

Paper Summary Sheet

Presented to:	Quality and Clinical Governance Committee
Date of Meeting:	3 July 2018
For:	Decision

Agenda Reference:	QCG/18/07/07
Title:	Quality & Clinical Governance Committee Annual Report
Executive summary:	
<p>The committee was established as a sub-committee of the NHS Wiltshire CCG Governing Body. Its primary 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 (SI), 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"> • Safeguarding Children • Safeguarding Adults at Risk • SIs and clinical incidents • Medicines management and governance • Review and authorisation of clinical policies and NICE guidance, and ratify the decision taken through the Clinical Advisory Group • Workforce (from a Quality & Safety aspect) • Assurance of any patient safety and experience issues arising from commissioning <p>During 2017/18 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. It is recognised that there is a continuous need to review the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement.</p>	
Recommendations:	The Governing Body is asked to APPROVE the Annual report through which the Committee has outlined an evaluation of its performance for 17/18.
Previously considered by:	N/A
Author(s):	Alison West - Associate Director of Quality CCG Quality and Patient Safety Directorate Team Members.
Sponsoring Director / Clinical Lead/ Lay Member:	Dina McAlpine –Director of Nursing and Quality / Registered Nurse

Risk and Assurance:	Identified risks are recoded on risk register
Financial / Resource Implications:	N/A
Legal, Policy and Regulatory Requirements:	NPSA Guidance SI framework NHS Constitution rights and pledges. Five Year Forward View CCG Operational Plan
Communications and Engagement:	Not exempt under FOI. 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.
Equality & Diversity Assessment:	<input type="checkbox"/> No direct impact from the update in this paper

Introduction

1. The CCG's vision is "to ensure the provision of a health service which is high quality, effective, clinically led and local". It does this whilst "promoting good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties".
2. The Quality and Clinical Governance Committee (QCGC) was established in November 2012 to assure the Governing Body that the CCG's vision is achieved whilst ensuring that high quality care is commissioned and provided as safely and effectively as possible.

Overview

3. The QCGC is a formal sub-committee of the Governing Body with defined terms of reference, which are attached as Appendix 1. This report is aligned to these terms of reference (TORs).

Membership and Meetings

4. There were 6 QCGC meetings during 2017/18 which is in accordance with the Terms of Reference.

The membership and attendance at the committee has been as follows:

In Attendance:	Title	Meeting Attendance
Jill Crook	Chair of the Quality and Clinical Governance Committee, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG (until August 2017)	1
Dr Mark Smithies	Vice Chair of the Quality and Clinical Governance Committee until July 2017, and Chair of the Committee from August 2017 and Secondary Care Doctor, NHS Wiltshire CCG	6
Dina McAlpine	Director of Nursing and Quality / Registered Nurse, NHS Wiltshire CCG	6
Christine Reid	Lay Member, NHS Wiltshire CCG	6
Linda Prosser	Interim Chief Officer (from July 2017)	3
Mark Harris	Chief Operating Officer, NHS Wiltshire CCG	2
Dr Richard Sandford-Hill	GP and Chair for West (until October 2017) and Chair of the CCG (from October 2017), NHS Wiltshire CCG	5
Dr Fiona Finlay	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG	2
James Dunne	Designated Nurse, Safeguarding Children (until July 2017) Associate Director of Safeguarding, Continuing Healthcare and Specialist Placements (from July 2017), NHS Wiltshire CCG	4

