

**NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting**

AGENDA ITEM NO:16.....

Date of Meeting:26th January 2018.....

TITLE OF REPORT:	CCG Quality & Safety Committee Minutes	
AUTHOR:	Michael Robinson, Associate Director Integrated Governance & Policy	
PRESENTED BY:	Dr Jane Bradford, Clinical Director Clinical Governance and Safety	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	For the Board to receive and review the minutes of the Quality and Safety Committee meeting held on 8 th November and 13 th December 2017.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 1 Locality Plan.	
	Joint collaborative working with Bolton FT and the Council.	
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	
	Standing Item	√
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	<p>The Board is asked to approve the Minutes. The key points the Board is asked to note from these minutes are:-</p> <ul style="list-style-type: none"> • Nursing and care home concerns further detail in relation to regulations to fulfil role of agency staff. • Regulation 28 – Prescribing update in relation to Simvastatin and Itraconazole through clinical leads. • Ambulatory care – Bolton FT actions as a result of Healthwatch report. • Early planning for flu strategy. • JLG importance of internal communications at Trust. • Interpretation services. • Standards for non NHS providers adopt local Bolton standards. • GM QI template for Trusts. • Impacts in relation to transport when planning services and redesign. 	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	CCG Quality & Safety Committee	

REVIEW OF CONFLICTS OF INTEREST:	Conflicts of Interest are reviewed at every meeting.
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patient views are not specifically sought as part of this report.
EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED & OUTCOME OF ASSESSMENT:	EIA and an assessment is not considered necessary for the report.

MINUTES

CCG Quality and Safety Committee

Date: 8th November 2017
Time: 9.00am
Venue: The Bevan Room, 2nd Floor, St Peters House
Present:

Jane Bradford	Clinical Director Governance and Safety (Chair) (JB)
Mike Robinson	Associate Director, Governance and Safety (MR)
Ben Woodhouse	Head of Medicines Optimisation (BW)
John Tabor	GP Representative (JT)
Diane Sankey	Governance, Risk & Complaints Manager (DS)
Zieda Ali	Lay Member, Public Engagement (ZA)
Bob Hunt	Clinical Lead Mental Health (BH)
Jayne Waite	Lead Nurse, Quality and Safety (JW)
Grace Birch	Associate Director of Informatics (GB)
Alice Tligui	Chief Officer, Healthwatch
Lynda Helsby	Associate Director, Primary Care

In attendance:

Pam Jones	Safeguarding Team (PJ)
Lauren	FY Trainee, Shadowing Jane Bradford

Minutes by:

Joanne Meaney (JM)	Personal Assistant
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Minute No.	Topic
18/17	<p><u>Apologies for Absence</u> Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Kaleel Khan, • Nicola Onley
19/17	<p><u>Declarations of Interest</u> The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Bolton Clinical Commissioning Group.</p> <p>Declarations declared by members of the Quality and Safety Committee are listed in the CCG's Register of Interests. The Register is available either via the Board Secretary to the Governing Body or the CCG website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p> <p>Dr Hunt declared an interest in any items associated with Bolton Hospice</p>
20/17	<p><u>Minutes from the last meeting held on 11th October 2017</u> The minutes were approved as a correct record.</p>
21/17	<p><u>Matters Arising: Action List Update</u> There were no matters arising and the actions outstanding on the action list were noted.</p> <ul style="list-style-type: none"> - NRLS – GPs report into the CG and it would need a report separately and there is

