

**QUALITY COMMITTEE**  
**Thursday 25<sup>th</sup> August 2016 from 9:30am to 11:30am**  
**Shibden Meeting Room, Dean Clough, Calderdale CCG**

**FINAL minutes**

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| <b>Present Members:</b> | Dr Majid Azeb (MA)<br>Dr John Taylor (JT)<br>Louise Burrows (LB)<br>Penny Woodhead (PW)<br>Kate Smyth (KS)<br>Rhona Radley (RR)<br>Debbie Robinson (DR) | GP Governing Body Member, Calderdale CCG (Chair)<br>GP Governing Body Member, Calderdale CCG<br>Quality Manager, Calderdale CCG<br>Head of Quality, Calderdale CCG<br>PPI Lay member, Calderdale CCG<br>Senior Service Improvement Manager, Calderdale CCG<br>Head of Primary Care, Quality and Improvement, Calderdale CCG  |
| <b>Apologies:</b>       | Debbie Graham (DG)<br>Caron Walker  | Head of Service Improvement, Calderdale CCG<br>Public Health Consultant, Calderdale Council  |
| <b>In Attendance:</b>   | Helen Wraith (HW)<br>Sarah Antemes (SA)<br>Clare Robinson (CR)<br>Robert Gibson (RG)<br>Janet Smart (JS)<br>Georgina King (GK)<br>Veronica Hirst (VH)   | Project Manager, Service Improvement , Calderdale CCG – <u>Agenda item 6.3</u><br>Head of Commissioning – Continuing Care, Mental Health and Learning Disabilities, Calderdale CCG – <u>Agenda item 7.1</u><br>Designated Professional Safeguarding Adult, Greater Huddersfield CCG – <u>Agenda item 7.2</u><br>Risk Manager, Calderdale CCG – <u>Agenda item 8.1</u><br>Complaints Manager, Calderdale CCG – <u>Agenda item 8.2</u><br>Job Aide to Kate Smyth<br>Corporate Support – Taking Minutes |

| Ref    | Minutes  | Action           |
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| 123/16 | <b>Apologies and Introductions</b><br><br>Apologies and introductions were received and noted as above.  |                  |
| 124/16 | <b>Declaration of Interests</b><br><br>GPs declared an interest in relation to Agenda item 133/16 - GP Safeguarding Return   |                  |
| 125/16 | <b>Minutes of the last meeting</b><br><br>The minutes were <b>APPROVED</b> as a correct record.  |                  |
| 126/16 | <b>Actions and Matters Arising</b><br><br>The action log was updated from the discussions held in the meeting with the IVF Policy and LD mortality work for September and the Quality Risk Profile for the December meeting. | <b>Secretary</b> |

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| <p><b>127/16</b></p> | <p><b>National Audit Reports</b></p> <p>LB gave an update on the provider’s annual report on their national audit programme for CHFT and SWYPFT.</p> <p>Under Falls and Fragility Audit Programme - CHFT were lower than the national average on falls resulting in moderate or severe harm but higher on falls per occupied bed day. CHFT are doing a lot of work around falls, and have a CQUINS on ‘safety huddles’ that is a clinically lead, daily discussion on individual patient safety and the risks associated with each patient.</p> <p>MA questioned the report template as it identified no risk assessment but was informed that it is on CHFTs risk register.</p> <p>Under National Paediatric Diabetes LB gave an update on the national data.</p> <p>MA questioned the number of audits and if there is a process in place to deliver the audits in response to the CQC review. PW added that further information will be needed in the action plan to address the issues raised in the review.</p> <p>LB gave an update on Suicides by Children, there is no local data available but the national data will be fed into CAMHS. PW also added that there are safeguarding issues and these are being picked up by the West Yorkshire Children’s Services.</p> <p>LB then continued on the Maternal, Newborn and Infant audit in relation to perinatal and still births which have risen above expected levels.</p> <p><b>Action: The range of audits planned for this year and next to be shared with the Service Improvement Team.</b></p> <p>DR added that the LMC are encouraging practices on early cancer diagnosis through the Cancer Research UK Health Professional Engagement Programme who are looking at the referral process.</p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p> | <p><b>Louise Burrows</b></p> |
| <p><b>128/16</b></p> | <p><b>Quality and Safety Report and Dashboard</b></p> <p>LB gave an update on the published CQC report on CHFT, the overall rating was ‘requires improvement’, and two areas were rated good; caring and responsive. An additional paper was circulated giving more detailed information on their summary of findings and that an action plan is being put together. The CQC will revisit CHFT to review progress against the action plan.</p> <p>PW stated that the CCG need to ensure assurance is carried out correctly with the right people across the disciplines involved. KS asked how CHFT rated with other acute hospitals and PW responded that they are all similar.</p> <p>LB continued with an update on the Equality and Diversity objectives with the Quality Standards now on the website together with an action plan being put together.</p> <p>Maternity Services Assurance update has been recorded on the dashboard which included local indicators and thresholds, an assurance paper will be presented at</p>  |                              |

