



The YEARN Annual Report

2014



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Overview

YEARN is one of 15 regional clinical audit/effectiveness/improvement networks and is a member of the National Quality Improvement and Clinical Audit Network (NQICAN). NQICANs purpose is to 'work with, and provide a voice for, staff working in a clinical audit and quality improvement arena in organisations that either commission or provide care to NHS patients'. It also acts as a support network for the regional network chairs in the development of regional networks.

YEARN has been established as a regional network group since circa 2001, and in that time has seen the clinical audit agenda (nationally) improve and evolve. The network has also grown and developed over the years, but it would be fair to say that the network as a functioning group required re-invigorating and re-energising.

My first year, in this two-year term as the newly appointed Chair, has provided the opportunity to enable this to happen, resulting in a great sense of personal pride and satisfaction. Primarily this is due to a combination of several factors; a defined terms of reference, SMART objectives, a forward plan, but most importantly, proactive and engaged network members.

Our network continues to evolve and I would like to see this maintained over the next year and beyond.

The NHS faces some further difficult times and our members and their teams continue to be challenged to work harder, SMARTER and with fewer resources than ever before. It is vital that our network retains a pragmatic approach in acting as a support for its members, to ensure that they are receiving the right information at the right time via the most appropriate means at our disposal. Our links and relationships both internally and externally, for example with colleagues such as HQIP, are crucial to continue to promote and provide good practice around clinical audit, quality improvement and a range of assorted assurance initiatives.

Objectives

I was keen to lead changes to the network, facilitating it to function more effectively and sustainably in the months and years to come. An effective network has to be fit for purpose and be able to provide its members with a forum of which can receive and share up-to-date, relevant information, and be supported in an open and structured manner.

The review and revision of the terms of reference formed a basis for how the network would operate in the future, providing all members of the network with a clear outline of its roles and functions. The network will continue to have a clear structure and process for how it should operate, subsequently sharing learning and knowledge wider, thus forging stronger working relations within our region.



The annual work plan has enabled the network group to focus on key priorities that affect and influence its members. It also allows members of the network to engage in task and finish groups outside the formal meetings.

Our priorities for 2014 have been our annual event and education. Further information about these task and finish groups can be sought further on in this report.

Forward Plan for 2015

This will be included following the conference. The group exercise at the conference will help inform what the forward plan for 2015 should comprise. The will be in draft for the March 2015 meeting.

Jan Micallef

Clinical Audit Manager, Barnsley Hospital NHS Foundation Trust

Chair of the Yorkshire & Humber Effectiveness and Audit Regional Network (YEARN)

Regional Representative for National Quality Improvement and Clinical Audit Network (NQICAN)



Terms of Reference

The Yorkshire Effectiveness and Audit Regional Network (YEARN) is an independent group formed of representatives of organisations providing and commissioning NHS funded care. The network supports member organisations in providing and promoting good practice and innovation in clinical audit, effectiveness and quality initiatives.

1. Aim

To support the work of staff working in clinical audit, effectiveness, and quality within the Yorkshire and Humber region by:

- Providing, sharing, and disseminating good practice relating to clinical audit, effectiveness and quality processes, systems, activity, and tools through local knowledge and horizon scanning
- Providing a support mechanism to members of the network for the development of clinical audit, effectiveness, and quality within their organisations
- Providing a forum for discussion and debate
- Promoting training and development opportunities
- Maintaining alliances and links with the trusts involved in the group and other key external stakeholders; e.g. HQIP, NICE, NHS England etc.
- Maintaining two way communications with the National Quality Improvement and Clinical Audit Network (NQICAN) through the representative for Yorkshire and the Humber region

2. Membership of the group

Representatives will be the managers (or nominated representatives who have equal responsibility) for clinical audit, effectiveness, and quality from organisations that are:

- Providers of NHS funded care within the Yorkshire and Humber region
- Commissioners of NHS funded care within Yorkshire and the Humber region
- Special Health Authorities providing support services within the Yorkshire and Humber region

Members of other organisations (e.g. HQIP, NICE, NHS England) will be invited to attend meetings by either a standing invitation or an invitation to specific meetings.

3. Group website

The website is hosted in the National Clinical Audit Forum and will be open to anyone who would like to join.

4. Function of the group

YEARN will offer and assist with the following:

- Professional support



- Provision of a task and finish group that will organise a regional annual conference open to all staff within the Yorkshire and Humber region
- Provision of task and finish groups as and when necessary
- Identification of training and development opportunities
- Facilitation of cross boundary work
- Promotion of idea sharing
- Invitations to meetings for speakers on topics of current interest
- Feedback from and input to national conferences, NCAPOP, events and legislation
- Links with HQIP through regular communication updates and invites to regional managers meetings
- Maintenance of the YEARN website
- Maintenance of a Yorkshire and Humber region wide representation list

5. Frequency of meetings

Meetings to be held in alternate months throughout the year with the venue rotated between member organisations.

6. Administration process

The following administration process must be adhered to by all officers of the group for each meeting to ensure the efficient running of the group and the effective participation of all members in discussions.

- A call for agenda items will be circulated to YEARN members at least two weeks prior to each meeting. YEARN members have a responsibility to ensure that they table agenda items and papers in a timely manner
- Any agenda items tabled where the responsible YEARN member is not present and has not briefed a deputy will be automatically deferred to the following meeting
- The agenda and supporting papers will be circulated to YEARN members at least one week prior to the meeting
- Draft minutes will be sent to the Secretary within 10 days of the meeting
- Draft minutes will be circulated to YEARN members within 14 days of the meeting
- Draft minutes and supporting papers will be uploaded to the YEARN website within 7 days of circulation

Papers will not be accepted at the meeting but members will be given an opportunity to contribute to the agenda, and the papers will be distributed at least one week in advance. Members will also have the opportunity to raise items under an 'Any Other Business' section of the agenda.

7. Officers of the group

Officers of the group will be elected every other year at the same time the terms of reference are reviewed. Nominations can only be made in person by the individual wishing to stand, and terms of office are two years unless unchallenged. If challenged, an anonymous ballot will be held to



determine the officers for the year ahead. Officers are able to hold more than one position at any one time.

7.1 Chair

The Chair of YEARN is responsible for:

- Securing and applying for funding for venues, and securing venues for meetings at least 12 months in advance
- Chairing YEARN meetings
- Approving meeting minutes prior to distribution
- Chairing a task and finish group to organise the regional annual conference
- Ensuring all other officers and members of the group follow the terms of reference and work plans

7.2 Deputy Chair

The Deputy Chair of YEARN is responsible for:

- Supporting the Chair and coordinating YEARN tasks and meetings in the absence of the Chair
- Undertaking delegated responsibilities as agreed with the Chair

7.3 Secretary

The Secretary of YEARN is responsible for:

- Emailing a call for agenda items from all members two weeks prior to each meeting
- Organising and publicising dates and venues for meetings at least 12 months in advance
- Liaise with the Chair to produce an appropriate and timely agenda
- Distributing all relevant papers via email one week prior to each meeting
- Organising a minute taker prior to each meeting
- Distributing the minutes of the meeting once received from the nominated minute taker, within 14 days of the meeting
- Arranging for an attendance list to be produced for each meeting
- Organising and running the process for the election of YEARN officers

7.4 Minute taker

The minute taker of YEARN may be different for each meeting, and will be responsible for returned typed minutes to the secretary within 10 days of the meeting.

7.5 The Website Manager

The Website Manager of YEARN is responsible for:

- Maintaining the group website hosted on the National Clinical Audit Forum



- Ensuring agenda, papers and minutes are uploaded in a timely manner
- Maintaining a key contacts list for all member organisations

7.6 National Quality Improvement and Clinical Audit Network

The NQICAN Representative for YEARN is responsible for:

- Representing the group at NQICAN meetings (including appropriate task and finish groups), arranging deputies where required
- Acting as a conduit between YEARN members and NQICAN, escalating issues and questions raised at YEARN
- Providing feedback from NQICAN meetings in a timely manner

7.7 Members

The members of YEARN are responsible for:

- Actively contributing to each meeting
- Cascading learning and actions arising out of the meetings within their own organisation
- Raising relevant audits, effectiveness and quality project, presentation and information as agenda items
- Providing a knowledgeable resource to YEARN meetings
- Playing an active role in the assistance of organisation of meetings
- Notifying the Officers of any changes in contact details, attendance at meetings, and the name of the person who will deputise in their absence

8. Annual work plan

The following work plan must be adhered to by all officers and Task & Finish groups to ensure adequate governance of the group:

	January	March	May	July	September	November
Conference T&F Group	✓	✓	✓	✓	✓	✓
Officer Selection Process					✓ Every other year (2013/15/17)	✓ Every other year (2013/15/17)
Officer Term Starts	✓ Every other year (2013/15/17)					
Conference Attendance						✓
Conference Feedback	✓					

(Publication Date – 23rd September 2013 / Review date – 23rd September 2015)



Report of the Education Group

Chair of group:

Rosalie Havik
Clinical Effectiveness Education Advisor
Sheffield Teaching Hospitals NHS Foundation Trust

Membership:

Rosalie Havik	Clinical Effectiveness Education Advisor	Sheffield Teaching Hospitals NHS Foundation Trust
Susan Alibone	Clinical Audit Improvement Facilitator	NHS Sheffield Clinical Commissioning Group
Sue Cross	Clinical Governance Manager	Sheffield Children's NHS Foundation Trust
Linda Cutter	Clinical Governance Support Officer	Bradford Teaching Hospitals NHS Foundation Trust
Kay Davidson	Clinical Audit Facilitator	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Marc Lyon	Clinical Audit Manager	NHS Blood and Transport
Joanna Shinnars	Clinical Audit Lead	Bradford District Care Trust

Number of meetings held in 2014:

One meeting held on the 12th June 2014.

Aims / objectives of the group:

- To promote collaboration between all regional clinical audit/effectiveness departments involved in delivering clinical audit education.
- To develop a consistent approach to clinical audit education across the region through the development of a range of packages for specific groups such as junior doctors at various levels.
- To provide a forum for sharing thoughts, ideas and developments of clinical audit education.
- To provide regional support and views on national clinical audit educational developments from bodies endorsed by the Healthcare Quality Improvement Partnership (HQIP) and the National Clinical Audit Advisory Group (NCAAG).

Overview of activity undertaken in 2014:

None; we had planned to share the presentations that we use in the different organisations to create a generic presentation for all to use. However, in September Rosalie Havik stepped down as Chair of this group due to work commitments. At the November 2014 YEARN meeting a discussion took place around the purpose of the group and previous meetings. It was agreed that following the conference, the education sub-group and the conference planning sub-group will merge and focus on the education, training and development needs of all staff.

