

ANNUAL REPORT

Quality and Safety Committee

2017/2018



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RELATED DOCUMENTS

These documents will provide additional information:

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1. Introduction

1.1 This report sets out the work undertaken by the Quality and Safety Committee during the 2017/18 financial year. This demonstrates how the committee has met the responsibilities set out for it by the Governing Body in the Clinical Commissioning Group's constitution.

1.2 The Committee has been established by the CCG's Governing Body to support the Governing Body in meeting a number of the group's statutory responsibilities, specifically:

- Promoting a comprehensive health service;
- Securing public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements;
- Promoting awareness of and securing health services that are consistent with the NHS Constitution;
- Assisting NHS England in securing improvements in Primary Medical Services;
- Supporting Patient choice

1.3 The evidence contained in this report focuses on how the committee has met these duties and will be shared with the CCG's Governing Body and also will be used to support the content of the organisations' Annual Governance Statement.

1.4 The committee's membership requirements are set out in its terms of reference, stating that the committee must be chaired by an elected GP member of the Governing Body, must include the Executive Nurse and the Secondary Care Clinician, representatives of member practices, employees of the group, individuals who reflect the wider local multi-professional clinical and social care community and a patient /carer representative. The committee values the broad perspective offered by its diverse membership, benefiting from both clinical and professional viewpoints as well as the insight offered by the patient representatives. The members of the committee during the year have been:-

- Dr Rajshree Rajcholan - Elected Member of the Governing Body (Chair)
- Dr Julian Parkes - Elected Member of the Governing Body (from November 2017)
- Steven Forsyth - CCG Employee (until January 2018)
- Mr Amarbaj Chandock - Secondary Care Clinician (From June 2017)
- Manjeet Garcha - Executive Nurse (Until October 2017)
- Sally Roberts - Executive Nurse (From February 2018)
- Marlene Lambeth - Patient Representative
- Annette Lawrence - CCG Employee
- Jim Oatridge - Governing Body Lay Member
- Sukhdip Parvez - CCG Employee
- Pat Roberts - Governing Body Lay Member for PPI (until October 2017)
- Peter Price - Governing Body Lay Member for Governance (from June 2017)
- Kerry Walters - Wider Health and Social Care Representative
- Alicia Price - Patient Representative (from October 2017)

- 1.5 The Committee has seen a number of changes in its membership during the year, saying goodbye to Manjeet Garcha, Steven Forsyth and Pat Roberts. Manjeet served as the CCG's Executive Director for Nursing and Quality since establishment and retired in October following a long and distinguished career in the NHS. Pat has also served the CCG since establishment as the Lay Member for public involvement, working tirelessly to champion patient concerns across the CCG and retired in October. Steven joined the CCG in 2016 as Head of Quality and Risk and left the CCG in January 2018 to take up a role as Area Nurse Director for Betsi Cadwaladr University Health Board in North Wales. The Committee has welcomed Amarbaj Chandock (Secondary Care Consultant), Sally Roberts (Executive Nurse), Dr Julian Parkes (Elected GP Governing Body Member), Alicia Price (Patient Representative) and Peter Price (Lay Member) as new members of the committee during the year.
- 1.6 The committee met on the following occasions during the financial year:
- 11 April 2017
 - 9 May 2017
 - 13 June 2017
 - 11 July 2017
 - 8 August 2017
 - 12 September 2017
 - 10 October 2017
 - 14 November 2017
 - 12 December 2017
 - 9 January 2018
 - 13 February 2018
 - 13 March 2018

Details of the attendance at all of these meetings are enclosed at Appendix 1 for information.

