

**Clinical Commissioning Group Governing Body**

**Paper Summary Sheet**

**Date of Meeting: 22 July 2014**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/14/07/22 Quality &amp; Clinical Governance Committee - Annual Report 13/14</b>
<b>Author:</b>	Deborah Rigby, Associate Director Quality and Patient Safety
<b>Lead Director/GP from CCG:</b>	Jacqui Chidgey-Clark, Director of Quality and Patient Safety
<b>Executive summary:</b>	<p>The main role of the Quality and Clinical Governance Committee is to provide the Governing Body with assurance on Quality and Patient Safety as set out in the CCG Constitution.</p> <p>The committee provide the forum to undertake review of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee are responsible and include:</p> <ul style="list-style-type: none"> <li>Safeguarding Children</li> <li>Safeguarding Vulnerable Adults</li> <li>SIRIs and clinical incidents</li> <li>Continuing Health Care</li> <li>Medicines management and governance</li> <li>Review and authorisation of clinical policies</li> </ul> <p>During 2013/14 the Committee has continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of assurance on all the areas defined in its objectives. We recognise a need to continue to develop the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement, this is on-going.</p> <p>Where the committee has been concerned with some areas of clinical outcomes (e.g. increase in pressure ulcers and serious outcomes from a small number of falls) we have noted the remedial actions presented to the Committee to improve these outcomes.</p>

<b>Evidence in support of arguments:</b>	Quality and Clinical Governance report as published from diverse sources.
<b>Who has been involved/contributed:</b>	Director of Quality and Patient Safety, CCG Quality and Patient Safety Directorate Team Members, and CWCSU team.
<b>Cross Reference to Strategic Objectives:</b>	All .
<b>Engagement and Involvement:</b>	No public engagement or consultation. The minutes of the Quality and Clinical Governance Committee have been published in the CCG Governing Body papers section of the NHS Wiltshire CCG website.
<b>Communications Issues:</b>	Not exempt under FOI.
<b>Financial Implications:</b>	Not applicable.
<b>Review arrangements:</b>	on going
<b>Risk Management:</b>	Identified risks are recorded on risk register
<b>National Policy/ Legislation:</b>	NPSA Guidance SIRI framework NHS Constitution rights and pledges 2012-13 NHS Operating Framework
<b>Equality &amp; Diversity:</b>	No direct impact from the update in this paper
<b>Other External Assessment:</b>	NHS CB performance reviews of CCG delivery.
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	The Governing Body is asked to NOTE the Annual report through which the Committee has outlined an evaluation of its performance for 2013/14.

Quality and Clinical Governance Committee

**Paper 03 Quality & Clinical Governance Committee Annual Report**

**Date of Meeting: 6 May 2014**

<b>Agenda Item &amp; Title:</b>	Quality & Clinical Governance Committee Annual Report
<b>Author:</b>	Deborah Rigby Deputy Director of Quality and Patient Safety
<b>Lead Director/GP from CCG:</b>	Jacqui Chidgey-Clark Director of Quality and Patient Safety
<b>Executive summary</b>	<p>The committee was established as a sub-committee of the NHS Wiltshire CCG Governing Body. Its main role is to provide the Governing Body with assurance on Quality and Patient Safety as set out in the CCG Constitution.</p> <p>The committee provide the forum to undertake review of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee are responsible and include:</p> <ul style="list-style-type: none"> <li>• Safeguarding Children</li> <li>• Safeguarding Vulnerable Adults</li> <li>• SIRIs and clinical incidents</li> <li>• Continuing Health Care</li> <li>• Medicines management and governance</li> <li>• Review and authorisation of clinical policies</li> </ul> <p>During 2013/14 the Committee has continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of assurance on all the areas defined in its objectives. We recognise a need to continue to develop the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement, this is on-going.</p> <p>Where the committee has been concerned with some areas of clinical outcomes (eg increase in pressure ulcers and serious outcomes from a small number of falls) we have</p>

	noted the remedial actions presented to the Committee to improve these outcomes.
<b>Evidence in support of arguments:</b>	Quality and Clinical Governance report as published from diverse sources.
<b>Who has been involved/contributed:</b>	CCG Quality and Patient Safety Directorate Team Members and CSU team.
<b>Cross Reference to Strategic Objectives:</b>	ALL.
<b>Engagement &amp; Involvement</b>	No public engagement or consultation. The minutes of the Quality and Clinical Governance Meeting have been published in the CCG Governing Body papers section of the NHS Wiltshire CCG website.
<b>Communications Issues:</b>	Not exempt under FOI.
<b>Financial Implications:</b>	Not applicable.
<b>Review arrangements:</b>	Ongoing
<b>Risk Management:</b>	Identified risks are recoded on risk register
<b>National Policy / Legislation:</b>	NPSA Guidance SIRI framework NHS Constitution rights and pledges. 2012-13 NHS Operating Framework
<b>Equality &amp; Diversity:</b>	No direct impact from the update in this paper
<b>Other External Assessment</b>	NHS CB performance reviews of CCG delivery.
<b>Next steps:</b>	The Governing Body is asked to NOTE the Annual report through which the Committee has outlined an evaluation of its performance for 13/14.