	<p>no benefit in doing this – item closed</p> <ul style="list-style-type: none"> - LH reported that she had met with the DN service manager, Joanne Dorsman in and this action will now be progressed through Integrated Community Strategy and Planning group – Action – LH/PB/J Dorsman - Discharge lounge and process – item closed - Four seasons – medicines management report – item closed - Mortality Review Group – JB confirmed that this has been discussed and there may be issues in relation to capacity and backfill requirements and JB will approach the Trust regarding a possible date/time change to allow attendance – Action – JB - Out of Hospital deaths – 30 day post discharge – MR reported that this is a coding issue, S Hodgson to feedback at his next update to the Committee - Young People conversations – this has been discussed at clinical leads, item closed - CCG Roadshow – NO to present to Health & Well being Executive, item closed - Medicines Safety Collaborative - JB reported that it had been proposed that Alison Lyon as a Chair and LMC representative, this will be discussed further at the next LMC meeting
22/17	<p><u>Communications and Engagement Overview</u> Item deferred</p>
23/17	<p><u>Health Watch Update</u> AT gave an overview of the ambulatory care work undertaken by Healthwatch on behalf Prescription Pricing Authority seeking patient understandings and experiences of ambulatory care work carried at Bolton FT which overall was a positive experience and there was patient understanding as to why they were there but unsure of the process and next steps. The report and recommendations have been shared with the Trust who will implement some quick win actions which will be fed back through the Trust's Patient Experience Group.</p> <p>JB reported that Dr Munshi delivered a presentation at the Bolton FT Q&P meeting which highlighted concerns relating to access to ambulatory care unit due to ambulance availability.</p> <p>Noted</p>
24/7	<p><u>Customer Services and Incident Report Q1&2</u> DS reported that the Tableau system was not yet available to give an overview presentation and members will be informed as soon as the report is available to view. The headlines for Q1& 2 show that complaints and incidents have increased and the cases are more complex. A copy of the GP learning and development newsletter was tabled for information.</p> <p>Noted</p>
	<p>Clinical effectiveness</p>
25/7	<p><u>Nursing/Care Home Update</u> The report detailed concerns raised regarding:</p> <p><u>St Catherine's Nursing Home</u> JW reported that the Medicines Optimisation team have raised concerns in respect of missing signatures on MARS sheets and action plan is now in place. An investigation is in progress in relation to a diabetic patient and it has been recognised that diabetic care management requires improvement and the Funded Care team and</p>

	<p>Q&S Nurse are visiting the home on a regular basis.</p> <p>Noted</p> <p><u>Hazelbrook Nursing Home</u> The CQC have recently visited the home and reported 'requires improvement' with the main concerns identified as personalisation of care and care planning [which has now been addressed]. The CCG have offered support which has been declined, but the home are to meet with the CQC in relation to the final report to query what they believe to be inaccuracies.</p> <p>Noted</p> <p><u>Four Seasons</u> JW reported that there is a general lack of incident reporting in relation to pressure ulcers on Summer unit and a CCG contracting issue letter has been issued. An action plan has been established in relation to pressure ulcer prevention and weekly meetings have been arranged with the Matron.</p> <p>The Committee were updated in relation to two patient insulin incidents</p> <p>Noted</p> <p><u>Millview Nursing Home</u> The frequency of the quality meetings has now reduced and the home has lifted its voluntary suspension. An action plan is in place and will be reviewed mid December. The home have recruited to day staff and the number of agency staff has been reduced. The CQC have recently visited and the home await the report.</p> <p>Noted</p> <p>Action - the Committee raised concerns in relation to embedding changes as a result of incidents across the home sector. PJ reported that the Safeguarding Intelligence Forum oversight of the inspection team across all homes. Discussion took place regarding targeted training on insulin training across homes and the basic training requirements for staff including agency. JW to liaise with the LA in relation to policy and process and corporate responsibility in relation to recruitment – JW to action</p>
26/7	<p><u>Harm Free Care report</u> The report detailed the collection of data on a single day in nursing homes, which is a mandatory requirement for NHS patients. The target has not been achieved for periods March, August and September but only 4 homes submitted data. It was highlighted that some of the homes had submitted data through a different portal and this is now being retrieved. BMI and Bolton FT performance is consistently good.</p> <p>Noted</p>
27/17	<p><u>Serious Incidents Report</u> Members received a copy of the in a new table format which details the 21 serious incidents open on StEIS relating to Bolton CCG. There have been three new reported incidents in October, two relating to pressure ulcers and one fall by a patient.</p>