Forward plan for 2015:

Not applicable (see above).



Report of the Events Group

Chair of group:

Stephanie Loveridge
Interim Head of Quality Improvement
Bradford Teaching Hospitals NHS Foundation Trust

Membership:

Jan Micallef	Head of Quality Assurance and Effectiveness	Barnsley NHS Foundation Trust
Gemma Fowler	Quality Manager	LOCALA
Sue Cross	Clinical Governance Manager	Sheffield Children's Hospital Foundation Trust
Bev Ryton	Clinical Audit and Effectiveness Manager	NHS Sheffield Clinical Commissioning Group

Number of meetings held in 2014:

7 meetings, plus scheduled calls and virtual communication.

Aims / objectives of the group:

To develop the YEARN Conference for 2015 including agenda, speakers, venue, finance and management of the event.

Overview of activity undertaken in 2014:

- Venue booked
- Finance agreed
- External speakers confirmed
- Posters and presentation abstracts reviewed and selected
- Agenda finalised
- Work streams planned
- Work plan developed and tasks delegated to team meetings
- Request for delegates made

Forward plan for 2015:

- Additional 2 meetings booked to finalise arrangements
- Conference to be held 22 January
- Evaluate and debrief following conference
- Identify location for the 2016 conference and pay deposit
- Arrange YEARN conference planning group for 2016 conference



Report on the Annual Conference

Venue and background/Introduction

The quality, safety and effectiveness agenda is seeing unprecedented significance within the NHS. Ensuring that clinical effectiveness and audit staff are informed and skilled to meet the new challenges is essential. For this years annual YEARN conference the focus was on working together to achieve outcomes and using quality improvement methodology to increase the impact of the excellent work clinical audit teams are doing across the region. The aim was to introduce staff to tools and techniques which would provide an introduction to how they could be used.

A new venue was selected for this years conference, Thackray Medical Museum in Leeds. This historical venue has been of significant importance in healthcare and houses artefacts and displays which recognise how medicine has progressed. Auditing, testing and improvement methodology is not new to healthcare. You just need to think about how anaesthesia evolved through testing or PDSA cycles as they would be referred to now. The museum brings home that as healthcare professionals we are on a continual journey of improvement.

YEARN is a network of clinical audit and effectiveness professionals. An aim of the day was to develop this network both in regards to the immediate managers who are members of the YEARN group and wider colleagues who support the delivery of audit and effectiveness at a local level.

Format of the day

The vision for the conference was to provide an environment which would facilitate personal and shared learning and promote networking. The day was structured in the following way in order to ensure that a variety of teaching methods and opportunities for learning were available.

- Group sessions in which all delegates came together to hear important, consistent messages.
- Split group exercise sessions where delegates attended the group to which they were assigned.
- A choice of four breakout sessions from which the delegates were able to choose two most appropriate to their own learning needs
- Poster gallery which showcased audit and quality improvement projects from across the region giving the opportunity for peer discussion
- Networking luncheon

Agenda/topics/Speakers

Kat Young, the chair of the National Quality Improvement and Clinical Audit Network (NQICAN) opened the day and welcomed the delegates to the conference. This was followed by a very interesting talk by the curator of the museum, who set the scene by talking about how healthcare technologies have advanced over the centuries and how this has led to a safer and more effective healthcare provision.

Presentations from the following representatives of hospitals in our region took place, finishing with a Q&A session with the presenters:

- A Virtual Ward Approach to Integrated Care (Sheffield Teaching Hospital NHS Foundation Trust)
- Improving the Quality of Ventilation on the Critical Care Unity at Pinderfields Hospital (Mid Yorkshire NHS Trust)



- Accessing Services and Support at the Leeds Regional MND Care Centre: a retrospective case note audit (Leeds Teaching Hospital NHS Trust)

Before the conference broke for luncheon the NQICAN and YEARN chairs facilitated a group exercise, which was in two parts. The first part explored clinical audit, effectiveness and quality improvement – what works well and what we can do differently. The second part of the exercise explored shared learning – what are the barriers, what would help and what mechanisms do we use.

In the afternoon the delegates were separated into the breakout groups and went to two of the four sessions of their choice:

- Quality Improvement : Building capacity and capability (NHS IQ)
- Team working for effective change (Improvement Academy)
- Implementing change and improving outcomes (HQIP)
- Plan; Do; Audit; Act: It's audit, but not as we know it (Sheffield Health and Social Care Trust)

Number of attendees

The conference was well attended with 63 delegates attending from across the region, despite the wintry weather conditions. This year 48% of the delegates were from a clinical background.

Evaluation of the day

The conference was well received with many delegates expressing the following positive comments regarding content:

- Well organised
- Good content and interesting presentations
- Very interesting mix – well thought out
- Good content and interesting presentations
- Day informative and helpful in understanding architecture of audit
- Team working for effective change was beyond any doubt the best part of today and it would be lovely to have had a longer session – very useful and interesting
- The day was very useful and contents were adequate
- Interesting and good presentation especially MND Care Centre audit
- Thank you for a good day, lots to take back and put into practice

However a few negative comments were received:

- ...Other MDT professional groups need to be included – clinical psychology training has audit skills as a core component and the role of AHP's in QIP needs to be considered
- More training on “Implementing Change and Monitoring Outcomes” content
- Speakers from NHS England or DH to discuss future expectations and direction for audit as a whole
- Posters were perhaps not displayed to their best advantage
- Network exercise was not suitable for all delegates
- Not so relevant for clinicians – seemed more orientated to audit co-ordinators
- Feel that all audits presented should show a full cycle to show the effects of changes made/actions implemented
- No external speakers
- Time could have been utilised to link facilitators and clinicians more

Many (82%) of the delegates felt that the venue was either good or excellent. There was free parking and many enjoyed the trip around the museum. The negative comments mainly related to the cold rooms, late lunch time along with the food/ refreshments being poor.



Overall, the majority (82%) reported that the conference was well received and fulfilled their expectations, which were very reassuring. All the comments received will be reviewed and considered when planning for next year's annual event.



Minutes of the meeting held Thursday, 16th January 2014, 10am – 12.30pm, at Fieldhead Hospital, Ouchthorpe Lane, Wakefield WF1 3SP

Present:

Lauren Ackroyd (LA, minutes)
 Helen Blenkinsop (HB)
 Kitty Bywater (KB)
 Jim Chapman (JC)
 Sue Cross (SC)
 Suzy Daly (SD)
 Elizabeth Day (ED)
 Marie Dawson (MD)
 Gemma Fowler (GF)
 Rachel Garrison (RG)
 Chas Harrison (CH)
 Stephanie Loveridge (SL)
 Mark Lyons (ML)
 Jan Mathieson (JM, Chair)
 Sue Marshall (SM)
 Bev Ryton (BR)
 Darren Shipman (DS)
 Mandy Smith (MS)
 Sarah Kelly (SK)

No	Item	Action
01/14	Apologies: Adam Mosely, John Wooller, Stuart Nicholson, Shelagh Davenport, Claire Norfolk, Shirley King (SK), Lisa Denton, Lynn Marshall.	
02/14	Minutes of last meeting: The minutes of the meeting held on 13 th November 2013 had not been circulated electronically prior to the meeting and therefore paper copies received from BR were circulated. JM requested as HB had an amended final copy of the minutes the group would review them by email for accuracy.	HB to email final copy of minutes to JM JM to circulate minutes to group members to confirm accuracy ALL to raise issues of inaccuracies with minutes with JM once circulated
03/14	Matters arising: (including review of action plan): The following were discussed under housekeeping: <ul style="list-style-type: none"> • JM advised the attendance sheets would be scanned for all meetings to ensure analysis at the end of the year can be completed. • Cards were circulated to place in front of members to identify us by name and location • Thank you to Suzy for the arrangements in regards to the venue • Mobile phones should be put them on silent to avoid disruption 	



	<p>Matters Arising: Update for Terms of Reference - nominations occurs as an agenda item and will be discussed later in the meeting.</p> <p>HQIP Update - MS advised that the author of the Risk Assessment Presentation at the HQIP Conference would like to review the documents before circulating them as they were concerned that the documents hadn't been piloted outside their organisation. ML and SK had been involved in discussions to pilot this.</p> <p>JM reminded all members are to encourage GP colleagues to register to attend the free Significant Event Analysis workshops.</p> <p>Presentation by CHAIN - JM reminded members of CHAIN to update their contact details. JM felt it was unfortunate that the group couldn't see the system working at the last meeting. JM encouraged non-members to join up. JM advised the educational sub group would be discussed further in the meeting.</p> <p>Open Forum - ML confirmed he has received a couple of band 7 Job descriptions.</p> <p>National Audit Update – MS reiterated the importance of Clinical Audit staff recording issues with National Clinical Audits on the National Clinical Audit Feedback Portal. There were no further comments regarding the National Pain audit. JM reminded the group there were additional strands of the National Diabetes Audit soon to be rolled out.</p> <p>CQC – Intelligent Monitoring Report – JM advised members that once the minutes of the last meeting were circulated the link to access these reports would be available.</p>	<p>All note</p> <p>All note</p>
<p>04/14</p>	<p>Voting results: At the last meeting nominations were open for the YEARN officers posts. ML advised there had been interest in the positions over the voting period and upon closing, only one post (Chair /NQICAN representative) had more than one individual interested. For the last two weeks of December voting was open for Chair of YEARN/ NQICAN representative via Survey Monkey. ML advised he was confident the process was followed and confirmed Jan Mathieson has been successfully appointed into this role. ML confirmed Rachel Garrison had been appointed as Secretary, Chas Harrison as Website Manager and, Vicky Patel as Deputy. ML apologised for the delay in distributing the results but advised it was difficult to contact all involved over the holiday period and he wanted to ensure all parties were informed of the results at the same time.</p> <p>JM went on to remind the group of the officer's roles and responsibilities. The Chair and NQICAN representative will be responsible for:</p> <ul style="list-style-type: none"> • Secure and applying for funding for venues, and secure venues for meetings at least 12 months in advance • Chairing YEARN meetings 	



