

**MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON**

**25<sup>th</sup> April 2024, 09:00 – 10:30**  
**Room A The Council House,**  
**Corporation Street Derby DE1 2FS**  
**Confidential Session**

<b>Present:</b>		
Adedeji Okubadejo	AO	Chair
Dean Howells	DH	Chief Nurse - DDICB
Kay Fawcett	KF	Non-Exec Director - DCHS
Jill Dentith	JED	Non-Exec Member - DDICB
Lynn Andrews	LA	Non-Exec Director – DHCFT
Robyn Dewis	RD	Director of Public Health – Derby City Council
Chris Weiner	CW	Chief Medical Officer – DDICB
Michelle Arrowsmith	MA	Chief Strategy and Delivery Officer/Deputy CEO
Dr. Andy Mott	AM	GP - Jessop Medical Practice
<b>In Attendance</b>		
Jo Hunter	JH	Director of Quality - DDICB
Phil Sugden	PS	Assistant Director of Quality & Patient Safety Specialist - DDICB
Letitia Harris	LH	Assistant Director of Nursing and Quality - DDICB
Jo Pearce (Minutes)	JP	Executive Assistant to Dean Howells – DDICB
<b>Apologies:</b>		
Gemma Poulter	GP	Assistant Director, Safeguarding, Performance and Quality, Adult Social Care and Health - Derbyshire County Council
Nora Senior	NS	NEM - CRHFT

<b>Ref:</b>	<b>Item</b>	<b>Action</b>
<b>Q&amp;PC /2425 /001</b>	<p><b>Welcome, introductions and apologies.</b></p> <p>AO welcomed all to the meeting, introductions were made, and apologies noted as above.</p>	
<b>Q&amp;PC /2425 /002</b>	<p><b>Confirmation of Quoracy</b></p> <p>The quorum shall be one ICB Non-Executive Member, to include the Chair or Vice Chair, plus at least the Chief Nursing Officer, or Chief Medical Officer from the ICB (or deputy), and two provider representatives (to include one provider Non-Executive Director, with responsibility for Quality). Nominated deputies are invited to attend in place of the regular member as required.</p> <p>The meeting was declared quorate.</p>	
<b>Q&amp;PC /2425 /003</b>	<p><b>Declarations of Interest</b></p> <p>AO reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the ICB.</p>	

	<p>Declarations declared by members of the ICB Quality and Performance Committee are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website at the following link: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1</a></p> <p><u>Declarations of interest from sub-Committees</u> No declarations of interest were made.</p> <p><u>Declarations of interest from today's meeting</u> LA confirmed that she is a Non-Executive member of DHCFT. AO confirmed that it was appropriate for LA to participate in discussions and decisions relating to agenda item Q&amp;PC/2425/004.</p> <p>There were no declarations of interest noted.</p>	
<p><b>Q&amp;PC /2425 /004</b></p>	<p><b>Serious concerns identified by the CQC during its inspection to Radbourne Unit, April 2024</b></p> <p>DH explained the paper is in relation to the unannounced CQC inspection into Derbyshire Healthcare Foundation Trust (DHCFT). The focus of the inspection will have been a follow up in relation to the inspection that took place in September 2023. DH spoke in confidence and informed the committee that just prior to CQC arriving staff at DHCFT were responding to a serious incident which resulted in an in-patient death. DH noted that the way staff responded to the incident was well positioned and well delivered.</p> <p>During the visit CQC picked up thematic concerns that had been previously raised in the S31 enforcement action issued in September 2023. This resulted in DHCFT having to develop an urgent action plan based on risk assessment issues and environmental issues. DH acknowledged that DHCFT work across the weekend to provide a clear response to the CQC asks.</p> <p>The paper outlines the core elements which are linked to the previous inspection.</p> <p>In terms of impact DH met with the lead CQC inspector yesterday which allowed DH to ensure the ICB can support where possible. The key element for the system is prevention of DHCFT to admit patients into the Radbourne Unit without prior CQC agreement.</p> <p>The key element for this committee is how we can safely assure ourselves that we can safely manage the environment. The areas that are being re-picked up by CQC are around clinical risk assessment, MDT focus and managing complex MH patient.</p> <p>DH went onto say that the next 3 months will be key on building assurance with CQC with DH providing the bridging assurance on progress with NHSE. There will be full engagement from the ICB.</p>	