	<p>The report also updates on the GMMH incidents.</p> <p>The Committee noted the report</p>
28/17	<p><u>HM Coroner Regulation 28 cases</u> The report provided a summary of the Regulation 28 cases issued. It was recognised that these were more frequent in relation to NHS processes.</p> <p>Discussion took place in respect of the learning shared and benchmarking mechanisms. MR confirmed that the learning is shared through clinical leads and through a response action plan for the health economy. Learning from other areas would be welcomed and DS to look into sharing information wider.</p> <p>Members requested that the detail in relation to item 12 ‘Combined prescription of Simvastatin and Itraconazole’ be discussed at the Medicines Safety Collaborative and Clinical leads. LH to check if this is on the drug safety search at practices.</p> <p>The committee noted the report and are satisfied locally that there is a process in place and would welcome learning from wider and agreed that item 12 be discussed further through Medicines Safety Collaborative and Clinical leads</p>
29/17	<p><u>Outlier Alerts : LRTI and 3rd and 4th degree tears</u> The Committee received a copy of a response letter in relation to the Trust being informed as a potential outlier for 3rd and 4th degree tears and confirms that an action plans is in place.</p> <p><u>Lower Respiratory Tract Infection</u> The presentation details the outcome of a Trust audit in relation to LRTI 39 cases which highlighted coding issues complexities and education. An EoL action plan will be implemented and early senior clinician.</p> <p>The Committee noted the updates</p>
Patient Safety	
30/17	<p><u>EUR Project Group update – Policy Development</u> Committee received a copy of the GM CCGs IFR Panel report on EUR Policy Development which details the policies in the governance process, implementation stage and lists the 40 policies that have been adopted by all 10 CCGs. MR reported that the adopted policies have been discussed through clinical lead and varied into contracts.</p> <p>Members noted the update</p>
31/17	<p><u>Quality Standards</u> No update – continuing to review quality standards from NICE, building evidence of where these have been adopted and where compliant as a health economy.</p> <p>Members noted the report</p>
32/17	<p><u>Quality Matrix and Risks</u> The Committee was briefed on the main quality concerns affecting the health economy. These were highlighted as:</p> <ul style="list-style-type: none"> - CDiff numbers are increasing, which is steady across GM. Bolton FT have an

	<p>external review in December;</p> <ul style="list-style-type: none"> - CAMHS – meeting held with commissioners who are happy with current provision following CQC inspection, procurement now in process and this will now be removed from matrix. <p>The Committee noted the updated and approved that the CAMHS item be removed from the matrix</p>
33/17	<p><u>Update from Associated Meetings:</u></p> <p><u>Bolton FT Quality and Performance Group</u> The main issue was in relation to ambulatory care unit and members received a positive presentation highlighting areas for improvement and removal of any barriers and the potential to develop opening times and extended availability.</p> <p>The minutes were noted.</p> <p><u>Bolton FT Quality Assurance Committee</u> The minutes were noted.</p> <p><u>GMMH Quality and Performance Group</u> The minutes were noted</p> <p><u>Clinical Standards Board</u> The minutes were noted.</p> <p>JT raised concern in relation to follow up of leukaemia patients in primary care particularly regarding recall system for follow up and capturing any patient that may have moved practices. LH stated that she is to take this action through Primary Care Commissioning Committee with an implication for primary care to undertake but through a commissioned service and recognises that there is further work to be done and will feedback the concerns raised</p> <p>The minutes were noted.</p> <p><u>Infection Prevention Control Committee</u> The minutes were noted.</p> <p><u>NWAS Quality and Safety Group</u> MR reported that he has now stepped down as the GM representative but will endeavour to receive updates for the Committee.</p> <p>The minutes were noted.</p>
34/17	<p><u>Any Other Business</u> There was no other business discussed.</p>
35/17	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></p> <ul style="list-style-type: none"> • Nursing and care home concerns further detail in relation to regulations to fulfil role

	<p>of agency staff</p> <ul style="list-style-type: none">• Regulation 28 – Prescribing update in relation to Simvastatin and Itraconazole through clinical leads• Ambulatory care – Bolton FT actions as a result of Healthwatch report
36/17	<u>Time and Date of Next Meeting</u> Agreed as 13 th December 2017 at 9am to 11am in the Bevan Room, St Peters House.

