

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

**29<sup>th</sup> August 2024, 09:15 – 10:45**

**Room: Room A, The Council House, Derby City Council.**

<b>Present:</b>		
Adedeji Okubadejo	AO	Chair
Kay Fawcett	KF	Non-Exec Director - DCHS
Chris Weiner	CW	Chief Medical Officer – DDICB
<b>In Attendance</b>		
Tracy Burton	TB	Deputy Chief Nurse – DDICB
Craig Cook		
Jo Hunter	JH	Director of Quality - DDICB
Claire Johnson	CJ	Head of Quality, Maternity & Neonatal– DDICB
Dan Merrison	DM	Senior Performance & Assurance Manager
Bill Nicol	BN	Assistant Director for Safeguarding Adults - DDICB
Jo Pearce (Minutes)	JP	Executive Assistant to Dean Howells – DDICB
Michelina Racioppi	MR	Assistant Director for Safeguarding children/Lead Designated Nurse for Safeguarding children
Jenn Stothard	JS	Assistant Director Mental Health, Learning Disabilities & Autism – DDICB
Phil Sugden	PS	Assistant Director of Quality & Patient Safety Specialist - DDICB
<b>Apologies:</b>		
Lynn Andrews	LA	Non-Exec Director – DHCFT
Michelle Arrowsmith	MA	Chief Strategy and Delivery Officer/Deputy CEO
Jill Dentith	JED	Non-Exec Member - DDICB
Robyn Dewis	RD	Director of Public Health – Derby City Council
Bie Grobet	BG	Associate Director of Mental Health, Learning Disability, Autism and Children's Commissioning
Letitia Harris	LH	Assistant Director of Nursing and Quality - DDICB
Chris Harrison	CH	NEM - UHDBFT
Dean Howells	DH	Chief Nurse - DDICB
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;P/2425 /064</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/2425 /065</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	

	<p>responsibility for Quality). Nominated deputies are invited to attend in place of the regular member as required.</p> <p>The meeting was declared not quorate as there was only 1 provider NED in attendance.</p>	
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<p><b>Q&amp;P/2425 /066</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>	
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<p><b>Q&amp;P/2425 /067</b></p>	<p><b>Deep Dive - Inpatient Strategic Action Plan for Mental Health</b></p> <p>JS presented the deep dive on <i>Inpatient Strategic Action Plan for Mental Health</i> which was published at the end July. The paper includes an executive summary of the plan shared, and JS will share link to full report which is published on the ICB website.</p> <p>The action plan is in response to issues around MH services in the last year, both locally and nationally. Issues are around the levels of care being provided, incidents involving harm and abuse, people who are in long term detention where there is no therapeutic benefit for the patient and people being placed a long way from their homes due to access issues in their local systems.</p> <p>The paper includes the national aim around ensuring systems are looking at the four key principles. A local approach has been taken in developing the strategic action plan and the focus has been on the five guiding policies for action for the system.</p> <p>The presentation showed key milestones within the three-year strategic plan and a set of programme deliverables that will be monitored.</p> <p>Questions and comments raised:</p> <p>KF asked how learning from the Nottinghamshire specialist MH review is feeding into this strategy. JS replied to say the strategy sets a high-</p>	
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level direction to improve the quality of service. The team have set out a structure on how constructive dialogue with providers will have to ensure they are improving the quality of care, linked to that will be the national guidance as well as local intelligence.

KF spoke about changing models of care for the better and asked about the level of confidence in developing confident, competent, and capable staff to provide a more community-based model. JS explained that the strategy is about supporting more people in the community and JS has spoken with the Integrated Place Executive to discuss further. The strategy needs to be looked at over the 3-year period in terms of culture, risk appetite and how the system can work in an integrated way to managing risk. Work that has been done around the investment in MH community services such as the living well offer will put the system in a good position.

AO noted he was happy to see the strong statement of intent. AO questioned what happens next and how does this committee gain assurance on how this will be managed through the delivery boards.

