Minutes of the Finance & Performance Committee
Wednesday 17 July 2013, 2.30 – 4.30pm
Ibbotson Room, Broad Lea House, Huddersfield

Present:
Jane Ford (JF)  GP Practice Representative
Tony Gerrard (TG)  Lay Member
Julie Lawreniuk (JL)  Chief Financial Officer

In attendance:
Theresa Fawcett (TF)  Finance Manager
Lesley Stokey (LS)  Head of Finance
Rob Willis (RW)  Finance Manager
Martin Pursey (MP)  Head of Contracting
Yvonne Hoorman (YH)  Contracts Manager

Apologies:
Vicky Dutchburn (VD)  Head of Strategic & Business Planning
Carol McKenna (CM)  Chief Officer (Chair)
Dr Steve Ollerton (SO)  CCG Clinical Leader
Dr Dil Ashraf (DA)  Governing Body Practice Representative
Natalie Ackroyd (NA)  Performance Manager

Minutes:
Shapna Ali (SA)  Admin Officer

FP/13/134 Welcome, Apologies and Declarations of Interest
JL welcomed everyone to the GHCCG Finance & Performance Committee.
Jane Ford declared interest in agenda Item FP/13/131

FP/13/135 Accuracy of the minutes of meeting held 17TH June
Minutes were recorded as an accurate record

FP/13/136 Matters Arising
None raised.

Actions Log

FP/13/65 - (Contracting Report)
An action was recorded in February for MP to take funding for diagnostics pilot scheme to next CMB for further discussion

The first funding meeting took place this month, the meeting was more focused on TORs and Operational issues, therefore it was agreed to keep this action OPEN and MP will take to the next meeting scheduled for 28 May 2013.
Action left OPEN

All other actions were recorded as complete.
FP/13/177 QiPP Plan
Action recorded at the June meeting for NA to email GHCCG staff read only link to the QiPP Tracker. SA to remind NA to do this.
Action left OPEN

FP/13/137 Finance Report
LS presented the Finance Report. This month the report was in a new format. Key messages included;

The CCG is forecast to meet its £4.1m surplus control total and other financial targets and duties. The financial forecast will become more robust as the year progresses and the CCG has a clear picture of its actual activity profile. Other key messages include:

- The CCG has had two adjustments to its programme allocation for dental and specialised services.
- As at month 2, the CCG had a £2.7m (1%) contingency, this has now been reduced following budget virements for continuing care and a few smaller acute contract realignments to £1.3m as at month 3.
- The CCG has a number of risks to achieving financial balance which include a reported pressure on the WY Urgent Care contract of £200k and a growth in continuing care activity of £700k. The CCG has a £1.3m contingency in place to help mitigate these risks.
- The CCG has received contract offers from all providers for 2013/14.
- The CCG has received limited activity monitoring information from our main acute providers for May. For CHFT the CCG has agreed a fixed contract and has therefore mitigated its risk. There have been some activity reports received from other providers which indicate that there are pressures on both the Sheffield Teaching Hospitals and YAS Emergency service level agreements. However these are being mitigated by under trades on the Bradford and Barnsley service level agreements giving an overall balanced position.
- Prescribing –We have received information for April from the PPA and the CCG is forecasting a breakeven position on this budget.
- Continuing Healthcare – CHC is hosted by North Kirklees CCG on our behalf. We have increased the continuing care budget following an increase in 12/13 outturn expenditure. In addition to this we are forecasting a £700k increase in expenditure above budget for 13/14. GH CCG also has a provision to cover the expected costs of CHC restitution claims.
- West Yorkshire Urgent Care - negotiations are on- going with YAS regarding the higher than anticipated volume of calls to date.
- As at month 2, the CCG had a £2.7m (1%) contingency, this has now been reduced following budget virements for continuing care and a few smaller acute contract realignments to £1.3m as at month 3.
- The CCG has a running cost budget of £5.9m for 2013/14 and is forecasting to fully utilise this budget. The CCG has a contingency remaining within its running cost budgets of £59k.
- The CCG has a 2% non- recurrent reserve (£5.34m) to pump prime system transformation.
- To date £2.3m of business cases have been approved by the CCG Governing Body and further business cases are being developed for the remaining £3m.
- £1m of this has been earmarked for business cases developed by the urgent care board.
- The April Finance report included a risk relating to specialised and direct commissioning allocation adjustments.
- A risk relating to a potential further allocation reduction for specialised services relating to non-contracted activity (largely out of area) remains, however it is expected that the existing budget for non-contracted activity should cover this risk.
- There are also risks in relation to activity growth and continuing healthcare restitution claims exceeding the opening balance sheet provision.
- There is a risk to the CCG that resources are not fully utilised to deliver patient care if the 2% headroom fund is not committed during the year.

The group RECEIVED and NOTED the contracting update and thanked LS.

FP/13/138

**Contracting Report**

Yvonne Horman presented the report on behalf of Martin Pursey. Key messages are highlighted below. Yvonne also informed the Group this was the first time CSU contract had been included in the Contracting Report.

TG asked if GHCCG were comparing our perception of the CUS services with other CCGs, JL clarified, at the moment GHCCG are not doing this, the contract monitoring is very new but were planning to do so.

TG also asked if the CSU can decide to pull of a service they are providing, but aren’t performing well at. JL will raise this question with the CSU at the next CCG/CSU meeting.

