

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

**AGENDA ITEM NO:** .....13.....

**Date of Meeting:** .....27<sup>th</sup> April 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> March 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>	<p>The Board is asked to approve the Minutes. The key points the Board is asked to note from these minutes are:-</p> <p>Question end of life committee DNR- assurance of process. Working with coroner to discuss end of life. QoF lithium level and variation from good practice.</p>	
<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> March 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)
Lynda Helsby	Associate Director of Primary Care (LH)
Elaine Barker	Information, Healthwatch (EB)
Alice Tligui	Chief Officer, Healthwatch (AT)
Diane Sankey	Governance and Risk Manager
John Tabor	GP (JT)
Ben Woodhouse	Head of Medicines Optimisation (BW)
Nicola Onley	Associate Director – Communication and Engagement (NO)

**In attendance:**

Kaleel Khan	Designated Adult Safeguarding Manager (KK)
-------------	--------------------------------------------

**Minutes by:**

Joanne Meaney (JM)	Personal Assistant
--------------------	--------------------

Minute No.	Topic
37/18	<p><b><u>Apologies for Absence</u></b> Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Pam Jones</li> <li>• Jayne Waite</li> </ul>
38/18	<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> Bob Hunt declared an interest in discussions relating to Bolton Hospice</p>
39/18	<p><b><u>Minutes from the last meeting held on 14<sup>th</sup> February 2018</u></b> The minutes were approved as a correct record.</p>
40/18	<p><b><u>Matters Arising: Action List Update</u></b> - Mortality review group – April meeting date has been forwarded to BH, if he is</p>

	<p>unable to attend, a GP lead nomination will be required. Attendance at these meetings will support the mortality review stage and preparatory work in relation to inquests.</p> <ul style="list-style-type: none"> <li>- Safeguarding standards audit – KK confirmed that this is in relation to assurances on safeguarding arrangements across practices and providers and a report be brought back for discussion in July</li> </ul>
	<b>Action – KK to bring back the audit report in July</b>
<b>41/18</b>	<p><b>Annual Review of the Terms of Reference</b>  The Terms of Reference have been updated to reflect the up to date membership and proposal to change to bi-monthly meetings.  Members approved the revised document and requested presentation to the Board for ratification.</p>
	<b>Action – Revised Terms of Reference to be presented to the CCG Board for ratification</b>
<b>42/18</b>	<p><b><u>Communications and Engagement</u></b>  NO tabled a neighbourhood engagement paper for information, which will be used an internal tool to understand the make-up of each neighbourhood.  AT requested sports and leisure and student numbers be added to this detail if possible  A piece of work with Healthwatch is being undertaken in neighbourhoods in relation to street walking, to seek information channels to tailor a better approach.</p> <p>NO informed members that there are 3 vacant posts within communication and engagement team which will be recruited to in the near future. Hannah Carrington has secured a new role in mental health commissioning and it is hoped that the replacement post will have a focus on neighbourhoods.</p> <p><b>Noted</b></p>
<b>43/18</b>	<p><b><u>Healthwatch Update</u></b>  AT informed members that there is an embargo on this report pending further discussions as this report is seen as controversial in respect of agreed publication. Healthwatch will hold a single meeting for debate.</p> <p>Work has commenced in relation to social prescribing regarding an understanding of the processes, dementia to commence and finalise by May and urgent care work to ask ‘what is considered to be urgent’, seeking people’s views and if they would be happy to receive a telephone call from a clinician rather than face to face. Update reports will be brought back to the May meeting.</p>
	<b>Action – update paper on dementia and urgent care to be discussed at the May meeting - AT</b>
	<b>Clinical effectiveness</b>
<b>44/18</b>	<p><b><u>Nursing/Care Home Update</u></b>  The report detailed concerns raised regarding the nursing homes. A lot of support is provided through the care home excellence programme. The main challenge is staffing and this is a common theme across in relation to sustainability, mix and how to make Bolton an attractive sector.  Future developments relate to the establishment of the harm free care panel which addresses pressure ulcer care and falls.  Members agreed that it would be useful to have an update from the falls collaborative and care homes excellence team at a future meeting.</p>

