NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board
Quality and Safety Committee (QSC) meeting held on 14 March 2024 from 9.00-12.00pm in the Joseph Swan Suite, Pemberton House

Minutes

Present:
Professor Hannah Bows, Independent Non-Executive Member (Chair)
Mr Ken Bremner, Foundation Trust Partner Member,
Ms Sarah Dronsfield, Director of Quality
Mr David Gallagher, Executive Area Director Tees Valley & Central
Dr Saira Malik, Primary Medical Services Partner Member
Ms Louise Mason-Lodge, Director of Nursing (virtually)
Mr Ewan Maule, Director of Medicines
Dr Neil O'Brien, Executive Medical Director,
Mr Chris Piercy, Director of Nursing.
Mr David Purdue, Executive Chief Nurse
Mr Richard Scott, Director of Nursing
Ms Jenna Wall, Director of Nursing

In Attendance:
Mr Christopher Akers-Belcher, Regional Co-ordinator, Healthwatch
Ms Jen Coe, Head of Involvement and Engagement
Mr Neil Hawkins, Head of Corporate Affairs, (Central and Tees areas)
Sir Pali Hungin, Independent Non-Executive Member (observing)
Mrs Vicky Playforth, Assistant Director of Nursing CHC (for item 8.2 virtually)
Mr Tony Roberts, Director of North East Quality Observatory (NEQOS) (virtually)
Mrs Jan Thwaites (minutes)

QSC/2024/03/01 Welcome and Introductions
A round of introductions were made.

QSC/2024/03/02 Apologies for Absence
Apologies were received from Professor Eileen Kaner, Chair of Quality and Safety Committee and Independent Non-Executive Member, Ms Jean Golightly, Director of Nursing, Mrs Claire Riley, Executive Director of Corporate Governance, Communications and Involvement Director of Nursing, Dr Rajesh Nadkarni, Foundation Trust Partner Member, Ms Jeanette Scott, Director of Nursing, Dr Annie Topping, Director of Nursing, Mrs Ann Fox, Deputy Chief Nurse and Dr Maria Avantaggiato-Quinn, Director of Allied Health Professionals.

QSC/2024/03/03 Declarations of Interest

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

QSC/2024/03/04 Quoracy

The meeting was confirmed as quorate.

QSC/2024/03/05 Minutes of the meeting held on 11 January 2024

An update was provided concerning a recent internal audit report which looked at system oversight and included recommendations for committee agendas and minutes. The audit findings recommended that minutes record positive assurance to demonstrate whether committees are assured and if further action is required in response to reports presented. Audit recommendations also suggested that agendas include an item to prompt whether any agenda items are required for escalation (and if so to where). These recommendations will be considered and actioned within future agendas/minutes.

RESOLVED:

The Committee **AGREED** the minutes from the meeting held on 11 January 2024 which were accepted as a true and accurate record.

QSC/2024/03/06 Matters Arising from the Minutes and Action Log

The action log was discussed and updated.

QSC/2024/03/07 Patient Story

Two YouTube videos of young people who had participated in the Children and Young People's Mental Health Summit were shared highlighting the impact of Covid, long waiting lists and that the CAMHS service.

Video 1: The young person spoke about how he'd been suicidal, hospitalised, angry, and not engaging with school. He had turned this around to achieve good GCSEs, be in a rugby academy and says he has the best mental health he's ever had. He noted that time is spent building relations so that support could be tailored, and that people were supported whilst waiting for services. He also talked about the things that supported him to be well, which included the importance of the role of the school. Rather than expel him when he was displaying difficult behaviour, they took the time to get to know him, help him open up and learn how to help him and support him to avoid negative patterns.

Comments were made that there was a lot of self-directed development, the importance of access to health services was recognised. Waiting times and the pressures that Local Authorities

(LAs) were under were highlighted and the value in looking at a joined-up system approach. Working with schools was important and continued sponsorship, to look at the offer and see what could be done to improve outcomes. It was noted that there was no need to medicalise all the time, to work in a preventative way and that CAMHS intervention was not always required.

Video 2: This highlighted some positive experiences of services including some therapy services and the benefit of medication. However, it also highlighted that the importance of being listened to. Initially there was an incorrect diagnosis and they felt as though there was a need to keep asking for help. They also thought that there should be more funding, resource and help for those falling between the cracks in services. The video highlighted the impact of lack of understanding of mental illness/psychosis, hospitalisation far from home and the wider family effect.