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|                      | <p>Quality Committee next month.</p> <p>MA questioned some of the targets and was informed that the dashboard showed the national thresholds not the actual targets for CHFT.</p> <p>RR gave an update on the CAMHS First Point of Contact (FPoC) which is now in place; the referral process has changed following the introduction of the FPoC. The website has been updated with the appropriate form for referrals.</p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p>   |                              |
| <p><b>129/16</b></p> | <p><b>CQUINS Performance Report</b></p> <p>LB confirmed that CHFT had achieved all of their CQUINS except for Sepsis screening in A&amp;E; checks will be carried out in Q2 to ensure the work carried out so far has been embedded and is still working. CHFT have also raised a concern about the feasibility of achieving the antimicrobial reduction target as it is based on 2013/14 data, pharmacists from the CCGs are working with CHFT to try to find a solution.</p> <p>SWYPFT did not achieve 2 CQUINS, one around Mental Health clusters, which has now been resolved and one on Learning Disabilities and the risk register, this is ongoing work. BMI and SPIRE have achieved 100% of their CQUINS YAS will be reported when the information is available.</p> <p><b>Action: Quality Board to receive an update on the Sepsis Screening and Antimicrobial data.</b></p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p>   | <p><b>Louise Burrows</b></p> |
| <p><b>130/16</b></p> | <p><b>Tier 3 Weight Management Service specification</b></p> <p>HW gave an update on the service specification based on NICE guidance for Tier 3 Weight Management. Tier 3 Weight Management Services are currently not commissioned by the CCG but it is the responsibility of the CCG to commission Specialist Services. Tier 1 and 2 Services are provided through Public Health by the Better Living Service. Tier 4 bariatric services are provided by CHFT. Patients should not be referred for or receive bariatric surgery at Tier 4 until they have been seen by Tier 3 services.</p> <p>HW has worked closely with Public Health, to update the specification and it was confirmed that no additional testing was needed by the GPs once discharged from the Tier 3 service. There had not been an opportunity to work directly with patients on the specification but data from the recent CC2H consultation process was used, it was noted that the lack of a Tier 3 service was a gap.</p> <p>PW asked about the communications plan associated with the specification once approved, the KPIs also refer to a “validated tool” and whether it is consistent with other tools used by Tier 3 services.</p> <p><b>Action: HW to update the specification and include a six month review of the</b></p> | <p><b>Helen Wraith</b></p>   |

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|               | <p><b>service.</b></p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> the specification subject to minor updates.</p>  |  |
| <p>131/16</p> | <p><b>Quest for Quality in Care Homes – Phase 2 roll out</b></p> <p>RR gave an update on the specification which was implemented in April 2014 as a 26 month pilot; the specification focuses on the development of a full Multi-Disciplinary Team to support improving the quality of care in care homes across Calderdale. Due to the success of this flagship pilot, the CCG agreed to permanently fund this service with the existing providers (Calderdale and Huddersfield Foundation Trust) extending to the remaining 17 care homes in Calderdale. The service will continue to work to the key elements of the pilot specification, taking into account some of the recommendations made from the independent review commissioned by the CCG in February 2016.</p> <p>The key changes to the specification focus on integrated working, management/leadership and pharmacy.</p> <p>JT stated that it was disappointing to see only a 60% completion rate on medication reviews, RR stated that pharmacy within the team was initially done on a rota basis but a permanent appointment has now been made.</p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED subject to the above changes</b> and <b>NOTED</b> the report</p>   |  |
| <p>132/16</p> | <p><b>Continuing Care Dashboard</b></p> <p>SA gave an update on the care homes in Calderdale where there are current concerns and the actions in place to mitigate the risks.</p> <p><u>Home 1</u> – Home has been re rated by CQC and upgraded to requires improvement. They are currently accepting admissions on a phased basis of one per week.</p> <p><u>Home 2</u> - Report published showing a ‘requires improvement’ with ongoing improvement work being embedded into practice but generally improved.</p> <p><u>Home 3</u> – Given an ‘inadequate’ rating following the June visit of the CQC for safety and governance of the service. An action plan has been created around safety, staffing and managing the level of risk as well as understanding the complexity of need of the current residents. The Action Plan is submitted to the CQC on a weekly basis.</p> <p><u>Home 4</u> – Revisited by CQC in June, rated ‘requires improvement’ A number of improvements have been made, however a number of concerns remain the main concern in relation to staffing levels at night and due to an increase in the number of falls. A comprehensive action plan has been sent to the CQC by the Local Authority but wasn’t sent to the CCG. Additional staff have been recruited, but checks need to be made in light of the staffing numbers at night.</p> |  |

