

ANNUAL REPORT

Quality and Safety Committee

2018/2019



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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 2018/19 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 development 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) |
| • Mr Amarbaj Chandock | - Secondary Care Clinician (Until October 2018) |
| • Sally Roberts | - Executive Nurse |
| • Marlene Lambeth | - Patient Representative |
| • Sue McKie | - Governing Body Lay Member for Patient and Public involvement |
| • Jim Oatridge | - Governing Body Lay Member |
| • Peter Price | - Governing Body Lay Member for Governance |
| • Ankush Mittal | - Public Health |
| • Mike Hastings | - Director of Operations (From July 2018) |

1.5 The committee met on the following occasions during the financial year:

- 10 April 2018
- 8 May 2018
- 12 June 2018
- 10 July 2018
- 14 August 2018
- 11 September 2018
- 9 October 2018
- 13 November 2018
- 11 December 2018
- 8 January 2019
- 12 February 2019
- 12 March 2019

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 2018/19. A draft of this report is being considered by the Committee at its April 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 committee's primary role is to provide assurance to the Governing Body that the CCG is fulfilling its duty to monitor and manage the quality of the services it commissions. It provides a report on quality to each meeting of the Governing Body and escalates any significant issues through this route. The Quality Team also produces an annual quality report which provides more detail on the work undertaken

in the team during the year. The committee itself considered the 2017/18 Annual Quality report at its July 2018 meeting.

- 3.3 The committee has worked with the Quality Team during the year to refine the way in which information is reported, moving towards a dashboard based approach that has enabled the discussion at meetings to focus on the key issues of concern. This has included incorporating reporting on primary care into the overall quality report, which has been welcomed by the committee and is continuing to support improvement in the way the committee operates. Further enhancements are planned in order to incorporate additional areas, including details of Care Home quality so that there is an integrated approach to reporting.
- 3.4 Key issues considered during the year have focussed, as in previous years, on Royal Wolverhampton Trust (RWT) as the CCG's largest provider with a number of themes reoccurring throughout the year. This has included the impact on patient care of the trust's performance in achieving national targets for cancer waiting times. The committee has been informed of the work undertaken by the CCG to support the trust in conducting harm reviews for patients waiting beyond the mandated 62 days as well as the wider work across the CCG to try and improve performance. The committee has provided assurance to the Governing Body that the steps being taken by the trust are appropriate and provided details of the wider scrutiny on this issue across the system. The continued challenges with cancer performance mean that this issue will continue to be on the committee's agenda for the upcoming year.
- 3.5 The Committee have also been updated throughout the year on actions undertaken in response to figures indicating that mortality at RWT was higher than expected. The committee was advised that two technical indicators, Summary Level Hospital Mortality Index (SHMI) and Hospital Standard Mortality Ratio (HSMR) were used to indicate the expected rate of mortality in the trust. Both measures use algorithms based on the profile of patients admitted to the hospital, including the conditions from which they subsequently died. Work has been undertaken across the health care system, including discussions at the Health Overview and Scrutiny Committee to understand the reasons for the higher than expected figures. Initial indications are that one reason may relate to discrepancies in how patients have been clinically coded and the CCG has been working to understand if other factors are involved. The committee escalated this matter to the Governing Body, who received a report outlining the actions taken, including CCG attendance at mortality reviews by the Trust.
- 3.6 Other issues highlighted in the monthly quality report from RWT have included details of Serious Incidents and Never Events and monitoring of the quality of care provided in the maternity department following the Trust taking additional activity to support providers elsewhere in the system. Themes from the reports relating to Black Country Partnership Trust have included vacancy rates and the impact this has had on elements of the trust's performance.
- 3.7 The committee has been pleased at the progress made during the year against the improvement plan for the Vocare Urgent Treatment Centre following significant concerns detailed in last year's report. The work of a joint improvement board has been reported on throughout the year, and the committee was informed of a positive outcome from a Care Quality Commission inspection of the service in November 2018. This meant that the work of the improvement board could be stepped down and monitoring of service moved to a business as usual approach.

