

MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON

26th June 2024, 09:00 – 10:30
Room: MS TEAMS

Present:		
Adedeji Okubadejo	AO	Chair
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
Dean Howells	DH	Chief Nurse - DDICB
Chris Weiner	CW	Chief Medical Officer – DDICB
In Attendance		
Tracy Burton	TB	Deputy Chief Nurse – DDICB
Phil Sugden	PS	Assistant Director of Quality & Patient Safety Specialist - DDICB
Samuel Kabiswa	SK	Assistant Director of Planning & Performance
Seema Kumari	SKu	Deputy Medical Director - DCHS
Helen Smith	HS	Clinical Quality Manager
Jo Pearce (Minutes)	JP	Executive Assistant to Dean Howells – DDICB
Apologies:		
Kay Fawcett	KF	Non-Exec Director - DCHS
Jo Hunter	JH	Deputy 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
Dr. Andy Mott	AM	GP - Jessop Medical Practice

Ref:	Item	Action
Q&P/2425 /029	Welcome, introductions and apologies. AO welcomed all to the meeting, introductions were made, and apologies noted as above.	
Q&P/2425 /030	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.	

<p>Q&P/2425 /031</p>	<p>Declarations of Interest</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: 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 /032</p>	<p>Deep Dive – Virtual Wards</p> <p>SK gave a brief background and then shared a presentation on Virtual Wards.</p> <p>Virtual wards were mandated by NHS England in earlier 2022. The system started the first virtual ward in December 2022. They were mandated for acute respiratory infections and frailty as an acute lead model as a step-down care. Virtual wards are essentially a safe and efficient alternative to NHS bedded care, preventing avoidable admissions, supporting early discharges, remote monitoring, input from multidisciplinary teams, hospital level interventions and with defined inclusion and exclusion criteria.</p> <p>The following questions and comments were raised:</p> <p>AO asked how much collaboration is happening across the system and what is the level of engagement of the clinical professionals in the virtual world project. SK replied to say UHDB RDH provides care to patients in the South of the county, whereas Chesterfield Royal provides care to the patients in the north of the county. DHU provides out of hours care for the whole county out of hours and at the weekends. Different organizations have different workforce models and infrastructure, so the idea is to provide similar care with whatever model suits the organization rather than one size fits all, which may not be the best way of moving forwards. In terms of level of engagement there have been struggles however improvements have been seen.</p> <p>JED referred to slide 12 of the presentation and asked how assured we are in moving to the planned trajectory, how safe it would be and also the financial impact. SK confirmed that an NHSE audit reported 100% of patients had been deemed suitable for the virtual wards. In terms of the trajectory, it is difficult to assure that 80% of the 204 beds will be</p>	

	<p>utilised by 1st October 24. SK assured the committee that work is on progress with UHDB, Medical Director, to gain further support around utilisation over winter.</p> <p>AO raised the following comments: queried whether potential demand has been mapped. Confusion about measures around utilisation as this will be variable, has adequate intelligence been applied to target this. AO stated it would be good to receive a measure on how the objectives have been met.</p> <p>SK asked what is being done to ensure people buy into the virtual wards model. What are system partners doing to ensure they are working collaboratively to deliver the programme. SK replied that as SRO she chairs the delivery group on a monthly basis which all partner organisations attend. Discussions are around workforce transformation and how the limited workforce can be fully utilised.</p> <p>The committee noted the presentation for information and supported and acknowledged the ongoing work. The desire for more system integration and the expectation of seeing a local impact and outcomes.</p>	
<p>Q&P/2425 /033</p>	<p>Deep Dive – IPC</p> <p>DH gave an overview of IPC noting the key focus, both nationally and for the system. There has been a period of enhanced surveillance over the last 6 months in acute services particularly at CRH. The ICS has been working with NHSE to ensure the increased support, surveillance and scrutiny is in place at CRH. NHSE have communicated with the ICB that improvements have been seen over the last 6 months.</p> <p>HS shared the presentation with the committee with input from RD from a Public Health perspective. DH clarified that each organisation has an accountable DIPC with Board accountability for IPC surety and assurance. IPC affects patient flow, and this is something that can be anticipated during the winter months. DH noted that the ICS is held to account by NHSE and the importance of the relationship with NHSE IPC team.</p> <p>The following questions and comments were made:</p> <p>MA raised concerns around how we make sure the IPC risks are sighted when escalation meetings are called. MA noted there is no abatement in pressures in ED and ward flow and asked how IPC can be managed in terms of deep cleans and training of staff. TB confirmed that the trusts are trying to manage the risks by having decamp wards as well as putting in place extra training for staff. HS confirmed that IPC leads for the trust are part of the GOLD escalation calls and are therefore sighted on decision making and supporting the system to ensure flow is managed.</p> <p>JED noted the read across between this presentation and the one on virtual wards and asked if there were healthcare acquired infections within the virtual ward arena and how they are recorded.</p>	