Access for decisions on prescriptions for under 18 was difficult for a GP as long waiting lists could put patients at risk, the normal route was into CAMHS, but long waits were the norm. There were other providers available and the system could learn from them for children and young people (CYP) to look to improve access. Mental Health affected the wider family also; out of area placements were problematic.

ACTION: Take forward a piece of work around support to GPs to prescribe to young people in a safe way with support from mental health providers. A rapid quality review, system and stakeholder group was suggested to take this forward.

RESOLVED: The committee received the presentations for information and assurance.

QSC/2024/03/08 Quality and Safety Committee and sub-committee terms of reference

The report provided the Committee with updated terms of reference for the Committee and its subcommittees.

The governance handbook had been refreshed; this included the ICB committee and sub-committee terms of reference. The refresh ensured a standard consistency of all terms of reference across the ICB.

The Quality and Safety Committee (QSC) had some small changes to text and change of style and reflected the changes in job titles as a consequence of ICB 2.0. The committee were asked to approve the minor changes to the QSC terms of reference.

The other seven appendices related to current sub-committees which had been reviewed considering the standard template to ensure a consistency, with limited changes to roles and responsibilities. It was noted that some of the terms of reference had not yet been approved by the relevant subcommittee due to timing issues. These would be brought back to the committee at a later date should any amends be made when having been considered by the relevant subcommittee.

In terms of the quality governance post April, the area subcommittees feeding into the QSC would be looked at. For instance, the four area subcommittees are likely to condensed into North and South although this may not be implemented until quarter 2.

A question was raised as to how successful the committee had been to ensure appropriate governance, processes and systems were in place. In response it was noted that the assurance concerning commissioned services is of a high quality and ensures robust governance is in place. A suggestion was made to review the current committee terms of reference with other neighbouring ICB example terms of reference to see if any learning or improvement could be made as a result. It was noted that the ICB commissioning systems were very robust. A comment was made that the committee did focus on delivery and outcomes with a lot of data being scrutinised but also ensured quality of services delivered from both a clinical and patient voice perspective.

It was explained that NHS England (NHSE) had updated their guidance on what quality functions were in systems. A self-assessment would be undertaken that would inform what needed to be included within the terms of reference.

RESOLVED: The terms of reference to be returned to the committee at a later date once ICB 2.0 had been concluded and the terms of reference had been reviewed.

QSC/2024/03/09 Board Assurance Framework and QSC risk register

The report provided the Committee with an update on the Board Assurance Framework (BAF) and an updated position on the current risks which align to the quality and safety portfolio for the reporting period 18 December 2023 to 28 February 2024.

Updates to the risk register were highlighted, these included two new risks both of which had been recommended for addition to the corporate register and BAF:

First new risk - There was a risk that as safeguarding information may be held in perpetrators' records (relating to Multi-agency Risk Assessment Conference (MARAC)), this could place patients at further risk of harm or potentially cause harm to staff in the healthcare setting. This risk had been scored as a 12 high risk.

Second new risk - Several themes across continuing healthcare (CHC) teams were having a negative impact on delivery which can lead to delays in care and legal challenges. Workforce, sickness absence, time pressure on recruitment, lack of placements, demand outweighing capacity, increased reviews from Prestwick Care Homes and recruitment freezes through ICB 2.0. This risk is scored a 15 high risk.

No risks had been closed during the reporting period.

Work was being undertaken around risk appetite. Further work with owners was required to document actions for those risks that are outside of agreed appetite levels to provide assurance on activity planned to bring risk levels within agreed appetite levels.

It was explained that historically there had been some issues around the recording of MARAC for perpetrators on records. It was noted that perpetrators should not be aware of this information and that was where the risks came from. Clarity was requested as to where the risks is and why it was thought to be a strategic risk and how risks were being captured by risk owners and Directors. It was recommended that this risk should not be listed on the BAF. Clarity was requested as to whether this risk was an ICB risk or should it go through the Safeguarding Boards.

ACTION: The Director of Nursing for Safeguarding to look at the safeguarding risks in relation to perpetrator information.

It was explained that the process was all new suggested corporate risks should go to the Executive Committee to be agreed before it goes on the corporate risk register. Risks will also be brought to the relevant parent Committee for consideration and comment. Assurance should be gained from the Executive Committee that oversight on all risks placed on the corporate risk register had been reviewed and scored accurately.