MINUTES

CCG Quality and Safety Committee

Date: 13th December 2017
Time: 9.00am
Venue: The Bevan Room, 2nd Floor, St Peters House
Present:

Jane Bradford	Clinical Director Governance and Safety (Chair) (JB)
Mike Robinson	Associate Director, Governance and Safety (MR)
Ben Woodhouse	Head of Medicines Optimisation (BW)
Diane Sankey	Governance, Risk & Complaints Manager (DS)
Zieda Ali	Lay Member, Public Engagement (ZA)
Bob Hunt	Clinical Lead Mental Health (BH)
Jayne Waite	Lead Nurse, Quality and Safety (JW)
Nicola Onley	Associate Director, Communication and Engagement (NO)

In attendance:

Kaleel Khan	Designated Adult Safeguarding Manager (KK)
Jean Rollinson	For item 8

Minutes by:

Joanne Meaney (JM)	Personal Assistant
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Minute No.	Topic
37/17	<p><u>Apologies for Absence</u> Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Lynda Helsby • Grace Birch • John Tabor • Pam Jones
38/17	<p><u>Declarations of Interest</u> The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Bolton Clinical Commissioning Group.</p> <p>Declarations declared by members of the Quality and Safety Committee are listed in the CCG's Register of Interests. The Register is available either via the Board Secretary to the Governing Body or the CCG website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p>
39/17	<p><u>Minutes from the last meeting held on 8th November 2017</u> The minutes were approved as a correct record.</p>
40/17	<p><u>Matters Arising: Action List Update</u></p> <ul style="list-style-type: none"> - Mortality review group – JB reported that the Trust had offered dates but unfortunately these were Monday and Thursdays and clash with surgery

	<p>commitments. Discussion took place in respect of possible rotation of attendance and liaising with the clinical leads – JB to circulate the dates and a copy of the Terms of Reference</p> <ul style="list-style-type: none"> - DS confirmed that the PALs and complaints information is now available on Tableau
41/17	<p><u>Communications and Engagement Overview</u></p> <p>NO provided an update on two phases of the winter campaign:</p> <ul style="list-style-type: none"> - Flu - CCG lead, working with schools, promoting in the community, autumn roadshow - it was recognised that this needs proactive messages from PHE in future years; - Winter approach - THINK winter, remarketing social media, outdoor media – public comments – analysing public comments – share with MR/primary care. - In partnership with Trust – Think Home First – campaign concepts, engaging with staff, patients and carers; - Interpretation provider – major concerns have been escalated with a view to changing the current contract <p>Discussion took place regarding the internal and external communications at Bolton FT and it was agreed to raise at JLG</p>
42/17	<p><u>Health Watch Update</u></p> <p>Members noted the Healthwatch reports provided through the link</p> <p>Noted</p>
Clinical effectiveness	
43/7	<p><u>Nursing/Care Home Update</u></p> <p>The report detailed concerns raised regarding:</p> <p><u>St Catherine's Nursing Home</u></p> <p>There is a lack of care plans for diabetic management and wound care and weekly meetings to follow up the action plan. The recent CQC inspection report is awaited.</p> <p>Noted</p> <p><u>Hazelbrook Nursing Home</u></p> <p>The home received a required improvement notice from CQC earlier in the year action plan in place and an imminent re-inspection is expected.</p> <p>Noted</p> <p><u>Four Seasons</u></p> <p>JW reported that engagement is much better, meetings and action plan in place and the home unit leader is involved in meetings. The home has been accessing training and there is better incident reporting. Concern has been raised in relation to the residential unit where no supervision is taking place in the lounge area.</p> <p>In relation to agency booking, the home has robust checking procedures in place, e.g. nurse profile, DBS checks and utilise the same agencies. Some of the larger homes have policies for recruitment and induction training in place.</p> <p>Discharge to assess - Spring Unit – change in performance, better internal governance, medicines audits and staff rotas.</p>