	<p>CW followed up on the comment made by JED and expressed the importance of reducing bed occupancy as well as virtual wards being essential to the future.</p> <p>RD spoke about outbreaks in care homes and the limited level of support received from UKHSA. Winter will see care homes closing resulting in care home beds becoming unavailable which is a key issue.</p> <p>The committee noted the presentation for information and acknowledged the good work taking place around IPC, noting the work that still remains to be done in integrating this across the system, including the care homes.</p>	
<p>Q&P/2425/034</p>	<p>Derby & Derbyshire Integrated Care Board Quality Framework 2024/25 - draft proposal.</p> <p>The Quality and Performance Committee are recommended to Note the 2023/24 Quality Framework end of year position and the 2024/25 Quality Framework Quality Improvement proposal with feedback from the System Quality Group membership.</p> <p>The paper is presented to provide the 2023/24 Quality Framework end of year position, to discuss & note the 2024/25 Quality Framework Quality Improvement proposal and next steps.</p> <p>Overall, there will be a maximum of four System Quality Improvement Priorities for Derby & Derbyshire. These would be centred around:</p> <ul style="list-style-type: none"> • IPC: compliance with NHSE HCAI Objectives for 2024/25 at both acute trust and System level. • PSIRF: Implementation of the Patient Safety Incident Response Framework across Providers in Derby & Derbyshire • Oliver McGowan Mandatory Training on Learning Disability and Autism: Uptake and embedding Level 1 & 2 Training throughout providers. • LeDeR: evidence of system learning, and improvements based upon findings from LeDeR reviews. <p>The following questions and comments were made:</p> <p>DH provided assurance that the areas put forward within the paper would not detract from core performance and noted his support.</p> <p>LA asked how health inequalities are contained and managed within this these priorities.</p> <p>The Committee noted the end of year position and the focus on quality improvement for 2024/25.</p>	
<p>Q&P/2425/035</p>	<p>Output from Development session on 29th February 2024</p> <p>The Quality and Performance Committee are recommended to DISCUSS the paper and identify further actions required. The purpose of the meeting was to review the effectiveness of the Quality and</p>	

	<p>Performance Committee in line with the Deloitte Audit report and take a forward look at how the Committee should work, taking into consideration the 2023/24 dialogue, strategic plan and JUCD performance. The session also considered at meeting frequency and the broader flow of information into NHSE Regional meetings.</p> <p>The following questions and comments were raised:</p> <p>DH highlighted the need for a clearer approach to performance and the assurance of performance. As the ICB moves forward there will be an opportunity to think through the committees' priorities for the next 6 to 12 months which will be based on joint forward plan.</p> <p>DH noted the plan for a further development session around November and asked committee members for areas they would like to be included in the discussions.</p> <p>DH added that the CQC have halted the assessments of ICBs and there are no timeframes around when that may be restarted.</p> <p>The Committee noted the paper.</p>	
<p>Q&P/2425/036</p>	<p>Risk 09</p> <p>The Quality and Performance Committee are recommended to DISCUSS and AGREE the O9 Risk score on the basis of this report and advise Board on their recommendation via the Assurance Report.</p> <p>The purpose of this paper is to present the Quarter 3 (Q3) and Quarter 4 (Q4) reports to the System Quality and Performance Committee concerning Standard QS11 of the Quality Schedule: Risk Stratification and Harm in Long Waiters. Additionally, it provides an update on Risk Register entry 09, which addresses the risk to patients on provider waiting lists due to ongoing treatment delays that result in clinical harm. It was previously recommended that the risk score was reduced from 4x4=16 to a score of 3x4=12. Quality and Performance Committee requested further detail to enable focussed discussion to review the risk.</p> <p>The paper gives a more in-depth explanation and suggests reducing the risk score, contingent on receiving the awaited data from UHDB in August 2024.</p> <p>DH recommended the risk should not be reduced at this time.</p> <p>The committee were in agreement that the risk should not be reduced at this time.</p>	