<ul style="list-style-type: none">• Approving meeting minutes prior to distribution, for which LA has volunteered to complete whenever possible• Chairing a task and finish group to organise the regional annual conference• Ensure all other officers and members of the group follow the terms of reference and work plans• Representing the group at National Quality Improvement and Clinical Audit Network (NQICAN) meetings (including appropriate task and finish groups), arranging deputies where required• Acting as a conduit between YEARN members and NQICAN, escalating issues and questions raised at YEARN• Providing feedback from NQICAN meetings in a timely manner <p>The Deputy Chair, Vicky Patel, is responsible for:</p> <ul style="list-style-type: none">• Supporting the Chair and coordinating YEARN tasks and meetings in the absence of the Chair• Undertaking delegated responsibilities as agreed with the Chair <p>The Secretary is responsible for:</p> <ul style="list-style-type: none">• Emailing a call for agenda items from all members two weeks prior to each meeting• Organising and publicising dates and venues for meetings at least 12 months in advance• Liaise with the Chair to produce an appropriate and timely agenda• Distributing all relevant papers via email one week prior to each meeting• Organising a minute taker prior to each meeting• Distributing the minutes of the meeting once received from the nominated minute taker, within 14 days of the meeting• Arranging for an attendance list to be produced for each meeting• Organising and running the process for the election of YEARN officers <p>The Minute Taker:</p> <ul style="list-style-type: none">• The minute taker of YEARN may be different for each meeting, and will be responsible for returned typed minutes to the secretary within 10 days of the meeting. <p>The Website Manager is responsible for:</p> <ul style="list-style-type: none">• Maintaining the group website hosted on the National Clinical Audit Forum• Ensuring agenda, papers and minutes are uploaded in a timely manner• Maintaining a key contacts list for all member organisations <p>The members are responsible for:</p> <ul style="list-style-type: none">• Actively contributing to each meeting• Cascading learning and actions arising out of the meetings within their own organisation• Raising relevant audits, effectiveness and quality project, presentation and information as agenda items• Providing a knowledgeable resource to YEARN meetings• Playing an active role in the assistance of organisation of meetings	
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	<ul style="list-style-type: none"> Notifying the Officers of any changes in contact details, attendance at meetings, and the name of the person who will deputise in their absence <p>JM asked if there is any information from members for distribution to the YEARN group, that it be forwarded to JM for circulation.</p>	<p>All note</p> <p>All note</p>
<p>05/14</p>	<p>Update from HQIP: MS updated on the following (a lot of which will be on the eBulletin that was recently published):</p> <p>The Quality Account list for 2014/15 was published before Christmas and contains the clinical audit list along with extra detail. NHS England are advising there may be significant changes to the list for 2015/16.</p> <p>Imperial College are jointly working with HQIP to ensure quality assessment of the National Clinical Audits (NCA), all providers of NCAs in the first instance need to complete a self-assessment. HQIP will be providing guidance to NCA providers to help Trusts who participate and streamline the process. There is a tool on the HQIP website which is the pilot version for self-assessment for NCAs. This tool is currently being finalised following the pilot and the final version will be available soon. MS advised the feedback from participants of NCAs would be through the National Clinical Audit Feedback Portal.</p> <p>The letter for fees for NCAs when out in December and the total for all 8 audits is £24,000; there are no substantial changes to this compared to last year.</p> <p>The HQIP local team are currently reviewing documents. There is a first draft for the review of criteria for clinical audit. For every statement in this document there will be reference to technical guidance. The document will cover both local and national audits.</p> <p>There are still places for GPs on the Significant Event Audit Training on the 28th January in York.</p> <p>80 places have been booked for the regional workshops about action planning. These are aimed at senior clinical leads or senior clinical audit staff. All in March 2014 and details are available on the HQIP website. In total there are 25/26 places per venue. Bookings will be reviewed by HQIP to ensure they are senior members of the organisation and also that there are only 2 members of staff per organisation. MS advised HQIP have recruited a member of staff for event booking.</p> <p>HB raised concern with the National IBD audit, specifically as to whether this will overlap with the audit requirements for JAG. MS advised HB to refer to the HQIP Quality Accounts webpage for contact details for the audit provider.</p>	
	<p>Feedback from Conference HB advised the analysis from the conference feedback was not yet completed but her initial impression was that the feedback was positive. There was an issue on the day with IT equipment and therefore there was negative</p>	



	<p>feedback regarding the first presentation. The first prize for the posters had been awarded to Harrogate. The total cost for the conference was £2590, and HB confirmed she would forward photos taken on the day to CH for uploading to the YEARN website. The group discussed some of the presentations specifically and it was noted that Richard Arnold expressed he was conscious of the fact NHS England should be involved in regional networks and was positive about the commitment of YEARN members.</p> <p>Going forward the group discussed that if there was another event, members should be clear on whom the conference is being aimed at and if necessary whether there needed to be break away sessions aimed at specific groups. It was also discussed how important it is for the session to be relevant to all healthcare providers/ across the complete care pathway.</p> <p>The group discussed that the Allied Health Science Network are currently setting up a conference to look at how trusts within the region are performing in regional and national audits.</p>	<p>HB to provide analysis and overview</p>
06/14	<p>Setting objectives for 2014:</p> <p>See appendix to minutes.</p>	
07/14	<p>Future plan for the way forward:</p> <p>See appendix to minutes.</p>	
08/14	<p>Future meeting dates for 2014:</p> <p>The group agreed to continue with meetings during alternate months. A room was available at The Rotherham NHS Foundation Trust on Monday 17th March 2014 and this date and venue was agreed. HB sent her apologies in advance. A tentative booking for the 19th May 2014 at Barnsley NHS Foundation Trust was also confirmed, with a slightly earlier start time of 0930.</p> <p>JM and RG went on to advise they were conscious that the meeting venues should be scattered throughout the region and agreed to pick some appropriate dates July 2014 onwards and circulate to the group for Trusts to volunteer to host.</p> <p>RG/ LA/ CH/ ML/ BR agreed form a sub group with the specific task of ensuring all organisations within the YEARN region are represented at YEARN and that the distribution list to support this is correct.</p> <p>There was a discussion regarding the YEARN geographical boundaries and MS suggested JM needed to discuss this further with NQICAN and possibly chairs of neighbouring networks.</p>	<p>JM</p> <p>JM/RG</p> <p>RG/LA/CH/ML/BR</p> <p>JM</p>
09/14	<p>Any other business:</p> <p>The group were reminded of the National Clinical Audit for Improvement Conference to be held in February. No members were planning to attend the conference due to lack of Trust funding. It was suggested Conference feedback should appear as a standing agenda item for YEARN meetings.</p> <p>JC advised that the local data for analysis for the National Audit of</p>	



	<p>Schizophrenia will be sent to each Trust if requested for before national results are published.</p> <p>SM advised that if using paper forms for NELA to check you are using the correct version as there have been a number of updated copies published on the audit website.</p> <p>JM asked if any acute Trusts were having problems populating the NCEPOD GI Haemorrhage patient data collection spreadsheet. SM and LA advised there had been no issues at their respective Trusts.</p> <p>CH advised there was a plan to make the YEARN website more accessible and user friendly.</p> <p>RG advised she would keep hold of the name plates for use at future meetings.</p> <p>JM thanked HB personally and on behalf of the group for her service to YEARN as previous chair.</p>	CH
10/14	<p>Date and time of next meeting: Monday 17th March 2014, 10 – 12:30pm</p> <p>Fenton, Barber and Canklow Rooms The Rotherham NHS Foundation Trust Woodside <i>(please note this is further down Moorgate Road from the main Hospital site)</i> 120 Moorgate Road Rotherham S60 2UD</p> <p> Woodside TRFT.doc</p>	



Minutes of the meeting held Monday 17th March 2014, 10am – 12.30pm, at the Fenton, Barber and Canklow Rooms, The Rotherham NHS Foundation Trust, Woodside, 120 Moorgate Road, Rotherham S60 2UD.

Present:

Linda Cutter (LC, deputising for Stephanie Loveridge)
 Susan Alibone (SA, deputising for Bev Ryton)
 Marie Dawson (MD)
 Vicky Patel (VP)
 Rosalie Havik (RH)
 Gemma Fowler (GF)
 Marc Lyons (ML)
 Barbara Stearn (BS)
 Chas Harrison (CH)
 Rachel Garrison (RG)
 Jan Mathieson (JM, Chair)
 Lauren Ackroyd (LA, minutes)
 Mandy Smith (MS)
 Sue Marshall (SM)
 Darren Shipman (DS)
 Adam Mosley (AM)

No	Item	Action
12/14	<p>Apologies: Elizabeth Day, Valerie Aguirregoicoa, Helen Blenkinsop, Stephanie Loveridge, Sue Cross, Suzy Daly, Bev Ryton, Lisa Denton, Jim Chapman, Stuart Nicholson.</p>	
13/14	<p>Minutes of last meeting held on 16.01.14: The minutes of the meeting were accepted as an accurate record.</p>	
14/14	<p>Matters arising: <i>Minutes of 13.11.13</i> – the group acknowledged the minutes distributed with the March agenda as they were not available at the January YEARN meeting. <i>YEARN Conference Feedback</i> – HB gave a brief verbal update at the last meeting regarding the 2013 conference. A written analysis of the feedback was still outstanding from HB. JM agreed to request this outstanding information from HB. <i>Meeting venues 2014</i> – May 2014 will be held at Barnsley NHS Foundation Trust, with an earlier start time of 0930. In July the meeting will be at Humber NHS Foundation Trust and LM will host this. There has been no confirmation of a venue for September, but GF agreed to look into somewhere at her organisation. November 2014 will be held at Sheffield CCG and BR will host this. <i>Membership and distribution list</i> – LA and RG have met and used NHS Choices to establish a definitive list for members for YEARN for which JM will write to those that don't currently attend. RG advised that a survey monkey has been emailed round for managers to return the information for each organisation</p>	<p>JM</p> <p>GF</p>



