

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

**28<sup>th</sup> March 2024, 09:00 – 10:30  
MS TEAMS**

<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
<b>In Attendance</b>		
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
Dan Merrison	DM	Senior Performance & Assurance Manager, DDICB
Nicola MacPhail	NM	Assistant Director of Nursing and Quality - DDICB
Scott Webster	SW	Head of Programme Management, Design, Quality & Assurance - DDICB
Will Galloway-Grant	WGG	Head of Children's Strategic Commissioning - DDICB
Kevin Watkins	KW	360 Assurance
Jo Pearce (Minutes)	JP	Executive Assistant to Dean Howells – DDICB
<b>Apologies:</b>		
Michelle Arrowsmith	MA	Chief Strategy and Delivery Officer/Deputy CEO - DDICB
Gemma Poulter	GP	Assistant Director, Safeguarding, Performance and Quality- Derbyshire County Council
Dr Andy Mott	AM	GP and Medical Director for the GP Provider Board
Chris Harrison	CH	Non-Exec Director – UHDBFT
Nora Senior	NS	Non-Exec Director - CRHFT

Ref:	Item	Action
<b>Q&amp;P/2324 /137</b>	<b>Welcome, introductions and apologies.</b> AO welcomed all to the meeting, introductions were made, and apologies noted as above.	
<b>Q&amp;P/2324 /138</b>	<b>Confirmation of Quoracy</b> 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 quorate.	

<p><b>Q&amp;P/2324 /0139</b></p>	<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> No declarations of interest were made.</p> <p>There were no declarations of interest noted.</p>	
<p><b>Q&amp;P/2324 /140</b></p>	<p><b>Deep Dive on Stroke Services</b></p> <p>JH explained that the deep dive on stroke services has come to Quality and Performance as a result of previous conversations that have taken place around concerns about the fragility of the services in Derby and Derbyshire and also activity in community and rehabilitation.</p> <p>SW shared a presentation with Committee members which included:</p> <ul style="list-style-type: none"> <li>○ Quality and Outcome measures</li> <li>○ Drivers which include patient experience, service challenges, local and national guidance, demand</li> <li>○ Changes which include improve patient experience, address service gap, improve data flows, address inequalities / inequity</li> <li>○ Community Stroke services</li> <li>○ East Midlands Integrated Stroke Delivery Network (ISDN) Regional Benchmarking Report (June 2021)</li> <li>○ Key activities in the major service review process</li> <li>○ Future vision of the service.</li> </ul> <p>The following questions and comments were raised:</p> <ul style="list-style-type: none"> <li>○ The importance of equity across the system.</li> <li>○ The accountability of the stroke rehabilitation working group and ensuring it is linked in terms of governance and assurance processes.</li> <li>○ Ensuring delivery is cost effective and careful consideration is given around how key members of staff are deployed into the service.</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Considering efficiencies when moving to a different model of working.</li> <li>○ Understanding how we ensure the efficiencies are achieved and support the health inequalities aspects by making sure tap into the hard to reach.</li> <li>○ Struggles in speech and language were noted and a question raised on how this can be improved. The aim is for a multi-disciplinary team to come together to ensure that all patients that have a stroke have access to a service.</li> <li>○ What are we doing to prevent the numbers of stroke survivors increasing and putting pressures on services going forwards. What preventative measures are being put into place to stop people getting strokes in the first place?</li> <li>○ What is the current state of fragility of stroke services in the system? CRH have a plan in place, however, this is not long term. Stroke services are dependent on other providers being stable and any potential closure of the stroke service at CRH would impact on the flow of patients to other areas. SW stated he was happy to bring an update to a future meeting.</li> </ul> <p><b>ACTION – AO agreed for a further update to come back to Quality and Performance. JP to add to the forward planner.</b></p> <p>The Committee received that deep dive on stroke services.</p>	<p><b>JP</b></p>
<p><b>Q&amp;P/2324 /141</b></p>	<p><b>Deep Dive on Personal Health Budgets</b></p> <p>JH explained the deep dive on personal health budgets comes to Quality and Performance as routine. PHBs support care in the community as well as discharge.</p> <p>NM SW shared a presentation with Committee members which included:</p> <ul style="list-style-type: none"> <li>○ Background and explanation to PHBs</li> <li>○ Current position in Derby and Derbyshire</li> <li>○ National ambitions, reporting and expectations.</li> <li>○ Next steps</li> <li>○ Opportunities and options</li> </ul> <p>The following questions and comments were raised:</p> <ul style="list-style-type: none"> <li>○ How are the financial risk pressures for 24/25 being managed in terms of the limitation and impacts of PHB's. Processes are in place for individuals with a right to have a PHB. Every individual who becomes newly eligible for continuing healthcare will be default personal health budgets. It is important the outcomes of the interventions are monitored.</li> <li>○ Trajectories show a steady improvement from 2021 into the end of this financial year.</li> </ul>	