**ACTION – JL to as above question at the next Contracts meeting**

- Calderdale & Huddersfield NHS Foundation Trust - The contract position with CHFT as at the end of Month 2 is showing a notional over-trade of £652k.
- The increase in emergency activity has now put Greater Huddersfield CCG above the emergency threshold base line by £230k.
- 18 weeks admitted non-admitted performance and incomplete pathway targets have been delivered at trust level by specialty. However, 18 weeks has not been delivered at specialty level for GHCCG.
- Slot issues are still causing concern and are breaching the target at 12.7% in May.
- Leeds Teaching Hospitals NHS Trust - Cardiac Surgery capacity issues. Delays in the pathway due to capacity issues.
- Any Qualified Provider (AQP) - A number of the Diagnostics AQP providers accredited last year have now commenced services.
- YAS (999 Ambulance) - The contract activity in Month 2 was 3.4% (88) higher than expected. Year to date the activity is 5.2% higher than expected.
- Contract activity in Month 2 was 8% (437 journeys) lower than expected.
- NHS 111 and West Yorkshire Urgent Care - activity information received for May indicates that the volume of calls for Greater Huddersfield was 3,866, with the year to date volume being 7,568.
- For WYUC, activity information received for May indicates that the volume of cases for Greater Huddersfield was 1,974 with the year to date volume being 3,760.
- The CSU currently provides commissioning support services to the CCG through a Service Level Agreement at a cost for 2013/14 of £2,068,107. The CCG is actively monitoring and managing the provision of commissioning support services.
- As part of this monitoring process the following approach is used to determine the CCG’s satisfaction with the service provided.
- A balanced scorecard is used to understand performance, service delivery and client satisfaction.
The contract position with CHFT as at the end of Month 2 is showing a notional over-trade of £652k. There has been a significant movement in the contract position from an over-trade of £340k at Month 1.

- Daycase activity is over-trading by £144k.
- Non-elective activity is over-trading by £127k; this is particularly due to an over-trade in emergency long stay £351k and is caused by a number of specialties, namely, Vascular Surgery £48k, Trauma and Orthopaedics £56k, General Medicine £53k, Respiratory Medicine £73k and Geriatric Medicine £86k.
- Outpatient activity is over-trading by £135k.
- Other non-tariff activity is over-trading by £383k.
- Costs per case activity is over-trading by £249k due to over-trades in ICU activity (£77k) and Rehab Bed Days (£173k).
- Direct access continues to over-trade with a total over-trade of £111k at the end of Month 2.
- Adult Hearing. AQP for adult hearing has been included in the main contract with CHFT but with the agreement that this will be monitored as a “live contract”. As at the end of Month 2 this element within the contract is under-trading by £5k.
- Diagnostics (MRI and NOUS). Discussions are on-going in relation to mobilising this AQP service.
- Performance Issues - Slot issues – the availability of appointment slots are still causing concern and are breaching at 12.7% in May compared to a target of 5%.
- Delayed discharges continue to breach the target at 9.1% in May (target is 3.5%).
- All handovers between ambulance and A&E must take place within 15 minutes.

The contract position with LTHT as at end of Month 2 is showing an over-trade of £17k.

- Issues have been identified with the indicative contract value as stated in the contract, compared to the total annual value plan quoted on the contract monitoring report (which is now under-stated by approx. £920k).
- Cardiac Surgery capacity issues - Transfers of patients for treatment of more complex cardiac surgery patients between CHFT and LTHT were not taking place.
- Barnsley Hospital NHS Foundation Trust (BHFT) - As at the end of Month 2 BHFT is under-trading by £10k. No significant variances have been identified.
- Mid Yorkshire Hospitals NHS Trust (MYHT) - Due to the provision of an inaccurate contract monitoring report by MYHT it is not possible to report on an accurate contract position at Month 2.
- Bradford Teaching Hospitals NHS Foundation Trust - At the time of writing the Month 2 contracting report the contract monitoring report was not available.
- Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) - As at the end of Month 2 STHFT is over-trading by £16k. **BMI Huddersfield**
- The contract position with BMI Huddersfield as at end of Month 2 is showing an over-trade of £66k. Service issues
- ENT Outreach Clinic - A contract variation for the amount of £70k was signed in May to provide ENT at Oaklands Health Centre. The service started in June; the Indicative Annual Plan Value will be updated accordingly.
- Spire Elland - At the time of writing the Month 2 contracting report the monitoring information was not available.
- Huddersfield Medical Services Ltd (HMS) - HMS were awarded the contract to provide high quality, equitable community based surgical service for the treatment of Carpel tunnel syndrome and other conditions of the hand for patients registered with a General Practitioner in Kirklees Primary Care Trust.
• The Kirklees PCT plan was to carry out surgery on 623 patients per annum and 680 Nerve Conduction Studies per annum.
• For the majority of procedures carried out by this provider locally agreed tariff prices apply (30% below national tariff at the time of negotiating the contract),
• Nerve Conduction Studies was agreed at a tariff of £265 which represented a saving on what was paid at CHFT.
• The data monitored for 2012/13 is for Kirklees PCT. From April 13 data is being broken down by CCG.
• As at April 2013 the split of Greater Huddersfield patients from the total activity seen by HMS is: Patients that have received surgery was 65% (54 patients); Patients waiting was 40% (74 patients)
• In 2012/13 the contract for Nerve Conduction Studies over-traded by 21% against the plan at an additional cost of £45k, Carpal Tunnel Surgery under-traded by 26% which was £72k below plan.
• As at March 2013: 96.6% of patient pathways were completed within 12 weeks, with the average wait of 5-6 weeks
• CHFT and MYHT were successful in their bid for both MRI and NOUS AQP’s

