

<b>Report To:</b>	Governing Body Committees in Common
<b>Report Title:</b>	Clinical Quality and Governance Committees in Common Annual Report
<b>Report From:</b>	Ludlow Johnson, Chair of CQG Committees in Common
<b>Date:</b>	20 <sup>th</sup> May 2020
<b>Previously Considered by:</b>	Clinical Quality and Governance Committees in Common – 23 <sup>rd</sup> April 2020

**Action Required** (*delete as appropriate*)

<b>Decision:</b>		<b>Assurance:</b>	✓	<b>Information:</b>		<b>Confidential</b>	
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**Purpose of the Report:**

To present to the Governing Body the Annual Report of the Clinical Quality and Governance Committees in Common detailing how the Committees have discharged their functions over the year 2019/20.

**Key Points:**

- The Clinical Quality and Governance Committees in Common have met 9 times in 2019/20.
- The Clinical Quality and Governance Committees in Common are generally satisfied with the quality of information they receive for meetings.
- Functions and duties of the committees include:
  - Monitor the reporting of Serious Incidents.
  - Oversee governance arrangements for safeguarding children and vulnerable adults
  - To review and monitor the performance and quality of primary care
- Business Transacted this year includes:
  - Considering Integrated Provider Quality Reports at every formal meeting.
  - Thematic meeting focussing on the Corporate Risk Register
  - Thematic meeting on mortality
- During 2020/21, business will include:
  - Reviewing information the committees receive regarding the quality of maternity and neonatal services for mother and babies;
  - Review of the impact on A&E waiting times for people aged over 85.

**Recommendation:**

The Governing Body is asked to **RECEIVE** the report and be **ASSURED** that the Clinical Quality Governance Committees in Common have adequately discharged their remit in the year to 31 March 2020.

**Implications**

<b>Objective(s) / Plans supported by this report:</b>	Quality Assurance, Quality Improvement, achievement of statutory duties,	
<b>Conflicts of Interest:</b>	Not applicable	
<b>Financial:</b>	<b>Non-Recurrent Expenditure:</b>	Not applicable

	<b>Recurrent Expenditure:</b>	Not applicable					
	<b>Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
<b>Performance:</b>	Report details the assessment of performance of the Finance and Performance Committee						
<b>Quality and Safety:</b>	Not applicable						
<b>Equality and Diversity:</b>	<b>General Statement:</b> The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.						
	<b>Has an equality impact assessment been undertaken? (Delete as appropriate)</b>	<b>Yes</b> (attached)		<b>No</b>		<b>N/A</b>	✓
<b>Patient and Public Engagement:</b>	Not applicable						
<b>Clinical Engagement:</b>	Not applicable						
<b>Risk and Assurance:</b>	Provides assurance on the Committees' management of risks.						

# **NHS Coventry and Rugby CCG & NHS Warwickshire North CCG Annual report of Clinical Quality and Governance Committee**

## **1 Introduction**

This document represents the report of the Clinical Quality and Governance Committee of NHS Coventry and Rugby CCG & NHS Warwickshire North CCG for the period 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020. The report is intended to provide the Committees with an opportunity to reflect on and document its performance during the year.

## **2 Membership and Meetings**

The Clinical Quality and Governance Committees in Common met 9 times out of a possibility of 11 meetings during 2019/20. The Committees meet bi-monthly with themed meetings held alternate months as required. The Committees held 6 formal meetings, 3 themed meetings and 2 meetings were stood down in 19/20. The dates of meetings and attendance of members is shown in the Appendix.

The Clinical Quality and Governance Committee is chaired by Ludlow Johnson, Lay Member.

The Committee has 'Declaration of Interests' as a standing item on its agenda and records any interests declared in its minutes.

The performance of the Chair is reviewed by the Chairs of NHS Coventry and Rugby CCG & NHS Warwickshire North CCG.

## **3 Administration and Communication**

The is Clinical Quality and Governance Committee were satisfied with the quality of the information that it receives for its meetings and with the administration of meetings with the majority of papers being available one week in advance of the meeting. Papers for meetings are sent electronically and posted in hard copy to members where required. During 2020/21 we anticipate expanding our use of technology to ensure that all members have access to 'paperless' versions of the Committee's papers.

