

QUALITY COMMITTEE

Thursday 28th July 2016

9:30am to 11:30am

Shibden Meeting Room, Dean Clough, Calderdale CCG

FINAL minutes

Present Members:	Dr Majid Azeb (MA) Dr John Taylor (JT) Louise Burrows (LB) Emma Bownas (EB) Kate Smyth (KS) Caron Walker (CW) Rhona Radley (RR) Gill Jones (GJ)	GP Governing Body Member, Calderdale CCG (Chair) GP Governing Body Member, Calderdale CCG Quality Manager, Calderdale CCG Senior Quality Manager, Greater Huddersfield CCG PPI Lay member, Calderdale CCG Public Health Consultant, Calderdale Council Senior Service Improvement Manager, Calderdale CCG Primary Care Quality and Improvement Manager, Calderdale CCG
Apologies:	Alison Waters (AW) Debbie Robinson (DR) Penny Woodhead (PW) Debbie Graham (DG) Gill Manojlovic (GM)	Project Officer, Calderdale CCG Head of Primary Care, Quality and Improvement, Calderdale CCG Head of Quality, Calderdale CCG Head of Service Improvement, Calderdale CCG Head of Infection Prevention and Control, CMBC
In Attendance:	Helen Foster (HF) Sarah Antemes (SA) Luke Turnbull (LT) Sarah Booth (SB) Robert Gibson (RG) Georgina King (GK) Veronica Hirst (VH)	Senior Pharmacist, Medicine Management – <u>Agenda 25/16-1</u> Head of Commissioning – Continuing Care, Mental Health and Learning Disabilities, Calderdale CCG – <u>Agenda item 6.3, 7.1</u> Designated Professional Safeguarding Adults, Calderdale CCG – <u>Agenda item 7.2</u> Named Nurse Safeguarding Children, Greater Huddersfield CCG - <u>Agenda Item 7.3</u> Risk Manager, Calderdale CCG – <u>Agenda Item 7.4</u> Job Aide to Kate Smyth Corporate Support – Taking Minutes

Ref	Minutes	Action
105/16	<p>Apologies and Introductions</p> <p>Apologies and introductions were received and noted as above.</p>	
106/16	<p>Declaration of Interests</p> <p>None to report.</p>	
107/16	<p>Minutes of the last meeting</p> <p>The minutes were APPROVED as a correct record.</p>	

108/16	<p>Actions and Matters Arising</p> <p>The action log was updated from the discussions held in the meeting with Autism Spectrum Disorder outstanding and the IVF Policy Review coming to the September meeting.</p>	Secretary
109/16	<p>National Inpatient Survey Results</p> <p>LB gave an update on the results for 2015; 522 patients completed the survey for CHFT giving a response rate of 47% which was just under the national average of 51%.</p> <p>Overall CHFT scored the same as 2014 and were not “worse” on any question compared to other trusts who took part in the survey.</p> <p>CHFT improved slightly on almost all questions except for ‘an overall view of care and services’ however it should be noted that some questions change year on year so not all can be compared.</p> <p>DECISION:</p> <p>The report was RECEIVED and NOTED by the Committee.</p>	
110/16	<p>Out of Hours Palliative Care Roll Out – Service Specification</p> <p>RR gave an update on the pilot that took place over 27 month focusing on the development of a simplified integrated end of life care pathway. Due to the success of the pilot, it has been agreed to recurrently fund this service with the existing providers (CHFT, Marie Curie and Overgate Hospice). The service commissioned will continue to work to the specification designed for the pilot, with a few amendments made from the learning of the pilot.</p> <p>There has been a wide range of engagement by the providers through the development of the pilot in order to progress in the permanent services. An Electronic Palliative Care Coordination System (EPaCCS) has also been included in the specification, Overgate have led the roll out of this initiative.</p> <p>JT asked about the utilisation of the service as demand will vary, and whether there was any overlap with other services. RR confirmed that the utilisation has been good; dashboards and reports have been monitored but it is sometimes difficult because the CCG no longer has a clinical lead for end of life care. Dr Nigel Taylor is covering currently.</p> <p>CW asked if the specification could be strengthened around health and equality and to signpost accordingly. RR agreed to send a form of words through to CW before adding to the specification.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	
111/16	<p>Quality and Safety Report and Dashboard</p>	

