

Clinical Commissioning Group
Governing Body Meeting
Date of Meeting: 20 October 2015

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item & Title:	GOV/15/10/18 Quality & Clinical Governance Committee Annual Report
Author:	Emma Higgins Quality Lead
Lead Director/GP from CCG:	Dina McAlpine –Director of Quality
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 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"> • Safeguarding Children • Safeguarding Vulnerable Adults • SIRIs and clinical incidents • Continuing Health Care and Specialist Placements • Medicines management and governance • Review and authorisation of clinical policies <p>During 2014/15 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>

Evidence in support of arguments:	Quality and Clinical Governance report as published from diverse sources.
Who has been involved/contributed:	CCG Quality and Patient Safety Directorate Team Members and CSU team.
Cross Reference to Strategic Objectives:	ALL.
Engagement & Involvement	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.
Communications Issues:	Not exempt under FOI.
Financial Implications:	Not applicable.
Review arrangements:	Ongoing
Risk Management:	Identified risks are recoded on risk register
National Policy / Legislation:	NPSA Guidance SIRI framework NHS Constitution rights and pledges. 2012-13 NHS Operating Framework
Equality & Diversity:	No direct impact from the update in this paper
Other External Assessment	NHS CB performance reviews of CCG delivery.
Next steps:	The Governing Body is asked to note the Annual report through which the Committee has outlined an evaluation of its performance for 14/15.

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. As a formal sub-committee of the Governing Body 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. These terms of reference will be reviewed at the next QCGC on 5th November 2025.

Membership and Meetings

4. There were 6 QCGC meetings during 2014/2015 which is in accordance with the Terms of Reference.

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

Members	Title	Attendance
Christine Reid	Lay Member, NHS Wiltshire CCG	5
Deborah Rigby	Deputy Director of Quality & Patient Safety, NHS , to July 2014	1
Dina McAlpine	Deputy Director of Quality and Patient Safety, Wiltshire CCG, then interim and Director of Quality from February 2015.	5
Dr Debbie Beale	GP Vice Chair, WWYKD, NHS Wiltshire CCG	1
Dr Fiona Finlay	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG	5
Dr Mark Smithies	Deputy Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor	5
Jacqui Chidgey-Clark	Director of Quality & Patient Safety, NHS Wiltshire CCG, to February 2015.	5
Karen Littlewood	Associate Director for Quality (Safeguarding Children and Adults), NHS Wiltshire CCG	1

Members	Title	Attendance
Mary Monnington	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG	6
Nadine Fox	Head of Medicines Optimisation	1
Paul Borelli	GP, NHS Wiltshire CCG	0
Peter Jenkins	Medical Advisor, NHS Wiltshire CCG	4
Richard Stanford Hill	GP and Vice Chair for WYKGD , NHS Wiltshire CCG	3
Sue Odhams	Public Health Consultant, Wiltshire Council	2
Susannah Long	Risk & Governance Manager, NHS Wiltshire CCG	6

In Attendance:	Title	Attendance
Ana Gleghorn	Patient Effectiveness Manager, NHS Wiltshire CCG	2
Emily Shepherd	Head of Patient Experience, NHS Wiltshire CCG	4
Emma Higgins	Patient Effectiveness Manager, NHS Wiltshire CCG	4
Gail Warnes	Head of Prior Approvals, NHS Wiltshire CCG	2
James Dunne	Deputy Designated Nurse, Safeguarding Children, NHS Wiltshire CCG	5
Jeremy Hooper	Interim Public Health Scientist	1
Julie Taggart	Clinical Effectiveness Manager	1
Lesley Scott	Interim Head of Adult Safeguarding, NHS Wiltshire CCG	3
Louise French	Head of Patient Safety, NHS Wiltshire CCG	4
Lucy Baker	Stoke Programme Lead	1
Lynn Franklin	Head of Adult Safeguarding, NHS Wiltshire CCG	1
Lynne Hack	Quality Team Administrator	2
Marsha Barlow	Patient Safety Manager, NHS Wiltshire CCG	1
Susan Burch	Head of Patient Effectiveness, NHS Wiltshire CCG	2