	<p>representative. There is an issue regarding identifying the Third Sector organisations as there is no central list for these.</p> <p><i>YEARN Website</i> – CH advised there is a YEARN website on the HQIP website, but we are currently having problems uploading documents. CH is in regular contact with Alex Bird at the Healthcare Quality Improvement Partnership (HQIP) to try and rectify this problem. MS advised that HQIP are currently updating their website and therefore this problem may be resolved shortly. They are also moving offices and therefore servers and this update may also provide a solution. The group discussed that the use of a Twitter or Facebook account may be a useful repository for group communication and information sharing. This arena will need to be explored in more detail. The group agreed to start a survey monkey and RG and CH were tasked with this to look at the members possible use of Facebook and Twitter and social media in general. JM also reiterated that if any members of the committee wanted any information sharing with the group then it can be sent to JM, RG or CH to circulate.</p>	RG/CH
15/14	<p>Standing item - Feedback from Events Group: JM and GF gave feedback from the subgroup which also includes BR, SL and JC. The subgroup had agreed an annual event was required and that this session should also be a conference. The group has discussed breakout sessions to run in parallel with each other. The group require the feedback from the last conference and JM will request this again from HB. There has been a discussion about encouraging networking and a key theme could possibly be quality improvement. There was also talk about having activity sessions to make the day more interactive and educational, to actually provide the tools to facilitate the tasks that are available. The group will be meeting next at Bradford as there has been discussion about using the lecture theatre there for the annual conference. JM advised the group that the event sub group has considered moving the event to January 2015 and that if anyone was interested in joining the event sub group then they are more than welcome. GF advised there has been an in-depth talk about who the audience should be, but a decision regarding this had not yet been reached. ML advised that weather may be an issue for an event held in January.</p>	
16/14	<p>Standing item - Feedback from Education Group: ML asked to join this group after the last meeting. RH is to contact all the people in the sub group list to see how to progress the group. RH has discussed with the National Quality Improvement and Clinical Audit Network (NQICAN) and Kate Godfrey at HQIP to see what the need is for national educational programmes. RH advised there would be further in-depth feedback at the next YEARN meeting. JM advised that there was an excellent opportunity to influence the training provided to medical schools from the region's universities.</p>	RH
17/14	<p>Standing item - Update on Objectives and Forward Plan: JM asked the group whether the members had had chance to go through the document with the objective of agreeing YEARNs annual objectives. Objectives 1 (annual event) and 2 (Education) have already been discussed. Objective 3 (guest speakers) CH advised that it is important to know who the</p>	



	<p>speakers are prior to the meeting to allow members to prepare questions. It was agreed that a guest speaker was preferred at alternate meetings. MS agreed to run through the content and outcomes of the regional Quality Improvement initiatives currently being run, this was agreed for the July YEARN meeting. Objective 4 (Annual report) and 5 (calling for agenda items) were agreed. Objective 6 (geography of network) is in progress. Objective 7 (NQICAN) – JM has had an introductory email from Kat Young, chair of NQICAN. JM is attending the NQICAN in London on 26th March. Objectives 8 (work plan) and 9 (website) have been discussed.</p> <p>The group agreed that the turnaround time of receiving meeting papers has improved.</p> <p>RH advised her surname was spelt incorrectly on the document.</p> <p>MS confirmed the funding figures on page 4 of the work plan are correct.</p> <p>The sponsorship from companies was removed due to the complications it brings.</p> <p>JM and RG agreed to update the work plan and return the updated documents to the next meeting. GF asked that abbreviations be qualified to first time they arise in the document.</p>	<p>JM/RG</p>
<p>18/14</p>	<p>Standing item - Update from the National Quality Improvement and Clinical Audit Network (NQICAN):</p> <ul style="list-style-type: none"> • The next NQICAN meeting is on 26th March 2014. NQICAN stands for National Quality Improvement and Clinical Audit Network. It is the network of network meetings and representatives are there from HQIP and NHS England. There are other organisations who attend as observers. JM will make notes on returning and will share the information as soon as allowed. • VP had participated in a teleconference and updated on the January YEARN meeting. VP advised that there were two themes discussed; regional groups reviewing their memberships and the opening of the groups up for clinicians. JM advised she would seek clarity regarding this at next week's NQICAN meeting. The second issue that was discussed at the tele-conference was regarding an information governance (IG) statement which has potential to affect the undertaking of clinical audit projects. VP advised that NHS England have issued some guidance on this, which has not been easy to locate and Sheffield are in the process of reviewing their own information governance procedures. JM has discussed this IG issue with her organisation's IG Manager which in turns has been discussed at their Yorkshire and Humber IG network meeting. JM advised that patient lists must be separated from clinical audit data and that patient data must not be identified. MS advised that HQIP are in the process of trying to get some clarity regarding the use of patient information for clinical audit and to reflect this in the update of their guidance. 	<p>JM</p>



<p>19/14</p>	<p>Standing item - Update from the Healthcare Quality Improvement Partnership (HQIP): MS advised the presentation would be distributed with the minutes, but highlighted the following:</p> <ul style="list-style-type: none"> • Mandatory & statutory update – drivers to focus on clinical audit are reducing e.g. NHSLA • NHS Standard contract has been updated to continue requirements to participate in NCAPOP programme, must have an on-going proportionate programme of clinical audit and provide data for consultant level reporting. There are also explicit provisions for audit findings to be shared with commissioners • Quality accounts – there are no changes to the framework this year and changes to be made will be for 15/16. The quality accounts report will now slot into the FT Quality Report. • Consultant-level outcome data was published in 2013 in ten clinical audits. A report is available on the HQIP website reporting on this. For 2014 there will be three new specialties and consultant consent is now no longer required. • HQIP are currently reviewing their guidance documents as some of it is now out of date. Key document will be <i>Criteria and Indicators of best practice in Clinical Audit</i> and other documents will then link into this document to provide the detail to support this. Consultation on this document will begin shortly. • Three workshops will be run by HQIP – Root cause analysis for clinical audit, new guidance for commissioners and Updated training for non-executive directors. • NAGCAE have two vacant places (deadline 3rd April 2014) and NCEPOD have requested audits for a report launch (deadline 4th April 2014). <p>The group advised MS the slides were incredibly helpful and thanked her for her continued support to YEARN.</p>	
<p>20/14</p>	<p>Risk assessment of Clinical Audit: ML has arranged with the author, who completed this at a conference last year, to meet and look at how this piece of work can be implemented in our organisations. ML is working with SM, VP and JM to pilot this process. ML has had early positive feedback regarding this and advised the group that further feedback would be available at the next meeting.</p> <p>The process allows clinical audit leads to risk assess the findings from clinical audits to quantify each risk against a set of criteria and trigger within an organisation what processes should be followed based on this risk.</p> <p>Feedback will be provided at the next YEARN meeting.</p>	<p>ML</p>
<p>21/14</p>	<p>Feedback from the Clinical Audit for Improvement Conference (26/27 Feb): MS and VP provided an update from the conference. MS advised the attendance was extremely low, there were only 62 individuals on the delegate list. MS advised that cost of the conference is obviously having an impact on attendance. VP advised there was a drive on auctioning local results fed into</p>	



	National Audits before the National Reports are published. There has been no formal feedback yet from the conference.	
22/14	<p>Medical School / Deanery Update: VP advised that a medical student had approached her regarding how to get involved with clinical audit in organisations who are linked to Sheffield University. VP asked if all were happy to have their name added to the list for links then please send contact details to VP for the Sheffield Medical School.</p>	All to note
23/14	<p>Changes to junior doctor education and training structure: RH updated following a meeting with the Head of Foundation for Year 1 and 2 for South Yorkshire. Training is being re-structured from foundation 2 to foundation 1. This will involve clinical audit, patient safety and quality improvement. RH will take this forward with the training programme directors at Sheffield. North Yorkshire and East Coast have focussed their efforts of quality improvement. RH asked if it would be helpful - once Sheffield had decided a process - whether this would be useful to share with other areas. Sheffield will be responsible for delivering clinical audit training to F1 and F2s.</p> <p>The group agreed that from an organisational point of view a national perspective and discussion with the Deanery would be beneficial. JM agreed to discuss this with RH outside the meeting and take to the NQICAN meeting on 26th March.</p>	RH/JM
24/14	<p>PPI and Clinical Audit: VP advised that across their organisation there was little evidence of actively involving patients and public with clinical audit projects. They have now, using NHS volunteers completed three service improvement projects and the first clinical audit is to begin shortly with patient and public involvement. VP advised they would be able to provide further updates at future YEARN meetings. JM will review at the next meeting how this can be discussed and improved going forward, DS agreed to pull together a paragraph for the next meeting regarding the processes in place at Airedale.</p>	JM/DS
25/14	<p>Open forum (Q&A from YEARN members):</p> <ul style="list-style-type: none"> No questions were raised. 	
26/14	<p>Any other business:</p> <ul style="list-style-type: none"> CH wished to raise that he has been attending the YEARN meeting for some time, but have found this meeting to be the most beneficial and informative of them all. SM thought it may be useful to have a discussion topic per alternate meeting to hold a debate or reach conclusions at each meeting; this would start with PPI at July's meeting. 	JM/RG
27/14	<p>Date and time of next meeting: Monday 19th May, 9.30am – 12pm, Barnsley NHS Foundation Trust</p> <p><u>PLEASE NOTE EARLY START TIME</u></p>	



Minutes of the meeting held Monday, 19th May 2014, 9:30am – 12pm in Room 10 of the Education Centre, Barnsley Hospital NHS Foundation Trust, Gawber Road, Barnsley, S752EP

Present:

Jan Mathieson, Barnsley Hospital Foundation Trust
 Vicky Patel, Sheffield Teaching Hospitals Foundation Trust
 Joanna Shinnars, Bradford District Care Trust
 Jim Chapman, Sheffield Health and Social Care Trust
 Shirley King, York Hospital
 Adam Moseley, The Retreat
 Bev Ryton, Sheffield CCG
 Stephanie Loveridge, Bradford Teaching Hospitals Foundation Trust
 Sue Marshall, Airedale Foundation Trust
 Suzy Daly, South West Yorkshire Partnership Foundation Trust
 Mandy Hurley, Calderdale & Huddersfield Foundation Trust
 Chas Harrison, Doncaster & Bassetlaw Hospitals Foundation Trust
 Sarah Kelly, Rotherham Doncaster & South Humber Foundation Trust

No	Item	Action
28/14	<p>Apologies:</p> <ul style="list-style-type: none"> • Marc Lyon, NHS Blood & Transplant • Darren Shipman, Bradford Care Trust • Steph Lawrence, Airedale, Wharfedale & Craven CCG • Elizabeth Day, Leeds & York Foundation Trust • Claire Norfolk, North Yorkshire & Humber CSU • Mandy Smith, HQIP • Stuart Nicholson, Leeds Teaching Hospitals • Lauren Ackroyd, Rotherham Foundation Trust • Rosalie Havik, Sheffield Teaching Hospitals • Sue Cross, Sheffield Children's Hospitals • Barbara Stearn, Harrogate & District Foundation Trust • Gemma Fowler, LOCALA • Rachel Garrison, Rotherham CCG • Linda Daniel, NHS England 	
29/14	<p>Minutes of last meeting held on 17.03.14:</p> <p>The minutes were taken as correct with the exception of the amendment.</p> <p>ACTION: Stuart Nicholson from Leeds Teaching Hospital to be added to the apologies list.</p>	RG
30/14	Matters arising (not elsewhere on the agenda):	