In Attendance:	Title	Meeting Attendance
Lena Pheby	Designated Nurse for Looked After Children, NHS Wiltshire CCG	1
Dr Helen Osborn	Medical Advisor, NHS Wiltshire CCG	6
Alison West	Associate Director of Quality	6
Nadine Fox	Head of Medicines Management, NHS Wiltshire CCG	6
Lynn Franklin	Head of Safeguarding Adults, NHS Wiltshire CCG	4
Susannah Long	Risk & Governance Manager, NHS Wiltshire CCG	6
Emily Shepherd	Quality Lead, NHS Wiltshire CCG	6
Emma Higgins	Quality Lead, NHS Wiltshire CCG	4
Fiona Barnard	Quality Lead, NHS Wiltshire CCG (until December 2017)	3
Marsha Barlow	Quality Operational Lead, NHS Wiltshire CCG	1
Sophie Cockram	Complaints and PALS Manager, Wiltshire CCG	1
Robert Gudgeon	Audit and Effectiveness Manager, NHS Wiltshire CCG	2
Connie Timmins	Quality Manager, NHS Wiltshire CCG	2
Sharon Woolley	Board Administrator, NHS Wiltshire CCG	5
Carol Paget	Quality Team Administrator, NHS Wiltshire CCG	1
Debbie Haynes	Public Health Consultant, Wiltshire Council	4
Mark Tucker	Joint Commissioner, Wiltshire Council	2
Ted Wilson	Community and Joint Commissioning Director and Group Director, NHS Wiltshire CCG	1
Dr Anna Collings	GP and Vice Chair of NEW Group, NHS Wiltshire CCG	3
Dr Catrinel Wright	GP and Interim Chair of West Group, NHS Wiltshire CCG	2
Dr Lindsay Kinlin	GP and Interim Vice Chair of West Group, NHS Wiltshire CCG	1
Chris Weiner	Clinical Director, Wiltshire Health and Care	1
Dr Tony Davies	GP and Chair of the Sarum Group, NHS Wiltshire CCG	1
Barbara Smith	Interim Associate Director (Mental Health, Learning Disabilities and Dementia), NHS Wiltshire CCG	1
Karen Williams	Quality Manager, NHS Wiltshire CCG	2
Andrew Dean	Deputy CEO & Director of Nursing & Quality, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP)	1
Sarah Jane Peffers	Head of Quality, Wiltshire Health and Care	1
Paddy McKee	Clinical Lead, Wiltshire Locality, Avon and Wiltshire Mental Health Partnership (AWP)	1
Anthony Harrison	Suicide Prevention & Sign-Up to Safety Lead, AWP	1
Pete Wood	Associate Medical Director, AWP	
Donna Bayliss	Quality Manager, NHS Wiltshire CCG	1

Committee Duties

5. The duties of the QCGC are set out in detail in the Terms of Reference but can be summarised as:-
 - a. To identify service quality issues and provide assurance regarding the quality and safety of commissioned services.
 - b. To provide assurance regarding organisational learning and fulfilment of statutory obligations
 - c. To ensure that CCG groups are advised appropriately to enable patient safety standards and indicators to be agreed with service providers
 - d. To provide an assurance process to support decision making for health care interventions that may be commissioned for the local population, and to enable their prioritisation in a climate where resources are limited

The work of the Committee in discharging its duties was as follows:

- a. To identify service quality issues and provide assurance regarding the quality and safety of commissioned services.**
6. The Quality Team report on a monthly basis via the Integrated Quality and Performance Report. This report provides assurance regarding activity undertaken to ensure the quality and safety of commissioned services which includes a review of information relating to patient experience, patient safety and clinical effectiveness. These reports are reviewed and interrogated by the QCGC. Identified Risks are placed on the CCG Risk Register to evidence that appropriate action is taken. This also evidences that the QCGC members are made aware of service concerns and associated actions to address them. The QCGC approved revisions to the format of the report which took effect from August 2017. These changes offer a more focussed approach to reporting and more in-depth assurance for outlying indicators.
7. In addition, the QCGC now receives quarterly deep-dive assurance reports regarding quality in primary care services. These reports commenced in July 2016.
8. Patient Safety
The QCGC received assurance reports from Children's and Adults Safeguarding Leads quarterly these included Mental Capacity Act and implementation of the Domestic Deprivation of Liberty Safeguards. Serious Incident Reports detailing themes and trends were also received and assurance has been provided regarding appropriate action. Never Event Incidents which occurred in 17/18 were reported to the committee and independent reports which were completed to review the themes of these with associated recommendations for providers were shared.