	<p>DH will work with CQC in the regional space (RQG and RJSOG) an overview of the details of the enforcement action.</p> <p>DH noted that there will be regular updates into this committee for the next few months.</p> <p>The following questions and comments were raised:</p> <p>AO asked for an assessment on the impact to the population due to the restrictions and changes. DH has spoken to DHCFT and CQC around the flow into the Radbourne Unit. CQC have asked for details of admissions in the last 10 days. DH referred to other providers who have faced similar issues and noted that it has taken in the region of 6-8 weeks to provide assurance to CQC that allows then to return to normal admission flow.</p> <p>JED noted the financial impact to DHCFT.</p> <p>In summary AO agreed with the approach being taken. It will be confirmed prior to the meeting on 30<sup>th</sup> May whether this information is in the public domain or if it needs to remain within the confidential session.</p> <p>RD asked to be informed when this information will be public so that she can inform cabinet members.</p>	
<p><b>Q&amp;PC</b> <b>/2425</b> <b>/005</b></p>	<p><b>System Quality Group Assurance Report</b></p> <p>JH presented and the report was taken as read.</p> <p>There were no comments or questions raised.</p>	
<p><b>Q&amp;PC</b> <b>/2425</b> <b>/006</b></p>	<p><b>Ratified Minutes from: System Quality Group</b></p> <p>The minutes from the System Quality Group confidential session will be shared at the meeting on 30<sup>th</sup> May 2024.</p>	
<b>Minutes and Matters Arising</b>		
<p><b>Q&amp;PC</b> <b>/2425</b> <b>/007</b></p>	<p><b>Minutes from the Meeting Held On 28<sup>th</sup> March 2024.</b></p> <p>The minutes from the meetings on 28<sup>th</sup> March 2024 were approved as a true and accurate record pending the following amendment:</p> <p>LA apologies to be noted.</p>	
<p><b>Q&amp;PC</b> <b>/2425</b> <b>/008</b></p>	<p><b>Action Log from the Meeting Held On 28<sup>th</sup> March 2024</b></p> <p>The action log was reviewed, all actions are complete.</p>	

Closing Items	
<p><b>Q&amp;PC</b> <b>/2425</b> <b>/009</b></p>	<p><b>Forward Planner</b></p> <p>The forward planner was received and noted.</p>
<p><b>Q&amp;PC</b> <b>/2425</b> <b>/010</b></p>	<p><b>AOB</b></p> <p><b>Blood Spot Testing Services</b></p> <p>CW explained that the Blood Spot Testing Services (process and lab support) are commissioned through NHSE. The issue that has come to light is within Derbyshire it has been recognised that there are issues in relation to the reporting back for people who have been confirmed as having sickle cell trait. This relates to a change in process implemented in 2012 whereby the decision was made for General Practice to feedback the result, however this was not communicated.</p> <p>These current issues are around the potential number of families with children with sickle cell trait who may not have received the information. CW confirmed that it is not expected that people will come to harm from not having the information. It is not known whether this issue relates only to Derbyshire.</p> <p>Another key thing to note is there is a division along racial lines. Sickle Cell disease affects predominantly the Black community, and this has been recognised.</p> <p>CW and RD are working with NHSE to provide a local response which is proving difficult as the ICS are having to push NHSE to respond in a timely fashion covering all the key risks. It is hoped by mid-May a set of plans will be in place to allow the incident management team to make some key decisions on next steps.</p> <p>RD confirmed that the issue was initially identified in late 2023 with RD becoming aware in March 2024. RD explained regional NHSE colleagues are working closely with the ICS and are aligned with the ICS view, however national NHSE colleagues were not and concerns this issue is not being dealt with in the way it should have been raised. RD noted a particular concern that time is passing and there is a risk that it will be seen as withholding information from a community that has information withheld from them in the past.</p> <p>RD confirmed that cabinet members have been briefed and from a county perspective it is less contentious. It is now at the point where the cabinet member feels that councillors need to be briefed. RD will be requesting the briefing from NHSE and requesting NHSE attend to brief the councillors.</p> <p>The following questions and comments were raised:</p> <p>AO noted that he was uncomfortable at the pace with which this is being managed. The concept of this not being important and trust from the community. AO confirmed that he is in support of the approach being taken and shares the concerns raised. AO also clarified that once</p>

	<p>council members have been briefed on this issue, they are under no obligation to withhold the information from anyone.</p> <p>The committee noted the confidential matter and its seriousness. The committee supports the work that is taking place in managing the risk and consequences.</p>	
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Assurance Questions					
1	Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?			Yes	
		Public	QUORATE Y/N	Apr-24	May-24
	Chris	Weiner	* CNO OR MD (1)	Y	
	Dean	Howells	* CNO OR MD (1)	Y	
	Jo	Hunter	* CNO OR MD (1)	Y	
	Tracy	Burton	* CNO OR MD (1)	N	
	Adedeji	Okubadedejo	*NEM - ICB (1)	Y	
	Jill	Dentith	*NEM - ICB (1)	Y	
	Chris	Harrison - UHDB	NED - PROV (2)	N	
	Kay	Fawcett - DCHS	NED - PROV (2)	Y	
	Lynn	Andrews - DHCFT	NED - PROV (2)	Y	
Nora	Senior - CRH	NED - PROV (2)	N		
2	Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations?			Yes	
3	Has the Committee discussed everything identified under the BAF and/or Risk Register, and are there any changes to be made to these documents as a result of these discussions?			Yes	
4	Were papers that have already been reported on at another Committee presented to you in a summary form?			Yes	
5	Was the content of the papers suitable and appropriate for the public domain?			Yes	
6	Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes?			Yes	
7	Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting?			No	
8	What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?			The blood spot testing results issue will be shared with Board	
<b>DATE AND TIME OF NEXT MEETING</b>					
<b>Date:</b> Thursday 30 <sup>th</sup> May 2024					
<b>Time:</b> 10:30am to 11:00am					
<b>Venue:</b> MS TEAMS					