<p><i>YEARN conference feedback</i> Jan gave thanks to Helen for the constructive conference feedback from the 2013 conference. It was very detailed with additional qualitative information which is very useful for the events group now to be planning for the 2014 conference.</p> <p>ACTION: for the Events Group to refer to the feedback when planning the next conference.</p> <p><i>Meeting venue for September</i> Gemma Fowler will be hosting on September 9th 2014 10am - 12.30pm at Dewsbury Health Centre. Details to be circulated nearer the time.</p> <p><i>YEARN communications</i> The SurveyMonkey link was distributed to all members and 19 responses were received:</p> <ul style="list-style-type: none">• 100% wish to continue to use the existing system of email• 32% would like to be able to access a website• 5% would like to use Facebook• 0% want to use Twitter <p>Comments were as follows:</p> <ul style="list-style-type: none">• Email website with forum section• No, not very advanced with my technology, but additional information would be good on a specific website. Or all info on website with a reminder e-mail before each meeting to look at it would be helpful.• I think Facebook would be a good different kind of communication - akin to having threads about different things in addition to announcements such as meeting details• No further suggestions, however would strongly oppose using social media sites. Facebook, Twitter and other social media sites are not available on computers in our organisation, as IT block access to these sites. Also, not everyone has, or wishes to have, a social media account.• I'm not a user of either Facebook or Twitter and specific websites usually required log-in details. Effective use of existing system is for me the most accessible and convenient approach.• I would prefer not to rely on social media - I think that's an informal method of communication and we're a formal group. Someone would also have to take responsibility for it which has a time commitment. <p>Chas gave an update to say there were still network links on the HQIP website, and Mandy from HQIP has advised that they are looking into new servers so hopefully the problems with the network links will soon be resolved. We will await an update on this from HQIP.</p> <p>ACTION: we all agreed that we would continue with email as our form of communication.</p> <p>It was noted to give thanks to Rachel for the administrative support to the YEARN group to date.</p>	<p>SL</p> <p>All note</p>
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	<p>communication and networking. Presently venues are the big stumbling block. The events group are even looking at potentially using venues etc. as well. Chas suggested Doncaster Rugby Club and he will investigate this and feedback to the events group. The events group's next meeting is a virtual meeting and then are meeting post the September YEARN meeting.</p>	
32/14	<p>Standing item - Feedback from Education Group:</p> <p>Apologies received from Rosalie Havik; no update for this meeting other than to note first meeting of the Education Group on 12th June, 10am-12pm.</p> <p>ACTION: Feedback from this will be fed into the July YEARN Meeting.</p>	RH
33/14	<p>Standing item - Update on Objectives and Forward Plan:</p> <p>Not discussed at this meeting.</p>	
34/14	<p>Standing item - Update from the National Quality Improvement and Clinical Audit Network (NQICAN):</p> <p>No update because unfortunately Jan was unable to participate. The last minutes and the presentation have already been circulated. There are no further questions around the table with regard to this. Jan commented that in future she would actually like to present Kats presentation to the YEARN Group to promote further discussion. The group were reminded again that anyone can use NQICAN's twitter accounts.</p>	
35/14	<p>Standing item - Update from the Healthcare Quality Improvement Partnership (HQIP):</p> <p>Apologies received from Mandy Smith. Everybody received the update with the agenda. 3rd and 4th November 2014 are the dates for the HQIP Conference. Accommodation is available on site. Sir Bruce Keogh will be a keynote speaker. There are subsidised daily rates available on a first come, first served basis. So individuals need to look out for HQIP's news bulletin for when the booking opens.</p> <p>Also attached in the agenda was that Train the Trainers Clinical Audit Workshop flyer which is being run by CASC and HQIP. There's one place per organisation and it is free, but if you don't attend you do have to pay a £75 fee. The regional ones are on 3rd June for Manchester, 4th June for Leeds and 27th June for Birmingham. There are other dates down in the south of England.</p> <p>HQIP are offering a Clinical fellowship programme for junior doctors as they finish their training, so this is appropriate for ST3 and above (Funded by HQIP and in collaboration with the CQC). There is a link on the HQIP website. Jim commented on as to why this is only open to junior doctors and he will follow this up directly with Mandy and feedback to Rachel and Jan to disseminate this information to the YEARN group.</p>	



	<p>ACTION: Jim to discuss fellowship programme with Mandy.</p> <p>There are no further questions for Jan to raise with Mandy.</p>	<p>JC</p>
<p>36/14</p>	<p>Membership of the Group:</p> <p>Following the exercise to identify areas without representation at YEARN, a stocktake was carried out of all relevant organisations in the Yorkshire and Humber Region. We found we had representation from 31 organisations, but that 19 had no current member; 15 Clinical Commissioning Groups (CCGs), 2 NHS England Local Area Teams (LATs), 1 Commissioning Support Unit (CSU), and 1 Foundation Trust (FT). Letters were sent on the 24th April to the Chief Executive or Chief Officer of each organisation along with the terms of reference and an overview of membership inviting attendance from relevant members of staff.</p> <p>Responses so far are as follows:</p> <ul style="list-style-type: none"> • Letter returned from Harrogate & Rural District CCG, addressee no longer there • Steph Lawrence and Janet Hargreaves joined from Airedale, Wharfedale & Craven CCG • Linda Daniel joined from NHS England South Yorkshire & Bassetlaw Area Team • Gillian Laurence joined from NHS England West Yorkshire • Terry Matthews re-joined from Calderdale & Huddersfield NHS Foundation Trust <p>We talked about the 15 CCGs and Bev commented that she really doesn't have any contact in other CCGs and each CCG had a different remit and seems to be set up differently. It was suggested that maybe we need to change the way that we are promoting YEARN to the CCGs, so that they could appreciate why they would benefit from being a member.</p> <p>ACTION: A further letter will be written to the CCGs. Jan will speak to Rachel about drafting a letter and consult with Bev and Steph before sending this out to the other CCGs.</p>	<p>JM</p>
<p>37/14</p>	<p>Effective networks for improvement (for information only):</p> <p>There was some information attached to the agenda. Steph said that she had contributed to do some work through the Health Foundation on networking. What would be useful is to use the effective networks for improvement to see if YEARN have got it right. At the next NQICAN meeting going through the booklet in detail to see if we have got the support of our networks right.</p> <p>ACTION: Jan will feedback after the next NQICAN meeting.</p> <p>Steph has been involved with the Health foundation and attended a 'think tank' event around networking and she will be able to feed this back to YEARN.</p>	<p>JM</p>



<p>38/14</p>	<p>Feedback from the National Institute for Health and Care Excellence (NICE) Conference on 13th – 14th May:</p> <p>Bev, Steph and Vicky had all attended the NICE conference. It was feedback that it was a good conference this year. Stimulating information gave good ideas to take forward. Key messages were around integration and working together across the pathway. The NICE conference took on a better format this year. We could learn from the way that the NICE conference is delivered. They didn't have a lot of PowerPoint presentations, there was a lot more group discussions with the chair of each session. They were interactive and they used keypads for voting etc. and we have discussed the possibility of using something like this at the YEARN conference. Their CQC inspector attended and gave some detail on some of the new assessments and regulations. They focused a lot on primary care and the social care side. They have carried out a pilot with some GPs, who have feedback fairly negatively on how time consuming it is trying to meet the objectives for the CQC assessment. They will be moving into a second phase of the pilot and this will continue.</p> <p>There were discussions around Quality Standards and National Audits. Patient Safety Congress is being held this week in Liverpool. Nobody around the table was attending, but if any YEARN members do, feedback would be made into the YEARN group. At the last conference there was no information on how to use your quality standards, the emphasis is really on the fact that we need to be implementing them. There is always the opportunity to participate in the consultation of any NICE publication. So if we are disagreeing we should contribute actively to the consultation.</p> <p>CCGs as providers need to work together and really be identifying areas for improvement that really matter to the local population and focus on that for that year.</p>	
<p>39/14</p>	<p>Open forum (Q&A from YEARN members):</p> <p>It was raised what is NQICANs stance on quality improvement and how will they get their message across?</p> <p>ACTION: Jan will take this to the next NQICAN meeting.</p> <p>It was commented that National Audits are growing and they take a lot of resource. It is improving and they are looking at this but it is taking time. Organisations need to provide as what they are anticipating because they do not always have resource to participate in everything. It was suggested that Liverpool had a template for assessing whether they should participate in a national audit or not. Not every organisation participates in everything. They need to decide what they do participate in and whether it's going to be of real value for the patients.</p> <p>It was asked if Mandy had got any feedback from HQIP on their Action Planning Workshop. Jan will check this with Mandy. There were a few people round the table that had attended, but didn't feel they particularly got what they wanted from the day and it was suggested that maybe it wasn't pitched</p>	<p>JM</p>



	at the right people to attend.	
40/14	<p>Discussion Topic / Speaker Slot: Patient and Public Involvement and Clinical Audit</p> <p>Partners in Audit Network (PiAN) – sent by Darren Shipman: The Bradford District Care (BDCT) Trust PiAN is managed by the Improving Patient Experience Team and supported by the Clinical Audit Team and is BDCT’s ‘hub’ of service user and carer involvement in clinical audit. PiAN members will be given honorary contracts and supported to work on audits within the various services in conjunction with other service users, carers and staff. The role of the PiAN mirrors that of the Locality Governance Groups. Potential topics for clinical audit identified by the PiAN are communicated by it to the Clinical Audit Team for dissemination and consideration in Locality or Service Level clinical audit programmes. Clinical audits monitored via the PiAN will be service user and carer led and may be conducted across multiple services and professions.</p> <p>People just discussed roughly how they get involved with patient and public involvement in audit around the table. It’s very varied and some people were struggling with the concept depending on how audit was set up in their organisation and extra responsibilities depending on how closely the links were between patient experience and clinical audit. Some patients and public involvement in clinical audit were undertaking service evaluations rather than audits. Some of the topics that were being identified didn’t have standards and then resulted in it being service evaluation, although improvements have been made as a result.</p> <p>Jan asked if everybody attended Patient Experience Groups in their organisations and it was identified that not all do attend or have links with these groups.</p> <p>Steph identified that she had managed to get some funding as part of the ‘Closing the Gap’ project called ‘Praise’ and how they were looking at a safe environment project. This was really focusing on some patient experience in work. Patient experience teams and clinical audit teams aren’t necessarily integrated in organisations, is this of any value? CCG Sheffield is actively working this year with trying to engage their service users to make improvements. The YEARN group decided that as a network we should be trying to share good examples of good practice, where we are involving patients and the public. It was asked if Jan could ask NQICAN what they are doing. Have they got a patient rep on their group? It was suggested previously about having a patient and public rep at the YEARN group, but it was decided at the time that it was not practical.</p> <p>Jim stated that they were now advertising for a PPI lead who was a service user at a Band 8a. It will be interesting to watch how that role develops. They will manage the Service User Unit.</p> <p>Jan mentioned that Barnsley have looked at their foundation trust members and looked to see who attends and who doesn’t attend meetings. Often the people that attend are either retired or service users that don’t work. So it’s not being fully representative of the whole population and sometimes this is</p>	



	replicated in terms of patient and public engagement in quality improvements. It was also agreed that it is difficult to implement in each organisation because we're all set up so differently.	
41/14	Any other business: None to record.	
42/14	Date and time of next meeting: Wednesday 9 th July 10am – 12:30pm Humber NHS Foundation Trust	



The meeting due to be held Wednesday 9th July 2014, 10am to 12:30pm, was cancelled due to the number of apologies received.