- 3.8 Details of quality in Primary Care services has been reported to the committee on a regular basis, initially through a separate report and more recently as an integrated element of overall reporting. This has highlighted work to improve the response rate for Friends and Family Test including increased use of IT solutions to deliver the survey and action to support practices with lower response rates. Other issues have included practices' responses to issues raised through the CCG's 'Quality Matters' system and ongoing work to develop the workforce in Primary Care. Similarly, reporting in relation to quality performance within the care home sector has begun to be more integrated into the overall reporting. Matters reported during the year have included specific concerns relating to a home providing step down services and the work of the SPACE programme, initially reported last year, to build a culture of safety improvement in the sector.
- 3.9 In addition to the committee's regular monthly reporting, there have been a number of areas where additional assurance has been provided throughout the year. Details of the CCG's work to meet its responsibilities in relation to assessing individuals in need of Continuing Healthcare have been reported, highlighting continued good practice and performance in this area. Joint work to improve infection prevention, particularly in the acute trust and in primary care, has also been reported along with progress with the CCG's medicines management and optimisation programme.

Risk Management and Assurance

- 3.10 As previously highlighted, the committee's role in the CCG's overall risk management arrangements has changed to focus on managing risks associated with its core areas of work. It has discharged this responsibility by considering risks on a monthly basis and escalating any risks to the Governing Body when required. Specifically this has involved managing the risks associated with performance concerns related to the quality issues highlighted above. The committee has received assurance from CCG staff managing these risks and reflected on the assurance provided through its wider work that they are being managed effectively. This included a detailed report on Learning from Deaths from RWT respect of the risk identified around mortality.
- 3.11 The committee has received reports on additional areas of risk during the year, including the work across the Black Country to deliver the agreed Transforming Care for individuals with Learning Disabilities. This programme has been highlighted as a significant risk across the STP and the committee were given an update on the actions taken to address the issues identified in a confidential session.
- 3.12 In respect of the committee's broader assurance role, updates have been provided on the CCG's responsibilities in relation to Emergency Planning Resilience and Response (EPRR) and business continuity. This has included details of planning associated with Brexit. The committee also received an update in December in relation to joint work with public health to deliver seasonal flu vaccinations following issues with the supply of vaccines for particular at risk groups.
- 3.13 The committee has also received assurance around how the CCG's wider processes for performance management triangulate with other sources of quality assurance. This was through the consideration of one of the monthly performance reports received by the Finance and Performance committee and through an update on the measurement of CQUIN performance. The committee has used these reports to understand how this information is used by the quality team to inform broader programmes of work. Assurance about how effectively this is operating in practice has been received through an internal audit review into the CCG's process for managing serious incidents, which received significant assurance.

Monitoring the Group's arrangements for meeting statutory duties

- 3.14 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, health and safety legislation and duties relating to data protection and freedom of information. As these are specialist areas of work, the CCG purchases expert support, most notably from the Commissioning Support Unit (CSU), and teams from the CSU report to the committee on progress with their work.
- 3.15 In addition to receiving assurance that the CCG is meeting its own responsibilities in relation to equality and diversity, the committee has been updated on the compliance of its main providers. This has taken the form of a review of their work programmes, received and considered as part of wider contract review work and seeking more detailed assurance where this has been required. The committee has been assured that the CCG was working effectively to meet its own equality objectives and that it had met the nationally mandated standards in respect of publishing details of these standards in line with the strategy agreed by the committee last year.
- 3.16 Following changes in Data Protection legislation to implement the General Data Protection Regulation (GDPR) which came into force in May 2018, the committee has received regular assurance that the CCG was working in line with the new requirements. As highlighted in last year's annual report, the CSU developed a work plan to support the CCG in meeting the new requirements associated with GDPR and the committee has received updates on this work. The CSU team has also provided details of the wider work plan to ensure the CCG was able to demonstrate compliance with NHS Digital's Data Security and Protection Toolkit, which assesses all health and care organisations against the data security standards set out by the National Data Guardian. The committee consequently approved a number of policy changes in line with these standards and GDPR including a new procedure for managing Subject Access Requests. The committee delegated authority to sign off the CCG's toolkit submission to the Data Protection Officer and Senior Information Risk Officer in time to meet the deadline of March 2019.
- 3.17 As in previous years, the Committee has also maintained an overview of the CCG's compliance with its responsibilities under the Freedom of Information Act. Quarterly reports have highlighted continued excellent performance in meeting these obligations and given details of the numbers, source and nature of requests received. The CCG has received over 240 such requests in the year and responded to 99% of them within the statutory framework. The committee has noted trends in the subjects on which requests have been received, including an increasing number of requests relating to primary care and issues such as extended access, reflecting public and media interest in these issues during the year.
- 3.18 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 committee's patient representatives. One of the representatives has unfortunately suffered ill health during the year and the committee passed their regards on to her for a full recovery. This continued to highlight how their role is crucial in ensuring that the committee's broader work to review the quality and safety of commissioned services takes account of patient's views and experience.