JH explained that the strategy has been shared in draft format with the MH LDA Delivery Board which will be responsible for the oversight of its delivery. There will be escalation to Quality & Performance Committee if required as well as assurance. The reporting schedule is yet to be agreed.

CW referred to the Quality Assurance Framework which will be critical in monitoring this change of model. CW asked if the detail of the framework is available and who has been engaged in its design. JH confirmed that members of the quality team have been working through how the quality assurance framework meets other quality assurance mechanisms. It is also being reviewed in light of the CQC reports and reviews into the care in Nottinghamshire.

CW referred to the cultural environment in which care is delivered and the recognition that it needs to be changed. CW asked if the quality assurance framework included clear metrics which would allow the tracking of cultural change over the course of time. JH noted a piece of work being undertaken by NHSE around the culture of care workstream. It is understood that the metrics are still in development and once received will be shared with the performance team.

CW asked about the milestones and plans for 2026/27. JS explained that these are still in development. There will be a huge amount of work being done in the first year especially with the main providers in terms of establishing new care models and environments.

JH asked the committee to be mindful that the report for Derbyshire Healthcare Foundation Trust (DHCFT) has not yet been received and is expected around October 2024. JH confirmed that any learning from the report will be threaded through this project.

AO commented that he would like to see some way of measuring user experience.

Commented [SP(DADI11)]: This is Derbyshire Healthcare NHS Foundation Trust

	<p>AO noted the committee have some assurance of the Inpatient Strategic Action Plan for Mental Health intentions however would like to receive further assurance around delivery of the plan at an appropriate interval. <b>FUTURE PAPER – JP to add to the forward planner.</b></p>	
<p><b>Q&amp;P/2425 /068</b></p>	<p><b>Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, Considering from a Derbyshire perspective</b></p> <p>The Committee is asked to <b>NOTE</b> and <b>DISCUSS</b> initial actions underway to seek assurance across Derbyshire providers (Mental Health, Learning Disability and Autism) and implement ICB actions. This is with respect to the CQC publications titled, "Special Review of Mental Health Services at Nottinghamshire Healthcare NHS Foundation Trust." (Part 1 and 2)</p> <p>The paper was presented to ensure the committee are clear on the actions being taken and assurances being sought providers of MH care within the Derbyshire system.</p> <p>JH noted this is tying into the work the MH LDA team are doing and they are working in collaboration with them from a Nursing &amp; Quality perspective.</p> <p>Providers were asked to look at learning from the CQC report and to consider how assurance could be provided against the recommendations. This included treatment, waiting times, learning from incidents, evidenced based care, discharge, risk assessment and care planning. There were also issues around in patient care and community care. Providers were asked for early assurance around work already in train, as well as undertaking a robust review of the publication and to provide assurance to their own boards. The CQRC process is being used to gain assurance from NHSE providers of MH services and will feed into the MH LDA Delivery Board.</p> <p>PS noted that the main driver will be MH LDA subgroup.</p> <p>Questions and comments raised:</p> <p>KF reiterated the importance of having the right resources to carry out some of the work required.</p> <p>CW asked if there is an indication of the probability of this kind of incident occurring in Derbyshire and if there is a sense of how long it would take to reduce the probability. PS confirmed that Mark Ellis visited Cygnet with the MH trust and Lincolnshire lead to look at good practice around ligature reduction. Reflective work is being done with Derbyshire providers is around the incident in Nottinghamshire.</p> <p>JS confirmed that DHCFT have reviewed all their policies and have assured the ICB that patients are not discharged if they pose a threat to others.</p> <p>There is an issue in Derbyshire around capacity in the forensic team, which is a highly specialist area with not a big workforce.</p>	