An annual report on HealthCare Acquired Infections was presented in November 2017 and was aligned to the Infection Prevention and Control

Strategy. The year-end HCAI position for 17/18 was positive, with fewer MRSA cases than the previous year. As the Wiltshire CCG rate is less than the threshold set by Public Health England, it is no longer required to undertake post infection reviews. In addition, the final reported figures for C.Difficile were also within the thresholds set for the CCG by Public Health England. The QCGC have received regular updates regarding HCAI and IP&C activity and have also been informed of the intelligence gained via Quality Surveillance Groups and Quality Assurance Visits to provider services.

9. Clinical Effectiveness

The Clinical Advisory Group (CAG) is a sub-group of the QCGC. It has its own Terms of Reference which were reviewed and approved by the Quality and Clinical Governance Committee in November 2017 and are due for review in March 2019. The purpose of this group is to assess, develop and recommend for approval to the QCGC all guidelines – treatment and referral and clinical policies. The CAG contributes towards Wiltshire CCG assurance regarding the requirements of the NHS Constitution, Department of Health Guiding Principles on Local Decision Making about Medicines and Treatments, compliance with Care Quality Commission Essential Standards for Quality and Safety and Public Sector Equality Duty. The CAG is also responsible for the clinical decision making process within Wiltshire CCG and provides a forum for the assessment, forward planning and review of NICE technical and clinical guidance. The CAG monitors provider NICE compliance and reviews National Audit data to identify service issues, inform commissioning activity and highlight areas of good practice. In 2017/18 this included the national Stroke audit reports which highlighted a need to work with providers on improving Stroke Services. An STP-wide stroke summit (led by Wiltshire CCG) took place in September 2017. This has resulted in an STP-wide collaborative improvement project, which is being driven by the Wiltshire CCG Quality Team. Stroke is now part of the 2018/19 STP CQUIN scheme. Further collaborative meetings will be held quarterly throughout 2018/19.

10. The CAG provides an update report in the form of meeting minutes to the QCGC at each meeting, which includes NICE provider compliance monitoring, and demonstrates that the CCG's statutory obligations are met in the regards outlined above. The CAG approved a plan for re-launch in late 2017 which has been rolled out. This is designed to improve engagement across the CCG and to deliver increased assurance around Quality Impact Assessments (QIA). The QIA templates have been revised and are currently being rolled out across the CCG.

11. Patient Experience

The QCGC has received regular updates to the Committee regarding the CCG's PALS and Complaints activity, as well as patient experience information in relation to service commissioned by WCCG. Updates to the QCGC have highlighted areas of service provision that the residents of Wiltshire have made formal complaints about, which include a review of trends and themes arising. A summary report was received by the QCGC in May 2017 and May 2018.

12. During 2017/18 links with provider PALS and Complaints teams continue to strengthen and improved processes put in place for liaison between organisations. The QCGC has been apprised of themes and trends arising in complaints data which was then fed back into the review of patient safety information. There have been no ongoing specific areas of concern identified in regard to patient experience indicators and Friends and Family compliance remains above thresholds.

13. It is the practice of the QCGC to invite delegates from provider organisations to give a summary and overview of quality within their organisations. During 2017/18 the QCGC hosted representatives from Avon and Wiltshire Mental Health Partnership and Wiltshire Health and Care. The Quality Team then continues to provide updates to the QCGC regarding the challenges and good practice identified by the delegates.

14. In 2017/18, the Quality Team implemented an additional form of assurance reporting; Thematic Reviews. In 2017/18 the QCGC received and discussed thematic reviews of:-

- Mental Health Services - Serious Incidents and Suicides
- Childrens Health Care Services
- Primary care
- Quality and Safety over Winter

b. To provide assurance regarding organisational learning and fulfilment of statutory obligations

13. The QCGC has received regular reports which evidence organisational learning. These include the Serious Incident Reports, Safeguarding reports, the CAG reports, Clinical Priorities updates and the Integrated Quality and Performance Reports. There is a process within the Quality Team which ensures that new guidance and best practice is identified and evaluated for implementation. The QCGC has also received an update regarding the Quality Team's participation in Academic Health Science Network and Patient Safety Collaborative activities and training opportunities.

c. To ensure that CCG groups are advised appropriately to enable patient safety standards and indicators to be agreed with service providers.

