

Item 12d
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## Quality Committee

10.30am to 1pm Thursday 29<sup>th</sup> January 2015  
 Shibden Room, F Mill, Dean Clough, Halifax

### FINAL Minutes

<b>Present Members:</b>	Dr Majid Azeb (MA) Penny Woodhead(PW) Louise Burrows(LB) Debbie Graham(DG) Debbie Robinson (DR)	GP Governing Body Member (Chair) Head of Quality Quality Manager Head of Service Improvement Head of Primary Care Quality and Improvement
<b>Dialled in to Meeting</b>	Kate Smyth (KS) Jill Farrington (JF) Janet Wade (JW)  Sarah MacKenzie Cooper	PPI Lay Member Consultant in Public Health Quality Safety and Clinical Governance Lead Patient Safety & Quality – YHCS - for item 5.5 Equality and Diversity Manager – YHCS - for item 8.1
<b>In Attendance</b>	Sarah Antemes(SA) Rhona Radley(RR) Julie Wan Sai Chong Kirsty Stewart (KS) Dr Caroline Taylor(DCT) Carey Tebby (CT)	Head of Commissioning – for item 5.3 Senior Service Improvement Manager – for item 5.4 and 7.2 Designated Nurse for Safeguarding Adults – For item 5.2 Senior Administration Assistant - minutes GP Governing Body Member – observing Strategic Lead Pharmacist WY Medicines Management, YHCS – for item 7.3
<b>Apologies for absence</b>	Sahdia Afzal Gill Manojlovic Gill Poyser-Young	Project Support Officer - Quality Head of Infection Prevention and Control Designated Nurse for Safeguarding Children

<b>248/14</b>	<b>Declarations of Interest</b>	
	None	
<b>249/14</b>	<b>Minutes of the meeting held on 18 December 2014</b>	
	The last minutes were agreed subject to the following amendment: Page 5;	
	<ul style="list-style-type: none"> <li>• HF to discuss antibiotic prescribing at CHFT with LB outside this meeting</li> </ul>	

	<p>Should read:</p> <ul style="list-style-type: none"> <li>• HF to discuss antibiotic prescribing at CHF</li> </ul>	
250/14	<p><b>Actions and Matters Arising</b></p> <p><u>222/14 Care Closer to Home – Service Specification</u> RR to share Primary Care Function with Quality Committee when complete <b>Update:</b> on Februarys agenda</p> <p><u>223/14 Public Sector Equality Report</u> Governing Body to finalise the report and seek signoff with PW, KS and SC <b>Update:</b> Complete, report is ready for sign off</p> <p><u>231/14 CAMHS Tier 2 and 3 Update</u> Senior Service Improvement Manager to present the Calderdale and Kirklees Partnership Recovery and Transformational Executive Group’s exception report to the Committee each month for future updates <b>Update:</b> On agenda, item added to workplan and removed from action sheet.</p> <p><u>232/14-1 NHS111 Patient Experience Report</u> LB to take NHS111 Patient Report to the next NHS111 Clinical Quality Group <b>Update:</b> Complete, item on agenda for next Clinical Quality Group</p> <p><u>232/14-2 NHS111 Patient Experience Report</u> LB to query the Net promoter scores on the report with NHS111 <b>Update:</b> Outstanding, will update in February</p> <p><u>235/14 Outcomes for In Hospital Standards</u> JM to meet with JF outside this meeting to discuss the In Hospital Standards <b>Update:</b> Complete</p> <p><u>236/14 Medicines Management QIPP Action Plan Update</u> HF to discuss antibiotic prescribing at CHF <b>Update:</b> Complete, item added to next CHF in February</p> <p><u>238/14 Continuing Care in Calderdale – Update</u> PW to share report covering risks around nursing shortages with SA and LB <b>Update:</b> Complete</p> <p><u>240/14 Incident Management Policy</u> GM to write a section on post infection review for the incident Management Policy <b>Update:</b> Outstanding, carry forward</p> <p><u>241/14 Clinical Risk Review Register</u> LB and GM to meet outside this meeting to discuss avoidable and un avoidable risks <b>Update:</b> Complete, meeting has taken place, there are 6 avoidable CDiff cases</p>	

