

MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON

30th May 2024, 09:00 – 10:30
Room MS TEAMS

Present:		
Adedeji Okubadejo	AO	Chair
Jill Dentith	JED	Non-Exec Member - DDICB
Michelle Arrowsmith	MA	Chief Strategy and Delivery Officer/Deputy CEO
Kay Fawcett	KF	Non-Exec Director - DCHS
In Attendance		
Jo Hunter	JH	Director of Quality - DDICB
Phil Sugden	PS	Assistant Director of Quality & Patient Safety Specialist - DDICB
Samuel Kabiswa	SK	Assistant Director of Planning & Performance
Nicola MacPhail	NM	Assistant Director of Quality - DDICB
Dan Merrison	DM	Senior Performance & Assurance Manager, DDICB
Jo Pearce (Minutes)	JP	Executive Assistant to Dean Howells – DDICB
Apologies:		
Gemma Poulter	GP	Assistant Director, Safeguarding, Performance and Quality, Adult Social Care and Health - Derbyshire County Council
Nora Senior	NS	NEM - CRHFT
Dean Howells	DH	Chief Nurse - 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
Dr. Andy Mott	AM	GP - Jessop Medical Practice

Ref:	Item	Action
Q&P/2425 /016	Welcome, introductions and apologies. AO welcomed all to the meeting, introductions were made, and apologies noted as above.	
Q&P/2425 /017	Confirmation of Quoracy 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. The meeting was declared not quorate as there was only 1 provider NED in attendance.	
Q&P/2425 /018	Declarations of Interest	

	<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: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1</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> No declarations of interest were made.</p> <p>There were no declarations of interest noted.</p>	
<p>Q&P/2425 /019</p>	<p>Nursing and Midwifery Excellence (NME)</p> <p>The Quality and Performance Committee are recommended to NOTE the progress made to date and the next steps in regards creating a culture of Excellence across the Midlands region and within JUCD. The purpose of the presentation is to provide the Quality & Performance Committee with the background to the National, Regional and Local Excellence Programme, outline progress and activity to date and the planned next steps for embedding a culture of Excellence in JUCD.</p> <p>NM pointed out the key areas within the presentation and the following discussions, questions and comments were raised:</p> <p>JH gave thanks for the work done by NM and noted this will aid with the Quality Improvement work in the system. The Dashboard will give insight of the NME work being undertaken in organisations and will be able to highlight where support is needed.</p> <p>JED referred to efficiencies and how this model could be linked to the efficiency programme to enable staff to excel in careers and champion some of the work that's taking place. JED asked how the Q and P Committee can support. NM explained that this is more about organisations learning from each other, one of the pillars is around research and innovation and looking at how things can be done differently which could lead to efficiencies.</p> <p>SK asked how we can ensure this is reflected in the performance data that is being developed. NM confirmed that she is linked with NHSE Model Health to look at those organisations who have implemented the six pillars on excellence and to triangulate the data and identify where improvements have been made.</p>	

	<p>MA suggested NM speak with the Strategy and Delivery Directorate to give them an overview and understanding around the methodology and process.</p> <p>KF asked about the links into Social Care nursing staff, NM explained there is a pre intent for alternative settings group which looks at the transferability of the pillars to other settings.</p> <p>KF asked how this work can be showcased and how to use it to promote nursing and midwifery as a profession. NM explained there are links with the JUCD workforce leads. The model also promotes links with higher education institutes.</p> <p>AO noted the focus on QI, research, and innovation. The work offers the opportunity for peer review, referencing and support to share good practice. Future reporting could benefit by including impact on patients and population.</p> <p>Quality and Performance Committee noted the report.</p>	
<p>Q&P/2425 /020</p>	<p>Integrated Performance Report (IPR)</p> <p>The Quality and Performance Committee are recommended to NOTE the System Quality and Performance Report and the actions being taken to address the issues identified in the reports. The purpose is to</p> <ul style="list-style-type: none"> • Update Committee members on the ICB's M12 (end of year) performance against the 2023/24 operational plan objectives/commitments and quality standards in areas like planned, cancer, urgent and emergency and mental health care. • Seek feedback and steers on specific areas of interest or concern for the committee. <p><u>Quality</u></p> <p>JH noted the shortage of ADHD medication and its impact on children within the population. Children on current prescriptions have been prioritised. Most of the work is being managed by the CAMHS teams. There is currently no end date for the medication to become available.</p> <p>JH noted a community outbreak of measles which started within the Derby Urgent Treatment Centre. This is being managed by UK Health Security Agency (UKHSA) and all relevant information has been circulated to the wider community, general practice etc within the whole of Derbyshire and Derby City. Every effort is being made to bring the situation under control. JH also mentioned an increasing number of whooping cough cases.</p> <p>JH then went on to speak about the IPR, noting the challenge to bring the report into alignment with other reports being used and the focus is on the RAG rating.</p> <p>The following questions and comments were raised:</p>	

KF asked about staff protection and immunisation status around Measles. JH confirmed that this work is being led through the workforce and public health meetings within the system.