	<p>The recently published NHS planning guidance indicates pharmacists in care homes and the CCG have submitted a bid against this.</p> <p>Astley Grange mortality data – a meeting has taken place to review the data in more detail in relation to Do Not Resuscitate [DNR] figures and processes and the findings will be presented to a future meeting. JB to check with the End of Life Committee in relation to processes for DNR.</p>
	<p><b>Action – JB to liaise with EoL Committee regarding DNR processes</b></p>
45/18	<p><b><u>Serious Incidents Report</u></b>  The report provided 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>As at 1.3.18 there are 43 ongoing cases, one never event at Bolton FT has been reported in relation to a tissue retrieval bag and a surgical external review is being undertaken. Manchester CCG have been requested to provide an update on the ongoing GMMH incidents.</p> <p>There have been two Perinatal deaths which are receiving Divisional Director level external review.</p> <p><b>Noted</b></p> <p><u>HM Coroner Regulation 28</u>  The report provided a summary of the issues highlighted at inquest by the Coroner. It was highlighted that the QoF target is not met if there is not best clinical practice match in relation to lithium levels.</p> <p><b>The Committee noted the report</b></p>
	<p><b>Patient Safety</b></p>
46/18	<p><b><u>CQC Report</u></b>  The reports detailed the reports published from 1<sup>st</sup> December 17 to 28<sup>th</sup> February 2018 for GP practices, nursing and residential homes in Bolton.</p> <p>MR informed members that Dr Prasad at Shanti Medical Centre have recently been inspected and given a ‘requires improvement’ rating and the practice are receiving RGCP support.</p> <p><b>Members noted the report</b></p>
47/18	<p><b><u>GMMH CQC Inspection report</u></b>  Members received a copy of the first full CQC inspection report of the new organisation, with an overall rating of good.  It was recognised that although the Trust have received a good rating there are still issues in relation to shared care and the timely resolution of serious incidents.</p> <p><b>Members noted the report</b></p>

48/18	<p><b><u>GM Quality Board papers and dataset</u></b> Members received a copy of the GM Quality Board stakeholder return for information.</p> <p><b>Noted</b></p>
	<p><b><u>Items for Information</u></b></p>
49/18	<p><b><u>Update from Associated Meetings:</u></b></p> <p><b><u>Bolton FT Quality and Performance Group</u></b> <b>The minutes were noted.</b> Discussion took place regarding cancer care pathways and targets, which are generally performing well. Referral to treatment is falling behind target due to winter pressures and there are plans in place to address this. A proposal was made for these meetings to take place on a bi-monthly basis.</p> <p><b><u>Bolton FT Quality Assurance Committee</u></b> <b>The minutes were noted.</b> LH to contact Andy Ennis in relation to AAT incidents. DS to liaise with Trust in relation to patient story.</p> <p><b><u>GMMH Quality &amp; Performance Group</u></b> <b>The minutes were noted.</b></p> <p><b><u>Infection Prevention Control Committee</u></b> <b>The minutes were noted</b> The meeting reviewed the flu season. Testing has been higher than other areas and there has been good liaison with community and practices.</p> <p><b><u>Clinical Standards Board</u></b> <b>The minutes were noted</b></p>
50/18 50.1  50.2  50.3  50.4	<p><b><u>Any Other Business</u></b></p> <p>MR reported that updates on the Learning disability mortality review and safety collaborative will be brought back to a future meeting.</p> <p><u>Quality standards</u> – JB informed members that it is intended that the quality standards are coordinated with the team and that the clinical guidance will be sent out to individual members to complete. <b>Noted</b></p> <p>Sign up to safety – MR informed members that it is Sign up to Safety USA week and he will distribute a copy of the link for information.</p> <p>National kitchen table week – this commences on 19.3.18 and members will receive notification by email.</p>
51/18	<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>• Question end of life committee DNR- assurance of process</li> <li>• Working with coroner to discuss end of life</li> <li>• QoF lithium level and variation from good practice</li> </ul>
52/18	<p><b><u>Time and Date of Next Meeting</u></b> Agreed as 9<sup>th</sup> May 2018 at 9am to 11am in the Bevan Room, St Peters House.</p>