This document forms an update on standing items to the group in the absence of the meeting. Matters arising from the July agenda will be rolled forward to 9th September.

Standing item - Feedback from Events Group. Chair - Stephanie Loveridge:

We have speakers confirmed from NHS Improving Quality and the AHSN Improvement Academy. This will just need to be confirmed once we have a date finalised. We are visiting a potential venue next week and will hopefully confirm a date shortly after that. Unfortunately no further funding has been identified other than that from HQIP so we will be dealing with a tight budget. Information regarding the call for abstracts will be out shortly.

Standing item - Feedback from Education Group. Chair - Rosalie Havik:

- 1st Meeting held on 12 June 2014
- Rosalie Havik is chair, Sue Cross has agreed to be Deputy Chair
- It was agreed that the purpose of the group is to streamline clinical audit education across the region through the sharing of information and working together to deliver similar programmes
- All those attending gave an overview of the kind of education they currently deliver at their organisation
- The Terms of Reference for the group were discussed and are due to be finalised at the next meeting. Following this they can be shared with the YEARN members.
- The group has decided that for the next year they would like to meet every two months. Meeting locations were discussed and it was agreed by the group that the meetings would take place at Sheffield CCG.
- The group agreed to set two objectives for the next 12 months:
 1. Streamline Junior doctor training
 2. To be determined after reviewing the HQIP Education Strategy and in consultation with YEARN
- The group discussed Education Ideas for the conference and wondered if a session on how to develop a clear action plan and what makes a good action plan would be beneficial to members in the audience. This can be discussed further at YEARN.

Standing item - Update on Objectives and Forward Plan:

To be discussed at the next meeting.

Standing item - Update from the National Quality Improvement and Clinical Audit Network (NQICAN):

Please see Kat Young's presentation.



NQICAN Update
5_Summer2014.pptx

Standing item - Update from the Healthcare Quality Improvement Partnership (HQIP):



Update from HQIP can be sought in Kat Young's presentation, from the last NQICAN meeting, held on London on 26 June 2014 (see above).

Any other business:

Jan Mathieson was informed by Helen Blenkinsop that the post she held at Pinderfields General Hospital has been made redundant, following a large restructure within her organisation. Helen's last working day was Wednesday, 23 July 2014. She leaves the hospital having worked for 31 years in the NHS. Our very best wishes for her in the future.

Date and time of next meeting:

Tuesday 9th September
10am – 12:30pm
LOCALA Dewsbury Health Centre



Minutes of the meeting held Tuesday 9th September 2014, 10am – 12:30pm, Dewsbury Health Centre, Wellington Road, Dewsbury WF13 1HN

Present:

Rachel Garrison, Rotherham CCG
 Jan Micallef, BHNFT
 Marc Lyon, NHSBT
 Gemma Fowler, Locala
 Nicki Sparling, ERY CCG
 Joanna Shinnars BDCT
 Shirley King, York Hospital
 Vicky Patel, STHFT
 Laura Taylor, Airedale
 Suzy Daly, SWYPFT
 Beverly Ryton, Sheffield CCG
 Sue Cross, SCHFT
 Jacky Meehan, CHFT
 Adam Mosely, The Retreat
 Mandy Smith, HQIP

No.	Item	Action
43/14	<p>Apologies:</p> <ul style="list-style-type: none"> • Claire Norfolk, North Yorkshire & Humber Commissioning Support Unit • Darren Shipman, Bradford District Care Trust • Sandra Halstead, Mid Yorkshire Hospitals NHS Trust • Stephanie Loveridge, Bradford Teaching Hospitals NHS FT • Rosalie Havik, Sheffield Teaching Hospitals NHS FT • Lauren Ackroyd, The Rotherham NHS FT • Charles Harrison, Doncaster & Bassetlaw Hospitals NHS FT • Gillian Laurence, NHS England • Janet Hargreaves, Airedale, Wharfedale & Craven CCG • Sue Marshall, Airedale NHS FT • Jim Chapman, Sheffield Health & Social Care FT • Linda Daniel, NHS England South Yorkshire & Bassetlaw • Sarah Smyth, Hull CCG • Jim Chapman, Sheffield Health & Social Care • Linda Daniel, NHS England LAT • Susan Alibone, Sheffield CCG • Stuart Nicholson, Leeds Teaching Hospitals 	
44/14	<p>Minutes of the last meeting: Held 19.05.14, and July update in place of meeting</p> <p>Accepted as a true record of the meeting.</p>	



<p>45/14</p>	<p>Matters arising rolled forward from July agenda (not elsewhere on the agenda):</p> <ul style="list-style-type: none"> • Risk assessment of clinical audit Marc Lyon gave an update on the risk assessment sub-group and explained that there hadn't been a meeting for a while. It was reported that it is likely that rather than the outcome being a template for the rest of YEARN to use, a series of case studies with learning points is more suitable • Changes to junior doctor training Pre-meeting note from Rosalie: I will have feedback on this following a meeting I had this morning, but not before the 9th September. I will be back on the 15th September and can forward any info I have then to go with the minutes or I will need to circulate a separate message when I have the information. • Fellowship Programme Jim Chapman has sent his apologies so this item will be rolled forward to the next meeting. • Membership of CCGs Rachel Garrison and Jan Micallef explained that all CCGs in Yorkshire were invited to join the network as part of the recent membership review. Because of the way CCGs formed there may not be an appropriate member in each organisation, so representation may be lower from this group of organisations. 	<p>Rachel Garrison</p>
<p>46/14</p>	<p>Standing item - Feedback from the Events Group:</p> <ul style="list-style-type: none"> • Member experiences Bev Ryton updated the group on the current situation with the annual conference planning. The plan is for using the healthcare experiences of YEARN members to feed in to a workshop and all members were asked to see if anyone within their teams are willing to discuss their experiences. A discussion ensued about the benefits that could be gained from this approach and what the learning points might be. If anyone has any suggestions about how this could be done or details of any willing volunteers to, these should be sent to Bev Ryton. 	<p>All</p>
<p>47/14</p>	<p>Standing item - Feedback from the Education Group: Pre-meeting note from Rosalie: the Education Group did not meet in August as most people were unavailable. Therefore we do not have an update for this meeting. Our next meeting is on October 9th so we will update in November.</p> <p>Sue Cross gave a brief update on current progress with standardising training delivery. Sue asked for examples of current training slides used by members to allow the Education group to look at good practice currently in use throughout the region.</p>	<p>Rosalie Havik All</p>
<p>48/14</p>	<p>Standing item - Update on Objectives and Forward Plan:</p>	



	<p>The Objectives and Forward Plan were reviewed. Rachel Garrison asked for each of the sub-groups to begin to collect attendance details and achievement details in preparation for the YEARN Annual Report production. Rachel will send out a template before the next meeting.</p> <p>All currently known NHS organisations have been invited to the group. However there are issues with the third / voluntary sector as no definitive list of suitable groups / organisation can be found. Sue Cross suggested that HealthWatch should be invited and undertook to investigate the possibility with contacts from HealthWatch who attend SCH meetings.</p> <p>There is a meeting planned for Friday 12th September to discuss options for a network website – an update will be tabled for the November meeting.</p>	<p>Rachel Garrison</p> <p>Sue Cross</p>
<p>49/14</p>	<p>Standing item - Update from the National Quality Improvement and Clinical Audit Network (NQICAN): Next NQICAN meeting is planned for 23rd September - Jan Micallef is currently unable to attend and as deputy, Vicky Patel on this occasion is also unable to attend. Jan asked for volunteers to attend and represent YEARN, with HQIP paying appropriate expenses. Anyone who wishes to attend and represent the network to contact Jan ASAP.</p>	<p>All</p>
<p>50/14</p>	<p>Standing item - Update from the Healthcare Quality Improvement Partnership (HQIP): Mandy Smith gave an update on work and information coming out of HQIP. The conference is planned for the beginning of November at the East Midlands Conference Centre in Nottingham. There are still places available although some of the breakout sessions are already full. Further information about the programme and speakers can be found on the website.</p> <p>Awards submission has now closed and a good number were received.</p> <p>Clinical audit awareness week is planned for October with a special edition of the HQIP e-bulletin being published shortly to publicise this. HQIP can attend local events if required, but with the resources available this will be on a first come, first served basis.</p> <p>NQICAN information cascade included a poster for a North West network event and some organisations applied for places but it was given as an example of what some networks are doing rather than an open event.</p> <p>An update was given on root cause analysis workshops which will hopefully be available this Autumn, subject to a suitable tender being received. Updated guidance on IG, Junior Doctors guides, QI methods and Commissioning will also be published in the coming months.</p> <p>NHS England have indicated that planned changes to Quality Accounts will be deferred to 2016/17 due to required changes in legislation. The Quality Accounts list for 2015/16 should be published around 20th December 2014. A report on the</p>	