The group RECEIVED and NOTED the contracting update and thanked YH

FP/13/139  Performance Report

JL presented the Performance Report on behalf of Natalie Ackroyd. GHCCG has confirmed allocations for 2013/14 to the value of £270.8M for programme expenditure and £5.9m for running cost expenditure. Key messages included

• 18 weeks referral to treatment – GHCCG aggregated position for all 3 18 weeks referral to treatment pathways, Admitted, Non admitted, and incomplete had been achieved.
• 2013/14 commissioner will be monitored at speciality level
• 3 breaches in May at CHFT, ENT, Trauma and Ortho and Other
• Non admitted breach in Dermatology 93.88%, the non admitted standard is 89.33%
• Incomplete performance at speciality level at CHFT breached in T&O 91.08% the standard is 92%
• Number of Patients waiting more than 52 weeks – One patient on admitted pathway at LTHT has been waiting in excess of 52 weeks.

TG asked if there were any sanctions applied to the 18 week referrals, JL confirmed that they have contract monitoring meetings with CHFT and any issues are covered there.

The group RECEIVED and NOTED the contents of the performance report and thanked JL for presenting the report.

FP/13/140  QIPP Plan

Rob Willis presented the QIPP plan on behalf of NA and VD. The CCG has a QIPP target of £4m. The CCG is forecasting to meet its QIPP target. To date £2.3m of business cases have been approved and further business cases are being developed for the remaining £3m. £1m has been earmarked for business cases developed by the urgent care board.

The group RECEIVED and NOTED the contents of the QIPP report and thanked RW
FP/13/141  Work Plan

Highlighted to the Committee for Information.

FP/13/142  Terms of Reference

JL highlighted one change to the TORs, the Group were happy for this to Governing body when it was next reviewed. JL also highlighted Work force planning will be reported at this committee on a quarterly basis.

FP/13/143  Any other Business

JL advised the Risk Register needs to be a standing agenda Item.
**ACTION – Shapna to put Risk register on future F&P agenda as standing item.**

FP/13/144  Date and Time of next meeting

The next meeting is scheduled for Wednesday 21st August 2013, Ibbotson Room, BLH

This concluded the content of the Finance & Performance Committee meeting and the Chair declared the meeting closed at approximately 4.30pm.
Minutes of the Quality & Safety Committee Meeting  
Wednesday 17 July 2013, 12-2pm  
Stewart Room, Broad Lea House, Huddersfield

Core Members Present:
Judith Parker (Chair) GP, GHCCG  
Penny Woodhead Head of Quality and Safety, GHCCG  
Vanessa Stirum Lay member, GHCCG  
Jane Ford GP, GHCCG  
Irving Cobden Secondary Care Advisor  

In attendance:
Sue Ross Health Protection Lead – items QS/13/55 – QS/13/63  
Clare Robinson Designated Professional Safeguarding Adults  
Eric Power Head of Medicines Management – items QS/13/55 – QS/13/65  
Christina Fairhead Designated Nurse Safeguarding Children – items QS/13/65  
Louise Horsley Senior Associate, Governance & Risk, CSU – items QS/13/66 & QS/13/67  
Janet Smart Senior Associate, CSU – items QS/13/66 & QS/13/67  
Sarah McKenzie-Cooper Senior Associate, Equality & Diversity, CSU – item QS/13/68  
Sam Royal Project Support Officer, Quality (Minute Taker)  

QS/13/55 Apologies for absence  
Apologies were received from Jane O'Donnell, Jan Giles, Karen Dean and Emma Bownas.  

QS/13/56 Declaration of Interest  
No declarations of interest were identified.  

QS/13/57 Minutes of the last meeting  
The minutes were accepted as a true record.  

QS/13/58 Matters Arising  

QS/13/138 PROMs update – Barnsley Hospital NHS FT outlier data  
1. An action plan from Barnsley Hospital NHS FT outlier data was circulated, which was dated October 2012. Penny confirmed there had been no update of the PROMs data but that information was being monitored through contracting arrangements between Barnsley and Barnsley FT. A PROMs update would be received once published.  
2. Emma Bownas had previously confirmed that this level of information was not available on NHS Choices. It was asked whether the information is in the public domain and if so whether links regarding this type of information could be put on the internet.
ACTION: Emma Bownas to liaise with Claire Sibbald regarding the links.

QS/13/15
AOB – Leeds Paediatric Surgery – date of outcome of second stage review – the second stage review has now been concluded. The report is now in draft form and due to be published in the Autumn.

QS/13/59
Quality and Safety Report

Penny presented the report and highlighted the following information:

**EMSA** – no breaches for May 2013.

**HCAI** – 1 post 48 hour case of MRSA was recorded for CHFT and 1 case for GHCCG in June 2013. CHFT recorded 3 post 72 hour C-Diff cases, bringing the total to 5 cases against a target of 28. GHCCG recorded 3 pre 72 hour C-Diff cases, bringing its total to 8 against a target of 50.

CHFT recorded 1 post 48 MSSA case, bringing the total to 1. 3 post 48 hour cases of E-Coli were also recorded, bringing the total to 6. No national targets for both.

GHCCG recorded 2 pre 48 hour MSSA cases, bringing the total to 8. 12 E-Coli cases were recorded, 10 pre 48 hours, 2 post 48 hours, bringing the total to 32. No national targets for both.