2. Committee Responsibilities

- 2.1 As highlighted above, the committee is appointed by and is accountable to the Governing Body. The details of this are set out in the group's Constitution at Paragraph 6.9.5 c) which include the key duties outlined above. In order to fulfil this role, the detailed terms of reference for the committee appended to the constitution include a number of specific responsibilities that guide the committee's work. These are listed in full in Appendix 2, but can be summarised into the following broad themes:-
- Quality and Patient Safety Issues;
 - Risk Management and Assurance;
 - Monitoring the Group's arrangements for meeting statutory duties (including Information Governance, Equality and Public Involvement); and
 - Safeguarding
- 2.2 Section 3 of this report details the committee's work during the year against these four themes. As part of the group's commitment to continuous improvement, this approach to monitoring the committee's work will form part of its assessment of effectiveness during 2017/18. A draft of this report is being considered by the Committee at its May meeting, giving members the opportunity to feed their views on how well the duties of the Committee have been discharged.

3. Work undertaken

- 3.1 This section sets out a summary of the committee's work at meetings as part of the committee's assessment of its effectiveness. Further detail on specific quality issues

will also be included in the CCG's Annual Report and has been reported to the Governing Body throughout the year.

Quality and Patient Safety Issues

- 3.2 The most significant duty the committee has is to support work to monitor the quality of the services provided for our patient population. It performs this duty in order to provide assurance to the Governing Body that services are safe and effective and escalates any significant issues arising from its work. Work on this theme therefore takes up a significant portion of the committee's work programme during the year. The Quality and Risk team provide the committee with detailed reports at each monthly meeting outlining quality performance at each of the CCG's main providers as well as an overview of quality issues in Primary Care. Much of the information from these reports and detailed analysis of quality performance can be found in the CCG's Annual Report and other Quality Reports, the details here relate to issues specifically discussed at meetings.
- 3.3 Issues raised and discussed in relation to Royal Wolverhampton Trust throughout the year have included detailed consideration of a number of Serious Incidents and 'Never Events'. The committee has maintained an overview of the number and broad detail of the nature of incidents, including details of Never Events. This has been a particular concern for the committee, who escalated this issue to the Governing Body to seek further assurance, including correspondence between the Chair of the CCG and the trust. Detailed updates have also been given throughout the year on work at RWT to address issues associated with capacity in maternity services as part of a Black Country wide discussion about maternity provision. At the beginning of 2018, the committee has also sought further assurance around mortality figures at RWT, receiving details of work to understand potential data quality issues as well as on going reviews of mortality through both local and regional forums. Following triangulation with the Finance and Performance committee, discussions have also continued around the trust's performance on key national NHS Constitution measures on cancer performance and the potential impact on patient safety.
- 3.4 The committee has also been updated on quality monitoring at Black Country Partnership NHS Foundation Trust (BCPFT) on a monthly basis. This has broadly been on an exception basis and issues discussed have included details of Pressure injuries and discussions to undertake Root Cause Analysis into incidents that occur. Other queries discussed by the committee have included vacancy rates and performance rates for Improving Access to Psychological Therapies.
- 3.5 Following the CCG's approval as a fully delegated commissioner of Primary Care at the beginning of the year the committee, in support of the work of the Primary Care Commissioning Committee, has taken a more active role in the monitoring of the quality of provision in Primary Care. This has involved a monthly report which has detailed issues such as Friends and Family Test response rates and efforts to improve them, Infection Prevention Audits and liaison between the CCG and NHS England's arrangements for monitoring GP performance. The committee has noted work to support GP practices in addressing issues with information governance breaches as well as the collaborative approach taken to quality and contracting review with NHS England and City of Wolverhampton Council. In addition to the monthly reports, the committee has been kept specifically informed of changes to the arrangements for monitoring and improving infection prevention controls, particularly in Primary Care. In May the committee was informed of enhanced standards and

considered further reports in September and December which gave greater detail on infection prevention across the health economy.