	<p>Another key piece is investment in community services over the last few years and the positive aspects are now being seen. Trusts are reviewing the potential assertive outreach model of care.</p> <p>AO acknowledged the good work being undertaken however confirmed there is limited assurance in terms of delivery of safe and effective MH services within the region. AO asked for an update on work taking place and assurances on providing safe and effective care to be presented in 4-5 months' time.</p> <p><b>FUTURE PAPER – JP to add to the forward planner.</b></p>	
<p><b>Q&amp;P/2425/069</b></p>	<p><b>Safeguarding Quarterly Update</b></p> <p>The purpose of the submitted reports are to provide DDICB Quality and Performance Committee with an update in relation to safeguarding children and looked after children and be made aware of any key areas of pressures / challenges or developments.</p> <p>MR presented the Childrens section of the report and took the paper as read. The paper includes:</p> <ul style="list-style-type: none"> <li>• Safeguarding children and looked after children update report.</li> <li>• Leaning on a page document TDS20</li> <li>• GP practice - Joint safeguarding assurance framework reports.</li> </ul> <p>The main update is around the JSAF for General Practices to look at how we could look to strengthen the process. This piece of work was carried out and a proposal submitted to DH and TB for approval. The proposal is to undertake a dip sample process for specific practices who have either not submitted, are non-compliant or no evidence has been submitted. There are 19 identified practices identified and 7 have been met with so far and feedback is that the meetings have gone well and has given the practices the opportunity to showcase what they do. The safeguarding team will continue with the process and hope the remaining practices will find it a positive experience.</p> <p>BN echoed what MR had said and noted the importance of the JSAF. BN commented that what is being reported through the JSAF mirrors what is he is being told when he meets practices face to face.</p> <p>BN presented the adults section of the report and took the paper as read. Key highlights include:</p> <ul style="list-style-type: none"> <li>• New PREVENT protocol from NHSE. From an assurance point of view the ICB is in a good position.</li> <li>• BN will be attending a meeting called Counter Terrorism Local Profile where in depth information will be shared on local intelligence.</li> <li>• Appointment of a designate GP for Adult Safeguarding starting mid-September, this will be a huge resource to the service.</li> <li>• Activity for Adult Safeguarding Board is the increase in safeguarding referrals for which Derby and Derbyshire are outliers. There is a projected 16% increase for this year and</li> </ul>	

	<p>there is still no rationale why Derby and Derbyshire have such a high rate of referrals.</p> <ul style="list-style-type: none"> <li>• Introduced KPI – it is still early days but from a positive perspective NHS Providers and GP practices are meeting the KPIs with a high level of compliance.</li> <li>• Development of Level 6 training course for Executive level staff.</li> <li>• Work being done around Domestic Homicide Reviews for which there are currently 12 active reviews.</li> </ul> <p>Questions and comments raised:</p> <p>KF spoke from the perspective of her own trust. The concerns raised around the number of referrals and the continued pressure on the safeguarding team. KF asked how we make sure the risk continues to be flagged. BN confirmed this is a high priority for local authorities and SGA Board who are all at a loss of why the work being done has not resulted in a reduction of referrals. MR echoed that the SGCP are focused on work being done around referrals to ensure making threshold informed decisions and referrals are being made. Noting the need to take account of the changes Derbyshire County Council have made around early help and its impact.</p> <p>BN spoke about a piece of work he is doing in collaboration with EMAS around referrals and will share with this committee once it has been through the SGAB.</p> <p>KF stated she is hearing there is a continued increase in referrals, most of which are appropriate and questioned where the resource is to support the increases and should there be a review of the number of professionals on the ground.</p> <p>TB wished to clarify that health referrals that have been reviewed are showing as compliant in terms of an appropriate referral however this is not the case with other agencies.</p> <p>The Committee noted the report and AO thanked the safeguarding team for the work being done.</p>	
<p><b>Q&amp;P/2425/070</b></p>	<p><b>Patient Safety and Quality of Care in Pressurised Services</b></p> <p>CW gave a brief update to the committee and noted this piece of work is being taken through the UEC Board. CW is expecting a follow up conversation at the beginning of October.</p> <p>AO asked if providers are showing the same level of concerns as the ICB. CW stated he would be able to answer following the UEC Board meeting that afternoon.</p>	
<p><b>Q&amp;P/2425/071</b></p>	<p><b>Derby and Derbyshire LMNS Quality and Safety Update Quarter1, 24/25</b></p> <p>The Quality and Performance Committee are recommended to <b>APPROVE</b> the Derby and Derbyshire LMNS Quality and Safety Update Quarter1, 24/25. The paper provides an update from the Derbyshire Local Maternity and Neonatal System (LMNS) for quarter 1 2024/25.</p>	

Progress made and current position for Chesterfield Royal Hospital (CRH) and University Hospitals of Derby and Burton (UHDB) against maternity and neonatal service priorities for oversight and assurance.