14. The Quality Team presented to the QCGC regular briefings regarding any new guidance published at national and regional levels and on participation in the Academic Health Science Networks. The integrated Quality and Performance Reports also carried when appropriate, analysis of newly published guidance from a variety of areas including NICE and NHS England. The re-launch of the CAG has contributed to increased awareness of these publications across the CCG.

15. The QCGC received updates and requests to approve new or revised policies from Medicines Management and Exceptions and Prior Approvals at each meeting. Policy changes and amendments were first reviewed via the Clinical Advisory Group which made recommendations prior to the policies coming to the QCGC for approval.
 16. Provider Quality Accounts will be reviewed by the committee in July 2018 and assurance formally recorded regarding the accuracy and completeness of the accounts.
 17. The review of guidance and recommendations, together with review of best practice information and data as referenced in paragraph 6, informs the content of the Quality Schedules for providers in the following financial year. This work was carried out in collaboration with Swindon and B&NES CCGs as per the agreed co-ordinating commissioner process.
- d. To provide an assurance process to support decision making for health care interventions that may be commissioned for the local population, and to enable their prioritisation in a climate where resources are limited**
18. In addition to providing oversight of Medicines Management; Prior Approvals and Exceptions Policies, the QCGC provides advice and support regarding developmental work within the locality commissioning teams, ensuring that quality, safety and experience have been considered in the design of new services and pathways. The QCGC also executed this duty through the Clinical Advisory Group – please refer to paragraphs 8 and 9. .

External Audit

15. During 2017/18 the CCG has undertaken supportive audits of the stroke pathway involving GWH, RUH and SFT in collaboration with Swindon and B&NES CCGs. Further STP audits are being planned.

Conclusions

The sub-committee has discharged its obligations as set out in the Terms of Reference. It has evidenced that it is able to identify quality and service issues and to require appropriate actions to address. The CCG's statutory obligations and requirements for organisational learning under the QCGC have been evidenced as met and the QCGC has demonstrated that it provides effective assurance regarding the CCG's clinical decision making.

END OF REPORT

Appendix 1 – Terms of Reference from March 2017.

Quality and Clinical Governance Committee

Terms of Reference

Date Approved by Quality and Clinical Governance Committee: 07 March 2017

Date Approved by Governing Body: 28 March 2017

1. Purpose

- 1.1 The Quality and Clinical Governance Committee will deal with key clinical governance responsibilities of the organisation as set out in the CCG Constitution. It will help the Governing Body to develop and understand service quality issues, as led by the quality and safety agenda, providing assurance to the Governing Body on these matters. It will promote clinical discussion about quality and patient safety, ensuring continuous quality improvements. It will provide the forum to undertake performance 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 will be responsible and will include.
- Safeguarding Children
 - Safeguarding Adults at Risk
 - SIRIs and clinical incidents
 - Medicines management and governance
 - Review and authorisation of clinical policies and NICE guidance, and ratify the decision taken through the Clinical Advisory Group
 - Workforce (*from a quality and safety aspect*)
 - Assurance of any patient safety and experience issues arising from commissioning new, re-commissioning and decommissioning of services
- 1.2 This list is not exhaustive or exclusive and the committee will be asked to consider other relevant issues on an ad hoc basis.