- 3.6 A number of the CCG's other providers have been discussed during the year, including a provider of 'Step Down' residential Care, which the committee has monitored throughout the year. Initially, the committee was advised that issues had been identified at the provider following an unannounced visit and then supported CCG management actions to support improvement, including placing restrictions on the CCG's contract with the provider. The committee received regular updates and were able to be assured that the actions taken by the provider were sufficient to improve quality and address the identified concerns. This resulted in the lifting of contractual sanctions towards the end of 2017. The committee were also advised of monitoring work with the provider of non-emergency patient transport services to ensure that they were able to meet the terms of their contract effectively.
- 3.7 Following concerns raised both through the CCG's own quality monitoring processes and external inspections, a significant body of work has been undertaken with the CCG's Urgent Care Centre provider Vocare to address significant concerns. The committee escalated their work on this issue to the Governing Body, which has been receiving their own assurance on a regular basis as work to support improvements continued. The committee has maintained an overview of this work, which has included contractual action and the establishment of a CCG led Improvement Board to monitor the implementation of a detailed action plan to address the issues in provision. Actions from the plan have included work to address data quality, recruitment and leadership and productivity and the committee has received assurance that the approach, challenge and targeted support provided has helped to support and sustain improvement. The committee also recognises that issues still remain and work to support Vocare will continue into the next financial year.
- 3.8 Other work the committee has conducted in relation to this theme has included regular reviews of quality assurance in specific sectors of the CCG's work including Continuing Healthcare and Medicines Management. The committee has also received regular reports on the CCG's work to assure quality in Care homes through the Quality Nurse Advisor team. This team works closely with colleagues in Adult Social Care at the City of Wolverhampton Council to ensure care homes are appropriately supported to provide appropriate standards of care. The Committee have been kept up to date with the CCG's Safer Provision and Care Excellence (SPACE) programme which is delivered in conjunction with Walsall CCG to support self improvement across the sector through effective sharing of best practice. The committee supported a business case to continue with this programme based on the success of the programme to date.

Risk Management and Assurance

- 3.9 As highlighted in last year's Annual report and the CCG's Annual Governance Statement, the CCG has reviewed its arrangements for risk management in response to recommendations from an Internal Audit review in 2016/17. As a result of this review, the committee's role in risk management has changed and it will now focus more on managing risks associated with its core areas of work. The Audit and Governance Committee is taking on the overall responsibility for ensuring that the CCG's risk management arrangements are appropriate and both committee's terms of reference will be amended to reflect this.
- 3.10 The committee continued to maintain an overview of the CCG's response to the 2016/17 Internal Audit report in the early part of 2017/18, receiving details of the

work to amend the Governing Body Assurance Framework to focus on the risk to the CCG's strategic priorities. Throughout the remainder of the year, the committee has led the other Governing Body Committees in reviewing risks identified in their areas of work. The committee has sought assurance that the risks identified have been effectively managed, considering details of controls and action plans to mitigate risks impacting on quality of care and patient safety across the system.

- 3.11 In response both to risks identified and the committee's previous work, assurance reports have been sought across specific areas of the CCG's work. This has included reports at regular intervals on both Business Continuity arrangements and broader Emergency Preparedness, Resilience Response. The committee has been assured that the CCG's plans in these crucial areas are sufficiently robust and will continue to monitor compliance as part of their regular reporting cycle. The committee has also sought to understand the CCG's broader approach to financial and performance management, considering reports from the Finance and Performance Committee. This has helped to ensure that both the assurance provided by the Finance and Performance Committee and the intelligence gathered through formal contract monitoring is effectively triangulated with this committee's work to address any quality concerns in a timely and effective manner.
- 3.12 Finally, the committee has sought to maintain its overall assurance through a broad overview of the CCG's quality function by understanding and endorsing the Quality Team action plan at regular intervals throughout the year. This has helped to support the team in maintaining continuity of purpose whilst going through a period of staffing and leadership transition. The committee has noted the work undertaken by the team and, as highlighted above recognised that changes in the team will continue to build on the foundations laid previously. This included signing off the Quality Strategy in June 2017.