Key points from Quarter 1, 24/25

- Perinatal mortality is following a downward trajectory at UHDB however stillbirth rates at CRH have risen.
- 20 of the 22 actions from the section 31 notice have been completed and are reported monthly via the tier 3 oversight meeting and directly to CQC by the trust.
- Support is in place at UHDB from NHS England as part of the MSSP and by NHS Midlands to progress quality improvements for postpartum haemorrhage, maternity triage, escalation pathways and antenatal clinic capacity.
- Support from NHS Midlands for CRH is that was due to commence in August 2024 for management of obstetric anal sphincter injury is slightly delayed.
- Progress has been made with Saving Babies Lives Care Bundle Implementation at both trusts.
- Perinatal Pelvic Health Service is in the planning stages and is behind trajectory by 1 quarter. Implementation is expected by March 2025.
- Badgernet has had a successful launch at UHDB but will take a couple of years to embed.
- Home birth service at UHDB recommences in October.
- The obstetric medical workforce gap is improving through appointments and improvements in middle grades.

Questions and comments raised:

AO asked for an update about the leadership in obstetrics in terms of gaps and concerns. TB replied, there have been significant medical staffing gaps in obstetrics, noting obstetric middle grades have been a challenge for the Trust for a while. The Trust has recruited two locums, and it is hoped that the Clinical Director will return to work in the near future. In terms of leadership in Obstetrics, the trust has had significant investment in maternity leadership and the senior team, and this will need embedding further however the position is greatly improved compared to 6 months ago. CW spoke about medical leadership noting the fragility of the service. CW confirmed that the Medical Director of UHDB has provided assurance that middle grades in the structure are being filled. It is expected the overall risk to decrease over time.

AO asked for an update around the SBL and how confident we are in having full compliance this year.

AO spoke about the stillbirth rate at CRH, and the review being conducted which will be reported in Q2. AO stated it would be good to know if there were any contributing factors. CW echoed the concerns and asked for clarity on when the delayed review would be delivered. TB explained that CRH have already undertaken one review however there was elements missing within the Perinatal surveillance tool that was used. The tool has since been revised and is being piloted, this will be reapplied. A peer review will be carried out by the regional team if

	<p>required. From the work done so far by CRH there was no themes identified in terms of practice.</p> <p>CJ added that an action plan has been requested from CRH for the interim measures being taken and this will be presented at the LMNS board in September. CJ continued to say that Q2 data shows that rates have stabilised.</p> <p>CW noted that we have been dealing with a consistent rise of stillbirth rates over a sustained period of time and there is a sense of not knowing when the review will be completed. CW view is that there is a low level of assurance that the system has truly investigated the stillbirth rates. AO noted he feels there is no sense of urgency. TB responded, CRH have reviewed individual cases and conducted a thorough review to identify if the threshold has been met to go through PSIRF and MSNI where they will be reviewed again. The outcome of the investigations is that there are no themes identified at this time that would trigger an improvement piece of work. <b>ACTION confirmed that she would contact the national team again to ask about the status of the updated toolkit.</b></p> <p>CW referred to the UHDB position 18 months ago where people were not drawing out key themes and learnings and not making connections between multiple cases and therefore the committee are not able to gain a level of assurance. CW referred to the delay of the review and asked for the reasons. CJ confirmed that it is down to there being an issue with the NHSE toolkit that is used to identify themes.</p> <p>KF added support to the comments made by CW and asked if there was other training and learning that can be taken from UHDB. KF added that stabilisation of the rates would not give assurance and feels that the risk needs to be raised high on this agenda and if the NHSE solutions is not forthcoming this should go to the next stage.</p> <p>The committee noted the paper. AO stated the committee were not assured as significant concerns remain. There seems to be no sense of urgency around this issue and suggested this is the time for a peer review. AO asked for an update in the next report to include a sense of the culture in maternity services across the Derbyshire system.</p>	<p>TB</p>
<p><b>Q&amp;P/2425/072</b></p>	<p><b>Derby &amp; Derbyshire Integrated Care Board Quality Framework 2024/25</b></p> <p>The Quality and Performance Committee are recommended to <b>AGREE</b> the Derby &amp; Derbyshire Integrated Care Board Quality Framework 2024/25. The paper is presented to provide the membership with the Derby &amp; Derbyshire Integrated Care Board Quality Framework 2024/252023/24 and the key priorities for 2024/25.</p> <p>PS noted RD has provided feedback in relation to public health links, escalation, and communication routes. A paper on the escalation route process will be presented at System Quality Group meeting on 3<sup>rd</sup> September 2024.</p>	