It was confirmed that the QSC should be looking at risks applicable to quality and safety and not all the risks on the register.

RESOLVED: The Committee requested that the new risk concerning MARAC information on patient records is not added to the corporate

risk register or BAF but is returned to the owner/Director for further consideration.

QSC/2024/03/10 **ICB Quality Report**

The report provided the Committee with oversight of key quality themes, risks and exceptions outlined in the ICB Area Quality reports for Central, North, North Cumbria and South.

Key points form the report were highlighted; these included the following areas:

- A number of Regulation 28 notices had been issued - County Durham and Darlington NHS Foundation Trust (CDDFT) in response to the death of a female patient from a pulmonary embolism with concerns relating to the Cerner computer system being ineffective compared to the previous system.

- South Tees Hospital (STHFT) in relation to a patient death due to multi organ failure caused by sepsis. The coroner found that the Trust failed to provide prophylactic antibiotics which contributed to the patient's death.

- The coroner issued the North East Ambulance Service and Secretary of State for Health and Social Care with a Regulation 28 relating to a patient who suffered a myocardial infarction which deteriorated into cardiac arrest. ICB digital colleagues were linked into these discussions including NHS England and Care Quality Commission (CQC).

Regulation 28 actions will be monitored through existing quality committees and through attendance at Trust internal quality groups to elicit lessons learned.

Place continued to experience an increasing volume of LeDeR reviews across the ICB, with very limited capacity for the reviews to be undertaken within mandated timeframes. The LeDeR Governance Group have oversight and the Deputy Chief Nurse together with the Learning Disability Network manager continue to keep the national team appraised of approach and consequences.

An options paper outlining an interim solution to address the current backlog in this financial year has been agreed through the investment committee.

The ICB was over trajectory for some key healthcare associated infections (HCAI) infections. Despite good progress prior to the

pandemic, infection control progress continued to be a challenge in line with a deteriorating national picture.

Regarding Continuing Healthcare (CHC), workforce pressures were still being experienced due to delays in recruitment due to ICB 2.0, and staff sickness. Additional pressures were being experienced with CHC clients requiring urgent reviews due to the issues associated with the recent Panorama programme across several different care homes. Some Places across the ICB were experiencing difficulties in achieving the statutory 28-day target. Action plans were in place and being monitored by NHSE. An underlying issue was the backlogs for requests to support Deprivation of Liberty (DoL) proceedings. Cost improvement plans were in place working with providers and partners to manage the backlogs and high-cost packages of care.

Regarding Regulation 28 an offer of help was given from the Medicines Optimisation team as two of the reports related to prescribing.

ACTION: Regulation 28 reports for all Trusts to be brought to a future meeting as and when required.

A concern was raised regarding sepsis and dental abscesses with the lack of available appointments, the challenge was that the ICB did not commission all dentists.

A suggestion was made to link in with medical examiners to triangulate their findings. Concerns were raised around any sepsis reporting.

There was a Deteriorating Patient Safety and Critical Care Outreach (DePASCCO) Group convened by the North of England Critical Care Network (NoECCN) and Health Innovation North East and North Cumbria (HI NENC). Mr Roberts co-chairs this meeting with Dr Isabel Gonzalez who is the clinical lead for NoECCN. This group shared learning across the region around sepsis, physiological deterioration, particularly in relation to the CQUIN, and now Marthas Rule.

It was noted that individual issues should be picked up via the local groups, but concerns were raised if there may be a more systemic issue, these questions should be addressed.

ACTION: A sepsis one off system learning deep dive to be reported at the May meeting.

An update was given detailing a health & safety executive visit to an adult autism unit in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). Following the visit they had been issued with an improvement notice. A rapid quality review meeting would be set up. Further detail would be reported in the next meeting report.

ACTION: Further detail in relation to the improvement notice issued to CNTW and the rapid quality review meeting to be reported at the meeting in May 2024.

An update was given in relation to the recent prosecution brought by the CQC against Tees, Esk and Wear Valley Foundation Trust (TEWV) for perceived unsafe care. TEWV had pleaded not guilty to one of the charges and the not guilty plea was upheld. There were two other cases that were to be considered in April 2024.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting in addition that there was more work to be undertaken.

