

# ANNUAL REPORT

## Quality and Safety Committee

### 2016/2017



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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 2016/17 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) |
| • Nicola Ensor          | - CCG Employee (from July – September 2016)    |
| • Steven Forsyth        | - CCG Employee (from October 2017)             |
| • Mr Tony Fox           | - Secondary Care Clinician (until July 2016)   |
| • Manjeet Garcha        | - Executive Nurse                              |
| • Marlene Lambeth       | - Patient Representative                       |
| • Annette Lawrence      | - CCG Employee                                 |
| • Jim Oatridge          | - Governing Body Lay Member for Governance     |
| • Sukhdip Parvez        | - CCG Employee (from November 2016)            |
| • Pat Roberts           | - Governing Body Lay Member for PPI            |
| • Sarah Southall        | - CCG Employee (Until June 2016)               |
| • Kerry Walters         | - Wider Health and Social Care Representative  |
| • Geoff Ward            | - Patient Representative                       |

- 1.5 The committee has seen a number of changes in its membership during the year, Sarah Southall, who has been a member of the committee since 2013 has left the committee after moving on from her role as Head of Quality and Risk to become the CCG's Head of Primary Care. Mr Tony Fox, who has been the CCG's Governing Body Secondary Care Consultant since 2013 left the committee after resigning from the Governing Body. The committee wished them both well in their new endeavours and welcomed Steven Forsyth as the new Head of Quality and Risk and Sukhdip Parvez as the CCG's Patient Safety manager and committee members.
- 1.6 The committee met on the following occasions during the financial year:
- 12 April 2016
  - 10 May 2016
  - 14 June 2016
  - 12 July 2016 (Virtual meeting)
  - 9 August 2016
  - 13 September 2016
  - 11 October 2016
  - 8 November 2016
  - 13 December 2016
  - 10 January 2017
  - 14 February 2017
  - 14 March 2017

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 2016/17. 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 plays a key role in monitoring the quality of the services provided for our patient population. It provides assurance to the Governing Body on these matters and escalates any significant issues at each meeting. This means that work on this theme forms a significant proportion of the committee's work programme during the year. The Quality and Risk team provide the committee with a detailed report at each monthly meeting outlining quality performance at each of the CCG's main providers. Much of the information from these reports and detailed analysis of quality performance can be found in the CCG's Annual Quality Report, the details here relate to issues specifically discussed at meetings.
- 3.3 A number of themes have emerged from the quality reports relating to Royal Wolverhampton Trust (RWT), which the committee has maintained an overview of during the year. This has included details of the Trust's response to Serious Incidents that have taken place during the year, including 'Never Events'. The committee has sought assurance from the Trust that robust action plans have been put in place to deal with these issues, appraising the Governing Body of the situation as the year has continued. As part of this process, the committee has identified where there is a high prevalence of incidents and sought further information. As reported in last years' report, this has included participating in cross-health economy work on Pressure Ulcers. Other issues identified have included breaches of confidentiality; the Trust have reported that a more robust approach to reporting on these issues has contributed to an increase in their prevalence and the committee has kept this issue under review.
- 3.4 As part of its work, the committee considers the impact of external regulators' reviews of our providers. During this year, RWT have received notification from the Care Quality Commission (CQC) that their appeal against some of the ratings in their most recent inspection report had been successful. A number of areas were upgraded, however the overall rating had remained at 'requires improvement'. The committee also discussed a notification from the health and safety executive in respect of radiation level breaches at the Trust and its response to these issues.
- 3.5 The committee has been given details of broader operational factors at the trust that have impacted on quality performance. This has included workforce issues, recognising that this has been an issue that the Trust themselves have highlighted as an issue on their risk register. The committee has continued to receive details of staffing levels and the trust's actions in response. Other performance issues, including A&E waiting times and NHS constitutional standards relating to cancer waiting times have also been considered.
- 3.6 Our major mental Health provider, Black Country Partnership NHS Foundation Trust, have this year been reviewed by the CQC following an inspection finding of 'requires improvement'. This review in October 2016 confirmed that the Trust was now rated as 'Good'. Issues discussed at the committee in relation to this trust include the process undertaken to review quality collaboratively with other CCGs. Meetings with commissioners were themed (to discuss issues such as Child and Adolescent Mental Health, Learning Disabilities etc.) on a rotational basis. The committee continue to consider whether this approach is the most effective way to manage this process, or whether a Wolverhampton based approach would be more effective. The committee has received details of Serious Incidents at the trust throughout the year and their response. This has included a number of slips and falls, and details of root cause analysis for these incidents have been shared with the committee when appropriate.