	<p>The committee approved the Derby &amp; Derbyshire Integrated Care Board Quality Framework 2024/25.</p>	
<p><b>Q&amp;P/2425 /073</b></p>	<p><b>Integrated Performance Report</b></p> <p>The Quality and Performance Committee are recommended to <b>NOTE</b> the M02 System Quality and Performance Report</p> <p><b>Quality Summary</b></p> <ul style="list-style-type: none"> <li>• <b>Nottinghamshire Healthcare Foundation Trust CQC Publication:</b> CQC have published the Rapid Review (Part 2) in relation to Patient Care within the Trust. There are a number of recommendations for the Provider, Commissioners and NHSE. DDICB N&amp;Q completed initial scoping of recommendations against care within Derbyshire with outcomes to be reported to DDICB System Quality &amp; Performance Committee.</li> <li>• <b>Primary Care – General Practice:</b> Potential ‘collective action’ by general practice from 1 August 2024. ICB completed NHSE pre-action self-assessment – submitting plans set against the 10 actions of possible action. JH noted to date there is no evidence that it is impacting services.</li> <li>• <b>Independent LD&amp;A Hospital:</b> Cygnet Acer received a CQC visit following the recent death of a non-Derbyshire patient via non-suspended ligature. CQC feedback was positive with no identified concerns.</li> </ul> <p><b>2024/25 Operational Plan Performance Summary – Quarter 1</b></p> <p>Performance is generally not in line with planned trajectory for most objectives. Annex 1 provides a snapshot of performance for key areas of the operational plan including risks to delivery and actions being taken to mitigate these.</p> <p>Key areas of note:</p> <p><b>UEC</b></p> <ul style="list-style-type: none"> <li>• Overall, we ended Q1 behind our planned trajectory for 4 hr performance. Acutes are focusing on improving flow, there is a plan to implement Manchester Triage at the front door of RDH 12<sup>th</sup> September, RDH and CRH continue to focus on SDEC and their Co-located UTC.</li> <li>• We saw more ambulance hours lost to delay at all three main acute sites on a like for like basis. This is despite a reduction in the number of conveyances at the RDH and QHB. RDH now have direct EMAS pathways to their UTC at which is live on DoS. Call before Convey is due to start on 4<sup>th</sup> September just awaiting the draft EMAS Comms to confirm and circulate wider, this should support reduction of conveyances and patients accessing the right services first time.</li> <li>• Whilst there has been an overall increase in UEC service demand, there are some nuances:</li> </ul>	

