

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

AGENDA ITEM NO:14.....

Date of Meeting:23rd February 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 10 th January 2018.	
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)	The Board is asked to approve the Minutes. The key points the Board is asked to note from these minutes are:- <ul style="list-style-type: none"> • Mortality review nursing home excellent work. • Link with communications healthwatch. • Generic care homes on quality matrix. 	
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: 10th January 2018
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)
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)
Lynda Helsby	Associate Director of Primary Care (LH)
Alice Tligui	Chief Officer, Healthwatch (AT)
Zieda Ali	Lay member, Bolton CCG (ZA)

In attendance:

Kaleel Khan	Designated Adult Safeguarding Manager (KK)
Jason Taylor	Lead Information Analyst (JT)

Minutes by:

Joanne Meaney (JM)	Personal Assistant
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Minute No.	Topic
1/18	<p><u>Apologies for Absence</u> Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Ben Woodhouse • John Tabor • Nicola Onley • Pam Jones • Jen Riley
2/18	<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 There were no declarations made</p>
3/18	<p><u>Minutes from the last meeting held on 13th December 2017</u> The minutes were approved as a correct record.</p>

4/18	<p><u>Matters Arising: Action List Update</u></p> <ul style="list-style-type: none"> - Mortality review group dates – JB to cascade dates - Care/staff dismissal – MR has made contact with Helen Barlow at GMH&SCP and an alert will be cascaded as appropriate in relation particular practitioners. This issue will also be raised through Safeguarding intelligence forum.
5/18	<p><u>Communications and Engagement</u> Item deferred</p>
6/18	<p><u>Health Watch Update</u> AT updated members in relation to the neighbourhood work the outcome of which will be presented to the System Sustainability and Transformation Board. Healthwatch have undertaken some work with young carers work in partnership with the Local Authority.</p> <p>Action – AT to provide update at the next meeting</p>
Clinical effectiveness	
7/18	<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 a number of concerns have been highlighted. CQC formal visit has taken place reporting a 'requires improvement' rating, inadequate in safety, the main area of concern being the first floor nursing unit. Seven breaches were found on the CQC inspection in relation to medication, staffing training, governance, infection control, mitigating risks and person centre care and dignity. There is a new unit manager in post and weekly meetings are taking place, supported by medicines management, safeguarding and Local Authority and there is a clear action plan in place for the home and the Home manager has oversight of all actions. The issue in relation to care planning for diabetic patients is on-going. The home has sourced private tuition supported by the Diabetic centre and specialist nurses. Occupancy is averaging over 70% and there is a permanent job advertisement for nursing staff. The nursing unit has 28 patients covered by nursing and agency/</p> <p>Noted</p> <p><u>Millview Nursing Home</u> JW reported that the home situation has improved and the quality meetings are no longer required. The home is due to be taken over in January as part of a group sale of homes and will re-focus on EMI. No major concerns reported and the Funded care team continue to monitor.</p> <p>Members agreed to reduce the risk on the risk register to 12</p> <p><u>Four Seasons</u> JW reported that the home had been given a 'requires improvement' rating following a recent CQC visit. There were two breaches in administration of medicines and staffing. Staffing levels are a concern but the home try to use the same agencies to maintain consistency. There is evidence of collaborative working with GPs and the CCG hold a three weekly meeting with the home. Infection control team reporting of symptomatic patients to be included in the action plan.</p> <p>Concern in relation to medicine issues arising again and not being sustained. The home has asked for information in relation to covert medication and has applied for</p>

