribing rates.

QSC/2025/07/7.1 – BAF and Risk Management Report – Q1 25/26

The work of the Healthier and Fairer Programme was included on the agenda for this meeting. Action closed.

QSC/2025/09/8.1 - NENC ICB Complaints Annual Report 2024-25

A complaints report for Q1, which highlighted work undertaken to seek improvements in ways of working was included on the agenda for this meeting. Action closed.

QSC/2025/09/8.1.1 – NENC ICB Complaints Annual Report 2024-25

The Annual Report was updated to include a definition of the ICB's statutory responsibilities with regards to complaints management. Action closed.

QSC/2025/09/9.1.1 – Example of Lived Experience

An example of Lived Experience around All Age Continuing Care was included on the agenda for this meeting. Action closed.

QSC/2025/09.11.2.1 – North and South Area Quality Reports

The request to invite Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to discuss their quality journey had been added to the Annual Cycle of Business. Action closed.

QSC/2025/05/9.2 – LMNS Update

The Committee received the update regarding a record of a patient death as a result of previously unknown epilepsy. The update included information that the patient did have a history of epilepsy. Action closed.

QSC/2025/09/9.1 – Example of Lived Experience

The Committee was advised the family had received an initial complaint response and were following up with the Trust with some of their concerns. The complaint will follow the due process and will be discussed at the Trust's Quality Committee. The ICB's Deputy Director of Quality is a member of the that Committee. Action closed.

QSC/2025/09/11.2 – North and South Area Quality Reports

The Committee received the update on echocardiogram discrepancies at Northumbria Health Care Foundation Trust. Action closed.

QSC/2025/11/7

Notification of Any Other Items of Business

There were no other items of business notified.

QSC/2025/11/8

Healthier and Fairer Programme

The Healthier and Fairer Programme is an ICB strategic transformation programme delivery on the Prevention and Healthcare Inequalities agenda. The report provided a comprehensive overview of the 10 projects undertaken within the two workstreams, highlighting the activities and impacts of the programme, along with the challenges and risks. The Committee was advised the report had been a whole team effort with the Healthier and Fairer team supported by strategic and subject matter experts.

The Head of Programmes (Health Inequalities) and the Head of

Official
Programmes (Prevention) also delivered a presentation which highlighted key areas.

- Programme structure with broad partnerships, 10 projects and 96 individual pieces of work.
- Robust governance framework overseen by the Healthier and Fairer Advisory Subcommittee, that reports to the ICB Executive Committee.
- Outlined the significant variance in healthy life expectancy in North East v England average.
- System Performance and Population Health.
- How to measure success.

Following a query regarding the prioritisation of individual programmes, specifically alcohol and healthy weight, the Head of Programmes (Prevention) advised that programmes had evolved. Last year a prioritisation exercise had been undertaken to understand where all the schemes were at and how relevant they were in context for the workstreams. The top priority had been tobacco followed by alcohol and then healthy weight.

The Head of Programmes (Healthcare Inequalities) explained that any prioritisation also need to take account of the impact on different communities, ie proportionate universalism. Through the Healthier and Fairer Programme work has been undertaken in communities of socioeconomic disadvantage, with the lessons learned used to inform future at scale programmes. Any pilot programmes are evaluated through the University of Newcastle.

The Chief Medical Officer explained the Healthier and Fairer Programme looked at the broad pillars of prevention to understand the NHS contribution to improvement in areas such as tobacco. It was noted that local authorities had their own strategies for, as example, smoke free environments. Additionally, the Healthier and Fairer Programme looked at what the NHS could contribute to healthcare access inequity and the wider determinants such digital inclusion and health literacy.

The metrics used in refining the programme are refreshed every six months and reported through the Integrated Delivery Reports. The team produce a yearly Health and Health Inequalities report, as required by NHS England, and this is included in the ICB Annual Report. The report is comprehensive, with the NENC ICB going further than other ICBs by articulating ambitions to reduce inequalities by 2030. Noting that the number of metrics in the 10 Year Plan had been reduced it was suggested that the ICB continue to use the existing framework and metrics even though it would not be a requirement.

ACTION

It was agreed that the Committee Secretary would add the Annual Health Inequalities Report to the Annual Cycle of Business. This

Official
would be a summary report of improvements and areas of focus.