	<ul style="list-style-type: none"> <li>○ NHS 111 – calls are up but within planned range. There has been an increase in the proportion of calls that resulted in a referral to ED compared to the same quarter last year which may be attributable to a change in validation process which resulted in validation going from a GP/Advanced Practitioner to a Clinical Advisor due to contractual change.</li> <li>○ UTCs – a mixed picture. The UTCs in Derby and Whitworth operated significantly over plan, but the rest (Buxton, Ilkeston, and Ripley) saw demand come in below plan. To note that Ilkeston are not currently working at full capacity due to business continuity measures.</li> <li>○ Acute EDs – both Trusts saw growth in excess of plan, with differences in case mix:             <ul style="list-style-type: none"> <li>▪ UHDB – most of the growth associated with lower acuity care needs and children.</li> <li>▪ CRH – a third of the growth associated with children and lower acuity care needs and a third associated with the elderly.</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Most of the 7% net growth in non-elective admissions across UHDB’s operation was associated with short stay (0–1-day LOS) admissions. However, the 1% net growth in non-elective admissions at the CRH was driven mostly by medium length of stay spells – thus suggested a more complex case mix.</li> <li>• We saw more G&amp;A bed capacity open across UHDB’s operation during Q1 24/25 vs. Q1 23/24 (3.7% more G&amp;A beds open at RDH and FNCH an 0.5% more G&amp;A beds open at Burton), whereas the CRH reported 0.5% fewer beds.</li> <li>• There were fewer patients in a hospital bed meeting the “no criteria to reside” status in Q1 24/25 vs. Q1 23/24 across both Trusts – 25% fewer patients in delay at the CRH and 16% fewer patients across UHDB – with the reduction seen across all three LOS categories (7day+, 14 day+ and 21 day+).</li> <li>• Despite being in operation for 3 years, virtual wards continue to be under-utilised – with performance at 58% on average across all provision during June 24, well below the 80% target. A review is currently taking place on the future options and direction for Virtual Wards, which is planned to be completed for September, reporting into UECC Delivery Board in October.</li> </ul> <p><b>Planned Care</b></p> <ul style="list-style-type: none"> <li>• Referrals - The number of routine and urgent referrals from Derby and Derbyshire GPs to Acute Providers has been lower in Q1 24/25 vs. Q1 23/24.</li> <li>• Appointment Slot Issues (ASI - a situation where there are no appointment slots available on e-RS for a patient to book into) - The number of people on an ASI list currently stands at 11,149 at the end of June 24 (CRH 760; UHDB 10,389). Whilst this is still too high,</li> </ul>
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	<p>it is coming down and lower than the June 23 position which stood at 13,479 (CRH 706; UHDB 12,773).</p> <ul style="list-style-type: none"> <li>Acute activity. Both Trusts delivered more outpatient activity than planned. However, there was differential performance to day case and elective inpatient performance: <ul style="list-style-type: none"> <li>Day cases: +14% to plan for the CRH and -13% adverse to plan for UHDB.</li> <li>Elective inpatients: -9% adverse to plan for the CRH and -18% adverse to plan for UHDB.</li> <li>Incomplete RTT waiting list. The total incomplete RTT waiting list stands at 139,362 pathways (CRH 30,978; UHDB 108,384) which is 5,096 or 3.5% pathways lower than plan (CRH +1,800, UHDB -6,895).</li> </ul> </li> <li>Incomplete waiting list &gt; 65 weeks. Currently stands at 1,1842 pathways (CRH 288; UHDB 896) which is 779 pathways higher than plan (CRH 177; UHDB 602).</li> </ul> <p><b>Community Care</b></p> <ul style="list-style-type: none"> <li>Overall, the waiting list has remained stable and in line with the planned trajectory though we have started seeing a slight increase in the number of people waiting over 52 weeks. The vast majority of which are within community podiatry and vascotomy waits with the latter being due to lack of consultant capacity.</li> </ul> <p>KF referred to tier 3 weight management, noting it is a big problem for DCHS and the significant impact it has on staff around the inability to deliver. The wait times are astonishing. CW responded to say that the first draft of the winter plan is due to be presented at the UEC Board today. It is important to recognise that since the beginning of this financial year the UEC service has been under significant pressure and there is the intention to protect the bed base however there is a feeling of unease when entering the winter period.</p> <p>KF referred to RTT noting that winter is imminent and how that will impact on the ability to deliver.</p> <p>The committee <b>NOTED</b> the M02 System Quality and Performance Report.</p>	
<p><b>Q&amp;P/2425 /074</b></p>	<p><b>Deep Dive Schedule for 24/25</b></p> <p>The Quality and Performance Committee are recommended to <b>DISCUSS</b> and <b>AGREE</b> the proposed Schedule of Deep Dives for the coming 12 months. The paper outlines the plan for a schedule of deep dives for presentation to the System Quality and Performance Committee on a month-by-month basis to allow Committee members to focus on areas of concern and good practice/celebration. Once agreed the schedule which will be constantly refreshed based on discussions</p>	