<b>232/14</b>	<p><b>Safeguarding Children Quarterly Report</b></p> <p>PW presented the Safeguarding Children Annual Report to the Committee.</p> <p>Key points from the report were:</p> <p>The Calderdale Safeguarding Children Board has published their annual report for 2013/2014. The purpose of the report was to provide an account of how the Board and its members met its statutory responsibilities and functions in the year commencing 1st April 2013 to 31st March 2014. The report also detailed the difference the Board had made and what this means in terms of the sufficiency of safeguarding arrangements to protect children and promote their welfare in Calderdale.</p> <p>Ofsted unannounced Inspection commenced on the 13<sup>th</sup> January 2015. Eight HMI Inspectors will be in Calderdale for a period of 4 weeks. They have a list of 33 'Initial' key lines of enquiry and amongst these there are 99 bullet points of specific questions and pieces of data. This is in addition to the tracking of cases and specific requests for 'externally placed children reported missing', CSE cases and the last 10 children that came into care. Responding to (and closing down) these initial lines of enquiry will occupy all of the teams across CYP to a greater or lesser extent. The inspectors will be following the child's journey through the system and will interview any staff members who have had contact with the child or family, these include health visitors and GPs</p> <p>The Inspectors will be reviewing the Safeguarding Board throughout the week 26<sup>th</sup> January interviewing all the sub group chairs and sitting in on various meetings</p> <p>The final decision will be shared with all Partners in the final week of the inspection report with Ministerial approval will not be released until 2<sup>nd</sup> week in March.</p> <p>On the 5<sup>th</sup> January Dr Glover commenced his role as Named GP for Safeguarding Children in Calderdale, one session per week.</p> <p><b>DECISION:</b> The Committee <b>RECEIVED</b> and <b>NOTED</b> the report</p>	
<b>233/14</b>	<p><b>Safeguarding Adults Quarterly Report</b></p> <p>JW gave a breakdown of the key points on the quarterly report.</p> <p>The Adult Safeguarding internet pages are now complete: providing a wealth of information and guidance for the general public with concerns for adults at risk. The pages will be monitored by the safeguarding team and new information added as it becomes available to ensure the pages remain up to date.</p>	

The Care Bill sets out for the first time in primary legislation the local authority's responsibility for protecting adults with care and support needs from abuse or neglect. The aim being to ensure clear accountability, roles and responsibilities for helping and protecting adults with care and support needs who are experiencing, or at risk of, abuse or neglect as a result of those needs. Local authorities are identified as taking the lead role in coordinating local safeguarding activity.

WRAP 3, updated Prevent training has been launched by the Department of Health. The new training clearly links Prevent within safeguarding for those adults at risk of radicalization from a variety of sources. Arrangements are being made to secure delivery of WRAP training sessions for GP's as the intercollegiate document identifies that staff that require level 3 safeguarding children's training require WRAP 3. All other staff require an awareness of Prevent and work is underway to deliver awareness raising training for CCG staff.

The Safeguarding Project Health Advisor has now been in post for 6 months.

Key areas of work have focused on:

- Breaking down barriers and influencing cultures through positive relationships carried out by having a supportive presence in the homes
- Time spent focusing on relationships and improving knowledge within the Local Authority teams.
- The latter half of the project work has focused on engaging and setting up links with three pilot homes. A report outlining this is found at appendix 2.

PW pointed out to the Committee the requirement in the Care Act for CCG's and statutory bodies to have a designated Safeguarding Adults manager, who would be responsible for the management of any allegations of abuse by healthcare staff.

The chair questioned the prevent training; what would our responsibilities be as a CCG? There is no one employed at the CCG that has level 3 training. Would it be our responsibility to arrange for training for providers?

JW stated that it would most likely be our duty to provide the training. CCG staff would need awareness. JW has requested some form of electronic training or maybe a leaflet.

PW advised the Committee that the current duty of training for independent contractors lies with NHS England, but they have delegated the delivery of training responsibility to the CCG's. This would mean that the CCG would organise and pay for the level 3 training.

The Chair asked if the training as mandatory on independent providers, if they

	<p>do not attend the training sessions. PW stated that this would affect any future CQC inspections the contractor would have as they would not fulfil all training obligations.</p> <p>The Chair also questioned the safeguarding adviser role, what have the people in the role done for the last six month.</p> <p>PW explained that the purpose of the role was to look at care homes were there were concerns and support them from a healthcare point of view.</p> <p>PW asked for a few case studies in the next report.</p> <p><b>DECISION:</b> The Committee <b>RECEIVED</b> and <b>NOTED</b> the report</p>	
<p>234/14</p>	<p><b>Continuing Care in Calderdale – Monthly Care Homes Update</b></p> <p>SA provided an update on care homes to the Committee.</p> <p>There has been a severe staff shortage at one of the care homes; the home has worked very hard to maintain staff. SA confirmed that the home is safe; the right care is available along with the right equipment.</p> <p>There are a lot of concerns about a care home in Calderdale; the owner cannot make the financial commitments. CQC have visited the home again and will advise of the action that will need to be taken.</p> <p>The Chair asked if it would be possible to find alternative residence for people if the home was to close. SA advised that there could be a possibility of moving people out of the Calderdale area due to the shortage of care home spaces.</p> <p>The CHC team are working with the council to support the home.</p> <p>SA would like to take the domiciliary care provider off the monthly report as CCCG does not have anybody using the provider. The issue is with the council and they hold the contract with the provider. PW agreed to remove the provider from the report.</p> <p><b>DECISION:</b> The Committee <b>RECEIVED</b> and <b>NOTED</b> the update</p>	
<p>235/14</p>	<p><b>CAMHS Update</b></p>	