The Committee acknowledged the challenges to reduce health inequalities, noting that health was only one element to the equation with patients and other stakeholders. There was a need for the wider ICP to look at plans within local authorities also as health probably impacted only 25% for healthy life expectancy. The Healthier and Fairer Programme reported on what the ICB was doing to make its contribution.

The Foundation Trust Partner Member asked if would be possible to include some kind of visual aid on reports that showed the progress towards closing the gap on the number of lost years of healthy life. The graphic could then be used as part of the publicity across local communities to demonstrate the work being done. The Healthier and Fairer Programme agreed to consider how the health inequalities data could be reported visually in the annual report.

It was noted that all acute Trusts in the ICB footprint now had consultants in Public Health, focussing on healthcare access inequity.

The Head of Programmes (Health Inequalities) noted that strategic commissioning could offer an opportunity to commission for reductions in health and healthcare inequality and draw in the prevention agenda, by use of contractual, transformation and workforce measures.

RESOLVED

The Quality and Safety Committee **NOTED** the contents of the Healthier and Fairer Programme report.

The Head of Programmes (Health Inequalities) and the Head of Programmes (Prevention) left the meeting at 9.40am.

QSC/2025/11/9

Board Assurance Framework and Risk Management Report – Quarter 2, 2025/26

The Chief Corporate Services Officer advised the report provided the Quality and Safety Committee with a refreshed Board Assurance Framework (BAF) for quarter 2, 2025/26 and an updated corporate risk register.

The BAF and Risk Register are currently undergoing a review, recognising the need to refine how the ICB reports risk and the mitigations in place as the ICB moves to be a strategic commissioner from April 2026. The reports will evolve over the coming months. The Committee was advised that new risks can be added to the register via different routes including the ICB Executive Committee. The Executive Committee regularly review and refresh risks and ensuring that evolving risks are appropriately added to the

Official
register.

The Committee was advised that BAF informed the Board agenda. Additionally, it advised the Quality and Safety Committee of emerging risks which the Committee may wish to know about and request an agenda item. The BAF and Risk Register are part of the assurance provided to the Committee and the Board that also detail the mitigations in place to manage the risks.

It was suggested that as the BAF was a strategic document only risks that affected the strategic objectives of the ICB should be included. However, this would be something for consideration once the ICB has moved to its strategic commissioning role.

Following a query about the noted high suicide rates it was explained that a work programme was being set up regarding the current impact of suicide in the region. It was noted that local authorities had a statutory duty to develop and implement a comprehensive, multi-agency suicide prevention strategy. Reflecting on earlier points about including risks on the register that were ICB strategic risks it was suggested this may be more appropriate as part of the integrated partnership.

RESOLVED

The Quality and Safety Committee

- Satisfy itself that the BAF accurately reflects the principal risks to achieving our objectives as well as their current mitigations, and
- **RECOMMENDED** the approval of the BAF for quarter 2 2025/26 by the Board;
- **RECEIVED** and **REVIEWED** the corporate risk register for assurance;
- **NOTED** the quality and safety risks scored below 12;
- **NOTED** the quality place risks with a residual rating of 12 and above.

QSC/2025/11/10

Complaints Report Quarters 1 and 2, 2025/26

The Chief Corporate Services Officer advised the report provided an overview of the concerns, issues and complaints received in Quarters 1 and 2, 2025/26. The report also highlighted the work undertaken to seek improvements in the ways of working and to ensure alignment of the complaints processes into one streamlined function and enable a more robust integrated reporting structure.

A process has been implemented to provide a contact list for each clinical area detailing the clinical review investigating officers to support the complaints team in obtaining a clinical review for each complaint where required.

One of the main themes of the complaints received was GP

appointment availability. It was noted that the region currently provides over 1.5million appointments each month. There was a discussion regarding the impact on appointments following the introduction of online consultations throughout core hours for non-urgent requests. The impact on clinical workload was not yet known and different practices were managing the process in different ways.