Judith asked if future Governing Body reports could include narrative around pre and post cases.

**VTE** – Quarter 1 data for 2013/14 would be received in the August report.

**NPSA Safety Alerts** – one open alert for CHFT remained on the system. No alerts recorded for SWYPFT or YAS for June 2013

**CQC Activity** – a re-inspection had taken place at Holme Valley Memorial Hospital, now fully compliant. Three inspections had taken place at Local Direct Ltd premises – Sheridan Teal House, Huddersfield Royal Infirmary and School House Practice. All fully compliant, with the exception of one outcome at the School House Practice – Outcome 16 – Assessing and monitoring the quality of service provision. This related to the availability of complaints leaflets and was judged to have a minor impact. Spire Elland was also inspected and fully compliant.

No follow up visit has yet taken place at CHFT. CQC has undertaken a 3 day unannounced inspection at YAS commencing 2 July 2013, details of which will be included in a future report once published.
Safety Thermometer – the Committee was informed that this was a local improvement tool for measuring, monitoring and analysing patient harms and ‘harm free’ care. Data around new harms, pressure ulcers, UTIs, VTE and falls were recorded on the Safety Thermometer and information for CHFT, SWYPFT and Locala were received by the Committee. The numbers for Locala were noted as small compared to other Trusts and the Committee questioned whether all details were being reported.

Mortality data – Dr Foster produces a hospital guide that shows mortality levels in each non specialist NHS Trust and the data is measured in a number of different ways. Data for CHFT from the 2012 hospital guide was received and noted, which was for the time period April 2011-March 2012. The next guide is due to be published November 2013.

Vanessa acknowledged the different data streams and felt it would be confusing for patients to interpret, this was acknowledged but the Committee recognised that these were national definition sets. The development of the Quality Dashboard would support the CCG in publishing quality data in a more accessible format. Penny also advised that the Keogh report had now been published and asked Sam to circulate a link to the published report to the Committee. A paper on the outcomes would be brought to the next meeting.

**ACTION:**

1. Sam to circulate link to Keogh report.
2. Penny to submit a paper on the Keogh report to the next meeting.

CCG Assurances – NHS England will be carrying out quarterly reviews with CCGs around various areas, one particular question will be “are people getting good quality of care?”. A number of questions will need to be answered by each provider to answer this question, this will need to be completed by CHFT, SWYPFT and Locala.

YAS CQUINs Quarter 4 update – this information had now been received showing a 92.25% achievement against targets set.

The Committee received and noted the report.

QS/13/60 **NICE Technology Appraisals**

Eric Power presented an update on the NICE Technology Appraisals (TAs), which the CCG has a duty to fund under directions from the Secretary of State. CCGs will be monitored on their implementation of NICE TAs by NHS England and Eric provided a list of TAs published between April and June 2013 which the CCG had a responsibility to implement. Details of funding were also included and resource implications were outlined for 4 particular TAs – TA283, TA290, TA287 and TA288 – which have significant financial costs for full implementation.
Eric advised that the Medicines Management Team would be working closely with practices and the finance team around these. A Medicines Management Strategy Group had now been established and any issues would be taken through this Group. The list of TAs showing notification of approval and if applicable to CCGs would be published on the website as part of the evidence trail for compliance.

The Committee received and approved the report and agreed to receive future reports every 2 months.

**ACTION:** Eric to provide bi-monthly updates on NICE TAs, Sam to add to work plan.

**QS/13/61 Safeguarding Children – Section 11 Audit Tool**

Kirklees Safeguarding Children’s Board requested that GHCCG complete a Section 11 audit during June 2013, the audit is based on self evaluation by all partner agencies helping them to identify areas of good practice and areas that need to be improved. Christina Fairhead presented an update of the audit and following submission, Christina attended a Challenge Event with panels made up of members of the Safeguarding Board and a Young People’s panel. The CCG will receive written feedback from this event.

The majority of the audit was RAG rated at green with none rated at red. Christina highlighted the actions at amber and anticipated that these would be green by the end of the year. Penny requested that the ambers be included and monitored through the Safeguarding Children’s quarterly report.

**ACTION:** Christina to include Section 11 Audit items rated as amber in future quarterly reports.

The Committee received and noted the report and acknowledged the good progress made.

**QS/13/62 Domestic Homicide Review Action Plan Update**

Christina provided background to the case involved in the Domestic Homicide Review and circulated an update against the recommendations arising from the Review. The recommendations were for General Practice in Kirklees, the majority of which were RAG rated at green. Further work was required on the 2 rated at amber. Christina confirmed that learning from this would be included as part of the PPT event for GPs.

The Committee received and noted the update.
Infection Control quarterly update

Sue provided an update on HCAI activity for Quarter 1 which included recommendations from the Committee at previous meetings. The report included mandatory surveillance figures for MRSA, C-Diff, MSSA and E-Coli together with benchmarking information for the Yorkshire and Humber region. The report also provided the Infection Prevention and Control Reporting Arrangements, detailing roles and responsibilities.

The Committee agreed this was a useful report and requested that future reports show what actions were being taken, rather than just figures. Irving also asked if the total number of patients treated could be included as part of the benchmarking data. Sue advised that the actual national targets could be included to provide some comparative information against the number of cases to date – C-Diff cases only as MRSA is zero tolerance. Sue agreed to do this for the next quarterly report.