- 3.19 Other work undertaken by the committee has been to review the CCG's arrangements for meeting Health and Safety duties as an employer. This takes account of the CCG's position as a tenant in Wolverhampton Science Park and the committee have been assured that new arrangements, recently put into place, will ensure the CCG is able to continue to demonstrate its compliance. The committee has also reviewed and agreed policies for areas including the management of Serious Incidents and complying with advice and guidance from the National Institute for Health and Care Excellence.

Safeguarding

- 3.20 The CCG recognises that keeping our vulnerable patients safe is one of our most important duties. The safeguarding team at the CCG works closely with partners across Wolverhampton to ensure that the CCG meets its duties effectively in this area. The committee consequently has continued to seek and maintain assurance on this key area of work throughout the year, principally through the receipt of quarterly reports from the safeguarding team.
- 3.21 Key themes highlighted in the reports during the year have included steps taken across the system to ensure staff delivering services are appropriately trained in safeguarding. The CCG's safeguarding team have continued to work with both RWT and Black Country Partnership in respect of this and the safeguarding team have been involved in developing and delivering training sessions for staff in primary care. The committee have also been given brief details of serious case reviews that have taken place in Wolverhampton and been assured that lessons from these reviews are being taken on board by the agencies involved.
- 3.22 The committee has also received assurance that the safeguarding team are appropriately engaged in partnership working across Wolverhampton, including attendance at statutory forums and operational groups. Changes in the statutory 'Working Together' guidance throughout the year have emphasised the CCG's role as a lead agency in safeguarding and the committee have recognised this through the year. During the year the committee were advised that, following feedback from Children and Young People, the terminology relating to Looked after Children in Wolverhampton has changed to ensure the emphasis remains on the children themselves so they will be referred to as Children who are looked after or Children in care.
- 3.23 In relation to children, the team have provided details of the number of children in care on a quarterly basis and of work to ensure the CCG's specific responsibilities in relation to undertaking health checks are met. Details have also been given of the work programme to work jointly with the local authority to meet responsibilities in respect of Children with Special Educational Needs and Disabilities. This included brief details of preparation for a statutory inspection of these services that was expected.
- 3.24 The committee have also being updated at points through the year on work to ensure the CCG's responsibilities relating to reviewing the deaths of individuals with Learning Disabilities as part of the national LeDeR learning programme. The committee have been assured that the process and work undertaken by the CCG has been robust and that sufficient provision was in place. The committee have also noted that this work is measured across the Black Country and that other CCG areas have experienced issues achieving the requirements of the programme.

4. Conclusions

- 4.1 The work highlighted above is presented to the Governing Body as evidence that the committee has continued to meet the duties set out for it in its terms of reference. It has been a busy and productive year and the committee believes that this report not only reflects this but demonstrates that the committee is continuing to operate effectively in discharging its duties.
- 4.2 The committee has embraced the Quality Team's ethos that the CCG keeps quality at the heart and safety in the mind of the organisation. It continues to look for opportunities to improve in how it achieves this and how to support the organisation in commissioning high quality, safe patient care. The committee is already looking forward to the next year and the challenges it will bring, in particular how changes in the commissioning system will impact on its work. It is vital that these changes deliver benefits in the quality of care provided to patients and this committee will play a vital role in ensuring that this is realised.

Appendix 1 – Attendance at Meetings

Attendee		Meetings Attended (of those required)
Committee Members	Dr Rajshree Rajcholan, Governing Body Member (Chair)	9 of 12
	Mr Amarbaj Chandock, Secondary Care Consultant ¹	1 of 6
	Sally Roberts, Chief Nurse	12 of 12
	Mike Hastings, Director of Operations ²	6 of 9
	Sue McKie, Lay Member for Patient and Public Involvement	9 of 12
	Jim Oatridge, Deputy Chair of the Governing Body	11 of 12
	Peter Price, Lay Member for Audit and Governance	11 of 12
	Marlene Lambeth, Patient Representative ³	3 of 3
	Ankush Mittal, Consultant in Public Health – City of Wolverhampton Council ⁴	3 of 8
Regular Attendees	Yvonne Higgins, Deputy Chief Nurse	7 of 8
	Sukhdip Parvez, Patient Safety Manager	6 of 8
	Steve Barlow, Public Health – City of Wolverhampton Council	4 of 4

¹ Resigned October 2018

² Joined the Committee in July 2018

³ Absent due to sickness from July 2018

⁴ Joined Committee in August 2018

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.