	<p>LB gave an update on the breakdown on the CQC of SWYPT regarding the 14 areas inspected, of which 8 were reported as good with 6 requiring improvement. The areas of concerns that were highlighted in the CQC Report were Forensic Inpatient and some of the inpatient areas in Wakefield due to staffing numbers.</p> <p>The CQC will be inspecting YAS in September, and 111 in October. They are also planning an inspection at SPIRE Elland in the near future.</p> <p>The risk profile has been completed for CHFT which will be reviewed with them to agree the current risk scores; a final version of the report should be complete by September and will be used alongside the CQC report to highlight areas where improvement work should focus.</p> <p>Greater Huddersfield CCG is doing a similar thing with West Yorkshire Local Care Direct (LCD) which is a subcontract of NHS111, EB confirmed that the QRP is complete and has gone back to PW and CK but will need to be managed alongside the contractual conversation. There has been one review visit to the out of hours service with another one planned in relation to reviewing capacity within LCD.</p> <p>LB gave a further update on the dashboard in relation to CHFT, showing that they are still struggling with complaints responses but that FF&F response rate have improved. There is an increase in the number of falls with harm and they are looking at a process to reduce pressure ulcers.</p> <p>LB highlighted under the maternity dashboard that still births are still a concern as well as the number of emergency C-sections. It is unclear at present where discussions are taking place as the Board meeting for children and maternity services no longer takes place. MA requested that this should be added to the next CHFT Clinical Quality Board agenda.</p> <p>Action: Maternity Service monitoring to be added to CHFT Clinical Quality Board agenda.</p> <p>EB reiterated that the maternity dashboard needs to reflect accurately and needs to monitor the right things but that there is a problem as data is not being made available.</p> <p>JT asked to clarify what the dashboard needs to show and what it represents along with having comparable data.</p> <p>MA confirmed that a plan needs to be completed in view of the CQC inspection.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	<p>Secretary</p>
<p>112/16</p>	<p>Transforming Care Update on Learning Disabilities</p> <p>SA gave an update on the work of transforming care programme across Calderdale, Kirklees, Wakefield and Barnsley. It was agreed that all quality boards across the patch and the adult social care would receive the same update on a two monthly basis on the developments of the work.</p>	

	<p>Key points are that the programme has received some additional funding which will be utilised to target care for a specific group of people namely those in care and treatment units. This is to bring down the number of beds within the partnership and the group is working collectively on this.</p> <p>The market development mapping is ongoing by using economies of scale and other work on improving and recommissioning the Learning Disability (LD) health pathway among others. There is a large amount of work ongoing; including the LD mortality reviews, there is a need for a Calderdale plan on this work. SA agreed to bring an LD mortality review briefing to the next meeting.</p> <p>ACTION: SA to bring a briefing on the LD mortality work to the next meeting.</p> <p>CW asked how many out of the area placements we have from Calderdale, SA confirmed there are approximately 38 in total but there is a need to be clear what is meant by out of area, most are not hundreds of miles away but may be in the local area, just not in Calderdale. The CCG is continuing work with cohort of people.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	SA
<p>Georgina King left at this point.</p>		
<p>113/16</p>	<p>Continuing Care in Calderdale Dashboard</p> <p>SA gave an update on the care homes in Calderdale; this is a much improved picture on previous months, with only 3 homes appearing on the exception report.</p> <p><u>Home 1</u> – Have been reviewed by CQC and are awaiting them to rescind the notice of proposal and confirmation that they can now accept admissions.</p> <p><u>Home 2</u> – Awaiting full report publication, but have had positive verbal feedback following the re-inspection.</p> <p><u>Home 3</u> – Have been re-inspected with positive verbal feedback, final report not yet published.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report.</p>	
<p>114/16</p>	<p>Safeguarding Adults Quarterly Report</p> <p>LT gave an update on the recent inspection from NHS England in July which was very positive and ‘Green’ rated except for one area which was a recommendation to ensure that all other policies in the CCG reference safeguarding.</p> <p>DoLS: recently had an unsuccessful recruitment to the vacancy and will be going</p>	

	<p>back out to advert shortly. The Law Commission published their interim statement and overall it is saying that DoLS isn't fit for purpose, is too bureaucratic and difficult to get the balance right.</p> <p>SWYPFT CQC report showed that the safeguarding headlines were good, with MCA improvements, staff had a good understanding of safeguarding but some clinical areas needing updating. MA asked for clarification on the Forensic Inpatient and the CQC safeguarding with EB confirming that it was more of a technical issue. LT stated that from a safeguarding point of view it was more about staff being able to recognise safeguarding issues.</p> <p>They were critical that MCA training wasn't mandatory and there is a need of governance around that in relation to the training and the mental health act.</p> <p>GP safeguarding audit: there has been a good response rate from GPs and a report will be presented at the next meeting.</p> <p>There is a Whole Service Review underway following a serious allegation of mistreatment of residents in a Calderdale Care Home; it is currently under Police investigation and the staffs involved have been suspended.</p> <p>Adult Safeguarding Board: KS asked about the involvement of the service users at the board, this is currently being progressed and looking at different models of how this might work, it has been highlighted on the business plan.</p> <p>MA asked a question in relation to PREVENT about what it means by 'appropriate health providers' and the role of the CCG, LT explained that SWYPFT attend channel meetings as a core member and other health providers attend meetings as required.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	
<p>115/16</p>	<p>Safeguarding Children Quarterly Report</p> <p>SB gave an update on the recent CQC inspection in April with no formal report available as yet.</p> <p>NHS England safeguarding visit took place recently, initial feedback was that Calderdale CCG was compliant except for one area as previously mentioned under 114/16.</p> <p>Local Safeguarding Children Board (LSCB) Peer Challenge in April 2016 resulted in identifying 150 strengths and some areas for development, which were refined into five scoping headings; this has provided a framework for the Challenge actions.</p> <p>Response to the Wood Review was that ministers have asked for a fundamental review of the role and functions of LSCB within the context of local strategic multi-agency working.</p> <p>The review recommended that reducing the formal expectations of the structure and processes of the LSCB, leaving more decisions to local agreement. In relation to Serious Case Reviews to promote reviewing 20 cases a year as the</p>	