	<p>RR discussed the report which provides updates on the tier 2 and 3 services.</p> <p>PW said the report was very helpful; she questioned tier 3 data on page 8 of the report. How often are we receiving the data?</p> <p>RR confirmed the data is received on a monthly basis; there has been no January meeting. The last data was received at the December meeting this was the October data.</p> <p>PW also asked if we had performance measures in the current specification relating to timescales in relation to appointments. RR confirmed that we did for tier 3 but not for tier 2 at the moment.</p> <p>PW asked how this would be benchmarked now that the data cleanse had taken place and we were aware of the case loads, waiting times. This would help meet the performance measure.</p> <p>RR advised the Committee that the agreement in the tier 2 specification was that we would give the provider 12 months to provide the data, before we started to develop performance measures.</p> <p>PW questioned the complaints and compliments section on page 7. She asked for a clearer explanation of 'session by session monitoring'</p> <p><b>ACTION:</b> RR to find out more about 'session by session monitoring' and feedback to Committee</p> <p>PW would like to have more details on the clinical actions in the next report, including more details on the recovery the service is making.</p> <p>RR advised the Committee about the new staff that had been recruited to manage tier 3. There is an interim director and an interim manager, the interim manager is from Wakefield and has managed the Wakefield model.</p> <p>RR asked if the risk would remain at 16, the Committee confirmed that it would do.</p> <p><b>DECISION:</b></p> <p>The Committee <b>REVIEWED</b> and <b>NOTED</b> the update.</p>	<p><b>RR</b></p>
<p>236/14</p>	<p><b>Serious Incident Management Quarterly Update</b></p> <p>JW gave the Committee an update on the serious incident management. Calderdale and Huddersfield Foundation Trust: The number of Serious</p>	

	<p>Incidents identified and reported has increased by 50% compared to Quarter 2. This is a result of awareness raising within the Trust.</p> <p>The Trust has implemented a new SI Policy and the effects are reflected in Quarter 3.</p> <p>This will continue to be monitored at the monthly Provider/Commissioner meetings. The CHFT internal processes will be included in the joint review of the Serious Incident process which will take place at the end of January.</p> <p>There has been an emerging theme of delayed submission of investigation reports, further information and extension requests. This issue has been raised directly with the provider. This will be discussed in order to understand reasons for this and closely monitored throughout Quarter 4 at the joint Provider/Commissioner meeting.</p> <p>South West Yorkshire Partnership Foundation Trust: There has been steady increase in the number of Serious Incidents reported in each quarter of 2014. The Trust has reported 15 Serious Incidents during Quarter 3: of these 6 have been reported within the required 2 working days. In total 14 have been reported within a week and only one incident exceeding this, 12 working days. The average number of days taken to report is 3.5 working days. This is an improvement when compared to Quarter 2 average of 6 working days.</p> <p>The trend of increasing extension requests identified in Quarter 2 is still evident throughout Quarter 3.</p> <p>Calderdale CCG: There are currently 8 Serious Incidents ongoing for Calderdale of which 2 are performance managed by Yorkshire and Humber Commissioning Support.</p> <p><b>DECISION:</b> The Committee <b>REVIEWED</b> and <b>NOTED</b> the update.</p>	
<p>237/14</p>	<p><b>National Patient Experience Survey – Accident and Emergency Departments</b></p> <p>LB provided a summary of the 2013 national survey to the Committee.</p> <p>CHFT have done very well compared to West Yorkshire and England.</p> <p>The Trust had a response rate was 38% which was 319 people who responded to the survey.</p> <p>The results for ‘Better information and choice’ were average compared to West Yorkshire and England, this section included staff telling patients about</p>	

