

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:12.....

Date of Meeting:11th February 2022.....

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 12 th January 2022.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care 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"> Discussions had covered important issues and challenges across the system, but there was nothing specific to raise to the Board. 	
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: 12th January 2022

Time: 9.00am – 11.00am

Venue: Microsoft teams

Present:

Jane Bradford	Clinical Director, Governance and Safety (JB)
Michael Robinson (Chair)	Associate Director, Governance and Safety (MR)
Jayne Waite	Head Nurse for Personalisation and Choice (JW)
Diane Sankey	Patient Safety & Governance Lead (DS)
Kaleel Khan	Designated Adults Safeguarding lead (KK)
Chris Haigh	Head of Medicines Optimisation (CH)
Zeida Ali	Lay member (ZA)
Lynda Helsby	Associate Director, Primary Care and Health Improvement (LH)
Gill Baker	Acting Associate Director, Commissioning (GB)
Helen Lilley	Board Nurse Member (HL)

In attendance:

Minutes by:

Joanne Meaney	Personal Assistant (JM)
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Minute No.	TOPIC	
	The Chair highlighted that the focus of the meeting will be on assurances in relation to current covid implications and transient pressures. Members received copies of the regular reports for information.	
01/22	<p><u>Apologies for Absence</u> Apologies were received from :</p> <ul style="list-style-type: none"> • Julie Darbyshire, Healthwatch • Leah Payne, Healthwatch • Nicola Onley, Associate Director, Communication & Engagement 	
02/22	<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>There were no items declared.</p>	

03/22	<p><u>Minutes from the last meeting held on 10th November 2021 and action log</u> The minutes of the meeting held on 10th November 2021 were approved as a correct record and the action log updated.</p> <p>Action log :</p> <p>112/21 – Diane Sankey confirmed that a copy of the HSIB report had been circulated. Action closed 118.1/21 – Jane Bradford reported that the meeting to discuss the Medical examiner role had been cancelled therefore the update has been deferred to March meeting</p>	
<u>PATIENT EXPERIENCE</u>		
04/22	<p><u>Communications and Engagement</u> Nicola Onley had given apologies to the meeting and will circulate an update to members.</p> <p>Jane Bradford fed back following a recent NW call regarding GP issues and impacts where public communications relating current system pressures was discussed.</p> <p>Mike Robinson informed members that the transition of the CCG to Integrated Care Board has been extended for a further 3 months and the CCG will remain a statutory organisation until the end of June and continue to fulfil duties.</p> <p>The Committee noted the key messages</p>	<u>NO</u>
05/22	<p><u>Healthwatch Update</u> <u>Information advice and guidance statistics</u> Members received a copy of update report for the period 4th November 2021 to 5th January 2022 with 60 enquiries being received. Noted</p> <p><u>Access to GP survey report</u> The Committee received a copy of the outcome report for comment.</p> <p>The following issues and reflections were highlighted and it was recognised that the information could be used to add to other intelligence:</p> <ul style="list-style-type: none"> - What methodology has been used for this survey; - the highlighted practices are those who are or have been involved in the vaccination programme and mirrors low level enquiries through PALS; - Consideration of digital poverty to be able to access this survey which would not give a fair representation; - the national direction of access is now different with the use of online consultations and telephone appointments and this report is not set in the current context and looking at the bigger picture when looking at access and softer intelligence; - the primary care access audit indicates that the practices are meeting the required targets and the CCG maintain regular monitoring. 	

	<p>Helen Lilley raised a query in relation to the amount of people that are accessing pharmacy for healthcare and support to continue this. Chris Haigh responded highlighting that a community pharmacy consultation service is in place with 40% of practices using this facility. There a long term plan to recruit more pharmacists and develop with education and training on services. The current pharmacy estate may be more of an issue to provide consultation facilities. The Bolton Care Record is to be rolled out which will an enabler to pharmacies.</p> <p>Mike Robinson reported that this report is also being discussed by the CCG Executive and a joint response to the recommendations within the report will be collated.</p>	
<p>06/22</p>	<p><u>Governance and Safety Report</u> The Governance & Safety report summarised patient feedback received by Bolton CCG via PALs and formal complaints, patient safety incidents and FOIs.</p> <p>Due to unprecedented demand, it was noted that response times to complaints, PALS and FOIs have slipped and target timescales on complaint investigations have not been met in some cases. Priority is being given to PALS enquiries needing prompt resolution to enable access to timely clinical advice or treatment including vaccinations.</p> <p>Diane Sankey highlighted the main areas :</p> <ul style="list-style-type: none"> - handled 900 PALs enquiries between May and December 2021 with the majority relating to the vaccination programme; - there has been a slight dip in incident reporting for GPs and nursing homes due to current pressures and continue to have a good learning culture and good feedback from GP Practices on safety issues reported to the CCG by providers such as Bolton FT, nursing homes, NWAS - The primary care breakdown detailed the main areas of contact; - Learning from incident reviews and serious incidents has continued <p>A full analysis of themes and trends to be circulated in a revised report to members when the data and graphs are available.</p> <p>Mike Robinson updated that in order to build resilience in Bolton regarding the Patient Safety Specialist, Diane Sankey is now registered with NHSE.</p> <p>Members noted the report and update</p>	<p><u>DS</u></p>
<p>CLINICAL EFFECTIVENESS</p>		
<p>07/22</p>	<p><u>Nursing Home / Domiciliary Agency report</u> The report detailed the current position in terms of CQC ratings in nursing and residential and care homes.</p> <p>Jayne Waite highlighted some key points :</p> <ul style="list-style-type: none"> - Millview NH has recently been re-inspected and received a rating of ‘good’ in all domains and has a new permanent manager in post; - There are three homes rated ‘required improvement’ still awaiting further inspection; - The quality improvement initiative Restore to Mini has been stepped down due to current pressures and the homes are being asked to use the R2 	