In Attendance:	Title	Attendance
Tracy Torr	Communications Team, NHS Wiltshire CCG	1
Joanne Clarke	Clinical Governance Pharmacist, Medicines Management, NHS Wiltshire CCG	1
Bianca McClounan	Quality Support Manager, Wiltshire CCG	1
Christopher Brooks-Daw	Senior Quality Lead, CSCSU	1
Isabelle Tucker	Public Health Nurse, IP & C Lead, Public Health at Wiltshire Council	2
Dawn Griffiths	Senior Clinical Lead, CHC, NHS Wiltshire CCG	1
Helen Forrest	Lead Infection Control Nurse, NHS Wiltshire CCG	2
Sophie Cockram	Quality Team Administrator	2
Helen Robinson-Gordon	Director of Communications and Engagement, NHS Wiltshire CCG	1
Teresa Blay	Interim Head of CHC	2
Lynne Hack	Quality Team Administrator	2
Danela Adams	Quality Team Administrator	3
Bianca Lohrenz	Quality Team Administrator	1
Jill Whittington	Service Re-design Lead	1
Jayne Chidgey-Clark	Director of Patient Services, Dorothy House,	1
Hilary Walker	Director of Nursing, GWH	1
Debbie Ho	Director of Nursing, Prospect Hospice	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 CQGC. 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.

7. Patient Safety

The QCGC received assurance reports from Childrens and Adults Safeguarding Leads at every meeting, these included detailed reporting following CQC inspections and monitoring of the associated action plan. Serious Incident Reports detailing themes and trends are also received and assurance has been provided regarding appropriate action. Never Event Incidents which occurred in 2014/15 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 July 2014 which evidenced the work of the Infection, Prevention and Control nurses within the team. The year-end HCAI position for 14/15 was under predicated trajectories. The QCGC have also been informed of the intelligence gained via Quality Surveillance Groups and Quality Assurance Visits to provider services.

8. Clinical Effectiveness

The Clinical Advisory Group (CAG) is a sub-group of the QCGC. It has its own Terms of Reference which were reviewed in December 2014. 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, NHS Litigation Authority Risk Management Standards 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 2014/15 this included the national Stroke audit reports which highlighted a need to work with providers on Stroke Services. As a result a CCG-led Best Practice

Tariff Audit was carried out with an acute provider which yielded an action plan and demonstrable changes within the service.

9. The CAG provides an update report 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.

10. Patient Experience

The QCGC has received regular updates to the Committee regarding both the CCG's PALS and Complaints service and experience data regarding commissioned services which has been collected in other ways. Updates to the QCGC have highlighted areas of service which the residents of Wiltshire have made formal complaints about with a review of any trends.. A summary report was received by the QCGC in November 2014.

11. During 2014/15 links with provider PALS and Complaints teams were strengthened 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 specific areas of concern identified in regard to patient experience indicators and Friends and Family compliance remains above thresholds.

12. 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 2014/15 the QCGC hosted representatives from Dorothy House Hospice, Great Western Hospital and Salisbury Hospital. The Quality Team then continues to provide updates to the QCGC regarding the challenges and good practice identified by the delegates.

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, 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 analysis of newly published guidance from a variety of areas including NICE and NHS England. The QCGC provided

feedback to the Quality Team regarding the operationalisation of new guidance and recommendations.

15. The CQGC 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 were reviewed by the committee in May 2014 and assurance was 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. It is the role of the Commissioning for Quality Panel (CfQP) to review and approve Quality Schedules. The QCGC received a report on the outcomes from the CfQ Panels.

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. In 2014/15 the QCGC agreed CAG plans to significantly revise and improve the NICE Horizon Scanning and Assurance process, this work continues into 15/16 and will evolve further in 16/17 when the CCG will begin approving NICE guidelines for use by providers in advance of implementation.

External Audit

13. There have been no external audits this year

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.