The agenda, minutes and papers of all Clinical Quality and Governance Committee meetings are available to staff on request.

## **4 Discharge of the Functions of the Committee**

The functions of the Clinical Quality and Governance Committee are set out in the Terms of Reference and may be discharged directly which is then reported back to the Governing Body at every public meeting. The table overleaf sets out how the Clinical Quality and Governance Committee

believes it has effectively discharged its functions/duties during the year; more information about the business that the Board has transacted is contained at section 5.

Function/Duties	Discharge
<b>Quality and Safety Governance</b>	
To monitor the reporting of Serious Incidents and National Alerts and to provide assurance to the Governing Body that Never Events and Serious Incidents are being effectively and appropriately managed and that learning from these is shared across the Group and with relevant partners.	An overview of serious incident themes and trends are reported to CQGC every two-months within the integrated provider report.
To oversee the governance arrangements for safeguarding children and vulnerable adults and monitor the implementation of action plans following Serious Case Reviews and Adult Protection investigations.	<p>The Clinical Quality Governance Committees in common receive safeguarding updates 6 times a year related to the CCG's compliance with its safeguarding duties.</p> <p>Both CCG's work closely with the Safeguarding partnerships across Coventry and Warwickshire to ensure that assurance arrangements are in place to monitor all action plans in relation to Safeguarding Learning Reviews and Domestic Homicide Reviews.</p>
To review compliance with the CCG's controlled drugs responsibilities.	The medicines optimisation team (CRCCGs in-house team and ArdenGEM CSU for WNCCG) report monthly on practice CD prescribing in accordance with the CD monitoring requirements as set out by NHS England. EPACT 2 is utilised to measure and benchmark practices against recognised prescribing indicators. This data is analysed, any prescribing trends that are cause for concern are raised with the practice.
To oversee the development of quality dashboards, CQUIN schemes and Quality Accounts of local providers.	In line with the CCG's Quality Assurance Framework the CQG committee in common regularly received and scrutinised reports and updates in relation to the CQUIN schemes and local providers quality accounts
To review and monitor the performance and quality of primary care and support the work of NHS England in this area.	The CQG Committees in common receives routine updates and scrutinises the performance and quality of primary care

<p>To receive and scrutinise reports from external agencies and groups and investigation reports relating to patient safety and quality issues (e.g. the Care Quality Commission and Monitor and independent investigation reports relating to patient safety and quality issues) to agree publication plans for investigation reports where appropriate.</p>	<p>The CQG Committee has received, reviewed and monitored reports from a range of internal and external investigation reports relating to patient safety and quality issues. It has acted on identified trends and has held themed meetings in order to further scrutinise and monitor issues of concern.</p>
<p>Review and agree commissioning policies for approval by the Governing Body</p>	<p>The Committee regularly reviews and agrees commissioning policies for approval by the Governing body.</p>
<p>To ensure that there are effective systems in place to provide early warnings of failing and unsafe services in order to identify patient safety and quality issues and secure improvement in clinical practice;</p>	<p>The Committee has endorsed the Quality Assurance Framework which provides a mechanism to assure the CCGs' Governing Bodies regarding the quality of service delivery in commissioned services; identifying early warnings so that potential failings in provider health services are avoided.</p>
<p>To receive and scrutinise reports from external agencies and groups (e.g. the Care Quality Commission and Monitor and independent investigation reports relating to patient safety and quality issues) to agree publication plans for investigation reports where appropriate.</p>	<p>During 19/20 the committee received reports from external agencies including an overview of provider CQC reports, Looked After Children reports and Ofsted inspections.</p>
<p><b>Corporate Governance and Risk Management</b></p>	
<p>To ratify and recommend approval of the Group's strategies and policies relating to the work of the Committee including the Risk Management Strategy and Policy, Incident Reporting Policies, the Complaints Policy and Human Resources Policies.</p>	<p>The CQG Committee has received and approved a number of policies for approval during 19/20 including leave and absence management policies and has been assured of compliance with such policies through regular HR, complaints and risk reports.</p>
<p>To approve relevant clinical and non-clinical policies and ensure that there are arrangements in place for implementation and periodic review.</p>	<p>The CQG Committee has received HR, Corporate, Information Governance, IT, and commissioning policies and others as necessary for approval or recommendation to the Governing Body.</p>
<p>To monitor complaints received and seek assurance that complaints are responded to in a timely and appropriate manner, trends and themes in complaints are monitored and that learning from these is shared across the</p>	<p>During 19/20 the Committee has received quarterly complaints reports which detail trends and themes of complaints and has held a themed meeting on CAPT complaints to gain further insight and assurance on</p>