	<p>threshold whilst local areas should continue to undertake rapid learning reviews.</p> <p>With regard to the Child Death Overview Panels the review proposed that the lead role should move to the Department of Health, and they should be reorganised to cover much larger geographical areas than at present.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	
<p>Georgina King returned to the meeting.</p>		
<p>116/16</p>	<p>GP Incident Report</p> <p>RG gave an update on the incidents reported from GP surgeries, between 1st July 2015 and 30th June 2016. A total of 303 incidents were reported. There was a peak of 101 incidents reported in Q3 however since then there has been a significant decline in the number of incidents reported and in Q1 this year only 56 incidents were reported.</p> <p>The report details the level of reporting done by surgeries based on incidence rates (per 10,000) patients. Levels of reporting continue to vary significantly between practices however on average about 3 quarters of surgeries have reported at least one incident in the last year.</p> <p>RG gave further details that 40% of incidents reported originate outside the CCG, patient safety incidents continue to be the most commonly reported type of incident making up an average of 67% of all incidents reported throughout the year.</p> <p>RG will be working on a monthly bulletin to be sent to practices and will carry out an audit within the year to see what the practices are doing response to the bulletin. JT asked for an annual summary capturing all incidents reported, this could be shared with the Governing Body to raise awareness of what learning can be shared from incidents. RG explained that the practices are also interested in knowing what is reported and sharing the learning from any themes.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	
<p>117/16</p>	<p>Serious Incidents Quarterly Report</p> <p>LB gave an update on the Q1 report CHFT reporting has increased in Q1 to 14 however, the standard of the reports was not good with only 2 out of 7 submitted being accepted on the first submission, the remaining 5 were sent back for further information. Only 2 of the 7 were received within the 60 day deadline, extension requests were agreed for the other reports. Reporting on STEIS within 2 days has improved.</p> <p>SWYPFT are struggling to submit reports within the 60 days with only 4 of the 16 reports submitted within the timeframe. The standard of reports is better and 12</p>	

	<p>out of the 14 reports were accepted on the first submission. EB stated that reporting can be lengthy due to the investigation and other parties involved but sign off needs to be done earlier before sharing with staff.</p> <p>MA then asked about CHFT reporting being poor and EB stated that it needs more focus within the organisation for sign off within divisions. KS also asked about patient involvement with the reporting that can vary between internal and external reporting.</p> <p>This report contained narrative on the reports where extensions had been requested and the Committee were asked if they found this useful. EB suggested that a summary of this section be included in future reports.</p> <p>Action: SI team to include a summary of activity on extensions in future reports.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	SI Team
118/16	<p>Review of Quality Committee Work Plan</p> <p>LB informed that there should have been general practice dashboard but has been postponed to October, as we are awaiting publication of national data.</p> <p>DECISION:</p> <p>The Committee APPROVED and NOTED the report</p>	
119/16	<p>Minutes to receive</p> <p>Nothing to report from either the CHFT or SWYPFT Clinical Board minutes.</p>	
120/16	<p>Any Other Business</p> <p>Nothing to report.</p>	
121/16	<p>Matters for Governing Body or Primary Medical Services Committee</p> <p>Governing Body</p> <ul style="list-style-type: none"> • CQC Inspection Report on SWYPFT • Upcoming CQC inspections • Narrative around CHFT and the quality risk profile • NHS England Safeguarding Assurance Visit • Infection Prevention and Control annual update • Patient and Engagement Action Plan • SI Quarterly Report • National Inpatient Survey Results <p>Primary Medical Service Committee</p> <ul style="list-style-type: none"> • None to report 	

122/16	Date and time of next meeting: Thursday 25 th August 2016 at 9:30am to 11:30am in the Shibden Meeting Room, Dean Clough	
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Quality Committee Actions Sheet 28th July 2016.

Agenda item	Action	By When	Responsible for action	Completed
78/16 - 2	<u>Quality Risk Profile on CHFT</u> To complete the risk profile and bring back to the Quality Committee	July	Louise Burrows	December Agenda
85/16	<u>IVF Policy Review</u> To review status in 3 months' time	August	Louise Burrows	September agenda
95/16	<u>Autism Spectrum Disorder (ASD) – Waiting List Clearance Specification</u> PW and DG to discuss oversight of Care and Treatment Reviews at SMT.	July	Penny Woodhead/Debbie Graham	Complete
111/16	<u>Quality and Safety Report and Dashboard</u> Maternity Service monitoring to be added to CHFT Clinical Quality Board agenda	September	Secretary	Completed
112/16	<u>Transforming Care Update on Learning Disabilities</u> To bring a briefing on the LD mortality work to the next meeting	August	Sarah Antemes	September agenda
117/16	<u>Serious Incidents Quarterly Report</u> To include a summary of activity on extensions in future reports.	August	SI Team	Complete