

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

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

**Date of Meeting:** .....17<sup>th</sup> June 2022.....

<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 meetings held on 11 <sup>th</sup> May and 15 <sup>th</sup> June 2022.	
<b>LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):</b>	<b>Deliver the outcomes in the Bolton Joint Health and Care Plan.</b>	<input type="checkbox"/>
	<b>Joint collaborative working with Bolton FT and the Council.</b>	<input type="checkbox"/>
	<b>Supporting people in their home and community.</b>	<input type="checkbox"/>
	<b>Shared health care records across Bolton.</b>	<input type="checkbox"/>
	<b>Regulatory Requirement</b>	<input type="checkbox"/>
	<b>Standing Item</b>	<input checked="" type="checkbox"/>
<b>RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)</b>	The Board is asked to approve the Minutes and note the Quality handover document reviewed by the Committee at its meeting on 15 <sup>th</sup> June.	
<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

### Quality and Safety Committee

Date: 11<sup>th</sup> May 2022

Time: 9.00am – 10.40am

Venue: Microsoft teams

Present:

Jane Bradford (Chair)	Clinical Director, Governance and Safety (JB)
Michael Robinson	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)
Lynda Helsby	Associate Director, Primary Care and Health Improvement (LH)
Helen Lilley	Board Nurse Member (HL)
Leah Payne	Senior Information Officer, Healthwatch (LP)
Alan Stephenson	Lay Member (AS)

In attendance: Helen Wright, Bolton CCG

Minutes by:

Joanne Meaney	Personal Assistant (JM)
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Minute No.	TOPIC	
41/22	<p><b><u>Apologies for Absence</u></b>            Apologies were received from :</p> <ul style="list-style-type: none"> <li>- Gill Baker, Acting Associate Director of Commissioning</li> <li>- Nicola Onley, Associate Director, Communication and Engagement</li> </ul>	
42/22	<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><b>There were no items declared.</b></p>	
43/22	<p><b><u>Minutes from the last meeting held on 9<sup>th</sup> March 2022 and action log</u></b>            The minutes of the meeting held on 9<sup>th</sup> March 2022 were approved as a correct record and the action log updated.</p> <p>Action log :            25/22 - Patient story – a separate meeting has been arranged to discuss Healthwatch item being used a patient story.</p>	

	<p>118.1/21 - <u>Medical Examiner role</u> – JB updated that Harni Bharaj has a coordinating role and the former postholders Liz Perry and Brian Bradley have stepped down. Four posts have now been appointed to – 2 GP roles [Dr Natha and Dr Whittaker] and orthopaedic surgeon and GMP representative. A further update will be provided in due course.</p>	
44/22	<p><b><u>Q&amp;S Report</u></b> Members received a copy of the Quality and Safety Annual report which highlighted the activity for the previous year.</p> <p>The Terms of Reference were received as part of the annual review but no changes have been made.</p> <p>Staff were involved in a webinar brief with the GM newly appointed Executive members where staff were informed to continue as previous.</p> <p>It is intended to continue this forum beyond the end of June until advised formally of the reporting mechanisms.</p> <p><b>Noted</b></p>	
	<p><b><u>PATIENT EXPERIENCE</u></b></p>	
45/22	<p><b><u>Communications and Engagement</u></b> In the absence of a representative, a written report will be circulated to members following the meeting.</p> <p><b>The committee noted the update</b></p>	
46/22	<p><b><u>Healthwatch Update</u></b> <u>Information advice and guidance statistics</u> Members received a copy of update report for the period 29<sup>th</sup> February 2022 to Wednesday 4<sup>th</sup> May 2022 with 62 enquiries being received.</p> <p>The majority of enquiries were GP issues relating to face to face or telephone appointments. A meeting has been arranged with CCG colleagues to discuss these in more detail.</p> <p>KK queried if contact had been made with GM and other Healthwatch areas on how they are managing enquiries. LP responded that no contact has been and that Bolton Healthwatch have just finalised their priorities for the workplan and primary care GP access is part of this and will make contact as suggested.</p> <p>LH updated that there is a lot more to do in relation to access. The outcome of the recent access audit indicates an offer higher than pre pandemic. Demand is higher and resource is finite and there is a need to manage patient expectation.</p> <p>LP informed members that Healthwatch are doing a feature 'Day in the Life Of' and would welcome any input should anyone being interested.</p> <p><b>Members of the committee noted the update and acknowledged the lessons learnt.</b></p>	