CCG and with relevant partners.	complaints processes.
To monitor and review sources of patient feedback (e.g. outcomes of provider patient surveys; net promoter scores; PALS queries and Patient Reported Outcome Measures (PROMS) feedback) to identify potential trends or action that may require escalation.	The committee regularly reviews a range of patient feedback mechanisms. It has acted on identified trends and has held themed meeting in order to further scrutinise and monitor issues of concern
To oversee the implementation of accreditation and revalidation arrangements for relevant professional groups.	In line with best practice guidance the CCG has robust governance processes in place to oversee and monitor the accreditation and revalidation arrangement for all relevant professional groups.
To receive and review the Corporate Risk Registers and to ensure that there are plans in place for the effective management of risk.	The Committee has regularly reviewed the Corporate Risk Register and additionally held a themed meeting on risk to look at the highest rated risks in more detail and scrutinise the measures in place to mitigate the risk.
To review compliance with the Data Security and Protection Toolkit.	Information Governance Reports are provided to the committee on a quarterly basis and include updates and assurance around the DSPT work plan and audit.
To ensure that there are effective arrangements in place for Emergency Planning and Business Continuity;	The Committee has regularly received updates on Emergency Preparedness Resilience and Response (EPRR) in relation to the NHS England core standards process and were fully compliant for 2019 Core Standards.
To ensure compliance with national research governance frameworks.	The CCG has robust governance processes in place to monitor research contracts (hosted by the CCG) that reflect national best practice guidance and research governance frameworks.  A Research and Development Strategy and operational action plan has been developed and scrutinised by the CQG Committee. The CQG committee will receive, scrutinise and agree bi monthly reports outlining the management and monitoring of research contracts hosted by the CCG.
To oversee and ensure compliance with equalities legislation and associated regulations and requirements.	The CQG Committee received equality updates including the CCGs' response to the Modern Slavery Act.
To support the development of and oversee the Group's approach to Patient and Public Involvement ensuring that patient feedback is incorporated within the decision making,	The Committee received regular updates from the Communications and Engagement Team and met the statutory obligations for patient and public involvement, as set out in section

commissioning and performance review process.	14z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012.
To monitor key Human Resources indicators (included completion of statutory and mandatory training).	Quarterly HR reports are presented to the committee which include details of sickness absence and other HR activity such as development of policies and procedures.

## 5 Business Transacted During the Year

The agendas are structured to cover Quality and Safety, Safeguarding, complaints and Governance items.

The Clinical Quality and Governance Committee met formally on 6 occasions during 2019/20.

Within the Quality and Safety Governance section of its agenda, the Committee received and considered an Integrated Provider Quality Report at every formal meeting.

The formal meeting agenda is split into two sections (1) Quality and Safety and Governance and (2) Corporate Governance. The following reports are considered integrated provider reports, safeguarding reports, LAC reports, SEND reports, CQC system reports, research and development reports.

Thematic committee discussions focused on the following areas:

### **Risk Management and Assurance Processes – July 2019**

A presentation was given outlining the processes in place for the Corporate Risk Register. This included:

- Overview, definition of risk and policy definition
- The role of the CQGC in relation to Risk Management
- Identifying the risks
- Assessing the risks
- De-escalating the risks

The Risk Improvement Plan identified the following areas of focus for 2019/20:

- CCG Risk Maturity
- Assurance mapping and framework
- Increase knowledge and skill
- Move from Excel to Datix
- Review policy and procedures

## **Thematic Discussion on Mortality – October 2019**

George Eliot Hospital gave a presentation including a focus on:

- HSMR and SHMI
- Crude Mortality Trend Analysis
- Mortality Strategy and Improvement Plan 2018-2020

The Trust outlined their action plan including associated systems, processes and governance.