RESOLVED

The Quality and Safety Committee

- **RECEIVED** the complaints report for quarters 1 and quarter 2 for assurance purposes
- **NOTED** the ongoing continued development of the complaint reporting for quarter 3
- **NOTED** the ongoing work to significantly reduce the complaints backlog by the end of December 2025

The Chief Corporate Services Officer left the meeting at 10.05am

QSC/2025/11/11

Patient Story – Lived Example, All Age Continuing Care

The Director of Nursing, Mental Health, Learning Disabilities, Autism and Complex Care delivered a presentation which used patient and staff stories to highlight key learning including how sharing experiences can be hard and how it could be made easier, treating shared experiences as a core indicator of quality and embedding feedback into practice with support from other directorates.

The Committee recognised that improving the patient experience, which included improving the staff experience, would help to prevent future problems or complaints.

The patient story in the presentation had highlighted difficulties in the transition from children's social care to All Age Continuing Care (AACC). Following a query, it was explained work was ongoing to improve the transitions programme to identify children earlier who may be eligible for AACC. The AACC team are not always advised that children are approaching transition and there needed to be support to managers and leadership development to improve outcomes for patients.

The Committee was advised that for children who have complex needs or are already eligible for children's continuing healthcare, a meeting should take place at around 16 years of age which identifies whether or not that child is likely to be eligible for adult continuing healthcare or adult social care funding. The commissioning body that was likely to be responsible for commissioning the onward care package would take the lead in the transition process. Often the process becomes truncated due to the late notice of the child approaching 18 years old. Also, available services for children are not replicated post 18 years old and there are more limited choices.

The funding mechanisms for care packages are complicated and national frameworks for Children's Continuing Care and Adults Continuing Care do not dovetail well, this can lead to gaps in provision.

Following a query from the Regional Co-ordinator Healthwatch Network, the Committee was advised work had begun with South Tees Healthwatch to talk about transitions and using the experiences provided through the local voluntary sector agencies. It was noted most local authorities in the NENC region had now had their CQC inspections and had action points regarding transitions. The ICB was looking to use these sources to co-ordinate a strategic regional approach.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Patient Story – Lived Example, All Age Continuing Care for information.

QSC/2025/11/12

NENC ICB's Involvement and Engagement Update

The Director of Communications explained the update provided a summary of the ICB's involvement and engagement activity across the North East and North Cumbria. The report outlined the ICB's legal duty of involvement and engagement from regional to community level ensuring the patient voice was involved in decision making.

Key projects highlighted in the report included, working with Healthwatch to jointly engage on GP access and campaign materials testing; public engagement on stopping gluten-free prescriptions; safer prescribing; use of AI in healthcare engagement activities and various specific place based involvement and engagement projects across the ICB.

Members were advised that if appropriate involvement was not undertaken, then there was a legal recourse through which decisions could be challenged and potentially overturned via a judicial review. The level of involvement depended on the size and scale of the project and the level of risk involved. This required robust planning and use of resources.

The Committee noted the importance of feedback and other intelligence to influence commissioning and service configuration.

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.

Official
The Director of Nursing, Mental Health, Learning Disabilities, Autism and Complex Care left at 10.40am

QSC/2025/11/13

North and South Area Quality Reports

The Interim Director of Nursing (South) advised the North and South Area Quality Report provided an oversight of key themes, risks and exceptions.

Members' attention was drawn to the following key areas of the report:

- Development of a data quality improvement plan to address coding issues related to Summary Hospital-level Mortality Indicator (SHMI) data.
- An update on Never Events across NENC.
- Refinement of the ICB's Equality and Quality Impact Assessments (EQIAs) and inclusion of the new National Quality Board guidance into the process.
- A rise in some areas regarding C.diff and MRSA.
- Winter planning through the Urgent and Emergency Care (UEC) Network.

In respect of CDDFT the Chief Medical Officer advised that the Acting Medical Director would be attending the ICB's Clinical Effectiveness and Governance Subcommittee meeting on 13 November 2025 and would be providing an update in relation to CDDFT's mortality figures. An update from the meeting would be included in the next report to this Committee.

RESOLVED

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

QSC/2025/11/14

National Quality Board (NQB) – Definition of Quality

The Deputy Director of Quality explained the report provided an overview of a proposal and the discussions taking place in order to obtain a national definition of quality.

The Committee was advised there were many definitions of quality across multiple agencies, with no one definition used in NHS frameworks. The current proposal was to extend the original National Quality Board (NQB) definition beyond the statutory definition of safe, effective, experience to include equity, timely, efficiency / sustainability and well-led elements.