ACTION:
1. Actions taken to be included in future reports.
2. Sue to include actual national targets for C-Diff cases in the next quarterly report.

111 Quality Governance arrangements

Penny presented the report which outlined the current clinical governance arrangements for 111, including local and regional groups. The report detailed each group and its responsibilities as well as the role of the CSU, and outlined the overall governance structure.

Penny advised on concerns regarding how the groups connected and fed into each other and informed the Committee she would be observing the regional group on the 18.7.13. Following this, Penny would be meeting with Carol McKenna to discuss how to take this forward. Discussions were also taking place with other CCGs.

The Committee received and noted the report.

Policy & procedure for the Performance & Management of Serious Untoward Incidents (SIs)

Penny presented the policy which had been developed following national guidance being issued by NHS England. The document outlined the responsibilities of the CCG who has overall accountability for serious incidents. The Commissioning Support Unit (CSU) will be managing the process on behalf of the CCG and the document clearly outlined accountabilities for each.
Penny advised that there would be one further addition to the document, which would outline the process for the performance management of 111 SIs. This appendix would be brought to the Committee for approval once completed.

Irving raised queries regarding the language of the document and what the thresholds were for reporting incidents. Penny confirmed that it was an expectation that providers would report near misses. Each provider was required to have policies and procedures in place which detailed the thresholds for reporting. The CCG has oversight of the incidents being reported and the CSU quality assure each investigation on behalf of the CCG. Eric also confirmed that both he and Dr Karen Dean had oversight of the medicines management incidents for CHFT and receive assurances. Penny pointed out that SI reporting was an area of concern for CHFT from a timeliness of completion of investigations and action plans being submitted, and also that no SIs have been reported since February 2013.

**ACTION:**
Christina advised of some minor amendments relating to safeguarding legislation, which she agreed to pass to Emma Bownas outside the meeting.

Following these minor amendments, the Committee received and approved the policy.

**QS/13/66 Serious Incidents report Quarter 1**

Louise Horsley – Senior Associate, Governance and Risk, CSU – presented an update for Quarter 1 in relation to serious incidents (SIs). The report provided an update on the serious incident reporting and management process, as well as the number of SIs and never events reported by providers.

Louise advised that no SIs had been reported by CHFT for Quarter 1, with 3 being reported by YAS and 14 by SWYPFT - 3 were allocated to GHCCG. No never events had been reported for the first quarter. Penny confirmed that the Area Team was responsible for commissioning independent investigations.

Judith raised a query around extensions to complete investigations and stated that a good reason would be needed to request this. Penny confirmed that the process is being strengthened around extensions to deadlines for completion and challenge was being put to providers regarding reporting.

The Committee received and noted the report and agreed to receive on a quarterly basis. The Committee noted that the concerns regarding CHFT reporting would be discussed at the Clinical Quality Board meeting.

**QS/13/67 Complaints report Quarter 1**

Janet Smart – Complaints Lead, CSU – presented an update for Quarter 1 in relation to complaints. The report detailed the complaints process and activity
between 1 April – 30 June 2013. A total number of 7 complaints had been received for GHCCG and an example of the nature of the complaints was given in the report. Janet confirmed that the complaints framework would be uploaded onto the GHCCG website.

Trends and themes were being identified and Penny confirmed that this information together with lessons learned would form part of the next quarterly report. There was also a requirement to publish an annual report.

Penny also informed the Committee that a composite patient experience report was being worked on, where complaints would be triangulated with other experience data. Further work is required on receiving information on providers’ complaints. This composite report was due to be completed within the next month and Penny agreed to provide an update at the next meeting regarding progress made on receiving information on providers’ complaints.

**ACTION:** Penny to provide an update on progress made in receiving information on providers’ complaints.

The Committee received and noted the report.

**QS/13/68 Equality and Diversity Action Plan update**

Sarah McKenzie-Cooper – Senior Associate, Equality and Diversity, CSU – presented an update on the Equality and Diversity Action Plan, as detailed in the CCG’s Equality and Diversity Strategy 2012-15. Sarah confirmed that progress was being made against most of the actions but pointed out that she had not been receiving completed Equality Impact Assessments from GHCCG for checking. Penny suggested that not everyone may be aware of this and asked Sarah to attend a future staff briefing to highlight this to staff. Penny also suggested that Sarah meet with Natalie Ackroyd regarding the business planning process to see if any minor changes were required in order to make best use of people’s time.

Sarah advised the Committee on areas of work she had recently been involved in, including the strategic review, the Local Enhanced Service review and patient experience work. Penny suggested that this information should be included as part of the next quarterly report.

Vanessa pointed out that equality and diversity was mentioned in the Risk Register and Section 11 Audit and asked if any cross referencing had been carried out with the Equality and Diversity action plan. Penny suggested that Sarah could carry out an equality review of a set of papers, e.g. Clinical Strategy Group, and provide feedback.

**ACTION:** 1. Sarah to attend staff briefing to provide information on Equality Impact Assessments.
2. Sarah to meet with Natalie Ackroyd regarding the business planning process.
3. Sarah to carry out an equality review of a set of papers and provide feedback.

The Committee received and noted the report.

**QS/13/69  Risk Register Review**

Following discussion at the last meeting, a copy of the current risks for the Head of Quality and Safety and Head of Medicines Management were received for information. Penny advised that the CCG Management Team was currently mid cycle in reviewing the risk register and that the Quality and Safety Committee had a scrutiny role regarding clinical risks. Penny informed the Committee that there were some potential gaps around safeguarding adults and a report would be brought to the next meeting.