	<p>tool to identify resident's deterioration with the aim of reducing the number of ambulance call outs and admissions;</p> <ul style="list-style-type: none"> - The FNC team are under considerable pressure with staffing pressures and have stepped down meetings and attendance at hospital discharge meetings putting alternative pathways in place. There is considerable impact and pressure into the workload of the FCT due to their assistance/expertise being requested to support other organisations and it has been highlighted that NHSE performance targets may breach during this period; the FNC team are receiving resistance in terms of CHC assessments from District Nurses who are equally under pressure; - There are currently 33 homes with outbreak and closed to admissions. Equally Homecare and Extra Care and day care are in a similar position; - Concerns have been raised by homes in relation to national guidance regarding LFT within 72 hours and some home will continue same day testing; There is a contingency plan but there does not seem to be an issue currently in respect of District Nursing visiting; - Risk assessments have now been completed on two nursing homes to facilitate earlier acceptance of residents but there has been some push back from homes in respect of the Omicron guidance 28 day closure in outbreak however with appropriate risk assessing this can reduced to 14 days. Home managers have indicated no re-opening until appropriate sign off and will remain at 28 day. The CCG are continuing discussions to seek some standardisation. <p>Mike Robinson recognised the statutory duties, large caseload and staffing issues and reported that the CCG is working closely with providers to avoid decisions making an adverse effect.</p> <p>Helen Lilley recognised the current pressures and offered support.</p> <p>The Committee noted the detailed update and acknowledged the current pressure</p>	
<p>08/22</p>	<p><u>Serious Incidents Report</u></p> <p>The report updated the Committee on patient safety incidents (SIs) or 'never events' reported by Providers and Bolton CCG to the NHS Strategic Executive Information System (StEIS) and Regulation 28 (Prevention of future deaths) reports issued by HM Coroner.</p> <p>The main highlights from the report were noted as:-</p> <ul style="list-style-type: none"> • 42 ongoing SIs for Bolton patients; • Increased number logged between November and December • The CCG reported incident relating to BMI Beaumont undertaking smear tests when not commissioned to do so for a service set up by the PH Department; • 1 Reg 28 to Bolton FT awaiting response to coroner. <p>The Committee noted the update.</p>	

09/22	<p><u>Safeguarding update</u> The Q3 Quality Assurance report was received for information.</p> <p>Exception update :</p> <ul style="list-style-type: none"> - Kaleel Khan reported that he is supporting Bolton FT to the end of March due to their current Safeguarding Officer taking retirement. This interim support provides strength in the system wide relationships and good working collaboration; - There has been an increase in the number of cases reported due to family members refusing vaccination; - Increase children and adult cases due to social care pressure and low staffing levels; the risks in relation to children are being managed working closely with partnerships. <p>The Committee noted the update.</p>	
10/22	<p><u>Medicines Optimisation update and Primary care</u> Chris Haigh updated that the main pressures are staffing and access and work programmes have been paused. Daily operational services are being maintained rather than deliver improvement work. The team have been working remotely and have continued access to practices.</p> <p>There are some new anti-viral medications for Covid to be made available through the Covid Medicines Hub.</p> <p>Members noted the update</p>	
11/22	<p><u>Primary Care update</u> Lynda Helsby updated that primary care are under significant pressure and in order to respond to the covid vaccination programme and support early discharge, it has been agreed through the Primary Care Commissioning Committee to temporarily step down some BQC work in relation to monitoring KPIs maintaining access and prescribing.</p> <p>It was recognised that this may have an adverse increase in complaints during this period.</p> <p>Members noted the update.</p>	
12/22	<p><u>NHSE Patient Safety Updates – November</u> The update was reviewed and it was noted that this would be distributed widely and discussed at the Clinical Leads meeting.</p> <p>Diane Sankey informed members that NHSE are rolling out Patient Safety Training and requested member participation and feedback. A copy of information will circulated</p> <p>The Committee noted the report.</p>	DS
13/22	<p><u>Bolton FT response : ‘First Do No Harm’</u> Members received a copy of the Bolton FT response for information.</p> <p>Members noted the update and acknowledged that Bolton FT are meeting the recommendations</p>	
14/22	<p><u>CQC Report</u> A copy of the report will be circulated when the graphs are made available.</p>	

	The CCG continue to monitor CQC outcome reports and areas of inspection. The Committee noted the report.	
15/22	<u>GM Quality Board papers and dataset</u> Deferred to the next meeting.	
	<u>Items for Information</u>	
16/22	<u>Notes of associated meetings</u> The Committee received the notes for information.	
17/22 17.1	<u>Any Other Business</u> Diane Sankey informed the Committee that it proposed to increase the Quality risk score on BAF from 16 to 20 due to the increase in quality and safety concerns and patient complaints due to deteriorating performance and the potential adverse impact of COVID on the wider system. Noted	
18/22	<u>Items for the next or future meetings</u> <ul style="list-style-type: none"> - LPS update - Quality Strategy Update - SI Framework - EDHR Annual Publication - NHSE EUR consultation - Health Innovation Manchester update - Medical Examiners role update - March 	
19/22	<u>Chair reflection and significant decisions/actions/risks that may need reporting to the Board through these minutes</u> <ul style="list-style-type: none"> - MR stated that the discussion covered important issues and challenges across the system but nothing specific to be escalated. 	
20/22	<u>Time and Date of Next Meeting</u> Agreed as 9 th March 2022 at 9am	