

ANNUAL REPORT

Quality and Safety Committee

2015/2016



DOCUMENT STATUS:	Final Version for Governing Body
DATE ISSUED:	May 2016
DATE TO BE REVIEWED:	

AMENDMENT HISTORY

VERSION	DATE	AMENDMENT HISTORY
0.1	11.03.2016	First draft
1.0	24.05.2016	Final Version for Governing Body

REVIEWERS

This document has been reviewed by:

NAME	TITLE/RESPONSIBILITY	DATE	VERSION

APPROVALS

This document has been approved by:

GROUP/COMMITTEE	DATE	VERSION

DOCUMENT STATUS

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS

These documents will provide additional information:

REF NUMBER	DOCUMENT REFERENCE NUMBER	TITLE	VERSION

Contents

1. Introduction 3

2. Committee Responsibilities 4

3. Work undertaken 4

4. Conclusions 8

Appendix 1 – Attendance at Meetings 9

Appendix 2 – Commissioning Committee Duties (Extract from TOR) 10

1. Introduction

1.1 This report sets out the work undertaken by the Quality and Safety Committee during the 2015/16 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

The committee also plays a key role in ensuring the CCG manages the risks associated with its work effectively.

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 members of the committee during the year have been:-

- | | |
|-------------------------|--|
| • Dr Rajshree Rajcholan | - Elected Member of the Governing Body (Chair) |
| • Mr Tony Fox | - Secondary Care Clinician |
| • Manjeet Garcha | - Executive Nurse |
| • Marlene Lambeth | - Patient Representative |
| • Annette Lawrence | - CCG Employee |
| • Jim Oatridge | - Governing Body Lay Member for Governance |
| • Pat Roberts | - Governing Body Lay Member for PPI |
| • Sarah Southall | - CCG Employee |
| • Kerry Walters | - Wider Health and Social Care Representative |
| • Geoff Ward | - Patient Representative |

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

- 12 April 2015
- 12 May 2015
- 9 June 2015
- 14 July 2015
- 8 September 2015
- 13 October 2015
- 10 November 2015
- 8 December 2015
- 12 January 2016
- 9 February 2016
- 8 March 2016

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)
- 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 2015/16. A draft of this report is being considered by the Committee at its March 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 This is the Committee's principal area of responsibility and, in addition to receiving regular reports on quality at our major providers Royal Wolverhampton Trust (RWT) and Black Country Partnership Foundation Trust an overview has been maintained of quality issues across the area. The committee has drawn on summaries of discussions at a range of forums, including quality surveillance and mortality groups to ensure that it remains aware of any patient safety concerns across the area. This has included consideration of some issues with Non-Emergency Patient Transport services meeting performance indicators and Care Quality Commission (CQC) reports into services across a range of providers.

- 3.3 During the year, the CQC has visited both of our major providers, with feedback from the inspection of RWT being considered by the Committee in October. The committee noted that the overall rating given was 'Requires Improvement' (although the Trust have requested a review of this rating and at the time of writing this report are still awaiting the outcome) and were given details of the Trust's action plan to address the areas of improvement identified in the report. These included work to address vacancies in key areas, efforts to improve the attitude towards patients in some areas and improving how detailed patient records were kept.
- 3.4 The monthly quality reports considered by the Committee have also highlighted some of the other issues identified by the CQC. The key themes that the committee has monitored during the year have included the management of confidential information, health care acquired infections and pressure ulcers. The committee has used the quality escalation process to manage these concerns, seeking additional assurance from the trust on and keeping the Governing Body up to date on progress. Actions taken have included additional training to address confidential leaks, deep cleaning of wards (including the use of the old emergency department as a 'decant' ward to support cleansing) and robust investigations of the causes of pressure ulcer incidents. More detail on all of these issues can be found in the monthly Executive Summary of the Quality and Safety Committee.
- 3.5 Monthly overview reports from the Black Country Partnership Foundation Trust have also been received, whilst these have not identified any significant issues during the year, the committee have maintained an overview of performance and considered the impact of staffing issues and organisational change at the trust. Other areas that the committee has received regular assurance on have included work to support quality improvements in care homes in the city led by the Quality Nurse Advisor team, the quality of provision for patients with Continuing Healthcare needs and progress to transform care for patients with learning disabilities.
- 3.6 The committee has also been given assurance around the CCG's work to support NHS England in ensuring improvements in the quality of Primary Care. The CCG has worked closely with a number of practices to support improvements in response to issues raised by CQC inspections, particularly with Poplars Medical Practice where this support was instrumental in ensuring the practice came out of special measures. As the CCG becomes more established in co-commissioning of Primary Care, this work will continue to grow in significance as it becomes more integrated into wider contract management work with primary care.
- 3.7 To support all of this work, the committee has dedicated time to developing the policies and procedures that support the CCG in ensuring the provision of safe, high quality services across Wolverhampton. The most important of these is Quality Strategy, which provides an overall framework for work in this area and the committee has led a refresh of this strategy during the year to ensure that commitment to quality remains at the heart of the CCG's work. Specific procedures around the reporting arrangements for serious incidents and the implementation of guidance from the National Institute for Health and Care Excellence have also been agreed during the year.