QSC/2024/03/11 CHC Transformation programme

The paper provided an update on the Transformation Programme for All Age Continuing Care (AACC) including adult NHS Continuing Healthcare, NHS-funded Nursing Care (CHC), Children and Young People's Continuing Care (CYPCC).

Children – a scoping matrix had been applied in collaboration with local authority and system colleagues. The team had mapped out regarding children going through to adult services to reduce inequity. There were some variances but also good practice that would be developed via a task and finish group with standard operating procedures drafted. Scoping work looked at identifying gaps in relation to delivery of children's continuing care and contracts. High-cost packages had been reviewed, these usually correlated to high complexity cases. Where financial efficiencies were looked at this was also looking at proportionality, the best use of resources, processes, and policies. Training analysis and CHC awareness sessions were planned to commence in April.

It was recognised that as a system the ICB needed to start to flag up aged 14+, to look at commissioning requirements and sharing that information. The Establishment of Dispute Resolution procedure would be built on from the adult version. Recommendations from the task and finished group would be reported up to the strategic transformation group.

The risks following on from ICB 2.0 restructure were highlighted with the need to look at resources, additional resource, and ways of working and the issues to delivery.

Adults – the scoping maturing matrix had been completed identifying variance and would be reviewed on a 6 monthly basis. A high-cost panel process was embedded except for one area where this was being delivered by the Foundation Trust; work was ongoing to bring this in line with other areas. Each high-cost complex package was looked at in detail including the care, quality and expected outcomes of the adult or young person. The task and finish groups had also been set up around joint funding utilising robust scrutiny, the ICB were looking at a number of tools to support this with local authorities.

The service specifications group looked at CHC specifications for domiciliary care, complex care in care homes. Specifications had been drafted and were in place, this work has been paused due to local authority alignment of contracts. The ICB had worked with a consultancy firm on a placed based approach for this year.

The Personal Health Budget (PHB) policy had been drafted, once reviewed this would be rolled out. Personalised care training had been rolled out.

There were some backlogs of assessments with resources to look at this. Training and education had been rolled out and a refreshed choice and equity policy had also been rolled out across the ICB.

The team were considering the impact of ICB 2.0, and a gap analysis had been carried out looking at good appeals resource and reviews.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting in addition that there was more work to be undertaken.

QSC/2024/03/12 Never Events Analysis

The report provided the Committee with oversight of key quality themes, risks, and exceptions regarding Never Events across NENC ICB.

Over the past year, 20 never events had been reported, with a slight reduction on the previous year. The most common never events were wrong site surgery, wrong implant or retained foreign objects.

Newcastle upon Tyne Hospitals Foundation Trust (NuTH) were the highest reporter of Never Events in the NENC ICB area. The ICB had oversight, conversations and monitoring with each Trust, including overseeing the improvement work.

Following the Care Quality Commission (CQC) visit to Newcastle, subsequent reporting concerns were raised that the situation may show a further decline through better reporting. There were recognised themes around not following local or national procedures. A plan had been developed including a focus on observation of practice.

The ICB would share learning from patient safety incidences across the system and organisations. A request had been made to NHS England to share a piece of programme work on Never Events, the detail of this was awaited and work may have to commence before the detail is received.

In terms of the three common themes, there is a national safety procedure aimed at reducing occurrence. In a previous version it was noted that events were largely preventable the most recent version noted they are wholly preventable. Reports from the CQC noted that the three common themes were not wholly preventable as they were reliant on human behaviour. There was a current consultation looking at possible changes to the framework.

A comment was made that it could be stated that Trusts do not always have the available capacity to investigate never events in a thorough way.

NuTH had made changes to practice following a safety meeting regarding a misplaced tube. This had been signed off across the Trust but there needed to be an understanding of why the incident happened in the first place.

It was noted that the role of this committee was to ensure things were done safely, appropriately and to provide good quality care.

ACTION: To receive local Trust investigation reports for evaluation and feedback. To look at any systemic themes across the system.

A question was raised as to where these issues sat in the risk profile, to look at the context, risk and solution from a Trust point of view. It was noted that a safety event would be held in April to debate with Trusts on this discussion.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting the ongoing work being undertaken by the ICB on Never Events.