Monitoring the Group's arrangements for meeting statutory duties

- 3.13 As highlighted above, the committee has been given delegated responsibility within the CCG's Constitution to monitor performance against a number of statutory duties. The most significant of these are meeting the Public Sector Equality Duty, the duties in the National Health Service Act 2006 around public involvement in commissioning and information governance, including meeting responsibilities under the Freedom of Information Act. As these are specialist areas of work, the CCG purchases expert support from the Commissioning Support Unit (CSU) and teams from the CSU report to the committee on progress with their work.
- 3.14 The CCG has conducted a review of its Equality Strategy during the year following detailed consideration of the CCG's action plan response to the national NHS Equality Delivery System 2 (EDS2). This resulted in the committee agreeing four equality objectives in March 2018, two focussed on patients and two on the CCG's workforce. The CSU Equality and Diversity team have provided quarterly updates on progress with the action plan and committee has also received specific information about the CCG's work in relation to the Workplace Race Equality Standard.
- 3.15 Information Governance has remained high on the committee's agenda during the year, with regular updates from the Information Governance team at the CSU on work to ensure the CCG remained compliant with the national NHS Digital Information Governance Toolkit standard. This work was based around a workplan agreed by the committee in June which set out actions to ensure the CCG was able to evidence compliance across the standards in the Toolkit. The reports have set out that the CCG was on track to maintain its compliance levels at 89% and in March the

committee agreed to delegate final sign off of the Toolkit submission to the Senior Information Risk Owner and Information Governance lead. Details have also been provided throughout the year of the CCG's concurrent work to comply with changes in Data Protection legislation in response to the European Union General Data Protection Regulation (GDPR). The committee has reviewed the CCG's GDPR plan, and agreed appropriate action throughout the year, including the appointment of the Corporate Operations Manager as the CCG's Data Protection Officer.

- 3.16 The Committee has also maintained an overview of the CCG's compliance with its responsibilities under the Freedom of Information Act. This has been through quarterly reports that have given details of the numbers, source and nature of requests. Performance has remained high with 98% of requests responded to within the statutory framework. The committee has also agreed a procedure for dealing with requests to review how the CCG has managed requests when requesters have specific concerns about how it has been handled.
- 3.17 Work by the committee to review how the CCG's arrangements for patient and public involvement has continued to benefit from the work of the committees two patient representatives. Their role is crucial in ensuring that the committee's broader work to review the quality and safety of commissioned services takes account of patients views and experience. Other work undertaken in this area includes a review of the CCG's complaints policy in October 2017.
- 3.18 As well as the work undertaken to monitor those statutory duties which specifically relate to CCGs, the committee has also maintained a regular review of the CCG's arrangements for meeting Health and Safety duties as an employer. These reports have taken account of the CCG's position as a tenant in Wolverhampton Science Park and the committee have continued to be assured that arrangements in place are both proportionate and effective. The committee has also reviewed and agreed policies for areas including the management of Serious Incidents and complying with advice and guidance from the Nation Institute for Health and Care Excellence.

Safeguarding

- 3.19 As in previous years, the CCG's role in supporting and assuring arrangements to ensure that vulnerable children and adults are kept safe has been a key priority for the committee. Regular reports on both Adult and Children and Young People's safeguarding issues have been considered on a quarterly basis.
- 3.20 The committee has been advised that there has been a significant focus on ensuring arrangements for safeguarding are effective across Primary Care services, particularly as the CCG has taken on additional responsibility in this area as a delegated commissioner. The reports have highlighted work to support training programmes across Primary Care, including the use of innovative drama based training approaches as well as work to support day to day in work in General Practice on safeguarding matters.
- 3.21 Work to support children and young people's safeguarding issues has continued to focus on the multi-agency work across Wolverhampton, in which the CCG is an active participant. This has included reports on the outcome and recommendations from external inspections of the work across the health and care sector to safeguard children and young people from both Ofsted and the Care Quality Commission. The committee have also been informed of continuing efforts to ensure information sharing across agencies supports safeguarding, including a national initiative to

share data from urgent care settings when vulnerable children attend with appropriate professionals at the local authority.

- 3.22 The quarterly reports have also highlighted the ongoing work across the CCG to ensure that staff are appropriately trained to be aware of safeguarding issues that may arise. All staff within the CCG are required to undertake Level 1 awareness training and compliance rates have been reported throughout the year. The committee has also agreed the CCG's overall strategy for safeguarding, which aimed to integrate approaches to safeguarding for both vulnerable adults and children and young people.
- 3.23 Finally, for the first time the committee have begun to review the CCG's work to address the 'Prevent' agenda which aims to prevent vulnerable individuals at risk of extremism being drawn into terrorism. Details were given in June of work to ensure that the CCG's providers are complying effectively with the duty and that action plans were in place to address any issues raised as a result of self-assessments of their compliance. The committee will continue this work in the new year.