AO asked if there is any correlation between vaccination uptake within communities and where these outbreaks are occurring. JH will undertake to find out the answer. Post meeting note: Our measles uptake is quite good in comparison to other systems but there is still plenty to do to get us to the 95% target. We have a measles elimination group (slides have been sent to System Quality Group on current actions) and it has been a system effort increasing uptake, comms, engagement etc. We have vaccinated asylum seekers in hotels also, plus used our access & inequalities funding from NHSE and have done over 2k additional vaccinations through this.

AO referred to maternity and the support package around PPH, foetal monitoring during labour and escalation processes. AO asked about the outcome. JH will undertake to find out the answer.

Post meeting note: The support offer relates directly to workstreams identified by UHDB and the Joined-Up Care Derbyshire LMNS as priority projects requiring bespoke intervention from the Midlands Perinatal Team. Face to face meetings, MS teams meetings and documentation for introducing a QI approach to the identified priorities has been provided over 90 days for the MDT working in that area. The offer has now been extended to a further 90-day package to maintain momentum with the QI. The LMNS and Midlands Perinatal team meet monthly to discuss progress and whether the required outcome has been achieved. It is anticipated that at the end of this period UHDB staff have the relevant skills and knowledge to implement the improvements required.

AO referred to IPC concerns raised in the previous two meetings in terms of MRSA and C Difficile infection which do not appear in this report. AO asked for clarification that these issues are not worsening. PS explained that due to it being the beginning of the financial year, the actual figures would show false picture. JH confirmed the issues are not getting worse.

Performance

SK noted the performance report for M12. The report showed that despite facing challenging circumstances such as strikes, financial challenges, and recruitment and retention issues, some targets were achieved.

MA provided an update on the UEC performance, highlighting the drop in the four-hour target achievement in April and May. A watchful eye is needed around the number of patients who are waiting in A&E Departments for longer than 12 hours in terms of a quality and safety perspective.

KF expressed concern about the high bed occupancy rate in hospitals, which has not significantly decreased despite efforts to increase virtual

	<p>ward utilisation and capacity. MA acknowledged the concerns and noted that a similar position is being seen across the midlands region which is also concerning. There is not enough reduction in bed occupancy being reported for a consistent length of time. Bi weekly meetings are held with NHSE to monitor these metrics.</p> <p>JED noted the new 111 contract and asked if there was data on how it was working in terms of targets. MA responded to say that the mobilization and switch over to the new contract went very smoothly with a couple of telephony issues which were managed very well from a business continuity point of view. MA suggested bringing a paper on the 111 contract to this committee. ACTION – JP to add to the forward planner for July.</p> <p>AO presented a challenge, noting non delivery on a number of the key things that were agreed to at the beginning of 2023/24. AO asked about the confidence level in delivering what has been agreed for 2024/25. MA responded to say most of the operational targets are the same or slightly increased. in terms of confidence levels, providers have been asked to share planned trajectories of activity and performance as well as service improvement or quality improvement that will help meet the targets. MA raised concerns around the UEC metrics and particularly going into winter and the mental health out of area placements noting these are areas of focus for the system.</p> <p>AO referred to Virtual Wards and whether we flex the capacity or whether it is fixed. More capacity is required during the winter months, and this could result in reporting underutilisation. JH noted that a comprehensive update is coming to the Quality and Performance Committee in June. MA added the implementation of virtual wards as a national initiative was open to interpretation which means there are differing models across the country and suggested a review for the Derbyshire system.</p> <p>AO summarised and accepted the degree of assurance, continuing to support and challenge performance through the year to deliver for the patients.</p> <p>Quality and Performance Committee noted the report.</p>	<p>JP</p>
<p>Q&P/2425 /021</p>	<p>System Quality Group (SQG) Assurance Report</p> <p>The Quality and Performance Committee are recommended to NOTE the System Quality Group Assurance Report. This Report provides the Committee with a brief summary of the items transacted at the meeting of the System Quality Group on the 7th May 24.</p> <p>JH referred to Appendix 1. There is an item that has been referred to the BAF discussion here regarding a risk around the current financial position and some of the significant changes that that is forcing our local authorities to make which will be discussed under the BAF agenda item.</p>	

