

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

**AGENDA ITEM NO:** .....12.....

**Date of Meeting:** .....23<sup>rd</sup> March 2018.....

<b>TITLE OF REPORT:</b>	CCG Quality & Safety Committee Minutes	
<b>AUTHOR:</b>	Michael Robinson, Associate Director Integrated Governance & Policy	
<b>PRESENTED BY:</b>	Dr Jane Bradford, Clinical Director Clinical Governance and Safety	
<b>PURPOSE OF PAPER: (Linking to Strategic Objectives)</b>	For the Board to receive and review the minutes of the Quality and Safety Committee meeting held on 14 <sup>th</sup> February 2018.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Delivery of Year 1 Locality Plan.</b>	
	<b>Joint collaborative working with Bolton FT and the Council.</b>	
	<b>Supporting people in their home and community.</b>	
	<b>Shared health care records across Bolton.</b>	
	<b>Regulatory Requirement</b>	
	<b>Standing Item</b>	√
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	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"> <li>• Proposal to go bi-monthly – amend TOR and take through Board.</li> <li>• Care home work and database providing useful information.</li> <li>• Quality Matrix to be replaced with regular themed updates.</li> </ul>	
<b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>	CCG Quality & Safety Committee	
<b>REVIEW OF CONFLICTS OF INTEREST:</b>	Conflicts of Interest are reviewed at every meeting.	
<b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>	Patient views are not specifically sought as part of this report.	
<b>EQUALITY IMPACT ASSESSMENT (EIA) COMPLETED &amp; OUTCOME OF ASSESSMENT:</b>	EIA and an assessment is not considered necessary for the report.	

**MINUTES**

**CCG Quality and Safety Committee**

**Date:** 14<sup>th</sup> February 2018  
**Time:** 9.00am  
**Venue:** The Bevan Room, 2<sup>nd</sup> Floor, St Peters House  
**Present:**

Jane Bradford	Clinical Director Governance and Safety (Chair) (JB)
Mike Robinson	Associate Director, Governance and Safety (MR)
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)
Elaine Barker	Information, Healthwatch (EB)
Alice Tligui	Chief Officer, Healthwatch (AT)
Pam Jones	Associate Director, Safeguarding (PJ)

**In attendance:**

Kaleel Khan	Designated Adult Safeguarding Manager (KK)
Jason Taylor	Bolton CCG – for item 28
Matt Emerson	Bolton Council – for item 27

**Minutes by:**

Joanne Meaney (JM)	Personal Assistant
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Minute No.	Topic
19/18	<p><b><u>Apologies for Absence</u></b>                      Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Diane Sankey</li> <li>• John Tabor</li> </ul>
20/18	<p><b><u>Declarations of Interest</u></b>                      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:  <a href="http://www.boltonccg.nhs.uk/about-us/declarations-of-interest">http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</a></p> <p>There were no declarations made.</p>
21/18	<p><b><u>Minutes from the last meeting held on 10<sup>th</sup> January 2018</u></b>                      The minutes were approved as a correct record.</p>

22/18	<p><b><u>Matters Arising: Action List Update</u></b></p> <ul style="list-style-type: none"> <li>- Mortality review group – JB confirmed that the dates have now been made available to the CCG and JB will forward a copy to BH in the first instance and a copy of the Terms of Reference.</li> </ul>
23/18	<p><b><u>Communications and Engagement</u></b></p> <p>NO presented a new format style presentation outlining a snapshot of the ongoing day to engagement which can also be shared with partners.</p> <p>Work is progressing in partnership with Healthwatch and Bolton CVS relation to Neighbourhoods.</p> <p>MR highlighted that any information regarding urgent care and system impact on patients in relation to ambulance delays and delays in A&amp;E would help to inform the monthly GM Quality Board.</p> <p>LH reported that 8 of the 9 neighbourhood meetings have now been held and a copy of the Healthwatch reports were circulated.</p> <p><b>Noted</b></p>
24/18	<p><b><u>Healthwatch Update</u></b></p> <p>AT introduced Elaine Barker, Information Officer at Healthwatch who will share the attendance at these meetings.</p> <p>Neighbourhood reports were launched in January and the next steps involve establishing an information hub located where the workshops took place, which will form a stepping stone for future engagement. New workshops are planned in relation to workforce.</p> <p>Further discussion will take place in relation to utilisation of the hubs and how they want to be involved in communication and engagement mechanisms.</p> <p>LH stated that it was important that the same messages in relation to the vision are given to future workshops.</p> <p>AT reported that Alliance are undertaking more work with men in relation to the recent engagement and workshop as they were under-represented.</p> <p>AT informed members that the report in relation to Education health and care plans is due to be published which relates to issues nationally and implementation in mainstream schools.</p> <p>Healthwatch are due to commence some work in relation to young carers identification.</p> <p><b>Noted</b></p>
25/18	<p><b><u>Customer Services report</u></b></p> <p>The report detailed the Q3 update collating information sources of intelligence in relation to complaints, incidents, compliments and PALs and highlighting the key issues. PALs and FOI are complex and the CCG do well in responding to these requests and thanks were expressed to individual departments.</p> <p>The main themes in terms of complaints and PALs is communication and funded care issues.</p>