The Committee received and noted the information.

**QS/13/70  West Yorkshire Quality Surveillance Group**

Penny provided an update around the Quality Surveillance Group which has been established across West Yorkshire. Guidance had been issued by NHS England on the establishment of Quality Surveillance Groups and the paper provided a copy of the Terms of Reference for the West Yorkshire Group. These meetings were taking place every month and were attended by both Penny and Carol McKenna. It was yet to be agreed whether the minutes from these meetings would be reported into Quality and Safety Committee or the Governing Body.

The Committee received and noted the report.

**QS/13/71  Kirklees Winterbourne View Concordat Commitment**

A copy of the Kirklees Winterbourne View Concordat Commitment was received for information. An update on the Kirklees Winterbourne Action Plan would be presented at the next meeting.

**QS/13/72  Issues for escalation**

The Committee agreed on the following items for escalation:

- Approval of NICE TAs
- Safeguarding Children Section 11 Audit
- Approval of Serious Incident Policy
- Numbers of Serious Incidents and Complaints for Quarter 1
QS/13/73 Work plan

The current 2013-14 work plan was received and noted.

QS/13/74 Minutes to receive

The following minutes were received for information:

- Patient & Public Engagement & Experience action notes 28.5.13
- Draft Calderdale & Greater Huddersfield NHS 111 Local Clinical Quality Group 19.6.13
- Draft Practice Quality & Development Group 2.7.13

QS/13/75 Any Other Business

Francis Inquiry - Vanessa asked if the Francis Inquiry Implementation Plan would be brought to the Committee for review and queried whether an area needed adding around culture. Penny confirmed that the implementation plan had been submitted to the Governing Body in July 2013 and an update would be brought back to the next meeting.

Future meeting times – the Committee asked if future meeting times could be extended by 30 minutes and run 12-2.30pm. Sam to look into the practicalities of arranging this.

ACTION: Sam to look into extending the meeting times by 30 minutes

QS/13/76 Date and time of next meeting

Wednesday 21st August 2013, 12pm, Stewart Room, BLH
## QUALITY & SAFETY COMMITTEE ACTION SHEET FROM
### MEETING HELD ON 17 JULY 2013

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Action</th>
<th>By</th>
<th>When</th>
<th>Responsible for action</th>
</tr>
</thead>
<tbody>
<tr>
<td>QS/13/138</td>
<td>PROMs update/Barnsley outlier data</td>
<td>17 Jy</td>
<td>2013</td>
<td>Vanessa Stirum/Emma Bownas</td>
</tr>
<tr>
<td></td>
<td>1. Emma Bownas to liaise with Claire Sibbald regarding links on the website.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/167</td>
<td>Service Specifications – future arrangements for approval</td>
<td>TBC</td>
<td></td>
<td>Penny Woodhead</td>
</tr>
<tr>
<td></td>
<td>To be added to a future agenda, once preparatory work carried out by Penny Woodhead and Vicky Dutchburn. Meeting arranged for 28.05.2013 to be re-arranged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/08</td>
<td>Winterbourne SCR action plan</td>
<td>21 A</td>
<td>August 2013</td>
<td>Vicky Dutchburn</td>
</tr>
<tr>
<td></td>
<td>Vicky Dutchburn to present action plan update at the next Q&amp;S Committee meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/40</td>
<td>HCA!</td>
<td>TBC</td>
<td></td>
<td>Sue Ross</td>
</tr>
<tr>
<td></td>
<td>1. A template for the Infection Control Policy will be made available and shared to all practices within GHCCG.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/45</td>
<td>Complaints Policy</td>
<td>TBC</td>
<td></td>
<td>Sam Royal</td>
</tr>
<tr>
<td></td>
<td>The newly appointed Corporate Governance Manager will be invited to a future Q&amp;S meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/59</td>
<td>Quality &amp; Safety Report</td>
<td>Completed</td>
<td></td>
<td>Sam Royal</td>
</tr>
<tr>
<td></td>
<td>1. Sam to circulate link to Keogh report to Committee members</td>
<td>21 A</td>
<td>August 2013</td>
<td>Penny Woodhead</td>
</tr>
<tr>
<td></td>
<td>2. Penny to present a paper on the Keogh report at the next meeting</td>
<td>On agenda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/60</td>
<td>NICE Technology Appraisals</td>
<td>Completed</td>
<td></td>
<td>Sam Royal</td>
</tr>
<tr>
<td></td>
<td>Eric to produce bi-monthly reports, Sam to add to work plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/61</td>
<td>Safeguarding Children Section 11 Audit</td>
<td>18 S</td>
<td>September 2013</td>
<td>Christina Fairhead</td>
</tr>
<tr>
<td></td>
<td>Christina to include audit sections rated as Amber in future quarterly reports for monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/63</td>
<td>Infection Control quarterly update</td>
<td>16 O</td>
<td>October 2013</td>
<td>Sue Ross</td>
</tr>
<tr>
<td></td>
<td>1. Actions taken to be included in next quarterly report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Sue to include actual national targets for C-Diff in next quarterly report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/65</td>
<td>Policy &amp; procedure for the performance of Serious Incidents</td>
<td>Completed</td>
<td></td>
<td>Christina Fairhead/Emma Bownas</td>
</tr>
<tr>
<td></td>
<td>1. Christina to advise Emma Bownas of amendments to SI policy outside the meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Emma to make changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/67</td>
<td>Complaints report Quarter 1</td>
<td>21 A</td>
<td>August 2013</td>
<td>Penny Woodhead</td>
</tr>
<tr>
<td></td>
<td>Penny to provide update on progress with collating information around providers’ complaints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QS/13/69</td>
<td>Equality &amp; Diversity Action Plan update</td>
<td>21 A</td>
<td>August 2013</td>
<td>Sarah McKenzie-Cooper</td>
</tr>
<tr>
<td></td>
<td>1. Sarah to attend staff briefing to provide information on Equality Impact Assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|   | 2. Sarah to meet with Natalie Ackroyd regarding the business planning process and Equality Impact Assessments  
3. Sarah to carry out an equality review of a set of papers and provide feedback | 18 September 2013 |
|---|---|
| QS/13/75 | Any Other Business – time of meetings  
Sam to look into extending future meetings by 30 mins | Completed  
Sam Royal |
Kirklees Council
Kirklees Health and Wellbeing Board
25 July 2013