	<p>'audit of audits' will also be published at this time, providing supplementary information about each audit to enable decisions about participation to be made, although NCAPOP audits are mandatory.</p> <p>No substantial changes are anticipated for subscription funding related to national audits and letters should be coming out around the beginning of October.</p> <p>Consultant outcomes publication is expected around 9th October on the NHS Choices website.</p>	
51/14	<p>Meeting dates and venues for 2015: The agenda for this meeting contained details of all currently arranged meeting dates and venues. However, venues are still required for May, July and November 2015. The July 2015 meeting would need to incorporate the NICE meeting too, so the venue would be required for 10am-3pm.</p>	All
52/14	<p>Open forum (Q&A from YEARN members): Shirley King asked is anyone had a poster that indicated that patients do not have to participate in clinical audits. Suzy Daly agreed to check within her organisation with the Patient Experience Manager. Mandy Smith noted that HQIP are currently commissioning an Information Governance Guide which may be published around the turn of the year which may provide some guidance on the management of patients opting out of participation in clinical audit.</p> <p>A discussion took place around IG representation on the network – Jan Micallef agreed to source an IG rep to attend on a quarterly basis.</p> <p>Marc Lyon thanked the group for the responses given to his questions around case note availability and gave some background information on the reasons for the questions. Marc requested that anyone with any further information about how external / other NHS organisation requesting access to the medical notes of deceased patients within their organisation would be handled to contact him.</p>	<p>Suzy Daly</p> <p>Jan Micallef</p> <p>All</p>
53/14	<p>Discussion Topic / Speaker Slot: Healthcare Quality Improvement Partnership (HQIP) Taking Action Workshop, led by Mandy Smith (1hr)</p> <p>Mandy Smith delivered a shortened version of a one-day workshop – please see slides sent out with these minutes.</p>	
54/14	<p>Any other business: Jan Micallef confirmed that abstracts were required for the conference and that a scoring tool had been developed. A proposed lead speaker was discussed for suitability and Jan asked that the group contact her with any other potential speakers.</p>	All



	Jan also highlighted a 35hrs per week Band 5 post that is currently being advertised in Barnsley.	All
55/14	Date and time of next meeting: Thursday 13 th November 10am – 12:30pm Sheffield CCG	All



Minutes of the meeting held Thursday 13th November 2014, 10am to 12:30pm Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU

Present

Suzy Daly, South West Yorkshire FT
 Vicky Patel, Sheffield Teaching FT
 Chas Harrison, Doncaster & Bassetlaw FT
 Alison Dickinson, NHS England (West Yorkshire)
 Heidi Robinson, NHS England (West Yorkshire)
 Mandy Smith, HQIP
 Marc Lyon, NHS Blood & Transplant
 Terry Matthews, Calderdale & Huddersfield FT
 Adam Mosley, The Retreat
 Gemma Fowler, LOCALA
 Susan Alibone, Sheffield CCG
 Sue Cross, Sheffield Children's FT
 Rachel Garrison, Rotherham CCG

No.	Item	Actions / notes
56/14	<p>Apologies:</p> <ul style="list-style-type: none"> • Jan Micallef, Barnsley FT • Shirley King, York Hospitals • Nicki Sparling, East Riding CCG • Steph Loveridge, Bradford Teaching FT • Stuart Nicholson, Leeds Teaching FT • Gillian Lawrence, NHS England (sending deputy) • Lauren Ackroyd, Rotherham FT • Claire Norfolk, Yorkshire & Humber CSU • Sue Marshall, Airedale FT • Janet Hargreaves, Airedale, Wharfedale & Craven CCG • Joanna Shiners, Bradford District Care Trust • Bev Ryton, Sheffield CCG • Sandra Halstead, Mid Yorkshire Hospitals 	
57/14	<p>Minutes of the last meeting: Held 09.09.14</p> <p>Accepted as a true record of the meeting</p>	
58/14	<p>Matters arising rolled forward from July agenda (not elsewhere on the agenda):</p> <ul style="list-style-type: none"> • Fellowship Programme Jim Chapman did not attend the meeting, so the item has been rolled over. • Annual Report template 	RG - for



	<p>A template has been sent out to both sub-groups to enable collation of an annual report.</p> <ul style="list-style-type: none"> • HealthWatch membership Sue Cross reported that she is hoping to secure a representative for the January meeting • Information Governance Rachel Garrison reported that the IG Manager from Barnsley will attend the January meeting and will become an annual recurring agenda item. 	<p>January agenda</p> <p>RG - for January agenda</p>
59/14	<p>Standing item - Feedback from the Events Group:</p> <p>Sue Cross reported that Roy Lilley is not available for the conference and will be replaced by 4 presentations. Kat Young will chair the conference and at this point, everything is running to plan. Mandy Smith reported that funding is awaiting final confirmation at HQIP. The agenda should be formalised at the beginning of December and circulated shortly. The conference will be held on 22nd January 2015 at the Thackray Museum in Leeds.</p>	
60/14	<p>Standing item - Feedback from the Education Group:</p> <ul style="list-style-type: none"> • Chair vacancy of the Education sub group Rosalie Havik has stepped down as Chair of this group due to work commitments and a new Chair is required if the group is to continue. A discussion took place around the purpose of the group and previous meetings. It was agreed the following the conference, the education sub-group and the conference planning subgroup will merge and focus on the education, training and development needs of all staff. 	<p>Jan to note</p>
61/14	<p>Standing item - Update on Objectives and Forward Plan:</p> <p>We have a guest speaker sorted for January (IG) but need to think about future speakers. If anyone has any idea / topics, then we can look at arranging suitable speakers.</p> <p>The Annual Report is in production, with a first draft planned to be brought to the January meeting for approval by the group.</p> <p>The NQICAN update is deferred until January.</p> <p>The workplan will be updated and brought back in January for approval by the group.</p> <p>Chas Harrison gave an update on the website. No further work has been undertaken recently whilst the HQIP servers are being upgraded. Mandy Smith indicated that the go live date for the new website is April 2015.</p>	<p>All to note</p> <p>RG - for January agenda</p> <p>RG - for January agenda</p>



62/14	<p>Standing item - Update from the National Quality Improvement and Clinical Audit Network (NQICAN):</p> <p>Deferred until January, with Jan Micallef to update the group upon her return from annual leave.</p>	
63/14	<p>Standing item - Update from the Healthcare Quality Improvement Partnership (HQIP):</p> <p>The slides from the HQIP conference will be going live within the next week.</p> <p>For Clinical Audit Awareness Week, the clinical audit webinars were seen to be useful and are available to view again on the HQIP website.</p> <p>Root Cause Analysis workshops are now full except for a few spaces in London. Board Level Clinical Audit workshop are also being advertised and have spaces available at present – the outcomes from the workshops will feed in to the revision of the documents.</p> <p>Guidance for Commissioners will be published in 2015 along with associated workshops, IG is due for publication in early 2015 with further documents to follow.</p> <p>Quality Accounts target date for publication is 20th December and Consultant Outcomes will be published shortly.</p> <p>CASC Junior Doctor event is planned for next week.</p> <p>A document has been published around Engaging Clinicians in Quality Improvement and can be found on the HQIP website.</p> <p>(The official update from HQIP is attached to the minutes).</p>	
64/14	<p>Meeting dates and venues for 2015:</p> <ul style="list-style-type: none"> • NICE Meetings <p>Stephen Stericker is leaving NICE and so there will not be a NICE meeting to follow the January 2015 YEARN meeting. It is hoped that the July NICE meeting will go ahead with Stephen's replacement.</p>	
65/14	<p>Open forum (Q&A from YEARN members):</p> <p>Terri Matthews raised a query around the management of NICE guidance and how this is managed within Trusts.</p>	



	<p>NHS England are planning to work with Commissioners to clarify how to assess compliance to NICE guidance.</p> <p>The situation in Leeds is that compliance is graded against 1 of 4 categories:-</p> <ul style="list-style-type: none"> - non-compliant - partially compliant (working towards full) - partially compliant (no ability to achieve full) - fully compliant <p>Any declaration of non / partial compliance would then have a Board statement confirming the situation.</p> <p>A discussion also took place around NICE Quality Standards and how Trusts manage adherence. A gap analysis is undertaken upon publication by Calderdale and Huddersfield and they are treating each QS as a mini-audit project, which is creating a workload issue. A discussion took place around Commissioner contracts and CQC requirements. Mandy Smith confirmed that NICE aren't expecting audits against each QS, the tools are aimed at providing baseline assessments of evidence of compliance but audit evidence for each is not a requirement.</p> <p>Sue Cross discussed regional benchmarking of active audits, deferred audits – the group agreed that all members would send the percentages of active and deferred audits. A discussion took place on the definition of deferred, completed and active audits.</p> <p>Sue Cross to produce definitions of categories and circulate to the group asking for specific numbers of audits in each.</p> <p>Vicky Patel raised a question around how members deal with review of clinical audit projects by Board sub-groups. Sue Cross described the situation at Sheffield Children's Hospital where priority audits are sent up for review, whilst others are owned and reviewed at directorate level. Exception reporting is generally the review level for Board sub-groups.</p>	
<p>66/14</p>	<p>Discussion Topic / Speaker Slot:</p> <ul style="list-style-type: none"> • The HQIP Conference: feedback from members <p>A discussion took place on the experience of the conference from the members that attended. Early indications suggest that this was an improvement on the previous year.</p>	
<p>67/14</p>	<p>Any other business:</p> <p>No other business was raised.</p>	
<p>68/14</p>		



	<p>Date and time of next meeting: Tuesday 20th January 10am to 12:30pm Kendray Hospital</p> <p><u>(Please note: The NICE Meeting due to follow 1pm to 3pm is now cancelled)</u></p>	
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Network Membership

Organisation	Service	Member	Title
Airedale NHS Foundation Trust	Acute	Sue Marshall	Clinical Audit Manager
Barnsley Hospital NHS Foundation Trust	Acute	Jan Mathieson	Head of Quality Assurance and Effectiveness
Bradford District Care Trust	Mental Health	Darren Shipman	Governance and Clinical Audit Manager
Bradford Teaching Hospitals NHS Foundation Trust	Acute	Stephanie Loveridge	Interim Head of Quality Improvement
Calderdale & Huddersfield NHS Foundation Trust	Acute	Terry Matthews	Clinical Governance Support Manager
Calderdale & Huddersfield NHS Foundation Trust	Acute	Jacky Meehan	Clinical Governance Team Leader
Calderdale & Huddersfield NHS Foundation Trust	Acute	Mandy Hurley	Clinical Governance Team Leader
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	Acute	Charles Harrison	Clinical Audit Manager
Harrogate & District NHS Foundation Trust	Acute	Barbara Stearn	Clinical Effectiveness and Audit Manager
Health Quality Improvement Partnership	Independent Company	Mandy Smith	Quality Improvement Facilitator
Hull & East Yorkshire Hospitals NHS Trust	Acute	Vicki Shaw	Clinical Audit and Effectiveness Manager
Humber NHS Foundation Trust	Mental Health	Sue Cooper	Assurance Support (NICE) Manager
Humber NHS Foundation Trust	Mental Health	Lisa James	Compliance Manager
Leeds and York Partnership NHS Foundation Trust	Mental Health	Elizabeth Day	Head of Clinical Audit & NICE Guidance Lead
Leeds Community Health Care NHS Trust	Health & Care Trusts	Shelagh Davenport	Clinical Effectiveness Facilitator
Leeds Community Health Care NHS Trust	Health & Care Trusts	Linda Doidge	Effectiveness & Audit Manager
Leeds Community Health Care NHS Trust	Health & Care Trusts	Romana Kan	Clinical Audit & Effectiveness Officer
Leeds Teaching Hospital NHS Trust	Acute	Stuart Nicholson	Deputy Quality Governance Manager
Locala Community Partnerships	Independent Company	Gemma Fowler	Quality Manager
Mid Yorkshire Hospitals NHS Trust	Acute	Sandra Halstead	Clinical Audit Manager