	<p>Incident reporting has increased by 16% from GPs and care homes but there has been no increase in harm and a safety culture is recognised across the borough.</p> <p>Newsletters for GPs, safeguarding and learning and development give key messages and these are well received.</p> <p>A Harm Free Care Panel has been established which has a remit to support care homes in relation to pressure ulcers and falls and AQUA support has been secured to support learning and development mechanisms.</p> <p><b>Noted</b></p>
26/18	<p><b><u>Themes for Transfers of Care</u></b></p> <p>The summary report detailed the transfers of care issues logged with the CCG between January and November 2017 highlighting themes and actions.</p> <p>The Clinical Standards Board discuss pathways across primary and secondary care against an agreed set of principles and Bolton FT Medical Director has agreed to liaise internally with specialties to embed the principles in relation adherence.</p> <p>The LMC are informed of CSB decisions on a regular basis.</p> <p><b>Noted</b></p>
27/18	<p><b><u>Provider Quality Improvement – Principles and Model</u></b></p> <p>Matt Emerson, Bolton Council gave a presentation regarding the improving quality work he is undertaking on behalf of GM Health and Social Care Partnership in relation to Care Home Excellence.</p> <p>The Residential and Nursing Care Delivery Group has been established to drive forward improvement in care home quality, focusing on three elements quality, intermediate care and access to health care.</p> <p>The Provider Quality Improvement model is one element within a wider approach to improve quality which includes, enhanced primary care access, workforce development, supporting registered managers, 'Teaching Care Homes' and provider engagement.</p> <p>Improvement principles for a different way of working have been agreed.</p> <p>Implementation in Bolton has been progress with initiatives such as the Harm Free Care Panel and learning from good practice; falls management and universal screening tools; bidding against Physical improvement and innovation fund and new staff models – health care assistant role and therapy assistant.</p> <p>Discussion took place in relation to links with Healthwatch and primary care and discharge to assess and that sustainability following all of the initiatives is important.</p> <p><b>Members thanked Matt and recognised the excellent collaborative work that is being undertaken with care homes.</b></p>
	<p><b>Clinical effectiveness</b></p>
28/18	<p><b><u>Nursing/Care Home Update</u></b></p> <p>The report detailed concerns raised regarding:</p>