The Deputy Director of Quality explained there was an opportunity to submit comments to the NQB on the proposal. A regional meeting was taking place with NHS England colleagues and a NQB policy

Official
write on 17 November to discuss roles and responsibilities as part of the new strategic commissioning direction.

The Deputy Director of Medicines noted there would be a need to share specific communications within the ICB and with partners once there was an agreed definition of quality to allow teams to understand what that would mean for them and any potential changes.

RESOLVED

The Quality and Safety Committee **RECEIVED** the National Quality Board (NQB) – Definition of Quality report for information.

QSC/2025/11/15

Update on Martha's Rule

The Deputy Director of Quality provided an update and assurance that Martha's Rule continued to be effectively implemented across the NENC ICS.

The Committee was informed that all North East and North Cumbria Trusts involved in Phase 1 have progressed to Phase 2 with North Tees NHS Foundation Trust (NTHFT) and Northumbria Healthcare NHS Foundation Trust (NHCFT) commencing in Phase 2. This meant that all remaining NENC acute FTs were implementing Martha's Rule in at least one site this year.

Additionally, County Durham and Darlington NHS Foundation Trust (CDDFT) are one of seven Trusts national that have moved their pilot into maternity services, neonates, community hospitals and emergency departments. Feedback on the progress will be provided through the Trust's own Quality Committee, and the Deputy Director of Quality will report back to the ICB's QSC in due course.

It was explained that the ICB's local mental health trusts were not included as part of the mental health pilot. The Deputy Director of Quality explained discussions were underway with the mental health trusts to understand whether they were not aware of the pilot programme or whether they had not been chosen as a pilot site.

The report also outlined the national figures for Martha's Rule up to August 2025. This showed the effective nature of Martha's Rule with a predominant pick up from family and carer escalation.

The Committee recognised that good work had been ongoing within local Trusts prior to Martha's Rule but this had now been strengthened. Acknowledging the escalations by families and carers it was noted that they knew their next of kin best and could notice changes in their presentation that clinical staff may not notice.

There was a query regarding the data presented in the report and whether it was possible to drill down further to understand if there

were similar themes across multiple Trusts or if any specific Trust was having recurring issues. The Deputy Director of Quality advised this was national data and agreed to find out if further detail was available. It was noted that the data would be extremely difficult to interpret as there was a human element to the escalations. For example, if a second clinical opinion was sought the individual may not be certain what was happening but as a safety device they may escalate the standard of care or level of input required.

ACTION

Deputy Director of Quality agreed to find out if further detail was available to understand if there were similar themes across multiple Trusts or if any specific Trust had recurring issues.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Martha's Rule Update for assurance and **NOTED** that Martha's Rule was being implemented across the ICB's acute providers.

QSC/2025/11/16

Investigating under the Patient Safety Incident Response Framework (PSIRF) – sharing Health Services Safety Investigations Body (HSSIB) learning for future development

The Chief Nurse advised the paper provided a summary of the Health Services Safety Investigations Body (HSSIB) report based on their findings from interviews and observations in applying the Patient Safety Incident Response Framework (PSIRF).

The report highlighted the variation in the application of PSIRF, noting it was still a relatively new process, in order to deliver its potential. Additionally, it was noted that further work was needed with Coroners to meet expectations and gain support for PSIRF.

For the ICB there remained PSIRF variability across the organisation and work was ongoing to understand the challenges. The Committee was advised that PSIRFs were being done but there was work needed to ensure that learning was embedded.

Following a query about a phased rollout to the private voluntary sector in PSIRF it was explained that the main focus had been on the foundation trusts, though some hospices and smaller contracts had also been taken onboard. One of the key challenges to including both the voluntary sector and Primary Care was the lack of suitable materials noting that the language used, particularly in Primary Care was very different. It was recognised that this would need to change following the transition to strategic commissioners.

RESOLVED

The Quality and Safety Committee **RECEIVED** the Investigating under the Patient Safety Incident Response Framework (PSIRF) – sharing Health Services Safety Investigations Body (HSSIB) learning

Official
for future development report for information and discussion.