QSC/2024/03/13 ICB Modern Slavery Statement

The report provided the Committee with a draft statement concerning the ICB's position on modern slavery that if approved would be added to the ICB website and details included within the ICB Annual Report and Accounts. The statement outlines the ICB commitment to, and efforts in, preventing slavery and human trafficking practices in the supply chain and employment practices. The statement had been endorsed by the Safeguarding Health Executive subcommittee on the 10 January 2024.

A question was raised as to whether this report should come to this Committee as it was a focus on supply chain and employment practices. In response it was noted that the statement required approval at the relevant Committee and had been prepared by the Safeguarding subcommittee. It was suggested that in future the Executive Committee may be better placed to approve this statement as they would be more aware of the elements contained within.

The ICB would have to work closely with commissioning and contract leads in terms of the agreement to obtain assurance.

ACTION: To receive an update on the Modern Slavery statement in the future to assure the Committee that the commitment was being fulfilled.

RESOLVED: The Committee were happy with the statement and noted that the statement had been endorsed by the safeguarding subcommittee and will be included in the ICB annual report and published on ICBs website as required.

QSC/2024/03/14 Maternity Report

The report provided an overview of key areas of ongoing workstreams within maternity and highlighted areas of risk and concern, which may require escalation.

Trusts had worked hard in relation to maternity scheme compliance in particular areas that impacted staffing. There was approximately an 85% whole time equivalent (wte) vacancy position across NENC. There was a paper going to the Local Maternity and

Neonatal System (LMNS) Board around the national requirements from a core competency perspective; to deliver five days of additional training in organisations would relate to 30 wte midwives. There was a balance to be struck in terms of safe staffing versus training. It was proposed three days of training in 2024-25 then a day extra for a subsequent two years to achieve the national ambition. This would need to be carried out in a measured way to ensure no impact on services.

Newcastle upon Tyne Hospitals Foundation Trust (NuTH) have declared compliance with safety action 1 around perinatal mortality reporting. There had been challenge from NHS Resolution if they did fulfil the requirements of compliance, this had been challenged.

A CQC update around the maternity survey was included, three Trusts had performed as positive outliers, Sunderland and South Tyneside FT, Northumberland FT and Gateshead FT.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting the planned actions and ongoing workstreams.

QSC/2024/03/15 Patient Voice sub-group update

The report provided the Committee with a summary update from the Patient Voice Subgroup meeting held on 15 February 2023 and also considered the proposed actions and progress.

Work was ongoing regarding the terms of reference for the subgroup. Discussions were ongoing to ensure the right mechanisms were in place to hear patients' voices, identify themes, influence change and ensure the ICB had met its statutory duty to involve.

The main issues highlighted in the report were access to primary care, GPs, dentistry, waiting times for mental health, ADHD, and autism. Progress for these areas was shown within the report noting that primary care had been one of the main issues. Further work would be shared around the primary care access plan.

Healthwatch were undertaking a piece of work around dentistry, looking at the incentivised access scheme.

A policy on reimbursement was being developed adapted from the NHS England policy to pay people for their time, an options paper had been presented looking at the risks and best practice.

An update on the dentistry appointments issue was given noting that the additional appointments had not been allocated to any new patients but to old ones.

A discussion was being worked though with the governance team regarding the role of the sub-group and how they could make things better to capture people's voices and use the available intelligence and data. It was suggested to use the Healthwatch dentistry work as a test case.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting the planned actions and ongoing workstreams.

QSC/2024/03/16 Clinical Strategy

The ICB clinical strategy sets out key clinical condition priorities over the next five years. This had been developed using a population health management approach, identifying those conditions which had the greatest impact on our local communities. The process was clinically led with a range of recommendations for future development. Further work was underway to develop an outcomes framework, governance structure and individual implementation plans to ensure effective delivery of impactful transformation.

The title of the strategy had been changed to the Clinical Conditions Strategic Plan to take a population management approach, looking at all clinical conditions that affect our population and prioritise them in the most impactful way. This was not to replicate Core 20+5 but to go further. More work was required on the data slides to make them more specific.

The criteria for prioritisation of clinical conditions included premature mortality, life expectancy gap, inequality, prevalence, and impact on quality of life. There were two sets of priorities – one group for children and young people and one group for adults. Engagement had been held with lots of clinical groups over the past 6-8 months.

The clinical priorities for adults and children were listed within the report. Attention was drawn to the specific detail on the lung cancer recommendation section of the report and the expected outcomes.