NAVIGO Health & Social Care CIC	Independent Company	Lisa Denton	Performance and Audit Manager
NAVIGO Health & Social Care CIC	Independent Company	Alison Gosling	Performance Analyst
NHS Airedale, Wharfedale & Craven CCG	CCG	Steph Lawrence	Head of Clinical Quality & Governance and Executive Nurse
NHS Airedale, Wharfedale & Craven CCG	CCG	Janet Hargreaves	Quality Support Manager
NHS Barnsley CCG	CCG	No member registered	
NHS Bassetlaw CCG	CCG	No member registered	
NHS Blood & Transplant	Special Health Authorities	Marc Lyon	Clinical Audit Manager
NHS Bradford City CCG	CCG	No member registered	
NHS Bradford District CCG	CCG	No member registered	
NHS Calderdale CCG	CCG	No member registered	
NHS Doncaster CCG	CCG	No member registered	
NHS East Riding of Yorkshire CCG	CCG	Hilary Gledhill	Director of Quality and Governance
NHS East Riding of Yorkshire CCG	CCG	Nicola Sparling	Assistant Director of Quality and Performance / Deputy Lead Nurse
NHS Greater Huddersfield CCG	CCG	No member registered	
NHS Harrogate & Rural District CCG	CCG	No member registered	
NHS Hull CCG	CCG	Sarah Smyth	Director of Quality and Clinical Governance / Executive Nurse
NHS Leeds North CCG	CCG	No member registered	
NHS Leeds South and East CCG	CCG	No member registered	
NHS Leeds West CCG	CCG	No member registered	
NHS Rotherham CCG	CCG	Rachel Garrison	Quality Assurance Manager
NHS Scarborough & Ryedale CCG	CCG	No member registered	
NHS Sheffield CCG	CCG	Beverly Ryton	Clinical Audit and Effectiveness Manager



NHS Sheffield CCG	CCG	Susan Alibone	Clinical Audit Improvement Facilitator
NHS Vale of York CCG	CCG	No member registered	
NHS Wakefield CCG	CCG	Valerie Aguirregoicoa	Quality Manager
NHS West Yorkshire, South Yorkshire & Bassetlaw CSU	CSU	No member registered	
North Yorkshire & Humber CSU	CSU	Claire Norfolk	Quality Improvement Facilitator
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Acute	Kelly Burcham	Quality and Audit Manager
Rotherham, Doncaster & South Humber NHS Foundation Trust	Mental Health	Sarah Kelly	Clinical Audit Manager
Sheffield Children's NHS Foundation Trust	Acute	Sue Cross	Clinical Governance Manager
Sheffield Health & Social Care NHS Foundation Trust	Mental Health	Jim Chapman	Clinical Audit Manager
Sheffield Teaching Hospitals NHS Foundation Trust	Acute	Rosalie Havik	Clinical Effectiveness Education Advisor
Sheffield Teaching Hospitals NHS Foundation Trust	Acute	Victoria Patel	Deputy Clinical Effectiveness Manager
South West Yorkshire Partnership NHS Foundation Trust	Mental Health	Hazel Baxter	CGST Projects Lead
South West Yorkshire Partnership NHS Foundation Trust	Mental Health	Suzy Daly	Clinical Audit Facilitator
South West Yorkshire Partnership NHS Foundation Trust	Mental Health	Marie Dawson	Information Management & Project Support Officer
South Yorkshire & Bassetlaw Area Team	NHS England	Linda Daniel	Programme Manager Clinical Strategy
St Gemma's Hospice	Hospice	Edwina Gerry	Quality Manager
The Retreat	Independent Company	Adam Mosley	Audit & Information Manager
The Rotherham NHS Foundation Trust	Acute	Lauren Ackroyd	Quality, Audit & Effectiveness Manager
West Yorkshire Area Team	NHS England	Gillian Laurence	Assistant Director of Clinical Strategy
York Teaching Hospital NHS Foundation Trust	Acute	Shirley King	Clinical Audit & Effectiveness Manager
Yorkshire Ambulance Service NHS Trust	Ambulance	John Wooller	Clinical Excellence Manager



Network Meeting Attendance

<i>Membership Information</i>	<i>Meeting Dates</i>					
<i>Organisation Name</i>	<i>16th January</i>	<i>17th March</i>	<i>19th May</i>	<i>9th July</i>	<i>9th September</i>	<i>13th November</i>
Airedale NHS Foundation Trust	Attended	Attended	Attended	No meeting	Apologies	Apologies
Barnsley Hospital NHS Foundation Trust	Attended	Attended	Attended	No meeting	Attended	Apologies
Bradford District Care Trust	Attended	Attended	Attended	No meeting	Attended	Apologies
Bradford Teaching Hospitals NHS Foundation Trust	Attended	Attended	Attended	No meeting	Apologies	Apologies
Calderdale & Huddersfield NHS Foundation Trust	No member	No member	Attended	No meeting	Attended	Attended
Doncaster & Bassetlaw Hospitals NHS Foundation Trust	Attended	Attended	Attended	No meeting	Apologies	Attended
Harrogate & District NHS Foundation Trust	Absent	Attended	Apologies	No meeting	Absent	Absent
Health Quality Improvement Partnership	Attended	Attended	Apologies	No meeting	Attended	Attended
Hull & East Yorkshire Hospitals NHS Trust	Absent	Absent	Absent	No meeting	Absent	Absent
Humber NHS Foundation Trust	No member	No member	No member	No meeting	Absent	Absent
Leeds and York Partnership NHS Foundation Trust	Attended	Apologies	Apologies	No meeting	Absent	Absent
Leeds Community Health Care NHS Trust	Apologies	Absent	Absent	No meeting	Absent	Absent
Leeds Teaching Hospital NHS Trust	Apologies	Apologies	Apologies	No meeting	Absent	Apologies
Locala Community Partnerships	Attended	Attended	Apologies	No meeting	Attended	Attended
Mid Yorkshire Hospitals NHS Trust	Attended	Apologies	Absent	No meeting	Apologies	Apologies
NAVIGO Health & Social Care CIC	Apologies	Apologies	Absent	No meeting	Absent	Absent
NHS Airedale, Wharfedale & Craven CCG	No member	No member	Apologies	No meeting	Apologies	Apologies
NHS Blood & Transplant	Attended	Attended	Apologies	No meeting	Attended	Attended
NHS East Riding of Yorkshire CCG	No member	No member	No member	No meeting	Attended	Apologies
NHS Hull CCG	No member	No member	Absent	No meeting	Absent	Absent
NHS Rotherham CCG	Attended	Attended	Apologies	No meeting	Attended	Attended
NHS Sheffield CCG	Attended	Attended	Attended	No meeting	Attended	Attended
NHS Wakefield CCG	Absent	Apologies	Absent	No meeting	Absent	Absent



YEARN: Yorkshire & Humber Effectiveness and Audit Regional Network

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Absent	Absent	Absent	No meeting	Absent	Absent
Rotherham, Doncaster & South Humber NHS Foundation Trust	Attended	Absent	Attended	No meeting	Absent	Absent
Sheffield Children's NHS Foundation Trust	Attended	Apologies	Apologies	No meeting	Attended	Attended
Sheffield Health & Social Care NHS Foundation Trust	Attended	Apologies	Attended	No meeting	Absent	Absent
Sheffield Teaching Hospitals NHS Foundation Trust	Attended	Attended	Attended	No meeting	Attended	Attended
South West Yorkshire Partnership NHS Foundation Trust	Attended	Apologies	Attended	No meeting	Attended	Attended
South Yorkshire & Bassetlaw Area Team	No member	No member	Apologies	No meeting	Absent	Absent
St Gemma's Hospice	Minutes only	Minutes only	No member	No meeting	No member	No member
The Retreat	Apologies	Attended	Attended	No meeting	Attended	Attended
The Rotherham NHS Foundation Trust	Attended	Attended	Apologies	No meeting	Apologies	Apologies
West Yorkshire Area Team	No member	No member	Absent	No meeting	Apologies	Attended
York Teaching Hospital NHS Foundation Trust	Apologies	Absent	Attended	No meeting	Attended	Apologies
Yorkshire Ambulance Service NHS Trust	Apologies	Absent	Absent	No meeting	Absent	Absent
Yorkshire & Humber Commissioning Support Unit	Apologies	Absent	Apologies	No meeting	Apologies	Apologies



Meeting dates for 2015

Month	Date	Time	Location
January	Tuesday 20 th	10am - 12:30pm	Kendray Hospital Barnsley Doncaster Road Barnsley S70 3RD (Stephen Stericker, NICE)
March	Wednesday 11 th	10am - 12:30pm	Room 4.1, Level 4 Douglas Mill Bowling Old Lane Bradford BD5 7JR (Janet Hargreaves, AWC CCG)
May	Thursday 14 th	10am - 12:30pm	Park Lodge Board Room Park Lodge Woodfield Park Tickhill Road Balby Doncaster DN4 8QN (Sarah Kelly, RDaSH)
July (Plus NICE Meeting - tbc)	Monday 6 th	10am - 12:30pm (NICE Meeting to follow 1pm - 3pm - tbc)	722 Prince of Wales Road Sheffield S9 4EU (Bev Ryton, Sheffield CCG)
September	Thursday 10 th	10am - 12:30pm	Room 1.1, Level 1 Douglas Mill Bowling Old Lane Bradford BD5 7JR (Janet Hargreaves, AWC CCG)
November	Monday 16 th	10am - 12:30pm	Board Room, Sub Basement Huddersfield Royal Infirmary Acre Street Lindley Huddersfield HD3 3EA (Terry Matthews, CHFT)