<p>Q&P/2425/035</p>	<p>Update on Integrated Performance Report and the use and Implementation of SPC charts.</p> <p>CW shared a presentation on <i>Operation Periscope</i> which is around the development of the Integrated DDICB Assurance dashboard. The presentation will be shared following the meeting.</p> <p>The following questions and comments were raised:</p> <p>SK noted the importance around the quality of the data that is input as that will have an impact on what is reported.</p> <p>AO spoke about ensuring timelines aligned with the next Quality and Performance development session as well as Board development sessions.</p> <p>The committee received the presentation and supported the work going forward.</p>	
<p>Q&P/2425/038</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 how the ICB is performing 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> <ul style="list-style-type: none"> • Whittington Moor Surgery: Following the CQC inspection in February the final report was published in May 2024 with the Practice remaining rated as Outstanding overall. • UDHB: Following an unannounced CQC IR(ME)R inspection the Trust have received a number of enforcement notices (5 in total). The Trust are currently developing the action to address these and implementation will be monitored through CQRG. • Ellern Mede (Derby). Despite ongoing collaborative work with the Provider Collaborative additional safeguarding concerns were identified at the unit. Commissioners have now been notified that the organisation has made a temporary suspension of services as of the 16th of June. Of the two remaining service users, one was discharged home, and the other individual was moved to another Ellern Mede facility. <p>The following questions and comments were raised:</p> <p>AO referred to maternity and the 90-day support package around PPH and foetal monitoring and noted that a maternity update would be</p>	

	<p>presented at the meeting in July where more detail should be provided. DH was happy to pick up in the next update and noted this is also discussed in the LMNS meetings.</p> <p><u>Performance</u></p> <ul style="list-style-type: none"> Annex 1 provides a snapshot for M01. There are several areas where no data is available because it hasn't yet been published or is published on a quarterly basis. For the areas where we have the data the report provides a snapshot whether the projected has been achieved or not by way of a rag rating. It is not possible to draw any firm conclusions from the snapshot. However, where feasible, a brief assessment against our assumptions/plans and/or trend analysis has been set out including any underlying issues risks is set out. Where possible a view on anticipated progress against our objectives including the actions being undertaken to ensure we achieve the stated objectives is also included. <p>The following questions and comments were raised:</p> <p>MA highlighted the system pressures across all UEC pathways which is an issue, locally, regionally, and nationally. Escalation meetings are taking place to understand the issues. Data suggests that there are issues around outflow and bed occupancy. This is also having an impact on ambulance handover delays and CAT 2 performance.</p> <p>MA added cancer performance is stable and the number of long waits in electives is reducing. There are challenges around 78 and 65 week waits and there is scrutiny from NHSE.</p> <p>MA referred to the MH LDA metrics around out of area placements, green shoots are being seen however there will need to be a consistent tracking of the numbers going in the right direction.</p> <p>The committee received and approved the Integrated Performance Report.</p>	
<p>Q&P/2425 /039</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.</p> <p>PS noted the matters of concern:</p> <ul style="list-style-type: none"> Perinatal Quality and Safety Update: CRH stillbirth rate has risen to above national average in month following a consistent rise in rate. CRH thematic review of stillbirths has highlighted high BMI and deprivation however a more detailed review will take place with all new cases using an extended review template to identify themes. CRH third- and fourth-degree tear rate has shown a significant increase. A 	