	<p><u>St Catherine's Nursing Home</u>  JW reported that the home is receiving support from another home manager two days per week in relation to care planning.</p> <p><b>Noted</b></p> <p><u>Millview Nursing Home</u>  JW updated in relation to general nursing unit and four safeguarding issues reported to CQC regarding fluid balance charts completion and medication signatories. A meeting has been arranged with the general manager to discuss these issues.</p> <p><b>Noted</b></p> <p><u>Four Seasons</u>  JW reported that a Quality meeting is scheduled for 15.2.17 to discuss a further incident from last year on Winter. The CCG have not received an incident form relating to this.</p> <p>A neighbourhood pharmacist has been allocated for all units and will carry out medication reviews.</p> <p><b>Noted</b></p> <p><u>Astley Grange</u>  CCG supported has now been reduced to monthly meetings as good progress is being made against the improvement plan.</p> <p><b>Noted</b></p> <p><u>Care home dashboard</u>  Jason Taylor gave an updated presentation in relation to the care homes which uses the five domains of CQC data.  Joint quarterly meetings are held with the homes and BI have established a rolling database which links to CQC reports to highlight themes.</p> <p>Members noted the update and agreed it would be helpful to include comments from the GPs linked to homes.</p> <p><b>Noted</b></p>
<p><b>29/18</b></p>	<p><b><u>Serious Incidents Report</u></b>  The report a summary on patient safety incidents (SIs) or 'never events' reported by Providers and Bolton CCG to the NHS Strategic Executive Information System (StEIS).</p> <p>Bolton FT have 10 reported incident relating pressure ulcers and falls, which are managed well and there is evidence of learning.</p> <p>A Never event has been reported which relates to gynaecology surgery and is currently being investigated.</p> <p>The CCG have reported one incident relating to a child which is being investigated.</p> <p>PJ informed members that the homicide referred to in the document is a serious case</p>

	<p>review and not a homicide and the report will be amended to reflect this.</p> <p><b>The Committee noted the report.</b></p>
	<p><b>Patient Safety</b></p>
30/18	<p><b><u>CQC outlier report – LRTI</u></b>  The report briefed members in regarding the follow-up response to the CQC's further queries relating to the LRTI outlier alert regarding low respiratory tract infections.</p> <p><b>Members noted the report.</b></p>
31/18	<p><b><u>EUR Project Group update</u></b>  JB updated members that the group maintain the momentum in relation to clinical effectiveness and have achieved a good result against a number of procedures of limited value. It is planned to increase this momentum and seek further ideas and it has been proposed that a Bolton FT representative join this group to take this forward.</p> <p><b>Noted.</b></p>
32/18	<p><b><u>Quality Matrix and risks</u></b>  MR reported that MRSA and CDiff, mixed sex accommodation continues to be challenging.</p> <p>Shanti medical centre have received an inadequate rating following a recent CQC visit and it was noted that historically the practice performs well. CCG representatives have met with the practice who are engaging with appropriate actions.</p> <p>MR proposed that the quality matrix is reviewed in light of more frequent infection control and primary care reporting.</p> <p><b>Members noted the update.</b></p>
	<p><b><u>Items for Information</u></b></p>
33/18	<p><b><u>Update from Associated Meetings:</u></b></p> <p><b><u>Bolton FT Quality and Performance Group</u></b>  Discussion took place in relation to the risk to RTT and impact on safety and cancellation of elective procedures.</p> <p><b>The minutes were noted.</b></p> <p><b><u>Bolton FT Quality Assurance Committee</u></b>  <b>The minutes were noted.</b></p> <p><b><u>GMMH Quality &amp; Performance Group</u></b>  <b>No minutes as this is a bi-monthly meeting.</b></p> <p><b><u>Infection prevention Control Committee</u></b>  MR reported that a Flu review meeting has been held and immunisation rates have increased and testing in Bolton is greater.</p> <p><b><u>NWAS</u></b></p>

	<b>No minutes available.</b>
<b>34/18</b> <b>34.1</b>	<p><b><u>Any Other Business</u></b></p> <p>JB proposed that future meetings are held on a bi-monthly basis taking into consideration that there are a number of sub groups progressing work. This will require a review of the Terms of Reference to be agreed by the Executive and CCG Board. The meeting in March will take place as scheduled and bi-monthly thereafter.</p> <p><b>Members agreed in principle subject to Executive and Board approval.</b></p>
<b>35/18</b>	<p><b><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u></b></p> <ul style="list-style-type: none"> <li>• Neighbourhood communication to patients and public to be the same.</li> <li>• PALs and Healthwatch.</li> <li>• Care home work and database providing useful information.</li> </ul>
<b>36/18</b>	<p><b><u>Time and Date of Next Meeting</u></b></p> <p>Agreed as 14<sup>th</sup> March 2018 at 9am to 11am in the Bevan Room, St Peters House. Pam Jones apols for March</p>