## **CAPT Complaints Management – February 2020**

A Clinical Quality and Governance Thematic discussion took place focusing on complaints concerning the Clinical Assessment and Placement Team (CAPT) in 2019/20.

The committees received an update on best practice in complaint management together with information on the data and themes of complaints concerning the CAPT.

Agreed outcomes were noted as:

- Committees to receive an assurance report on the Continuing Healthcare process
- Increased quality monitoring arrangements for services the CCG provide with regular reporting into CQGC;
- Greater qualitative information to be provided in the quarterly complaints report received by the committees and for information on complaints to be reported to Governing Body on a regular basis.
- An independent learning event will be arranged regarding the serious complaint

In all the above discussions, Lay members of the Clinical Quality and Governance Committee provided constructive challenge and support, drawing on their own experiences, to plans being developed by the Executive Directors.

## **6 Development of the Committee a whole**

A process of self-assessment in 2018-19 recommended that the Committee focus should include:

- 1) Considering whether the length and content of the agenda is appropriate and consider whether the duration and frequency of meetings is appropriate for fulfilling the committee's terms of reference.
- 2) Considering items at the Committee in context of the Quality Assurance Framework (Appendix 1)

- 3) Supporting the development of guidance for standardising the completion of committee front sheets.

## **7 Look Forward to 2020/21**

The Clinical Quality and Governance Committees in common to consider:

- What assurance can the committees receive regarding the quality of maternity and neonatal services for mother and babies?
- What impact, if any, have long waiting times in A&E had on outcomes for people over 85 years of age, including mortality rates over recent years.
- What impact has the introduction of Sepsis and acute kidney injury pathways had for acute patients and how does this compare to best in class

## **8 Conclusion and Recommendation**

The Clinical Quality and Governance Committee is satisfied that it has adequately discharged its remit in the year to 31<sup>st</sup> March 2020.

## Appendix 1

Members	Designation	Role	25 <sup>th</sup> April 2019	23 <sup>rd</sup> May 2019	27 <sup>th</sup> June 2019	25 <sup>th</sup> July 2019	22 <sup>nd</sup> August 2019	2 <sup>nd</sup> October 2019	24 <sup>th</sup> October 2019	28 <sup>th</sup> Novemb er 2019	23 <sup>rd</sup> January 2020	27 <sup>th</sup> February 2020	26 <sup>th</sup> March 2020
			Main	Themed	Main	Themed	Main	Themed	Main	Themed	Main	Themed	Main
				STOOD DOWN						STOOD DOWN			
Jo Galloway	Chief Nurse	Chief Nurse	✓		✓			✓			✓		✓
Andrea Green	Executive Team	Chief Officer (Accountable Officer)	✓		✓		✓						
Adrian Stokes	Executive Team	Chief Officer (Accountable Officer)										✓	
David Allcock	Lay Member	WNCCG Chair, Governing Body Member	✓		✓								
Rebecca Bartholomew	Director of Nursing and Quality	Senior Manager Responsible for Quality and Safety	✓		✓	✓		✓	✓		✓	✓	✓
Inayat Ullah	GP (Woodlands)	Practice Network Lead											
Arshad Khan	GP (Station Street)	Practice Network Lead			✓	✓	✓	✓	✓		✓	✓	✓
Jon Timperley	GP	Secondary Care Doctor			✓	✓		✓	✓			✓	✓
Sharon Beamish	Lay Member	Patient and Public Engagement			✓	✓		✓					✓
Tricia Lowe		Independent Advisor for Patient Engagement	✓										
Anita Wilson / Laura Whiteley	Governance	Senior Manager Responsible for Governance	✓		✓	✓	✓	✓	✓		✓	✓	✓
Sarah Raistick	GP	CRCCG Chair, Governing Body Member			✓	✓	✓				✓	✓	✓
Deepika Yadav	GP	Rugby Clinical Lead			✓	✓	✓		✓		✓	✓	✓
Alistair Bryce	GP	Clinical Lead											
Ludlow Johnson	Lay Member	Public and Patient Engagement and Health Inequalities	✓		✓	✓		✓			✓	✓	
Prashant Kakodhar	Secondary Care Consultant	Secondary Care Consultant			✓								
Claire Forkes	Lay Member												