	<p>medicine side effects and danger signals to look for after going home.</p> <p><b>ACTION:</b> PW and LB to take survey to Clinical Quality Board – CHFT for further discussion</p> <p><b>DECISION:</b> The Committee <b>REVIEWED</b> and <b>NOTED</b> the update.</p>	<b>PW/LB</b>
238/14	<p><b>National Patient Experience Survey – Inpatient Survey 2013</b></p> <p>LB provided a summary of the 2013 national survey to the Committee.</p> <p>Overall the Trust has performed well compared to West Yorkshire and England.</p> <p>As in the A&amp;E survey the results were about average on staff providing information on medication, and providing information on danger signals to look out for following discharge.</p> <p>The Chair stated that these would also be an important point for GP’s; this would help improve primary care.</p> <p><b>ACTION:</b> PW and LB to take survey to Clinical Quality Board – CHFT for further discussion</p> <p><b>DECISION:</b> The Committee <b>REVIEWED</b> and <b>NOTED</b> the update.</p>	<b>PW/LB</b>
239/14	<p><b>Quarterly Complaints Report</b></p> <p>JS provided an update on complaints to the Committee. This report is based on activity between 1<sup>st</sup> April and 31<sup>st</sup> December 2014.</p> <p>There were 12 complaints received in Q1, 6 in Q2 and 3 in Q4.</p> <p>3 complaints have been carried over for response in Q4; this is due to slow responses being received by the providers.</p> <p>No complaint handled by the CCG has been dealt with by the health ombudsman.</p> <p>A number of actions and learning points had been highlighted from the complaints.</p> <p>PW asked about benchmarking against other CCGs, how do we compare to</p>	

	<p>other CCG's?</p> <p>JS stated our numbers were slightly higher; there are no trends or themes.</p> <p>The Chair questioned where the actions and learning points were fed back; JS confirmed all information was fed back to provider organisations.</p> <p>PW asked if lessons learnt were published on the website, JS said that they were on an annual basis.</p> <p><b>DECISION:</b> The Committee <b>RECIEVED</b> and <b>NOTED</b> the update</p>	
<p><b>240/14</b></p>	<p><b>Quality and Safety</b></p> <p>LB presented the report to the Committee.</p> <p>There has only been one CQC inspection published in the last month, this was Ingwood Nursing Home. The home has achieved good in every area following a re-inspection carried out in December 2014.</p> <p>YAS had an unannounced CQC visit 13 - 15 January, there were 120 inspectors visiting the headquarters and ambulance stations. A formal report will be received from that inspection but the initial feedback was positive.</p> <p>CQUINs development for next year is ongoing; there has still been no formal information on national CQUINs.</p> <p>PW advised the Committee that Dr Nigel Taylor would continue to work on the CHFT CQUINs.</p> <p>PW also let the Committee know that there had been a proposal through the Urgent Care Board to include the Safer Bundle as part of CHFT.</p> <p>The Chair asked if we received the CQC visit reports for primary care, LB confirmed that we would receive primary care reports.</p> <p><b>DECISION:</b> The Committee <b>RECEIVED</b> and <b>NOTED</b> the update.</p>	
<p><b>241/14</b></p>	<p><b>Maternity Services – Draft Service Specification</b></p> <p>RR presented the specification to the Committee.</p>	

	<p>This is a specification of the current pathway, this specification has never gone through the formal governance process; this specification now needs to be signed off so that future specifications can be looked at.</p> <p>There is a future specification being developed by NHS England, this is on behalf of CCGs.</p> <p>The new dashboards have been included in the specification.</p> <p>The Chair asked who commissioned the maternity services; RR confirmed that it would be the CCG.</p> <p>PW advised RR of a few amendments that were required on the specification.</p> <p>PW will also ask GPY to have some input on the specification relating to safeguarding.</p> <p>PW was also concerned how the proposed maternity dashboard and the dashboard used at children and family partnership group would connect to the corporate quality dashboard. How items would be escalated to the Quality Committee and to the Clinical Quality Board. There are no maternity indicators relating to CHFT on the Quality dashboard.</p> <p><b>ACTION:</b> RR and LB to look at integrating maternity and quality dashboards</p> <p><b>DECISION:</b></p> <p>The specification was approved subject to the changes that have been highlighted.</p>	<b>RR/LB</b>
242/14	<p><b>Commissioning Statements:</b></p> <p>CT presented the statements to the Committee for approval. All the statements have been approved by the South West Yorkshire Area Prescribing Committee.</p> <ul style="list-style-type: none"> <li>• Glucosamine</li> </ul> <p>Is considered as a health supplement which the CCG would not routinely prescribe, the recommendation is not to commission.</p> <ul style="list-style-type: none"> <li>• Botulinum Toxin</li> </ul>	