<p><b>47/22</b></p>	<p><b><u>Governance and Safety update</u></b>  The dashboard up to 31<sup>st</sup> March 2022 summarised the number of cases and applications dealt with over the past 12 months in relation to :</p> <ul style="list-style-type: none"> <li>• Compliments</li> <li>• Patient Advices &amp; Liaison Service (PALS) concerns</li> <li>• Formal complaints</li> <li>• Incidents (GP, Nursing Home patient safety issues, Serious Incidents and CCG)</li> <li>• Freedom of Information Requests</li> <li>• Access to Records Requests</li> <li>• Legal cases including Deprivation of Liberty Safeguards (DOLS), HM Coroner Regulation 28 reports.</li> </ul> <p>The Q4 report indicates an increase in PALs, complaints and FOIs. There has been a slight drop in incident reporting across the year which is understandable due to pressures.</p> <p>The main key issues relates to access to GP primary care for advice and assurance issues; access to mental health and CAMHS and NHS funding care.</p> <p>NHSE have highlighted the 1000 PALs cases at year end, which is double compared to last year and it has been recognised as important to keep this service going forward.</p> <p>LH queried the graphs in relation to primary care network and GP surgery vaccinations and agreed that it would be useful to feed back this information to PCN Clinical Directors.</p> <p><b>Action – LH and DS to discuss outside of the meeting</b></p>	<p><b><u>LH/DS</u></b></p>
<p><b>48/22</b></p>	<p><b><u>Complaints, PALs and Compliments Policy</u></b>  Members received an updated copy of the Policy.</p> <p>Acknowledged that there may be a generic policy put into place under the new transition regime.  NHSE Complaints team will not change until 2023</p> <p><b>Members noted and approved the updated Policy</b></p>	
<p><b>CLINICAL EFFECTIVENESS</b></p>		
<p><b>49/22</b></p>	<p><b><u>Nursing Home / Domiciliary Agency report</u></b>  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"> <li>- No change in the nursing homes and CQC ratings, as no recent inspections have taken place;</li> <li>- From a quality perspective the team continue to support all homes;</li> <li>- Work to expand the use of Restore 2 mini continues and this initiative will become part of the care home excellence programme; Four Seasons staff are now trained;</li> </ul>	

	<ul style="list-style-type: none"> <li>- Continued to work with homes with RI with varying levels of support and LA provider assessment marketing solution in relation to the annual audit;</li> <li>- RI homes have improvement plans in place to address issues highlighted by CQC;</li> <li>- PSI template for pressure ulcers has been updated and the falls is in process to bring in line with Trust documentation;</li> <li>- Covid an improving picture with 14 residents currently, over 9 establishments and 11 staff;</li> <li>- CHC – staffing levels improving</li> <li>- Data query has been raised by NHSE – due to significant activity with LD patients.</li> <li>- New patient level data set to be submitted monthly in addition to quarterly submission. This has raised concerns as this mapping is affecting quarterly data indicating anomalies. Action – <b>agreed to discuss further with Jane and Mike outside of the meeting</b></li> </ul> <p><b>The Committee noted the detailed update</b></p>	<p><b><u>JW/JB/</u></b> <b><u>MR</u></b></p>
<p><b>50/22</b></p>	<p><b><u>Serious Incidents Report</u></b> 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"> <li>• 23 reported incidents;</li> <li>• Never events in relation to a retained swab and wrong site medication administration;</li> <li>• There are a mix of delayed diagnosis issues to which there is a good response from the FT.</li> </ul> <p><b>The Committee noted the update.</b></p>	
<p><b>51/22</b></p>	<p><b><u>Safeguarding update</u></b> Members received a copy of the Q4 report to NHSE and Combined Authority. The following areas were highlighted :</p> <ul style="list-style-type: none"> <li>- 13 statutory reviews open;</li> <li>- Safeguarding training : slight dip in compliance following full compliance in February, drop in Prevent training and Child and Adult level 1 and there have been some challenges in reporting level 2 and 3 since the transfer to ESR;</li> <li>- Continued safeguarding assurance – good oversight of all assurances;</li> <li>- Safeguarding annual event took place in March which was successful;</li> <li>- Multi agency – no further meetings of the partnership in Q4 – LA Adult Board held a development day to look at priorities.</li> </ul> <p><b>The Committee noted the report and update.</b></p>	
<p><b>52/22</b></p>	<p><b><u>Bolton FT Patient Safety Plan</u></b> Members received a copy of the Patient Safety Plan for information which emphasizes patient safety culture and refers to members of the public as part of patient safety and patient involvement and empowerment.</p> <p><b>Members note the plan.</b></p>	