	<p>Discussion took place in relation to the standard of discharges from the provider, quality of the discharge information [TTO - to take out]. Action - MR to email TAC,AE, SH convey concerns seek formal assurance</p> <p><u>Millview Nursing Home</u> Quality meeting planned for 14.12.17, gradual reduction in support from the CCG, interim manager now in post. There have been no new pressure ulcers reported. The home is under sale from BUPA and a copy of the CQC inspection report is awaited.</p> <p>Noted</p> <p><u>Astley Grange</u> Safeguarding and strategy meetings taking place in relation to speech and language and medication issues. Two nurses have been dismissed and the home are recruiting new staff.</p> <p>Through data intelligence within the CCG it has been highlighted that the home has a raised mortality rate and further work is taking place in relation to mortality rates and benchmarking across homes.</p> <p>General discussion took place regarding staff dismissal/poor performance of staff and it was agreed to raise this at GM level and the Safeguarding Intelligence Forum in respect of providing assurance in relation to staff moving on to other homes and this not being recognised.</p> <p>Action – MR to raise the dismissal and poor performance issues with Helen Barlow at GM. KK agreed to share a copy of ADASS policy with MR</p> <p>The first Christmas lunch for all care homes in Bolton took place on Friday 8.12.17 which was well attended.</p> <p>Monthly nursing home meeting continue to be well attended. A harm free panel is taking place in February supported by AQUA to share learning in relation to pressure ulcers.</p> <p>The Safety thermometer for October submission has improved, 7 homes submitted achieving 95.62% against an overall 95% target. Two homes failed [St Catherines and Astley Grange] and the Business Intelligence team and national data team are supporting these two homes.</p> <p>Discussion took place in relation to the CHC nurses assigned to homes and how active they are in improving home.</p> <p>Noted</p>
44/7	<p><u>Safeguarding Report</u> Jean Rollinson presented the Safeguarding assurance report and highlighted the key issues:</p> <ul style="list-style-type: none"> - Serious case review child D – await the publication of the final report - Child C – criminal proceeding are in the final stages - Child E – Bridge incident – serious case review to commence - Domestic homicide review is in its final stages and will close in January – interim recommendations have been reported to the Chief Officer. The lessons learned will be brought back for discussion - Primary care – the current IRIS programme programme is to be extended to