	<p>JH noted the excellent child death review paper that was presented to this committee as well as SQG. The meetings very much run in parallel.</p> <p>AO raised concerns around still birth rates and morbidity rates in maternity services and asked how robust the plans are that are driving the process. JH responded to say plans are robust as there is reporting into the LMNS, and regular oversight meetings chaired by Dean Howells and Nina Morgan (Regional Chief Nurse). JH has read the papers for the upcoming perinatal review meeting and confirmed that there is detailed oversight of those plans. Quarterly reporting for Maternity and Neonatal improvements will be presented at this committee and JH asked that it includes details on actions that are being taken around stillbirths, perinatal mortality, PPH and culture change.</p> <p>The Quality and Performance Committee noted the report.</p>	
<p>Q&P/2425 /022</p>	<p>Board Assurance Framework & Q4 Update</p> <p>The Quality and Performance Committee are recommended to:</p> <ul style="list-style-type: none"> • DISCUSS the Board Assurance Framework Strategic Risks 1 and 2 for the May review for quarter 1 2024/25. • DISCUSS the potential new Quality and Patient Safety Risk. AGREE whether this is a new Corporate Risk or new Strategic Risk within the Board Assurance Framework or incorporated into the current, existing Strategic Risks 1 or 2. <p>JH noted an issue raised in the System Quality Group around the consultations that both local councils are out to, particularly around early years and the provision of adult and children's social care in terms of financial constraints. A broader discussion was had in SQG, around the fact that the whole of the system is facing financial constraints and the potential impact on both clinical quality and safety. SQG discussed whether this should sit on the system risk register but due to the potential system impact consideration should be given around it being a BAF risk. KF suggested that it sit under SR1 as a strategic threat. AO agreed with the suggestion and asked that the risk be updated to reflect this.</p> <p>The Quality and Performance Committee noted the report and agreed the potential new Quality and Patient Safety Risk should sit within SR1.</p>	
<p>Q&P/2425 /023</p>	<p>Quality & Performance Committee Terms of Reference</p> <p>The Quality and Performance Committee are recommended to APPROVE the Quality & Performance Committee Terms of Reference.</p> <p>The Terms of Reference were reviewed and approved in February 2024, as part of the annual review and following the formal delegated responsibility of the Primary Medical Services, Pharmaceutical Services and Local Pharmaceutical Services, Primary Ophthalmic Services and Primary Dental Services delegation from NHSE. Following an internal audit by 360 Assurance on Data Quality & Performance Management Framework during 2023/24, it was observed that there was a lack of</p>	

	<p>scrutiny and challenge specifically over data quality. Therefore, the Terms of Reference have been updated to state this as a responsibility of the committee at paragraph 3.23.2.</p> <p>AO provided further context noting that conversations are ongoing between himself, DH and MA around the information that this committee receives in terms of performance. MA added that as from June the UEC, Planned Care and MH LDA Delivery Boards will be chaired by an ICB Executive which will provide a clearer line of sight into the Delivery Boards. Performance elements will be removed from the Delivery Boards and a commissioning and performance meeting will be established.</p> <p>All in attendance were happy to approve the ToR. Due to the meeting not being quorate the ToR will be circulated to those not present for virtual approval. ACTION. JP will circulate the ToR for virtual approval.</p>	<p>JP</p>
<p>Minutes and Matters Arising</p>		
<p>Q&P/2425 /024</p>	<p>Ratified Minutes from: DPG 4th April 2024 System Quality Group 2nd April 2024</p> <p>The Committee received and noted the minutes.</p>	
<p>Q&P/2425 /025</p>	<p>Minutes from the Meeting Held On 25th April 2024.</p> <p>The minutes of the meeting on 25th April were agreed as a true and accurate record.</p>	
<p>Q&P/2425 /026</p>	<p>Action Log from the Meeting Held On 25th April 2024</p> <p>The action log was reviewed and outstanding actions were noted.</p>	
<p>Closing Items</p>		
<p>Q&P/2425 /027</p>	<p>Forward Planner</p> <p>The forward planner was received and noted.</p> <p>MA asked for the deep dive around Right Person Right Care comes to the Quality and Performance Committee in August 2024. ACTION – JP to update the forward planner.</p> <p>During the meeting it was agreed that the following items would be added to the forward planner:</p> <ul style="list-style-type: none"> ○ Q1 report on the 111 contract will come to the meeting in July. The paper will be written by Ruth Batt. 	<p>JP</p>

<p>Q&P/2425 /028</p>	<p>AOB</p> <p>Self-Assessment feedback AO asked committee members to respond to the self-assessment questionnaire.</p> <p>July Meeting AO noted Kathy Mclean will be attending the meeting in July and confirmed that this meeting will be changed to a face-to-face meeting and the June meeting will be MS Teams.</p> <p>Development session – February 2024</p> <p>AO asked for a paper to come to the June meeting around the conversations that took place and outputs. JH will provide the paper.</p>	
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APPROVED

Assurance Questions				
1	Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?		No	
			May-24	
	Chris	Weiner	* CNO OR MD (1)	N
		MD Deputy	* CNO OR MD (1)	N
	Dean	Howells	* CNO OR MD (1)	N
	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)	N
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?		JH will advise	
DATE AND TIME OF NEXT MEETING				
Date: Thursday 27 th June 2024				
Time: 9:00am to 10:30am				
Venue: MS Teams				