53/22	<p><b><u>NHSE Patient Safety Updates – April</u></b> The update was reviewed and it was noted that this would be distributed widely and discussed at the Clinical Leads meeting.</p> <p>The 5<sup>th</sup> April update highlights some enduring principles from national patient safety alerts and NICE guidance and it has been agreed that these will be discussed through the Clinical Standards Operational Group to ensure that standards are embedded and link with the existing principles.</p> <p>Patient safety reporting framework relates to incidents and serious incidents. Learning from patient safety incidents will be up and running soon and will replace the national reporting system.</p> <p>World Patient Safety Day is taking place on 17.9.22 with a focus on medication without harm.</p> <p><b>The Committee noted the report.</b></p>	
54/22	<p><b><u>Medical Examiners role update</u></b> See item 43/22</p> <p><b>The Committee noted the report.</b></p>	
55/22	<p><b><u>CQC Report</u></b> The report detailed the latest position with regard to the CQC inspections. The findings of CQC reports to be summarised and shared at clinical leads.</p> <p>It was highlighted to members that a GP practice has been given notice of de-registration by the CQC. The CCG is waiting for practice representations to the CQC and this being discussed through governance processes.</p> <p><b>Noted</b></p>	
56/22	<p><b><u>Quality Accounts</u></b> Members received a copy of the Quality Account from Bolton FT and GMMH and these reports will be discussed through CCG Executive and based on the feedback formal response to both organisations will be drafted.</p> <p>Members are asked to read through the accounts and provide any comments direct to Mike.</p> <p><b>The Committee noted the update</b></p>	
57/22	<p><b><u>EUR Project update</u></b> JB reported a more clearer structure in terms of EUR into GM. The final meeting of the group will take place in June and there is recognition that this has been a good forum and Bolton have been a forerunner in this process and locally will still retain the engagement and manage pathways and adherence to policy.</p> <p><b>Noted</b></p>	
58/22	<p><b><u>Bolton Health Economy External Log</u></b> Received for information</p> <p><b>Committee noted the report</b></p>	
59/22	<p><b><u>GM Quality Board papers and dataset</u></b></p>	

	<p>The Committee reviewed the report and noted there were no significant issues and Bolton looks favourable across GM.</p> <p><b>Noted</b></p>	
	<b><u>Items for Information</u></b>	
60/22	<p><b><u>Notes of associated meetings</u></b> The Committee received the notes for information.</p>	
61/22	<p><b><u>Any Other Business</u></b> There was no other business discussed.</p> <p><b>Noted</b></p>	
62/22	<p><b><u>Items for the next or future meetings</u></b></p> <ul style="list-style-type: none"> <li>- Quality Strategy Update</li> <li>- SI Framework</li> <li>- NHSE EUR consultation</li> <li>- Health Innovation Manchester update</li> </ul>	
63/22	<p><b><u>Chair reflection and significant decisions/actions/risks that may need reporting to the Board through these minutes</u></b></p> <ul style="list-style-type: none"> <li>- Meeting with Healthwatch to discuss primary care enquiries</li> <li>- Vaccination Incidents in primary to be fed back to PCN Clinical Directors</li> <li>- Enduring standards of principles to be discussed through CSOG to link in with existing principles</li> <li>- Data quality accuracy – further discussion</li> </ul>	
64/22	<p><b><u>Time and Date of Next Meeting – 13.7.22</u></b> Additional single item topic meeting on 24.6.22 for handover</p>	

## MINUTES

### Quality and Safety Committee

Date: 15<sup>th</sup> June 2022

Time: 9.00am – 10.00am

Venue: Microsoft teams

Present:

Jane Bradford (Chair)	Clinical Director, Governance and Safety (JB)
Michael Robinson	Associate Director, Governance and Safety (MR)
Jayne Waite	Head Nurse for Personalisation and Choice (JW)
Chris Haigh	Head of Medicines Optimisation (CH)
Lynda Helsby	Associate Director, Primary Care and Health Improvement (LH)
Helen Lilley	Board Nurse Member (HL)
Leah Payne	Senior Information Officer, Healthwatch (LP)
Alan Stephenson	Lay Member (AS)
Gill Baker	Acting Associate Director of Commissioning (GB)