Due to a change in timings the agenda was rearranged. The next item was QSC/2025/11/18 - NENC ICB Overview Assurance Report of Safeguarding Children, Adults and Cared for Children

QSC/2025/11/17

North East and North Cumbria ICB Annual Report – Learning from the Lives and Deaths of People with Learning Disability and Autistic People (LeDeR)

The NENC Learning Disability Network Manager joined the meeting at 11.20am.

The NENC Learning Disability Network Manager (LDN Manager) advised the LeDeR Annual Report, was a statutory requirement that provided assurance about delivery of LeDeR including numbers of reviews, causes of death and learning/improvement action undertaken across North East and North Cumbria. The report also included the Learning into Action Report 2024 which highlighted examples of best practice work.

The Learning Disability Network Manager made a presentation which drew out key points from the report including

- The number of reviews undertaken.
- Main causes of death, with respiratory condition the largest category
- Key learning points such as persistent health inequalities, importance of reasonable adjustments, communication and the need for focussed reviews

The Committee noted that National Safeguarding Adults Week (NSAW) was held week commencing 17 November, with the network launching a new campaign, All Behaviour Happens for a Reason.

The North East and North Cumbria is not meeting the NHS England target of having 35% of LeDeR reviews be focussed reviews due to capacity of the reviewers. The current level is approximately 11.5%. This is a similar situation to other ICB across the country as ICBs try to extract as much learning as possible to inform future commissioning decisions.

Members' attention was drawn to the key Call to Action points which included embedding learning into commissioning and service improvement, developing new criteria for focussed reviews, prioritising work with minoritised ethnic communities and monitoring progress and accountability.

The Regional Co-ordinator Healthwatch Network noted the previous reports had highlighted the correlation between early mortality and

the failure to have an annual health assessment. It was explained that whilst the region had a higher than the England average for annual health assessments work needed to be done to understand the quality of the assessment and encourage further uptake, as some individuals chose not to have one.

The Committee was advised that GP practices were no longer required to keep a register of patients with Learning Disabilities and there would be a need to ensure that they continued to offer the annual health assessments. The Learning Disability Network Manager offered to support Healthwatch with their work around annual health assessments noting there were significant resources that could be shared.

Following a query from the Director of Allied Health Professionals it was confirmed that a dysphasia diamond standard pathway had been developed and co-designed with speech and language therapists. A significant number of clinical pathways, workforce education and resources for people, families and workforce, both in health and social care have been developed. It is hoped that the tools and resources will start to make a difference to reduce the number of aspirations. Discussions are on going between NHS England and Royal Collage GPs National Learning Disability Group to add the dysphasia tools to the national LeDeR platform.

The Committee was advised that Positive Behavioural Support (PBS) needed to be commissioned systematically in individual's care plans and start when they are very young in order to help prevent escalation of behaviours and challenges. The All Behaviours Happen for a Reason campaign will focus on this area. The LeDeR network visits every acute Trust to talk to senior team and learning disability practitioners to offer support for treating patients with learning disabilities and how to prevent escalation of behaviours.

It was advised that the report would be presented to the Mental Health, Learning Disability and Autism Subcommittee week commencing 17 November 2025.

RESOLVED

The Quality & Safety Committee **NOTED** the LeDeR Annual Report and Learning into Action Report 2024 and **RECOMMENDED** to the Board for publication on the ICB website (as required by LeDeR policy).

The NENC Learning Disability Network Manger left the meeting at 11.56am

NENC ICB Overview Assurance Report of Safeguarding Children, Adults and Cared for Children**The Deputy Director of Nursing (Safeguarding) joined the meeting at 11.10am**

The Deputy Director of Nursing advised the report provided assurance of the work undertaken by NENC ICB Safeguarding and Cared For teams to fulfil its statutory responsibilities. It highlighted emerging risks and concerns from both providers, the ICS system and ICB local delivery teams, and identified areas of good practice.

The following areas were highlighted.