	<p>DoLS for particular patients. Committee recommended that JW seek assurance from GP covering this home and check if the home is covered by neighbourhood pharmacist. Liaise with the home in relation to their intentions for pharmacy support. Discuss findings with home particularly medications, improvement plans if pharmacy personnel expect to work with or liaise with meds opt team.</p> <p><u>Astley Grange</u> CQC inspected, draft report indicates six breaches with an overall requires improvement rating. One area, no registered home manager in place, this is in process. Weekly quality and safeguarding meetings taking place and an action plan in place</p> <p><u>Nursing home monthly return 2017/18</u> The homes are contractually required to inform the CCG and CQC of the number of deaths and since April a deep dive has taken place into monthly return high mortality rate and a more detailed monthly return produced to feedback to the homes. General discussion took place and it was recognised that this is crude mortality data and is not rebased against demographics and numbers fluctuate. MR highlighted that if CQC had a concern with a disproportion rate, a review of a particular cohort of patients would be undertaken. It was agreed to develop a database for all homes including mortality, the current CQC ratings, domains, SIF intelligence and if outliers appears then look more closely at a particular home.</p> <p>Action – it was agreed to arrange a meeting to discuss this report in more detail and agree appropriate actions prior to sharing the information</p> <p><u>Meadowbank</u> The CCG has received concerns in relation to safety issues and patients at risk. The CHC team have arranged a visit and feedback will be given at the next meeting. An action place will be put into place. There have been no previous concerns prior to this report.</p> <p>Noted</p>
8/18	<p><u>Serious Incidents Report</u> DS updated that there are no outstanding issues, with only one open incident. The report will be updated and circulated to members for information.</p> <p>MR updated members in relation to a recent Press report in relation to a dementia patient discharged home. A divisional review is underway at the Trust.</p> <p>The Committee noted the report</p>
Patient Safety	
9/18	<p><u>EDHR reports</u> The Committee received a series of documents : <u>Annual publication</u> which takes a standard format, links to the refreshed strategy and sets the scene of the CCG demographics linking to the statutory obligations, equality objectives, workforce and details and gives examples of the engaged protected characteristic groups. It outlines the patient experience, links to the locality plan, monitoring of providers and the use of contracting, summarises internal governance. <u>Equality strategy</u> has been refreshed for further 4 years until 2021 outlining the statement of intent and will be managed through EDHR steering group. <u>Workforce race equality report</u> – the CCG are not required to publish this document but it</p>

	<p>is recommended that this is published. <u>Equality and diversity perception and experience survey</u> – the CCG do not participate in the NHS survey but undertake an internal survey and a number of recommendations from this survey are being actioned.</p> <p>Members noted the comprehensive reports for ratification at Executive</p> <p>Printed documents from Hannah’s work – through co-design group - JB</p>
10/18	<p><u>Quality Matrix and risks</u> MR reported that the Trust is undertaking a review of processes in relation to infection control. The FT has failed to achieve the annual target with 25 cases against the target of 19.</p> <p>In relation to the Beehive surgery who received an inadequate rating following CQC inspection have made significant improvements.</p> <p>There is a database information source in relation to care homes and it was agreed to add St Catherine’s and have a generic risk on the matrix and refer to database on homes accordingly.</p> <p>Members noted the update</p>
11/18	<p><u>Quality Standards</u> The report detailed a review of the guidance in relation to chronic kidney disease in adults based on a summary produced by Sheffield CCG. The standard has been updated from 2011, defines what it is, function, highlights groups of patients at risk of development, frequency review dependent on degree of severity and complexity and medication offer. The key message for primary care is that this will improve the outcome. LH reported that CKD is now included in the BQC.</p> <p>Committee recommended working towards compliance</p>
12/18	<p><u>Quality Accounts Consultation feedback [GMMH and Bolton FT]</u> The slide presentation updated the Committee in relation to GMMH performance against last year’s quality account and the programme going forward in relation to six improvement areas and the actions taken. A draft quality account will be available in March/April.</p> <p>Bolton FT discuss the quality account through their Quality Assurance Committee indicating 12 priorities. The CCG noted that there is no mention of community services and this will be fed back.</p> <p>AT reported that Healthwatch are fully engaged with GMMH throughout the process and have requested a similar approach with Bolton FT.</p> <p>Noted</p>
13/18	<p><u>LeDeR</u> Members received an update report highlighting learning disability mortality review process. Concerns have been raised in relation to the outcome of review of deaths, methodology, assignment of a reviewer. Support in place from the outset from the national programme.</p> <p>Noted</p>
14/18	<p><u>Quality Board report – GMH&SCP</u> Members received, for information, a copy of the bi-monthly report and dataset from</p>

	<p>Quality Board meeting at GM.</p> <p>Members noted the report and dataset and it was agreed that these would be received with future papers for information</p>
	<p><u>Items for Information</u></p>
15/18	<p><u>Update from Associated Meetings:</u></p> <p><u>Bolton FT Quality and Performance Group</u> The minutes were noted.</p> <p><u>Bolton FT Quality Assurance Committee</u> DS reported that there has been an increase of Regulation 28 issued to Bolton FT and it has been agreed that a twice yearly report will be taken through the Quality Assurance Committee or Trust Board meetings. It reported that the Trust is expecting a CQC visit but a date is not yet known. The minutes were noted.</p> <p><u>GMMH Quality & Performance Group</u> The minutes were noted.</p> <p><u>Infection prevention Control Committee</u> The minutes were noted.</p> <p><u>NWAS</u> The minutes were noted.</p>
16/18	<p><u>Any Other Business</u> There was no other business discussed</p>
17/18	<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"> • Mortality review nursing home excellent work • Generic care homes on quality matrix
18/18	<p><u>Time and Date of Next Meeting</u> Agreed as 14th February 2018 at 9am to 11am in the Bevan Room, St Peters House.</p>