	<ul style="list-style-type: none"> <li>○ What is the impact to the system on patients not receiving a PHB due to the COVID-19 pandemic. The issuing of new PHB's were paused during the COVID-19 pandemic, individuals who were already in receipt continued to receive their PHB. Once restrictions were lifted new applications were considered through the ICB processes.</li> </ul> <p>The Committee received the deep dive on personal health budgets.</p>	
<p><b>Q&amp;P/2324 /142</b></p>	<p><b>ND Assessment Waiting Times and Pathway</b></p> <p>JH explained that the presentation comes to Quality and Performance following previous discussions around the Neuro Developmental pathway and the waits for children.</p> <p>WGG shared a presentation with Committee members which included:</p> <ul style="list-style-type: none"> <li>○ Increases in demand in referrals.</li> <li>○ Current health pressures in Building Sound Minds and CAMHS.</li> <li>○ The national picture</li> <li>○ Data</li> <li>○ What support is available currently across Derby and Derbyshire.</li> <li>○ Work that is taking place across the system including the ND assessment transformation programme and ND community Hubs.</li> <li>○ What is driving demand and what families and schools tell us.</li> <li>○ Reasonable adjustments</li> <li>○ Pathway on a page</li> </ul> <p>The following questions and comments were raised:</p> <ul style="list-style-type: none"> <li>○ View that there are not enough commissioned services and what is the system doing to prioritise funding to give the right quality of care and patient experience. Last year funding was prioritised into the clinical assessment teams. Focus needs to be put into the incoming referrals and managing the waiting lists.</li> </ul> <p>AO noted the ongoing challenges in terms of capacity and demand; however, it is encouraging to see work taking place across the system, providers and disciplines.</p> <p>The Committee received the deep dive on ND Assessment Waiting Times and Pathway.</p>	
<p><b>Q&amp;P/2324 /143</b></p>	<p><b>Integrated Performance Report</b></p> <p><b>Quality</b></p>	

	<p>JH noted the areas for the Committee to be sighted on:</p> <ul style="list-style-type: none"> <li>○ All Age Continuing Care – there has been a regional review which was very positive. The report commended the ICB for the joint working with local authorities and comments around the performance and achievements of the ICB and CSU teams.</li> <li>○ Primary Care CQC inspection which has a requires improvement rating. There is a theme in terms of the delayed inspections that have been taking place and the ICB Primary Care Quality Team and General Practice Commissioning team are supporting work that is taking place to make the improvements.</li> <li>○ Transforming Care – performance has not achieved the expected levels. JH gave assurance that there is oversight from an ICB perspective and quarterly meetings with regional NHSE colleagues. Detailed work is taking place with the commissioning team and members of the wider quality team to understand what sits behind the performance.</li> </ul> <p><b>Performance</b></p> <p>SK noted the areas for the Committee to be sighted on:</p> <ul style="list-style-type: none"> <li>○ A review of the performance on the winter plan was undertaken in October and December. The review identified the plan was not achieving as predicted. Despite this there are some areas of improved performance which have been achieved despite challenging positions.</li> </ul> <p>The following questions and comments were raised:</p> <ul style="list-style-type: none"> <li>○ Concerns around maternity services and ongoing issues perinatal mortality, PPH and maternal morbidity. The LMNS is fully focused on these areas. Improvements are being seen which should be reflected in the data presented at the next Quality and Performance Committee meeting. Monthly focus meetings around readiness for the CQC reinspection at UHDBFT.</li> <li>○ Sepsis – the report suggests that UHDBFT are not currently using the UK Sepsis bundle. DH noted UHDBFT are reviewing their sepsis bundle against the new guidance published by NICE in January 2024.</li> <li>○ CDiff and MRSA numbers are increasing in the acute trusts with breaches around CDiff. This suggests a lack of control around IPC. It would be beneficial to see that there has been a rounded approach to the management of this issue. DH acknowledged the trend in outbreak management post-Christmas. There were also leadership issues at CRH which have now been resolved. Improvements are now being seen. DH agreed to bring a fuller report / deep dive to future Committee meeting and to invite acute trust colleagues to have input into the deep dive. <b>ACTION</b> – bring back assurance on the IPC concerns to the April meeting. JP to add to the forward planner.</li> </ul>	<p>JP</p>
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	<ul style="list-style-type: none"> <li>○ RD noted an outstanding issue around IPC and care homes, in particular residential homes which do not have an IPC service. This comes at a time when UK Health Security Agency are withdrawing their support which is concerning. DH stated that the ICB devolved its IPC service into the providers and there is an opportunity around how support is fed into these community settings. <b>ACTION</b> – This will be discussed in more detail at the meeting in May. JP to add to the forward planner.</li> <li>○ There is an ICB Board session planned for April which will focus on the planning submission and challenges. This Committee will need to do significant work around the quality impact and create differential space during 24/25 to make challenging decisions in terms of the 24/25 delivery plan.</li> <li>○ AO commented on the use of SPC charts and how they are introduced into our reporting processes. This will be a good opportunity to consider and prepare teams for introduction over the summer. CW stated he is in favour of the use of SPC charts and suggested a development session. <b>ACTION</b> – CW will arrange a development session to include Board and Committee members around the use of SPC charts. AO asked for a paper to the meeting in May.</li> </ul> <p>The Committee received the Integrated Performance Report.</p>	<p>JP</p>
<p><b>Q&amp;P/2324 /144</b></p>	<p><b>System Quality Group Assurance Report</b></p> <p>The System Quality Group Assurance Report will be discussed at the meeting in April.</p>	
<p><b>Q&amp;P/2324 /145</b></p>	<p><b>Risk 9 paper</b></p> <p>JH explained that risk 09 on the ICB risk register relates to risk stratification and the patient harm review process. Risk 09 has been on the risk register and rated at 20 for a significant amount of time with regular discussions taking place at System Quality Group (SQG).</p> <p>In December, SQG suggested the rating be dropped to 8. The reasoning was that although there is anecdotal evidence suggesting patient harm there is no actual evidence from the ICB four main providers. Since June 2023 there has been sustained improvement in the implementation of the risk stratification process. There are two areas that prove difficult for providers to quantify, and they are equality of access and psychological harm. Based on the reports that have been presented to SQG there is the recommendation the risk is reduced.</p> <p>The following questions and comments were raised:</p> <ul style="list-style-type: none"> <li>○ The paper contains a lack of information. A clear audit trail is required detailing what and why has happened previously.</li> <li>○ RD commented that she is not confident that ethnicity recording in the provider trusts is correct. What assurance could the</li> </ul>	