Minutes by:

Joanne Meaney	Personal Assistant (JM)
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Minute No.	TOPIC	
65/22	<p><b><u>Apologies for Absence</u></b>            Apologies were received from :</p> <ul style="list-style-type: none"> <li>- Nicola Onley, Associate Director, Communication and Engagement</li> <li>- Diane Sankey, Patient Safety and Governance lead</li> <li>- Kaleel Khan, Designated Adults Safeguarding lead</li> <li>- Julie Darbyshire, Healthwatch</li> </ul>	
66/22	<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><b>There were no items declared.</b></p>	
67/22	<p><b><u>Minutes from the last meeting held on 11<sup>th</sup> May 2022 and action log</u></b>            The minutes of the meeting held on 11<sup>th</sup> May 2022 were approved as a correct record and the action log updated.</p> <p><u>Matters arising :</u>            46/22 – Productive meeting held with Healthwatch to discuss issues with GP access and will continue to work closely with Healthwatch on themes and lessons learned.</p>	



	<p><u>Action log :</u> 118.1/21 - Medical examiners role – JB reported that this is operational in the Trust with set up in community within the next few months. Action to be closed.</p> <p>47/22 – Action closed - issue related to PCN access issues.</p> <p>49/22 - Patient level data – reported that Broadcare system has been updated and this issue is being resolved. Action closed.</p>	
68/22	<p><b><u>Quality Handover</u></b> Members received a summary paper regarding the Quality Handover to provide assurance that the quality functions currently in place for Bolton CCG will continue from the 1<sup>st</sup> July 2022.</p> <p>MR expressed his thanks to all members for their input since the CCG commenced, highlighting that this Committee has overseen the quality governance perspective and maintained a level of openness and transparency.</p> <p>MR highlighted a risk in relation to the incident reporting system for which there will be a gap for the period of a month once the intranet closes down on 1.7.22. Work is progressing with Bolton FT, who are keen to continue incident reporting, to find an ongoing solution to maintain reporting locally.</p> <p>Although the summary report gives assurance as at 1.7.22, the CCG are very keen to continue work with partners locally once a better understanding is known, to look at alternative solutions to clinical governance, quality and assurance.</p> <p><b>The Committee noted the content of the paper as assurance that the quality functions of the CCG will be maintained in place (Bolton) from the 1<sup>st</sup> July 2022 when Bolton CCG ceases to exist and the GM ICB becomes the successor statutory body and employer.</b></p>	
69/22	<p><b><u>Any Other Business</u></b> There was no other business discussed.</p> <p><b>Noted</b></p>	
70/22	<p><b><u>Chair reflection and significant decisions/actions/risks that may need reporting to the Board through these minutes</u></b></p> <ul style="list-style-type: none"> <li>- Members happy for the summary paper to be shared with Board and partner colleagues.</li> </ul>	
71/22	<p><b><u>Time and Date of Next Meeting – 13.7.22</u></b></p>	

**Quality Handover Document  
NHS Bolton CCG  
Quality and Safety Committee  
15<sup>th</sup> June 2022**

## **1. Introduction**

- a) The primary purpose of this document is to assure NHS Bolton CCG that both the Quality and Safety Committee and the Governance and Safety Directorate will continue to undertake their place-based responsibilities beyond the 30<sup>th</sup> June 2022 and support the GM ICB and the Bolton Locality accordingly.
- b) Bolton CCG provided the GM H&SCP with the necessary assurance at a quality handover meeting on 17<sup>th</sup> May 2022, in line with the requirements of the following documents: 'NQB: Maintain quality during the transition: Preparing for handover' (Nov '21) and 'Overview of NHSE/I's quality functions and responsibilities of ICS's' (Oct '21).
- c) Localities will continue to have place-based responsibilities for delivering quality care that is safe, effective and provides a positive experience. This includes: executive leadership; oversight & scrutiny; management; escalation; while also enabling and sustaining continual improvement.