Risk Management and Assurance

- 3.8 The committee has a significant role in the CCG's risk management arrangements. These arrangements are described in detail in the Annual Governance Statement, including the committee's role in monitoring the risk register and Board Assurance

Framework (BAF). During this year, following changes to NHS England's assurance arrangements for the CCGs, the committee has overseen the re-alignment of the BAF to match the domains listed in the new assurance framework. As part of this exercise, recognising that quality outcomes were not explicitly outlined in the new framework, the committee has approved a framework that included an additional domain for quality.

- 3.9 Following the adoption of the new BAF, the committee has considered the assurance levels across each of the domains on a quarterly basis before reporting onwards to the Governing Body. This included an overview of the CCG risk register and the committee has kept track of changes in the overall risk profile of the CCG and the consequent impact on assurance levels.
- 3.10 Towards the end of the year, the committee has begun work to develop the CCG's risk management strategy to continue to ensure that the principles are embedded across the organisation. This work will continue in the as the refreshed Strategy is adopted as part of the CCG's commitment to continuous improvement. This will be supported by staff training and an assessment of its efficacy.
- 3.11 The committee has also maintained an overview of a number of specific areas of risk during the year. This has included the implications for the CCG of a number of national reports, including the investigations into Morecambe Bay and Mid Staffordshire Trusts and reports relating to safeguarding children. The Committee has also monitored the CCG's performance in relation to issues associated with Health and Safety and been updated regularly on the CCG business continuity arrangements and performance against national core standards for Emergency Preparedness, Resilience and Response.

Monitoring the Group's arrangements for meeting statutory duties

- 3.12 As highlighted above, the committee has been given delegated responsibility within the CCG's Constitution to monitor performance against a number of statutory duties including meeting the Public Sector Equality Duty, public involvement and information governance. In many of these areas, the CCG is supported by the Commissioning Support Unit (CSU) and teams from the CSU have reported to the committee throughout the year on progress with their work. The CCG has recently – along with the other CCGs in the Birmingham and Black Country area – been through a re-procurement of these commissioning support services and the committee has also begun to consider the implications of the changes in these arrangements from April 2016.
- 3.13 Reports on Equality and Inclusion have highlighted work by the CCG to continue to embed these requirements into business and project planning processes as part of on-going improvements. Following some staff changes the CSU have been developing and refining processes to ensure they meet the CCG's requirements and that work is effectively targeted where it can be most effective. Other work has included the development of an equality reference group to support any engagement and consultation work by the CCG.
- 3.14 The Committee has been kept updated on work to ensure that the CCG meets its responsibilities in relation to Information Governance (IG). This has included approving the policies, staff handbook and improvement plan developed with the support of the CSU that aim to ensure the CCG meets the requirements of the national Health and Social Information Centre IG Toolkit. The regular reports from the CSU IG team have provided the committee with assurance that work is on track

to meet the target for toolkit submission and detailed performance levels in respect of staff training and the CCG's Information asset register. The reports throughout the year have also highlighted that, whilst the amount of patient sensitive information held by the CCG is minimal (as we are a commissioning organisation), the measures in place to safeguard this information are robust. This is highlighted by the fact that the CCG has not reported any IG incidents where a breach of confidentiality occurred throughout the year.

- 3.15 The committee has also maintained an overview of the CCG's work to involve patients and promote patient choice. The lay member for Public and Patient Involvement is a member of the committee and we also benefit from the input of two patient representatives. Specific work considered by the committee during the year has included recommendations to increase patient involvement in quality visits. This will be actioned in the new year. Other measures of patient involvement and assessments of patient experience have also been included in the committee's regular quality monitoring work.