	<p>Quality and Performance Committee receive around work that has been taking place to maximise ethnicity recording.</p> <ul style="list-style-type: none"> <li>○ DH acknowledged the paper needs more work. DH suggested bringing an more detailed overview back to the Quality and Performance Committee in May – <b>ACTION</b> – JP to add to the forward planner for May.</li> </ul> <p>AO summarised to say that more information is required around thought processes and evidence to support the recommendation of reducing the risk score to an 8. The Committee did not support the recommendation to reduce Risk 9.</p>	JP
<b>Q&amp;P/2324 /146</b>	<p><b>Board Assurance Framework (BAF)</b></p> <p>The BAF represents the Q4 position. There are two strategic risks for which Quality and Performance Committee are responsible. Updates are provided in the report and Committee members are asked to approve the BAF prior to submission to the ICB Board.</p> <p>The Committee approved the updated to the BAF.</p>	
<b>Minutes and Matters Arising</b>		
<b>Q&amp;P/2324 /147</b>	<p><b>Ratified Minutes from: DPG 7<sup>th</sup> December 2023 System Quality Group 2<sup>nd</sup> January 2024</b></p> <p>The Committee received and noted the minutes.</p>	
<b>Q&amp;P/2324 /148</b>	<p><b>Minutes From the Meeting Held On 24<sup>th</sup> January 2024.</b></p> <p>The minutes from the meetings on 29<sup>th</sup> June 2023 were approved as a true and accurate record.</p>	
<b>Q&amp;P/2324 /148</b>	<p><b>Action Log From the Meeting Held On 24<sup>th</sup> January 2024</b></p> <p>The action log was reviewed and updated.</p>	
<b>Closing Items</b>		
<b>Q&amp;P/2324 /050</b>	<p><b>Forward Planner</b></p> <p>The forward planner was received and noted. JH explained that a date is being agreed for the agenda item on virtual wards. The agenda item on never events will be brought back to this Committee once it has been presented to SQG.</p>	
<b>Q&amp;P/2324 /051</b>	<p><b>AOB</b></p> <p><b>Development Session - February 2024</b></p> <p>AO asked for an output document of the development session that took place in February. <b>ACTION</b> - DH will pick this up with Chrissy Tucker.</p>	DH

<b>Assurance Questions</b>		
<b>1</b>	Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?	Majority attended
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Were papers that have already been reported on at another Committee presented to you in a summary form?	Yes
<b>5</b>	Was the content of the papers suitable and appropriate for the public domain?	Yes
<b>6</b>	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
<b>7</b>	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?	Deep dive on IPC
<b>8</b>	What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?	Stroke services Maternity services
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> Thursday 25 <sup>th</sup> April 2024		
<b>Time:</b> 9:00am to 10:30am		
<b>Venue:</b> TBC		