2. Membership

- 2.1 The core membership of the Committee will consist of the following or their nominated deputies:

VOTING MEMBERS
Registered Nurse on Governing Body (Chair)
Secondary Care Doctor (Vice Chair)
Lay Member for Patient & Public Involvement
Accountable Officer (Chief Operating Officer as Deputy)
Director of Quality
GP representatives from NEW
GP representatives from West
GP representatives from Sarum
ATTENDEES
Associate Director of Quality (Deputy to Director of Quality)
Associate Director of Continuing Healthcare/SPP and Adult Safeguarding
Public Health Representative from Wiltshire Council
Governance and Risk Manager
Medical Advisor

3. Quorum

- 3.1 When the Registered Nurse on the Governing Body is unavailable to Chair the Secondary Care Doctor will deputise.
- 3.2 To be quorate there is a requirement for a minimum of four Voting Members from the CCG, which includes the Chair or Vice Chair.

a. Expectation of Attendance

- i. Members are expected to attend all meetings, unless previously agreed with the Chair, and where unable a deputy is required.

4. Frequency of Meetings

- 4.1 A formal meeting will be held bi-monthly.
- 4.2 Extraordinary meetings may be called by the Chairman with seven working days' notice as required.

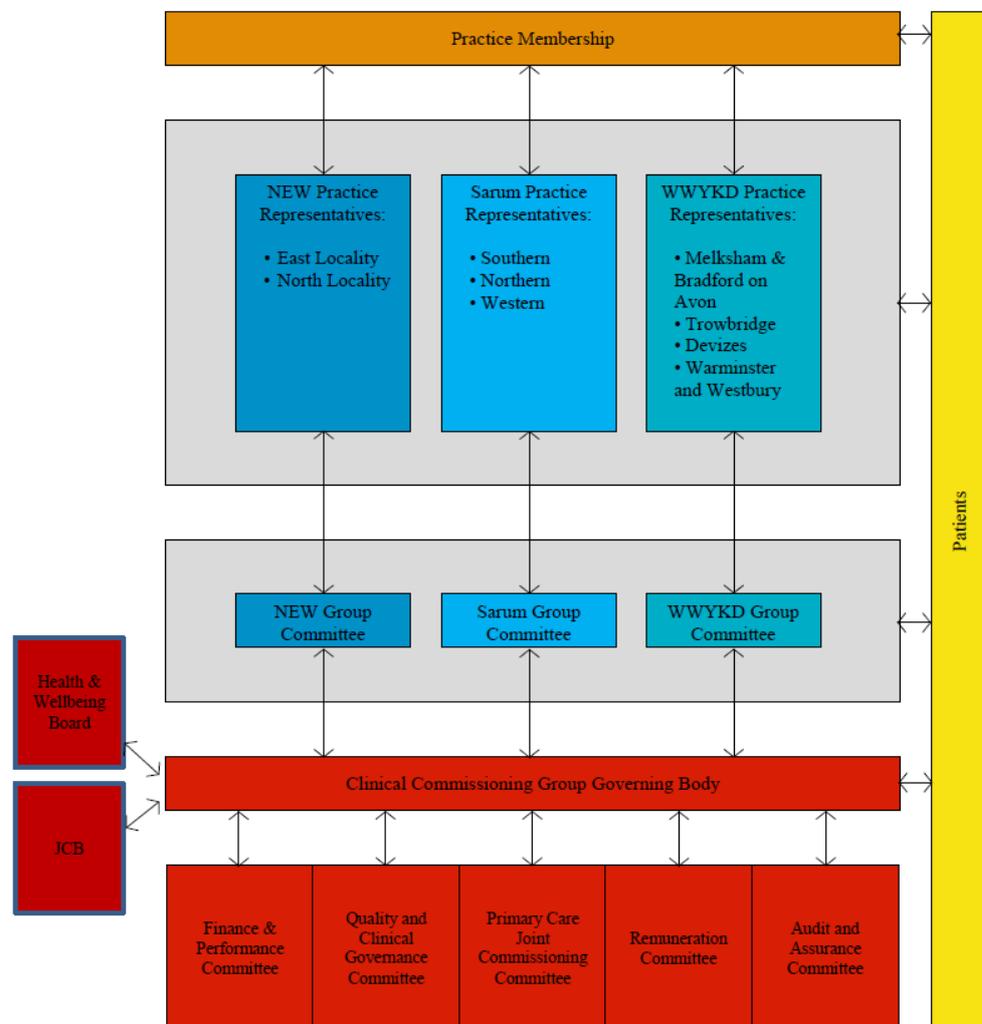
a. Meeting Arrangements

- i. A detailed work programme and standing agenda will be agreed to guide the work of the committee, but will allow for flexibility.
- ii. Detailed guidance and front sheets for reports to the Committee, and the frequency of reporting requirements, are available from the Board Administrator and the Director of Quality.