## Introduction

1. The committee was established as a sub-committee of the Governing Body in November 2012. Its main role is to provide the Governing Body with assurance on the CCG's Quality and Patient Safety Programme as well as monitoring compliance by providers.
2. The establishment of this committee aimed to support the key responsibilities of the organisation as set out in the CCG Constitution. Its function is to support and advise the Governing Body to develop and understand service quality issues and provide assurance to the Governing Body on these matters.
3. It provides the forum to undertake performance management of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee are responsible and include:
  - Safeguarding Children
  - Safeguarding Vulnerable Adults
  - Serious incident Requiring Investigation
  - Continuing Health Care
  - Patient experience
  - Medicines management and governance
  - Review and authorisation of clinical policies
4. This committee also appraises and monitors the controls surrounding clinical safety and effectiveness., this includes;
  - Receiving an agreed level of clinical data and trend analysis to inform and analyse the effectiveness of the clinical services commissioned by the CCG.
  - Monitoring the quality of the service by considering patient experience
  - Receiving and commenting on action plans and progress reports in response to SIRI and other incidents.
5. In order to discharge this function the Quality and Safety Committee have provided assurance to the Governing Body re both organisational learning and the fulfilment of its statutory responsibilities. The committee support the monthly hotspots and highlights report incorporated into the CCG outcomes report.

## Membership

6. The Quality and Safety Committee held six meetings during 2013/14. It is chaired by a NHS Wiltshire CCG Non-Executive Lay Member , the core membership of the Committee consist of the following or their nominated deputies:

- Registered Nurse on Governing Body (Chair)
- Director of Quality and Patient Safety
- Non-Executive Secondary Care Doctor
- GP representative(s) from CCG Group(s)
- CCG Lay member PPI lead
- Deputy Director Quality and Patient Safety
- Public Health Representative from Wiltshire Council , including Infection Control and Prevention
- Associate Director of Quality and Patient Safety Safeguarding
- Heads of Medicines Management
- Associate Director of Quality and Patient Safety-Continuing Health Care and FNC.
- Risk Manager

7. Invited on ad hoc basis are representative from Wiltshire and B&NES Council, and any others as the Committee Chair deems appropriate. Members are expected to attend all meetings, unless previously agreed with the Chair, and where unable a deputy is required.

## Terms of reference

8. The Committee's Terms of reference outline that its purpose is to ensure that the CCG has appropriate and effective systems in place that cover all aspects of Clinical Quality and Safety to include the following:

- a) Ensure that the Governing Body mainstreams consideration of service and clinical issues;
- b) Identify and manage risks to quality and act against poor performance
- c) Implement plans to drive continuous improvement, including the focus on patient feedback and its direct relationship to commissioning decisions
- d) Promote a culture within the CCG that focuses on Patient Safety and Quality Improvement;
- e) Seek assurance through the contracting arrangements from all Provider services that their governance and patient safety systems are robust and measurable;

- f) Monitor incidents and Action Plans linked to key areas of responsibility where Wiltshire CCG is Lead Commissioner and has statutory responsibility or where responsibility falls directly to Wiltshire CCG;
- g) Provide evidence and through exception reporting an overview and a monitoring function for all governance and patient safety issues for Wiltshire CCG;
- h) Develop and implement processes for identifying issues that affect patient safety and monitor the implementation of changes and developments to prevent re-occurrence;
- i) Provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the quality and safety of commissioned services;
- j) Provide the Governing Body with evidence that patient safety issues are fully considered, risks identified and reduced or mitigated and that exceptions are reported as necessary;
- k) Provide a forum for representatives from the CCG to work collaboratively with members of the Committee to implement the quality and clinical governance agenda;
- l) Monitor compliance of commissioned services with the Care Quality Commission regulations / standards and with the quality standards within the contracts with providers; and
- m) Ensure that appropriate advice is shared with CCG Groups, through the Executive Nurse and Quality lead, to enable appropriate patient safety standards and indicators to be agreed with service providers and monitored, as lead commissioner.

### **Regular reports**

- 9. In line with the terms of reference there are a number of standing items on each Committee agenda. Detailed guidance and standard templates for the presentation of reports to the committee and the frequency of reporting requirements are available from the Director of Quality and Patient Safety and Corporate affairs team.
- 10. An outcome summary of the Quality and Safety Committee is formally reported to the public session of the Governing Body (contained in the Information pack). In addition, the Chair of the Quality and Safety Committee summarises the key issues following each meeting in an update to Board.
- 11. Examples of issues brought to the attention of the Board during the year are:
  - a) Francis, Keogh and Berwick report
  - b) Hospital Mortality Index (HSMR and SHMI)

- c) CHC Personal Budgets
- d) Safeguarding Children and Adults
- e) Quality Outcomes
- f) Medication Governance

### **Quality Governance Framework and assurance**

12. The Committee has supported the development of a Quality Impact Assessment tool which has been through a validation processes during 2013/14. A workshop was planned for the wider CCG to enabled colleagues to review the Impact assessment followed by an Audit and Assurance Board review and agreed process for 2013/14.

### **Corporate Risk Register**

13. On a regular basis the Committee has reviewed the CCG's risk register for the risks which are relevant to the Committee and in line with the terms of reference.

### **External Audit**

14. There have been no external audits this year

### **Conclusions**

15. Based on information presented and discussed at the Quality and Clinical Governance Committee meetings during the year we have concluded the following;
- a. The Committee continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of Governing Body assurance on all the areas defined in its objectives.
  - b. The Committee is satisfied with the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement.
  - c. The Committee has been concerned with some areas of clinical outcomes (eg increase in pressure ulcers and serious outcomes from a small number of falls) and have noted the plans presented to the Committee to improve these outcomes.

- d. They have reviewed the annual Quality Accounts commissioner Statement which provides an open and transparent account of the clinical indicators of commissioned services .
- e. The Committee have noted the need to develop an improved process for gaining assurance and agree that the revised Committee structure should provide the ability for the Committee to work at the required level.

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