4. Conclusions

- 4.1 The committee believes that the evidence presented above demonstrates that it has effectively discharged its responsibilities on behalf of the Governing Body during the year. It has been another busy week, with a number of significant issues being discussed at the committee before being escalated to the Governing Body.
- 4.2 The committee recognises that its role is a crucial one to ensuring that the CCG is able to continue to keep quality at the heart and safety in the mind of the organisation. With that in mind, it has begun some work to review its terms of reference to ensure that its work and approach to managing this work remain effective. This will be the key focus as the committee moves forward into 2018/19, working to ensure that the CCG continues to commission services that are safe and effective for patients across Wolverhampton.

Appendix 1 – Attendance at Meetings

Appendix 2 – Quality and Safety Committee Duties (Extract from TOR)

The QSC is accountable to the governing body and its remit is to provide the governing body with assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. It will deliver this remit in the context of the group's priorities, as they emerge and develop, and the risks associated with achieving them.

The duties of the QSC are driven by the priorities for the group and any associated risks or areas of quality improvement and operates a programme of business, agreed by the governing body, that is flexible to new and emerging priorities and risks.

The specific duties required of the QSC are:

- to monitor the group's delivery of the public sector equality duty (constitution 5.1.2(b));
- to receive reports from the group's representative on the Wolverhampton Health and Wellbeing Board with regard to development of the joint assessments and strategies and delivery of the latter (constitution 5.1.2(c)(ii));
- to monitor the group's compliance with its Statement of Principles relating to the duty secure public involvement (constitution 5.2.1);
- to monitor the group's delivery of the duty to promote awareness of and have regard to the NHS Constitution (constitution 5.2.2);
- to monitor the group's delivery of the duty to secure continuous improvement to the quality of services (constitution 5.2.4);
- to monitor the group's delivery of the duty to support NHS England with regard to improving the quality of primary medical services (constitution 5.2.5);
- to monitor the group's delivery of the duties to promote the involvement of patients, their carers and representatives and enable patients to make choices (constitution 5.2.7 and 5.2.8);
- approval of policies for risk management including assurance (Prime Financial Policy 15.2) , information governance (PFP 19.3), business continuity, emergency planning, security and complaints handling;
- to ensure that the group makes effective use of NHS England's Information Governance and any other relevant Toolkit(s) to assess its performance (PFP 19.3);
- endorsing action plans to address high scoring risks in the group's Risk Register (PFP 15.4).

It delivers these duties by developing and delivering annual work programmes giving appropriate focus to the following:

- seek assurance that the commissioning strategy for the clinical commissioning group fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to adapt and change;

- provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything that the group does. This will include jointly commissioned services and supporting NHS England as regards the quality and safety of the secondary healthcare services that it commissions for the group's patients;
- provide assurance that the group is meeting its safeguarding responsibilities under Children's Act 2004, Vulnerable Groups Act 2006 and any subsequent relevant legislation;
- oversee and provide assurance that effective management of risk is in place to manage and address clinical governance issues including arrangements to proactively identify early warnings of failing systems;
- have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRI); be informed of all Never Events; inform the governing body of any escalation or sensitive issues in good time; ensure that the group and its healthcare providers are learning from SIRI and Never Events;
- ensure that there is a clear line of accountability for patient safety issues, including the reporting required by statute, regulations or locally agreed best practice;
- seek assurance on the performance of NHS organisations in terms of their interaction and/or regulation by the Care Quality Commission, Monitor and any other relevant regulatory bodies;
- receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans;
- ensure that a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern;
- make recommendations as necessary, to the governing body on the remedial actions to be taken with regard to actual and evolving quality and safety issues and risks.