Present:

Cllr Cath Harris (in the Chair)
Cllr Robert Light
Cllr Molly Walton
Cllr Jean Calvert
Chris Dowse – North Kirklees Clinical Commissioning Group
Dr Judith Hooper – Director of Public Health
Alison O’Sullivan – Director for Children and Adults
Dr David Kelly – North Kirklees Clinical Commissioning Group
Rory Deighton – Healthwatch
Damian Riley – NHS England
Dr Paul Wilding – Greater Huddersfield Clinical Commissioning Group
Carol McKenna - Greater Huddersfield Clinical Commissioning Group
Adrian Lythgo – Chief Executive, Kirklees Council

Invited Observers:

Neil Clark – Mid Yorkshire Hospital Trust
Karen Taylor – South West Yorkshire Partnership Foundation Trust
Catherine Riley – Calderdale and Huddersfield Foundation Trust

Observers:

Preeti Sud – NHS England (Northern Region)

12 Appointment of Chair

Agreed that Cllr Cath Harris be appointed as Chair for the meeting.

13 Membership of the Board/Apologies

Councillor Jean Calvert substituted for Councillor Mehboob Khan.
Apologies for absence were received from Councillor Mehboob Khan, Councillor Linda Wilkinson, Dr Steve Ollerton, Dr Farhad Kohi, Chief Superintendent Kingsman, Owen Williams, Steven Michael and Stephen Eames.
14 Minutes of previous Meeting

The Board considered the minutes of the meeting held on 30\textsuperscript{th} of May 2013.

RESOLVED –

That the minutes of the Board held on the 30\textsuperscript{th} of May 2013 be agreed as a correct record.

15 Interests

RESOLVED –

No interests were declared.

16 Admission of the Public

The Board determined that all issues would be considered in public session.

17 Deputations/Petitions

There were no deputations or petitions presented to the Board.

18 Public Question Time

There were no public questions asked at the Board meeting.

19 Date of next Meeting

The Board noted that its next meeting would be held on Thursday 29\textsuperscript{th} of August at 2.00 pm.

20 Joint Health and Wellbeing Strategy

The Health and Wellbeing Board received an update of the progress of the Joint Strategic Needs Assessment priorities, including the work being undertaken through the work streams of the Joint Health and Wellbeing Strategy.

Phil Longworth, Health Policy Officer, provided an overview of the system change and how the work in implementing the JHWS, was being coordinated. Appended to the summary document was a list of outcome indicators which had previously been endorsed by the Board. The intention was that the performance against the outcome indicators would be presented to the Board on an annual basis, with exception reporting as and when required.

The Board continued to receive an update on each of the four work stream areas which were:
Emotional Health and Wellbeing
Food
Alcohol
Learning and Skills Themes

In respect of the food work stream, the Board discussed the need to influence the provision from local sources, including how local producers provide local retailers with quality and cost competitive products. In respect of the alcohol work stream attention was drawn to the summit to be held on the 1st of September. It was agreed that a list of attendees would be circulated to the Board so that additional participants could be suggested.

The Board welcomed the update on the implementation of the Joint Health and Wellbeing Strategy. It was suggested that updates on the action plans should be brought back at regular intervals to the Board. In agreeing the recommendations, the Board noted that the Health and Wellbeing Board Members could take back information on the key themes to their organisations, it was agreed that in order to do this, a clear summary of messages should be provided to the Board Members to cascade.

**RESOLVED –**

1. That the update on the work streams from the Joint Health and Wellbeing Strategy be noted.
2. That the suggested approach and next steps of the work streams and JSNA priority areas be supported.
3. That the work stream JSNA Priority Sponsors provide on-going assurance of performance against actions.
4. That Board Members raise awareness of key themes for action amongst wider partnership networks.
5. That the Board contribute to the JHWS Thinking Project by individual members volunteering to be interviewed.
6. That the outcome indicators and dashboard reporting format be approved.

21 Joint Strategic Needs Assessment

The Board considered the Joint Strategic Needs Assessment for 2013 and Judith Hooper, Director of Public Health gave a presentation on the highlights of the assessment report.

The Board noted that the JSNA presented a picture of local current and future needs for adults and children. It was compiled from a wide range of local quantitative and qualitative intelligence from both routine and local survey data. It was noted that data relating to 14 year olds was not available at the current time but would be incorporated within the JSNA at a later date. The JSNA and supporting information were available on the Kirklees Council website.