- Consideration of aligning statutory functions following publication of the ICB blueprint.
- Update on workforce vacancies including Designated Nurses and Named GP.
- Ongoing challenges regarding compliance of initial health assessments for children entering care.
- Limited capacity of medical advisors for fostering, with short-term funding agreed to cover backlog.
- Some staffing shortages with providers' safeguarding teams and the work of the Designated Nurses to provide support and help mitigate risks around attendance at meeting and training.
- Level of demand for Safeguarding Adults Reviews (SAR) and Domestic Abuse Related Death Reviews (DARDR). The criteria has changed to include cases where the victim has taken their own life and some evidence or history of domestic abuse.
- Completion of AuditOne compliance audit of ICB safeguarding arrangements. Two areas were highlighted. The DBS check information for staff when CCGs moved to the ICB was incomplete and the limitation of the current ESR training which does not support the level 4 and 5 safeguarding training. The training records are currently logged locally.
- Involvement in conversations to establish Children's Social Care Reforms and Families First Partnership.
- Drawing attention to risks including ICB transitional arrangements and reduction in ability to discharge safeguarding function due to no Designated Doctor Safeguarding Children and Cared For in Durham and Cumbria.

The Committee noted the need to remain focussed on the statutory responsibilities, whilst recognising that the primary legislation around these responsibilities will be taking place through 2027. It was also noted that the ICB Board had received a detailed presentation regarding the development Family First Partnerships.

RESOLVED

The Quality and Safety Committee **NOTED** the content of the NENC ICB Overview Assurance Report of Safeguarding Children, Adults and Cared for Children report including the risks and issues, assurances and mitigations.

The Independent Non-Executive Member (Chair) and the Deputy Director of Nursing (Safeguarding) left the meeting at 11.25am

The Primary Medical Services Partner Member took over as meeting Chair.

QSC/2025/11/19

Clinical Effectiveness and Governance Subcommittee Highlight Report

The Chief Medical Officer explained the report summarised the activity of the Clinical Effectiveness and Governance Subcommittee (CEG) in August and September 2025.

RESOLVED

The Quality and Safety Committee **NOTED** the recent activity of the Clinical Effectiveness and Governance Subcommittee.

QSC/2025/11/20

Chief Nurse Report by Exception

There were no matters to report by exception.

QSC/2025/11/21

Feedback from Subcommittee Chairs by Exception

There was no feedback from subcommittee Chairs.

QSC/2025/11/22

For information / assurance items escalated from Subcommittees

QSC/2025/11/22.1

Antimicrobial Resistance (AMR) and Healthcare Associated Infections (HCAI) Subcommittee Minutes – 6 August 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the Antimicrobial Resistance (AMR), and Healthcare Associated Infections (HCAI) Subcommittee Minutes from 6 August 2025 for assurance.

QSC/2025/11/22.2

SEND Assurance Subcommittee – 23 July 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the ICB SEND Assurance Subcommittee Minutes from 23 July 2025 for assurance.

QSC/2025/11/22.3

North Area Quality and Safety Subcommittee Minutes – 19 August 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the North Area Quality and Safety Subcommittee Minutes from 19 August 2025 for assurance.

QSC/2025/11/22.4

South Area Quality and Safety Subcommittee Minutes – 19 August 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the South Area Quality and Safety Subcommittee Minutes from 19 August 2025 for assurance.

QSC/2025/11/22.5

System Quality Group – 12 June 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the System Quality Group Minutes from 12 June 2025 for assurance.

QSC/2025/11/22.6

NENC ICB Safeguarding Health Executive – 23 October 2024

RESOLVED

The Quality and Safety Committee **RECEIVED** the ICB Safeguarding Health Executive Minutes from 23 October 2024 for assurance.

QSC/2025/11/22.7

NENC ICB Safeguarding Health Executive – 22 January 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the ICB Safeguarding Health Executive Minutes from 22 January 2025 for assurance.

QSC/2025/11/22.8

NENC ICB Safeguarding Health Executive – 26 March 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the ICB Safeguarding Health Executive Minutes from 26 March 2025 for assurance.

QSC/2025/11/22.9

Integrated Delivery Report – October 2025

RESOLVED

The Quality and Safety Committee **RECEIVED** the Integrated Delivery Report (October 2025) for information and assurance.

QSC/2025/11/23

Official

Any Other Business and Items for Escalation to Board

There were no other items of business and no items for escalation to Board.

QSC/2025/11/24

Meeting Critique

No additional feedback or comments were made.

QSC/2025/11/25

Date and Time of Next Meeting

The next meeting of the Quality and Safety Committee will be held Thursday 15 January 2026.

CLOSE AT 12pm.

Signed

Pau Hwang

Position Chair

Date 15/01/2026