	<p>The three current statements on Botulinum; chronic anal fissure, hyperhidrosis and over active bladder have been updated.</p> <p>Over the next six months there will be a thorough review of secondary care, so that there are clear commissioning intentions and purposes.</p> <p>This statement is currently in a holding position.</p> <ul style="list-style-type: none"> <li>• Silk Garments</li> </ul> <p>Was commissioned on a recommendation by a specialist in dermatology, the recommendation is that only one or two garments are prescribed.</p> <p>The Chair asked what the process would be following this statements. PW explained that the statements have been through to relevant parties for agreement but could only be signed off by the Quality Committee.</p> <p>CT advised the Chair of what would happen once the statement had been approved; the statement would be added to the area prescribing website and Calderdale CCG website, so that there is clear guidance for prescribers in primary or secondary care.</p> <p>The Committee <b>REVIEWED</b> and <b>APPROVED</b> the commissioning statement</p>	
<p>243/14</p>	<p><b>Revised Service Specification:</b></p> <p>The refreshed specifications are:</p> <ul style="list-style-type: none"> <li>• Acute Medical Unit (inc AAU)</li> <li>• Clinical Decision Unit</li> <li>• Surgical Assessment Unit</li> </ul> <p>DG presented the refreshed service specifications to the Committee. The specifications have not been through a governance process before. These specifications have been developed jointly with CHFT through the unplanned care contracting group. This has been a clinically driven review.</p> <p>There is no financial impact in 14/15 of implementation for us.</p> <p>The Chair asked if all three specifications would be presented separately or together. DG stated that all specifications were written very similar, if one would need a change the other two would too.</p>	

	<p>PW mentioned a few points within the specifications that needed updating.</p> <p>The Chair questioned if we should have clinical leads named on the specifications. DG agreed that we should do.</p> <p>Members <b>RECEIVED</b> and <b>NOTED</b> the update</p>	
<b>244/14</b>	<p><b>Equality and Diversity Annual Report – Including Q3 Update</b></p> <p>SMC presented the annual report and the quarter 3 update on Equality and Diversity.</p> <p>The main feature has been on the progress on the equality objective. Objective 1 is going well, this focusses on Diabetes. Objective 2 has been revised, monthly meetings have been arranged for the next six months in order to move this objective forward.</p> <p>Equality training within the CCG has been arranged for March.</p> <p>Engagement activities have been supported throughout the year and an easy read tool has been developed.</p> <p>The Chair asked when the Quality Committee would receive an annual report; PW advised that there would be a quarter 4 report and an annual report next year.</p> <p>PW asked the PPEE group to have over sight of the quarter 4 update on equality and diversity.</p> <p>Members <b>RECEIVED</b> and <b>NOTED</b> the update</p>	
<b>245/14</b>	<p><b>Review of Quality Committee Workplan</b></p> <p>PW advised that March would be the next full update for CAMHS.</p>	
<b>246/14</b>	<p><b>To Receive</b></p> <p>Minutes were received.</p>	
<b>247/14</b>	<p><b>Any Other Business</b></p>	

	None	
<b>248/14</b>	<p><b>Matters for Governing Body</b></p> <p>Items for the Governing Body report</p> <ul style="list-style-type: none"> <li>• OFSTED</li> <li>• Named GP</li> <li>• Adult Safeguarding</li> <li>• Update on CAMHS</li> <li>• Lessons learnt from serious incidents</li> </ul>	
<b>249/14</b>	<p><b>Date and Time of Next Meeting</b></p> <p><b>Thursday 26<sup>th</sup> February</b></p> <p><b>9.30 to 12pm</b></p> <p><b>Shibden Room</b></p> <p><b>Dean Clough</b></p> <p><b>Halifax</b></p>	

**Quality Committee**  
**29 January 2015**

**Actions Sheet**

<b>Agenda item</b>	<b>Action</b>	<b>By When</b>	<b>Responsible for action</b>
222/14	<u>Care Closer to Home – Service Specification</u> RR to share Primary Care Function with Quality Committee when complete.	February 2015	Rhona Radley
235/14	<u>CAMHS Update</u> RR to find out more about 'session by session monitoring' and feedback to the Committee	February 2015	Rhona Radley
237/14	<u>National Patient Experience Survey – Accident and Emergency Department</u> PW and LB to take survey to Clinical Quality Board – CHFT for further discussion	March 2015	Louise Burrows Penny Woodhead
238/14	<u>National Patient Experience survey – Inpatient Survey 2013</u> PW and LB to take survey to Clinical Quality Board – CHFT for further discussion	March 2015	Louise Burrows Penny Woodhead