	<p>at the Committee regarding performance and quality and links to identified risks where appropriate.</p> <p>The committee members in attendance <b>APPROVED</b> the proposed schedule. <b>ACTION – JP will circulate to members not in attendance.</b></p>	
<b>Q&amp;P/2425/075</b>	<p><b>System Quality Group Assurance Report</b></p> <p>The Quality and Performance Committee are recommended to <b>NOTE</b> the System Quality Group Assurance Report from the meeting on 6<sup>th</sup> August and to <b>DISCUSS</b> and <b>APPROVE</b> the Terms of Reference for the System Quality Group.</p> <p>The committee <b>NOTED</b> the System Quality Group Assurance Report.</p> <p><b>ACTION – JP will circulate the SQG ToR for virtual approval.</b></p>	
<b>Q&amp;P/2425/076</b>	<p><b>Board Assurance Framework – Quality and Performance Committee Strategic Risks 1 and 2 – Quarter 2, 24/25 – August review.</b></p> <p>The Quality and Performance Committee are recommended to:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> the Board Assurance Framework Strategic Risks 1 and 2 for the August review for quarter 2 2024/25.</li> <li>• <b>NOTE</b> the increase in risk score for strategic risk 1 from a high score of 12 to a very high score of 16, with effect from July as agreed at the July Quality and Performance Committee meeting, due to lack of quoracy for a decision to be formally made at the June Quality and Performance Committee meeting.</li> <li>• <b>NOTE</b> the risk score for strategic risk 2 remaining at a very high score of 16, as agreed at the July Quality and Performance Committee meeting.</li> </ul> <p><b>ACTION – JP will circulate the SQG ToR for virtual approval.</b></p>	
<b>Q&amp;P/2425/077</b>	<p><b>Ratified Minutes</b></p> <p>The ratified minutes from the System Quality Group meeting on 2<sup>nd</sup> July 2024 were noted.</p>	
<b>Q&amp;P/2425/078</b>	<p><b>Minutes from the Meeting Held on 25<sup>th</sup> July 2024.</b></p> <p>The minutes of the meeting on 25<sup>th</sup> July 2024 were agreed as a true and accurate record. There is a post meeting note to be added once the relevant information is received.</p> <p><b>ACTION – JP to complete once information is received.</b></p>	
<b>Q&amp;P/2425/079</b>	<p><b>Action Log from the Meeting Held On 25th July 2024</b></p> <p>The action log was reviewed.</p>	

Closing Items		
<b>Q&amp;P/2425 /080</b>	<b>Forward Planner</b>	
	<p>The forward planner was received and noted.</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"> <li>• Inpatient Strategic Action Plan for Mental Health intentions – UPDATE from Bie Grobet team.</li> <li>• Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, Considering from a Derbyshire perspective – UPDATE – Phil Sugden / Mark Ellis</li> </ul>	
<b>Q&amp;P/2425 /081</b>	<b>AOB</b>	
	<p>There were no matters raised under AOB.</p>	

APPROVED

<b>Assurance Questions</b>		
1	Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?	No but deputies were present
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?	Yes
8	What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?	Not asked
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date: Thursday 31<sup>st</sup> October 2024</b>		
<b>Time: 09:00am to 11:30am</b>		
<b>Venue: MS TEAMS</b>		