	<p>thematic review highlighted no themes in practice, staff or mode of birth. BMI was a factor. Further education on practice and classification of tears will be explored as most were grade 3a.</p> <p>The Quality and Performance Committee noted the report.</p>	
<p>Q&P/2425/040</p>	<p>Quality and Performance Committee Annual Report and self-assessment including Bi Annual attendance report</p> <p>The purpose of this report is to for the Committee to formally review, discuss and agree the Committee's Annual Report and Self-Assessment.</p> <p>It is a requirement for Committees of the ICB to produce an Annual Report each financial year, as set out in the terms of reference. The Committee were invited to participate in a self-assessment exercise in May 2024. The exercise was supported through an online survey tool and was issued to all members via email.</p> <p>PS highlighted that there was a poor response rate for the self-assessment. Although there was some positive feedback the sample size was too small to be able to take any actions.</p> <p>JED suggested doing more work on the self-assessment at the development session in November.</p> <p>The committee received and approved the report.</p>	
<p>Q&P/2425/041</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 final position for quarter 1 2024/25. • APPROVE the increase in risk score for strategic risk 1 from a high score of 12 to a very high score of 16. • APPROVE the decrease in risk score for strategic risk 2 from a very high score of 16 to a high score of 12. • APPROVE new threat 4 added to strategic risk 1. <p>The following questions and comments were raised:</p> <p>RD questioned the decrease in Risk 2. PS agreed to circulate a more detailed narrative explaining the rationale. This will be circulated virtually as the meeting was not quorate. ACTION – PS will circulate to the committee.</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 /042</p>	<p>Quality & Performance Committee Terms of Reference</p> <p>JP confirmed that the ToR had been sent out for virtual approval to the committee members who were not at the last meeting. Approval of the ToR has since been received and the agenda item is to note formal approval of the ToR.</p>	
<p>Minutes and Matters Arising</p>		
<p>Q&P/2425 /043</p>	<p>Ratified Minutes from:</p> <p>DPG – 2nd May 2024 System Quality Group 7th June 2024</p> <p>The Committee received and noted the minutes.</p>	
<p>Q&P/2425 /044</p>	<p>Minutes from the Meeting Held On 30th May 2024.</p> <p>The minutes of the meeting on 25th April were agreed as a true and accurate record.</p>	
<p>Q&P/2425 /045</p>	<p>Action Log from the Meeting Held On 30th May 2024</p> <p>The action log was reviewed, and outstanding actions were noted.</p>	
<p>Closing Items</p>		
<p>Q&P/2425 /046</p>	<p>Forward Planner</p> <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"> ○ None to note 	
<p>Q&P/2425 /047</p>	<p>AOB</p> <p>There were no matters raised under AOB.</p>	

Assurance Questions							
1	Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?				No		
		Public	QUORATE Y/N	May-24			Jun-24
	Chris	Weiner	* CNO OR MD (1)	N			Y
		MD Deputy	* CNO OR MD (1)	N			N
	Dean	Howells	* CNO OR MD (1)	N			Y
	Jo	Hunter	* CNO OR MD (1)	Y			N
	Tracy	Burton	* CNO OR MD (1)	N			Y
	Adedeji	Okubadedejo	*NEM - ICB (1)	Y			Y
	Jill	Dentith	*NEM - ICB (1)	Y			Y
	Chris	Harrison - UHDB	NED - PROV (2)	N			N
	Kay	Fawcett - DCHS	NED - PROV (2)	Y			N
	Lynn	Andrews - DHCFT	NED - PROV (2)	N			Y
Nora	Senior - CRH	NED - PROV (2)	N	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?				Yes		
8	What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?				No		
DATE AND TIME OF NEXT MEETING							
Date: Thursday 25 th July 2024							
Time: 9:15am to 10:45am							
Venue: The Council House, Derby							