## **2. Core Governance**

- a) The current Quality & Safety Committee will continue beyond the 30<sup>th</sup> June. The place based Governance and Safety Directorate will continue to support and administer the committee with the GP Clinical Lead and the Associate Director for the Governance and Safety Directorate remaining as Chair and Deputy and setting the agenda.
- b) The Terms of Reference (TOR) will require updating in terms of reporting once local governance has been determined. Similarly the membership will require updating as there will be no Board Nurse or Lay Member after the 30<sup>th</sup> June '22. Healthwatch will continue as members and provide external scrutiny.
- c) The current Quality and Performance Groups with Bolton FT and GMMH FT will also continue in their current format with dates set for the remainder of the year (2022). Escalation of concerns will likely be via the Locality Board and the GM ICB (NHS GM) but this will be determined and reflected in the respective TOR once the locality governance is agreed.
- d) The Governance and Safety Directorate will continue to submit a report to the newly formed NHS GM System Quality Group consistent with previous practice of submitting a report to the GM H&SCP Quality Board.

- e) The Associate Director for Governance & Safety is a member of the CCG's Closedown Group, ensuring that the requirements of the 'CCG Closedown and ICB Establishment Due Diligence Checklist' (principally the Core Section on Quality Governance and Section 7 on Quality) are met.

### **3. Additional Groups**

- a) In addition to the above core governance the Locality will continue to facilitate the following groups beyond the 30<sup>th</sup> June '22 in partnership with local stakeholders and GM where appropriate:
- Clinical Standards Board and the Clinical Standards Operations Group
  - Medicines Safety Collaborative
  - Infection Prevention and Control Collaborative
  - Safeguarding Health Collaborative
  - LeDeR Steering Group
  - Care Home Group
  - Safety Improvement Review Group
  - GP Reference Group
- b) The Locality will also continue to attend the following forums:
- Bolton FT Mortality Reduction Group
  - Bolton FT Learning from Deaths Committee
  - Bolton FT Quality Assurance Committee
  - Bolton FT Patient Experience and Inclusion Group
  - Bolton LA Safeguarding Intelligence Forum
- c) The Locality will also continue to undertake the following statutory functions that will transfer to the GM ICB on the 1<sup>st</sup> July '22 until advised otherwise by the GM Chief Nurse once appointed:
- Bolton Children's Safeguarding Partnership
  - Bolton Safeguarding Adults Board
  - Bolton Community Safety Partnership
  - Bolton Youth Offending Management Board
- d) The Locality will also be ready and available to take on additional responsibilities as deemed appropriate for providing system quality assurance and improvement.

#### **4. Functions**

- a) In addition to the functions associated with the governance and groups listed above, the Locality Governance & Safety Directorate will continue to manage the following unless advised by NHS GM that those function have transferred elsewhere:
- Complaints and PALS
  - Freedom of Information Requests
  - GP and Care Home Incident reporting and associated Quality Improvement
  - Quality Assurance of Small Providers (inclusive of Safeguarding requirements)
  - GP Clinical Leads meetings
  - Information Governance and DPO support to the Locality Team and GP Practices, inclusive of the GMCR
- b) This continued intelligence gathering and triangulation will enable the Locality to continue to monitor early warning signs of deterioration in services, spread learning, and continue to support many services previously dependent on the CCG.
- c) The IT systems (Documents and Databases) currently supporting the CCG will be maintained into the Locality, as will the email addresses and phone numbers of key personnel to ensure continuity of communication.
- d) The respective teams undertaking the above functions remain at full establishment and will be able to continue to fulfil these duties as a Locality of the NHS GM.

#### **5. Risks**

- a) The main risk to continuation of the services as described above relates to GP Incident Reporting. This results from the required closedown of the 'live' CCG Intranet which is presently the conduit for reporting for GP's.

Although a national system exists that GP's could access to report incidents, this process does not facilitate local learning and improvement and there is a risk that GP's would not use the system.

The CCG is therefore currently working with Bolton FT to look at a viable solution for the Locality. This will be either GP's accessing Bolton FT's Intranet to report and the Governance and Safety Team processing these accordingly, or developing the current Safeguard database to enable GP's to report directly on to this so the Team can process.

- b) A further risk is the closedown of the CCG's Internet which is used by the Governance and Safety Team to signpost the public to relevant information. The

Team is working closely with the CCG's Communication and Engagement Team to mitigate this risk and ensure appropriate information either remains on the archived website or is transferred to the Bolton section of the GM ICB website.

## **6. Recommendation**

- a) In summary, the Quality & Safety Committee is asked to note the content of this document and gain assurance that the current functions of the Committee, and the Governance and Safety Directorate in general, will continue beyond the 30<sup>th</sup> June '22 when the current CCG ceases and the Bolton Locality of the NHS GM becomes the body with responsibility for assuring and improving the quality of commissioned services.