- 3.7 Details have also been shared with the committee of quality review work that takes place in respect of the CCG's other providers. Other these are much smaller organisations and a proportionate approach is taken to monitoring and managing quality. Particular issues have been brought to the committee's attention in relation to the CCG's Non-emergency Patient Transport service, which resulted in a change of provider and with the provider of the GP led urgent care centre. This has included concerns about data quality, processes for managing and reporting on serious incidents and safeguarding procedures. These concerns have been escalated to Executive level.
- 3.8 The committee has also received regular assurance on clinical quality in Continuing Health care settings, as well as with the care home sector in Wolverhampton. This continues to be an area where the CCG is demonstrating best practice, and the committee have been informed of a successful bid by the CCG to participate in the national PROSPER (Promoting Safer Provision of Care for Elderly Residents) Programme, with care homes in the city. Regular reports have also been received on progress with infection prevention and medicines management.

### Risk Management and Assurance

- 3.9 The CCG's arrangements for managing risk are described in detail in the Annual Governance Statement. During the year, these arrangements have been reviewed by the Internal Audit service and a number of weaknesses have been identified. The committee has played a key role in developing the action plan to resolve these issues. As highlighted in the governance statement, these arrangements will include greater involvement by each of the Governing Body committees in developing their own risk profile and the committee has piloted this approach throughout the year.
- 3.10 As part of its role in the risk management arrangements, the committee reviews the Board Assurance Framework (BAF) before it is provided to the Governing Body. The committee has maintained an overview of the BAF during the year, including the work to restructure it following the internal audit review earlier in the year. As a result the BAF now aligns to the CCG's strategic priorities rather than NHS England's CCG assurance domains.
- 3.11 Prior to the publication of the internal audit review, the committee continued with its routine work in line with the previous risk management arrangements. This has included a review of the Risk Management Strategy, work that will be re-visited early in the new financial year. Other relevant internal audit reports on performance reporting, safeguarding and dealing with incidents have also been brought to the committee for assurance during the year.
- 3.12 The committee has received regular details of the Quality and Risk team's ongoing prioritised action plan for assurance purposes. This has detailed the team's work across their portfolio of responsibilities including quality and safety issues as well as the ongoing work to support the review of risk management arrangements. Following previous concern being raised by the committee, assurance has also been sought on the CCG's business continuity arrangements.

### 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. This is the first year of a new contract for this support from Arden and GEM CSU which commenced in April 2016.

- 3.14 The reports from the Equality and Inclusion service have given the committee an update on work to use the Equality Delivery System (EDS2) to benchmark the CCG's commitment to meeting its equality responsibilities. The committee has acknowledged the progress that has been made whilst recognising that further work is still required. The Governing Body has signed off a self-assessment in this area during the year which identified future action for future years.
- 3.15 The Committee has given assurance during the year that the CCG is maintaining its strong track record in information governance. The NHS Digital Information Governance Toolkit has recently been submitted for 2017 at a level of 89%, representing strong Level 2 compliance across all of the requirements with a number of Level 3 (the highest level) in relevant areas. This has been achieved by being able to demonstrate strong staff engagement with training and development, clear processes for managing information and a risk based approach that has resulted in no breaches of confidentiality during the year. Following the re-procurement of CSU services, the CCG has brought the service for responding to Freedom of Information (FOI) requests back in-house. The committee has been updated on the significant improvement in response rates as a result, with over 95% of requests now being responded to within the statutory timeframe of 20 days, up from 67% under previous arrangements.
- 3.16 Work has been undertaken during the year to support greater public and patient involvement in the CCG's work through the development of a patient volunteers' policy. This policy will enable patients to support quality visits and provide an important perspective into the CCG's work. The committee's work in this area benefits greatly from the insight of the lay member for Public and Patient Involvement and our two patient representatives. They help to ensure that the patient voice is considered throughout all of the committee's work, including through quality monitoring and measures of patient experience. The committee has also considered the CCG's approach to managing complaints to ensure that patients have opportunities to be heard when things go wrong, either with the CCG's work or in services we commission.
- 3.17 In addition to this detailed work associated with the CCG's responsibilities under CCG and broader public sector related legislation, the committee has also reviewed the organisations progress with its statutory responsibilities as an employer under health and safety legislation. Details have been received of issues identified through regular audits as well as compliance with mandatory training. As a relatively small organisation which rents office space from the University of Wolverhampton, the CCG's approach to these issues aims to be proportionate and the committee has been assured that CCG responsibilities are being fully discharged appropriately.