It was noted that some of the interventions were for primary care and other for a secondary care focus. If support was given to this approach the interventions would be mapped to where in the health service, the focus should be undertaken, and which transformation

programmes would oversee these. The plan would be to work through the areas and start implementation in April 2025 for the following 5 years and onwards.

A comment was made that good early access, continuity of care, clinical integration and better integration were critical going forward.

RESOLVED: The Committee received and reviewed the strategy and noted the strategy will now be submitted to the ICB Board for consideration.

QSC/2024/03/17 Clinical Effectiveness terms of reference

The report outlined the proposed terms of reference for the newly established Clinical Effectiveness Subcommittee which will report into the Quality and Safety Committee.

The purpose was to give assurance on best practice pathways, look at mortality data in detail and provide QSC with a summary report. The first meeting would be held in April, the minutes of this would report into this Committee.

RESOLVED: The Committee reviewed and approved the Clinical Effectiveness Subcommittee terms of reference.

QSC/2024/03/18 Hospital mortality monitoring - North East Quality Observatory (NEQOS)

The presentation provided the latest quarterly mortality information, including the Summary Hospital-level Mortality Indicator (SHMI) and associated contextual indicators for all North East and North Cumbria Trusts, for the period October 2022 to September 2023.

There were two outliers in September - South Tyneside and Sunderland NHSE Foundation Trust (STSFT) and County Durham and Darlington NHS Foundation Trust (CDDFT).

Regarding CDDFT and the expected number of deaths some were related to the SHIMI covering a 3-year period. There was a data quality issue in CDDFT. Invalid primary diagnosis 10% of spells included in SHIMI for this period, 20% had a sign off symptom with the national average being 14%. The last 3 months had shown some recovery although it was expected to get worse before it got better. The coding issues were related to the difficulties with the Cerner system and loss of coding staff.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting the ongoing work.

QSC/2024/03/19 Infection, prevention and control update

The report provided the Quality & Safety Committee with details of the HCAI concerns relating to providers across the North East and North Cumbria ICB landscape.

There were issues with C. difficile, MRSA and CPE within CDDFT. Three further plans on a page had been developed in response.

It was explained that CDDFT were in escalation in regard to infections, emergency performance as well as maternity.

RESOLVED: The Quality and Safety Committee received the report for information, discussion and assurance and confirmed the report provided good assurance on the issues outlined – noting the ongoing work.

QSC/2024/03/20 Integrated Quality, Performance and Finance Report

The NENC Integrated Delivery Report (IDR) provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The report used published performance and quality data covering December 2023 for most metrics and January 2024 for others, unless otherwise specified. Finance data is for January 24 (Month 10).

RESOLVED: The Quality and Safety Committee received the report for information and assurance and confirmed the report provided good assurance on the issues outlined.

QSC/2024/03/21 Area Quality and Safety Subcommittee Minutes

The following minutes were received:

- North Area Quality and Safety Subcommittee minutes of 19 December 2023
- Tees Valley Area Quality and Safety Subcommittee minutes of 12 December 2023.

RESOLVED:
The Committee **RECEIVED** the minutes for assurance.

QSC/2024/03/22 System Quality Group Minutes from 14 December 2023

RESOLVED:
The Committee **RECEIVED** the minutes for assurance.

QSC/2024/03/23 Health Care Acquired Infection subcommittee minutes of 6 December 2023

RESOLVED:
The Committee **RECEIVED** the minutes for assurance.

QSC/2024/03/24 Medicines Subcommittee Minutes of 4 December 2023

RESOLVED:
The Committee **RECEIVED** the minutes for assurance.

QSC/2024/03/25 Patient Voice sub group minutes from 16 November 2023
RESOLVED: The Committee RECEIVED the minutes for assurance.

QSC/2024/03/26 Safeguarding Health Executive minutes of 23 October 2023
RESOLVED: The Committee RECEIVED the minutes for assurance.

QSC/2024/03/27 SEND Assurance Subcommittee Minutes from 22 November 2023

RESOLVED:
The Committee **RECEIVED** the minutes for assurance.

QSC/2024/03/28 Any Other Business
None items of other business were raised.

QSC/2024/03/29 Date and Time of Next Meeting

Thursday 9 May 2024, 9.00-12.00pm in the Joseph Swan Suite, Pemberton House.

The meeting closed at 12.00

Signed: 

Position: Chair

Date: 09.05.24