5. Accountable To

5.1 The Committee is accountable to the CCG Governing Body.

Figure 1: Clinical Commissioning Group Structure



5.2 Provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the quality and safety of commissioned services.

- 5.3 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.

6. Responsibilities / Authority / Scheme of Delegation

- 6.1 The Committee is authorised by the CCG Governing Body to undertake activity within its terms of reference.
- 6.2 Members of the Committee are responsible for communicating decisions made by them through their management lines.
- 6.3 The Governing Body delegates the following to the Committee:

Delegations by the Governing Body to the Quality and Clinical Governance Committee	
Body/individual	Delegation
Quality and Clinical Governance Committee	<ul style="list-style-type: none">a) Ensure that the Governing Body mainstreams consideration of service and clinical issuesb) Identify and manage risks to qualityc) Act against poor performanced) Implement plans to drive continuous improvement, including the focus on patient feedback and its direct relationship to commissioning decisionse) Seek assurance through the contracting arrangements from all Provider services that their governance and patient safety systems are robust and measurablef) Monitor incidents and Action Plans linked to key areas of responsibility where Wiltshire CCG:<ul style="list-style-type: none">- is Lead Commissioner- has statutory responsibility- or where responsibility falls directly to Wiltshire CCGg) Develop and implement processes for identifying issues that affect patient safety and monitor the implementation of changes and developments to prevent re-occurrenceh) Monitor compliance of commissioned services with the Care Quality Commission regulations / standards and with the quality standards within the contracts with providers.i) Approval of procedures, policies and strategies relevant to the committee's terms of reference.

7. Accountable For

- Clinical Advisory Group (CAG)
- Wiltshire Safeguarding Committee

8. Duties

- 8.1 The Committee will take reports on matters including: Patient and Public Engagement and Experience, PALS, Complaints,, Claims and trends in, for example, Freedom of information requests linked to patient quality.
- 8.2 In addition to the list of delegations shown in 6.3, the Committee is to:
- Promote a culture within the CCG that focuses on Patient Safety and Continuous Quality Improvement;
 - Invite providers to meetings as and when appropriate to report on performance and services;
 - Invites patients to meetings when appropriate to hear their story and experience
 - Provide evidence and, through exception reporting, an overview and a monitoring function for all governance and patient safety issues for Wiltshire CCG;
 - Provide a forum for representatives from the CCG to work collaboratively with members of the Committee to implement the quality and clinical governance agenda;
 - Ensure that appropriate advice is shared with CCG Groups, through the Executive Nurse and Director of Quality, to enable appropriate patient safety standards and indicators to be agreed with service providers and monitored, as lead commissioner.
- 8.3 Review by exception reports on Provider quality via the contracting and performance management framework. The committee recognises that these reports may vary in format as they will have been generated by other organisations. The Committee will expect the Group, responsible for the management of the Provider contract, to provide explanation of the reports and the remedial action that is in place to address any issues.

9. Reporting

- 9.1 The Committee will provide assurance to the Governing Body for both organisational learning and the fulfilment of its statutory responsibilities.
- 9.2 The Committee will provide, at least annually, a report to the Audit and Assurance Committee and the Governing Body and by exception in the remaining quarters.
- 9.3 The final and approved minutes of this meeting will go to the Governing Body.

- 9.4 Updates will be presented in a composite format to include areas of learning and areas of concern.

10. Monitoring

- 10.1 Review Quality monitoring scorecards and exception reports will enable the Committee to monitor its performance.
- 10.2 The Terms of Reference will be reviewed on an annual basis. Any changes to the Terms of Reference must be approved by the CCG Governing Body