The Board noted and welcomed news about the drop in smoking rates and the significant improvement in infant deaths particularly in North Kirklees
areas. It was noted that smoking at delivery had reduced to 17% in 2012 from 23% in 2005, but in some areas, such as Dewsbury and Batley, it remained high.

In respect of long term conditions it was noted that these were directly worsened by smoking and those with anxiety or depression were most likely to smoke. Dr Hooper also highlighted the outcomes of analysis around health functioning, which was the extent to which a person had problems with walking, pain, anxiety etc. and the ability to undertake usual activities. It was noted that depression, anxiety and chronic pain had the worst impact on health functioning with conditions such as asthma and diabetes being seen as having the least impact.

In considering the report and presentation, the Board discussed the approach to a dementia needs assessment, given the challenges of an increasing ageing population. It was noted that there was a section on dementia on the Council website and evidence was that the gap between diagnosis and support was closing.

The Board explored the specific issues in relation to women of child bearing age, particular issues that impacted on infant death statistics with specific reference to the Batley and Dewsbury areas. Work was on going with young people around behaviours however there was an on going challenge around frontline messages and how services work with people where the risky behaviours are seen as the norm.

RESOLVED –

That the update on the Joint Strategic Needs Assessment be welcomed and noted.

22 Community Budgets – Transforming Public Services

The Board considered a report that provided a summary of recent announcements and developments regarding community budget approaches to transforming public services.

The Board noted that the Spending Review 2010 had set out plans for Community Budgets, which would enable partners to redesign public services in their areas, agreeing outcomes and allocating resources across different organisations. Community Budgets would work by bringing together public sector money and resources in local areas to give authorities the freedom to integrate their work and design services around the needs of the people who use them. Across the country there were a number of Community Budget pilots including those in Manchester and Cheshire.

Within the Community Budget Pilots there was work being undertaken within the Health and Social Care theme. There were similarities to the current context within Kirklees namely;
Evidence of fragmentation and admissions to hospitals and care homes that could be avoided.

An ageing population with a growing burden of chronic conditions.

Unsustainable models of care and inter-dependents across the system.

Severe financial pressures.

A consensus on the need to invest in integrated community services.

The Pilots work took place against the backdrop of the reviews of acute care and number of existing integration initiatives.

The Pilots also proposed further joint work with the department of health, NHS Commissioning Board and Monitor to consider support for the development of innovation in contracting and commissioning models: Three year funding cycle for Clinical Commissioning Groups to enable service reconfiguration in integrated care: Proposals to make sharing of data the default position: Enablement of work force changes so that people could work across organisations in hybrid roles.

The report continued to outline the recent budget announcement on the £3bn for a Health and Social Care Integration Transformation Fund, a pooled fund, to be held by local authorities. To further enhance the funding, funding currently held by Clinical Commissioning Groups for reablement and carers breaks would also be included within the pools budget along with other grants which currently fund Social Care.

The pooled funding would be subject to plans being agreed by the Local Health and Wellbeing Board and signed off by Clinical Commissioning Groups and Council Leaders. It was envisaged that plans would be developed during 2013/14 to be implemented in 2014/15.

Whilst recognising the need to progress the approach to Community Budgets within Kirklees, it was felt that further discussion needed to take place at the Chief Officer Group. It was agreed that a more detailed proposal of options in Kirklees should be presented to a future meeting of Health and Wellbeing Board.

RESOLVED:

1. The report on Community Budgets be noted.
2. The following discussions at Chief Officer Group, a further report, including more detailed options, be submitted to the Board.

23 Involving Communities-30-60-90 Day Plan

The Health and Wellbeing Board received an interim update on the final stage of the Involving Communities-30-60-90 Day Plan.
The intention was that a more detailed report and presentation would be presented to the Board at its September meeting. Michael Greene, Head of Safe and Cohesive Communities outlined the two elements of work comprising the programme, which were:

Designing a programme of activities to build capacities in areas defined as a priority in a mapping exercise.

Design Community Involvement Programmes under Joint Health and Wellbeing Strategy Priorities to help tackle the defined health issues.

Mr Greene indicated that two pieces of research and analysis had been undertaken to define lower super output areas and middle super output areas to drill down in to two smaller geographical areas. Following the defining of the key communities, a second piece of research and analysis had considered how local community capacity in Kirklees could be defined and analysed. The desk top analysis was tested out with a workshop of frontline workers to take account of soft intelligence and local experience and insight.

The next steps were to agree with JHWS lead officers to develop discreet work programmes in priority areas in North and South Kirklees. The team would also start to identify assets in each area and work out programmes to focus on supporting delivery of the food and nutrition, alcohol, learning and skills and emotional wellbeing plans and programmes. There would be work to ensure that linkages were made with the Clinical Commissioning Groups and local GP practises within the priority areas.

In considering the report, it was suggested that the information regarding assets and buildings within priority areas should be shared with local ward councillors who would have a lot of local knowledge. It was confirmed that the next step of the project included engagement with councillors in the priority areas.

It was requested when the more detailed report came to the Health and Wellbeing Board in September, details of time frames for pilots etc. should be included.

RESOLVED –

1. That the next steps outlined in page 2 of the report be supported by the Board.
2. That a more in depth presentation on the Involving Communities Work Programme be considered at the Board meeting in September 2013.

Raising Quality Health and Social Economy – Winter Bourne Action Plan

It was agreed that consideration of this item would be deferred to the September meeting of the Health and Wellbeing Board and would encompass a wider discussion on the recommendations of the Francis Review.