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|  | <p><u>Home 5</u> – there has been two whistle blowers in relation to this home, 3 staff have been suspended following reports of neglect. The initial police investigation has now closed due to lack of evidence but there has been a number of safeguarding alerts raised. It would appear that systems are in place to address the issues but implementation has been problematic due to a lack of leadership and understanding around dementia care. The CCG continues to work with the Local authority to ensure safety of the residents.</p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p>   |  |
| <p><b>133/16</b></p>                     | <p><b>GP Safeguarding Returns</b></p> <p>CR gave an update on the report submitted on the findings of the Primary Care Safeguarding self-assessment undertaken by the CCG Safeguarding Team and member practices.</p> <p>This is the second year that the audit has been completed with an 88% response rate, compared to 69% last year when it was carried out by NHSE. The responses demonstrate compliance with a number of areas within safeguarding adults, there are a few areas which require further development, and the CCG safeguarding team will support this work.</p> <p>DR added that for the practices who have not responded have been given another date to respond by and that they will be supported towards being compliant.</p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p>  |  |
| <p>Penny Woodhead left at this point</p> |   |  |
| <p><b>134/16</b></p>                     | <p><b>Operational Risk Register</b></p> <p>RG gave an update on the 37 CCG risks, including 3 risks marked for closure, leaving 34 open risks; this compares with 30 open risks at the last risk cycle.</p> <p>25 of total CCG risks (68%) are owned by Finance and Performance Committee, with the remaining 12 risks (32%) owned by Quality Committee.</p> <p>The Quality risks have one marked for closure leaving a total of 11 open risks (this compares to 9 at the last risk cycle). Three new risks (869, 863 and 864) have been added to the Risk Register in the current risk cycle;</p> <p>There is one critical risk 709 (scoring 20 or 25); this is the same as the last risk cycle. There is one serious risk 864 (scoring 15 or 16), this is the same as at the last risk cycle. There are also six risks (869, 863, 732, 556, 539 and 517) with a score of 12, this compares to 4 at the last risk cycle.</p> <p>DR questioned whether to add a risk on the registration of GPs which is a national problem, MA stated that they could practice for a short time without the indemnity being in place but he has escalated it to the Deanery, but it is the employers responsibility to act and follow up on if they are not signed off in a timely manner.</p> |  |

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|        | <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p>  |             |
| 135/16 | <p><b>Revised Complaints Policy and Process</b></p> <p>JS gave an update on the revised Complaints Policy and Process for 2016/2018. The only changes being made are to reflect the transition from the CSU providing the service to the CCG earlier this year. The CCGs processes and flow chart have been updated and included in the policy.</p> <p><b>Action: Revised policy to be published on the CCG website.</b></p> <p><b>DECISION:</b></p> <p>The Committee <b>APPROVED</b> and <b>NOTED</b> the report</p> | Janet Smart |
| 136/16 | <p><b>Review of Quality Committee Work Plan</b></p> <p>LB gave an update on the Work Plan with only minor changes being made in relation to items being presented to the meeting.</p>   |             |
| 137/16 | <p><b>Minutes to receive:</b></p> <p>KS discussed the notes of the Patient and Engagement Group held on the 18<sup>th</sup> July, these were still in draft form.</p>   |             |
| 138/16 | <p><b>Any Other Business</b></p>  |             |
| 139/16 | <p><b>Matters for:</b></p> <ul style="list-style-type: none"> <li>• <b>Governing Body</b> <ul style="list-style-type: none"> <li>○ CQC reports</li> <li>○ CQUIN Performance</li> <li>○ National Audit</li> <li>○ Safeguarding</li> </ul> </li> <li>• <b>Primary Medical Services Committee – Nothing to report</b></li> </ul>   |             |
| 140/16 | <p><b>Date and Time of Next Meeting</b></p> <p>Thursday 29<sup>th</sup> September 2016 from 9:30am to 12pm in the Shibden Meeting Room, Dean Clough, Halifax</p>  |             |

**Quality Committee Actions Sheet 25<sup>th</sup> August 2016.**

| <b>Agenda item</b>      | <b>Action</b>  | <b>By When</b> | <b>Responsible for action</b> | <b>Completed</b> |
|-------------------------|--|----------------|-------------------------------|------------------|
| 78/16 – 2<br>(May 2016) | <u>Quality Risk Profile on CHFT</u><br>To complete the risk profile and bring back to the Quality Committee                            | December       | Louise Burrows                |                  |
| 85/16<br>(June 2016)    | <u>IVF Policy Review</u><br>To review status in 3 months' time   | September      | Louise Burrows                | Completed        |
| 112/16<br>(July 2016)   | <u>Transforming Care Update on Learning Disabilities</u><br>To bring a briefing on the LD mortality work to the next meeting           | October        | Sarah Antemes                 |                  |
| 127/16                  | <u>National Audit Reports</u><br>The range of audits planned for this year and next to be shared with the Service Improvement Team     | September      | Louise Burrows                | Completed        |
| 129/16                  | <u>CQUIN Performance Report</u><br>Quality Board to receive an update on the Sepsis Screening and Antimicrobial data.                  | September      | Louise Burrows                | Completed        |
| 130/16                  | <u>Tier 3 Weight Management Service specification</u><br>HW to update the specification and include a six month review of the service. | September      | Helen Wraith                  | Completed        |
| 135/16                  | <u>Revised Complaints Policy and Process</u><br>Revised policy to be published on the Website  | September      | Janet Smart                   | Completed        |