### Safeguarding

- 3.18 Monitoring the work of the CCG does to meet its responsibilities to safeguard vulnerable people is another key part of the committee's work. This is an area that the CCG has invested resources in over previous years to ensure that we work effectively with our partner organisations, including the Local Authority and Providers, in line with national guidance.

- 3.19 The committee receives regular update reports from the safeguarding leads for both adults and children, which included summary annual reports in May from both areas. These reports reflected on work undertaken over the year, including participation in local adults and children's safeguarding boards. The committee endorsed both of these reports and the priorities identified for the upcoming year.
- 3.20 The committee's quarterly reports on adult safeguarding matters have highlighted the progress towards managing referrals for safeguarding issues through a Multi-Agency Safeguarding Hub (MASH). This follows the successful introduction of this process for children's safeguarding in 2016 and demonstrates the commitment to multi-agency working across the city. The Adults MASH went live in August 2016 and the committee will continue to gain assurance that it is operating effectively and allowing the CCG to deliver its responsibilities alongside the other agencies involved.
- 3.21 As part of the wider programme of adult safeguarding work, the committee has also received assurance around the CCG's programme of work to support patients subject to Deprivation of Liberty safeguards. This continues to be a multi-agency piece of work and the committee received details in May of the number of patients who have been referred for assessment and progress with this area of work.
- 3.22 Work to safeguard children across Wolverhampton has also been regularly considered by the committee during the year. This has included details of the CCG's involvement in external reviews of safeguarding arrangements across the city by both the CQC and Ofsted. In addition to this, an internal audit of the CCG's compliance with Section 11 of the Children's Act 2004 has been completed and the committee were assured by the significant progress demonstrated since the CCG was established.
- 3.23 The regular quarterly reports on children's safeguarding have highlighted the ongoing work to support Looked After Children in the city, including progress with health checks and the development of the staffing establishment to support this programme of work. The committee has been assured that the work in this area continues to progress and that the CCG continues to participate fully in the MASH for children's services. The committee has also received appropriate details from published Serious Case Reviews in the city to provide assurance that lessons are being learned and implemented.

## 4. Conclusions

- 4.1 The Committee has a broad role and undertakes important work across the CCG's responsibilities. It has continued to have a busy agenda throughout the year and feels that this annual report, along with the regular reports presented to the Governing Body, give assurance that it is continuing to effectively meet its duties in its terms of reference.
- 4.2 As highlighted above, the CCG's annual report will include further details on specific patient safety and quality issues, which will also be included in the Annual Quality report. The committee itself will receive this report early in the new year and continue to use this, along with other sources of evidence, to identify areas of focus on quality issues.
- 4.3 The committee also looks forward to the continued development of the CCG's risk management arrangements, in which it plays a key role. The Governing Body will continue to receive assurance on progress with this throughout the year.





## Appendix 1 – Attendance at Meetings

	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017
<b>Clinical ~</b>												
Dr Rajshree Rajcholan	Y	N	Y	V	Y	N	Y	N	Y	Y	Y	N
Mr Tony Fox	Y	N	N	V								
<b>Management ~</b>												
Ms Manjeet Garcha	N	Y		V	Y	Y		Y	Y	Y	Y	Y
Mrs Sarah Southall Mrs N Ensor/ Mr S Forsyth	Y	Y	Y	V	Y	Y	Y	Y	N	N	Y	Y
Kerry Walters/Katie Spence/ Steve Barlow	Y	Y	N	V	N	Y	Y	Y	Y	Y	Y	Y
Annette Lawrence/ Sukhdip Parvez	Y	Y	Y	V	Y			Y	Y	Y	Y	Y
<b>Lay Members/Patient Representatives ~</b>												
Pat Roberts	Y	Y	Y	V	Y	Y	Y	Y	Y	Y	Y	N
Mr Jim Oatridge	Y	N	N	V	N	Y	N	Y	N	Y	Y	Y
Geoff Ward	N	Y	Y	V	Y							
Marlene Lambeth	Y	Y	Y	V	Y	Y	Y	Y	N	Y	N	Y

## 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.