	<p>ensure that GPs are linked into processes for high risk cases of domestic abuse and violence</p> <ul style="list-style-type: none"> - Public Health commissioning - further work in the form of a workshop is taking place to review 0-19 service specification - LAC - concerns raised in relation to the uptake of statutory assessments and a letter of concern has been issued to two providers, Bolton Trust and Bridgewater - MCA/DOLs – await ratification of the policy prior to publication - Child protection medicals – a meeting is being planned to discuss the gaps in relation to 16-17 year old - Training – from a CCG perspective, 55% compliance. It was agreed that line managers are notified of the names of staff who are not compliant - Safeguarding audit – BI team delivered a presentation in relation to the audit tool which identifies themes and trends to the Safeguarding Assurance Group. Further work being undertaken across areas and this will be delivered to Q&S at a future meeting - Safeguarding standards – process for main providers is working well. In relation to non NHS providers a lot of work internally has taken place and it has been proposed that the local tool and policy is more proportionate and agreed that this be used in contracts. Safeguarding team will disseminate internally and feed into system through Safeguarding Adults Board. <p>Noted</p>
45/17	<p><u>Serious Incidents Report</u> Members received an update on incidents to 1.12.17 highlighting 11 new incidents, 5 against Bolton FT, 2 nursing homes and incidents relating to Alder Hey, Salford and NWAS.</p> <p>A review of nursing home Sis has taken place and JW will disseminate the learning with homes and this will be included in the nursing home newsletter.</p> <p>The Committee noted the report</p>
Patient Safety	
46/17	<p><u>CQUIN update Q2</u> The report provided an update on the Bolton FT 17/18 CQUIN performance at Quarter 2. Milestones achieved at Q1 and Q2. Each scheme is for a two year period and the CCG are assured that the Trust are undertaking a lot of work.</p> <p>Members noted the update</p>
47/17	<p><u>Quality Improvement template for Quality Board</u> Committee received a copy of the GM framework which follows a quality improvement model used for a number of years. CCGs are required to submit to providers for completion for assurance, but recognise that all this detail is contained within the quality accounts and is covered strategically and that this is not practicable. It is recommended that the CCG share a copy of the template for information only.</p> <p>Members noted the report, MR to share with provider for information not completion</p>
48/17	<p><u>Quality Matrix and Risks</u> The Committee was briefed on the main quality concerns affecting the health economy.</p>

	<p>The HCAI C Diff cases is reporting an anomaly for pre cases, JW to clarify.</p> <p>As a health economy there is an increase since last year. Bolton Trust missed the target reporting 30 against a target of 19.</p> <p>The Committee noted</p>
49/17	<p><u>CQC update</u> The report detailed the inspections in Bolton across 18 nursing care homes and practices.</p> <p><u>Oaklands</u> Ramsay Healthcare, a private provider in Salford, received an inadequate rating back in March in relation to staffing - locum and agency and theatre culture. A copy of the report in awaited.</p> <p>Committee noted the update</p>
50/17	<p><u>Quality Accounts Consultation</u> MR reported that the Providers are currently in the process of collating their quality accounts. Contact has been made by the CCG and a written outline will be provided for January engagement.</p> <p>Noted</p>
51/17	<p><u>Quality Strategy Review</u> Members received a copy of the Quality Strategy and MR confirmed that the CCG continue to work in line with strategy.</p> <p>Noted</p>
52/17	<p><u>Update from Associated Meetings:</u></p>
52/17.1	<p><u>Bolton FT Quality and Performance Group</u> Concerns raised in relation to RTT waiting time gradual increase and the members received a presentation on heart failure. The next meeting will have a focus on hip fractures. The minutes were noted.</p>
52/17.2	<p><u>Bolton FT Quality Assurance Committee</u> The minutes were noted.</p>
52/17.3	<p><u>Infection prevention Control Committee</u> Discussion in the meeting relating to outbreak management of flu and scabies and the process. GM have been asked to provide guidance in relation outbreak management. The minutes were noted.</p>
53/17	<p><u>Any Other Business</u></p>
53/17.1	<p><u>Equality and Diversity Group</u> – discussion took place at the recent meeting in relation to equality analysis, in particular regarding service redesign and impact on transport have been highlighted as a recurrent theme and the Group recommended that these are considered when planning services and redesign.</p>
53/17.2	<p>CCG Structure – members were informed that the Chief Officer is currently in the</p>

	consultation phase in relation to changes within the structure as an outcome of the departure of the Chief Nurse. It is proposed that the Safeguarding team will report to Mike Robinson and the details will be cascaded once finalised.
54/17	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></p> <ul style="list-style-type: none"> • Early planning for flu strategy • JLG importance of internal communications at Trust • Interpretation services • Standards for non NHS providers adopt local Bolton standards • Trust quality improvement template • Impacts in relation to transport when planning services and redesign
55/17	<p><u>Time and Date of Next Meeting</u> Agreed as 10th January 2018 at 9am to 11am in the Bevan Room, St Peters House.</p>