Safeguarding

- 3.16 The Committee has maintained an overview of the CCG's work to ensure that the services it commissions meet the statutory requirements for safeguarding the most vulnerable children and adults in society. This has been a key area of focus for the CCG since its establishment including developing staffing structures that have ensured appropriate professionals are in place. During this year, work has taken place to develop strategies and policies for safeguarding across the CCG. These policies cover safeguarding children from harm and supervision procedures for staff with responsibility in these areas.
- 3.17 One of the key developments the committee has been consulted and appraised on the development and implementation of a Multi Agency Safeguarding Hub (MASH) for Wolverhampton. The MASH brings together professionals from the Local Authority, Police and the local provider trusts to manage safeguarding issues across Wolverhampton in a cohesive manner. This mirrors arrangements in other agencies and the committee has been updated on the work to set up the MASH and progress since it began operating (for children's safeguarding issues) in January. Further work will be considered throughout next year as progress is made to bring the process for managing adult safeguarding concerns into the MASH. The CCG's contributions to the Wolverhampton MASH have been significant.
- 3.18 Quarterly reports on children's safeguarding issues have highlighted a number of issues including GP attendance at child protection conferences and wider work to ensure the arrangements in Wolverhampton align with other CCGs across the area. The committee have been given assurance that steps are being taken to ensure the CCG's responsibilities to support health checks for Looked After Children are met and discussions have taken place around Children's Placements associated with the External Placement Panel and Continuing Care. The committee's work has ensured that service specifications are in place with providers to provide high quality safeguarding services.
- 3.19 Adult safeguarding issues have also been reported on a quarterly basis, with one of the issues highlighted being the prevalence of pressure ulcers in care home settings. Details were given of work by the Quality Nurse Advisor team to undertake root cause analysis of the reasons for pressure ulcers occurring and opportunities for learning to ensure they did not re-occur in the future. The committee has also been updated on work to respond to changes in the legislative framework for adult

safeguarding as a result of the Care Act 2014 and clarification of Deprivation of Liberty guidelines.

4. Conclusions

- 4.1 In conjunction with the detail set out in the CCG's Annual Report and the Executive Nurse's Annual Quality Report, the details above highlight the important work by this committee to meet its terms of reference set out in the CCG's constitution. It has been a busy and varied year, reflecting the complexity of the committee's remit which has been discharged effectively in line with its terms of reference.
- 4.2 The development of the new Quality strategy will continue to guide our work to ensure that the CCG's drive to see continuous improvement in the quality of services offered to patients. The strategy is helping to ensure that work across different sectors including Primary and Secondary care is consistent and focussed on delivering change where required. Evidence of this can be seen in the committee's work to gain assurance in different sectors, including quality in care homes and in ensuring our vulnerable children in Wolverhampton are kept safe. This has led to additional investment during the year through the development of the Quality Nurse Advisor team and the introduction of the Multi Agency Safeguarding Hub.
- 4.3 The committee looks forward to continuing its work next year and will remain focussed on providing assurance to the Governing Body that quality matters are being effectively managed and escalated for further action where required.

Appendix 1 – Attendance at Meetings

	April 2015	May 2015	June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Left early	Dec 2015	Jan 2016	Feb 2016	March 2016
Clinical ~													
Dr Rajshree Rajcholan	N	Y	N	Y	Virtual Meeting	N	Y	Y		Y	Y	Y	Y
Mr Tony Fox	Y	N	Y	Y		Y	Y	N		Y	Y	Y	Y
Management ~													
Ms Manjeet Garcha	Y	Y	Y	Y		Y	N	Y		Y	Y	Y	
Ms S Southall	Y	Y	Y	Y		Y	Y	N		Y	Y	N	
Kerry Walters/Katie Spence	Y	Y	Y	N		Y	N	N		Y	Y	Y	
Annette Lawrence	Y	N	N	N		N	N	Y		Y	Y	Y	
Lay Members/Patient Representatives ~													
Pat Roberts	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	
Mr Jim Oatridge	Y	Y	N	Y		Y	Y	Y		N	Y	Y	
Geoff Ward	Y	N	Y	Y		Y	Y	Y		Y	N	Y	
Marlene Lambeth	Y	Y	Y	Y		Y	Y	Y		N	Y	N	

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.