

## JOINT STRATEGIC COMMISSIONING BOARD

### Responsibility for System Quality

<b>Risk Please indicate</b>	<b>High N</b>	<b>Medium N</b>	<b>Low Y</b>
<b>Detail of Risk Description</b>	<i>The report outlines the processes that are in place to reduce risks within the system in relation to quality and safety.</i>		

<b>Engagement taken place</b>	<b>N</b>
<b>Public involvement taken place</b>	<b>N</b>
<b>Equality Analysis/Impact Assessment completed</b>	<b>N</b>
<b>Quality Impact Assessment</b>	<b>N</b>
<b>Strategic Themes</b>	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	<b>Y</b>
To reduce health inequalities across Wirral	<b>Y</b>
To adopt a health and wellbeing approach in the way services are both commissioned and provided	<b>Y</b>
To commission and contract for services that: <ul style="list-style-type: none"> <li>• Demonstrate improved person-centred outcomes</li> <li>• Are high quality and seamless for the patient</li> <li>• Are safe and sustainable</li> <li>• Are evidenced based</li> <li>• Demonstrate value for money</li> </ul>	<b>Y</b>
To be known as one of the leading organisations in the Country	<b>Y</b>
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	<b>Y</b>

## JOINT STRATEGIC COMMISSIONING BOARD

<b>Meeting Date:</b>	<b>19 June 2018</b>
<b>Report Title:</b>	<b>Responsibility for System Quality</b>
<b>Lead Officer:</b>	<b>Lorna Quigley Director of Quality and Safety</b>

### 1 INTRODUCTION / REPORT SUMMARY

- 1.1 This paper maps out Wirral Health and Care Commissioning's (WHaCC) formal functions relating to service quality. It gives an outline of the processes in place and how this translates into actions to improve service quality. The paper also suggests areas where we could ensure consistency of practice across these functions and the wider organisation.

### 2 RECOMMENDATIONS

- 2.1 The Joint Strategic Commissioning Board is asked to:

- Note the functions, processes and governance in place in relation to quality and safety for Wirral Health and Care Commissioning.
- Note processes that are in place to identify quality concerns in order that action is taken in a planned and consistent manner.

### 3 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act 2012 includes the duty to continually drive improvements in the quality of services across a comprehensive health and care service and market. Quality is defined in statute as having three dimensions: safety, clinical effectiveness and patient experience.
- 3.2 As an extended team, the integrated quality and safeguarding team are responsible for quality functions around 4 areas:
- Monitoring the quality of services
  - Complaints and concerns
  - Professional regulation
  - Untoward Incidents

3.3 For each of these areas, the table below set's out how the different functions operate:

	<b>Key functions</b>	<b>Themes</b>	<b>Governance</b>
Monitoring the quality of services	Local contractual meetings/arrangements National Clinical Audits, Safeguarding CQC inspection/reports Cheshire and Merseyside Quality Surveillance Groups	Themes include tracking of service quality and coordinated management responses to quality issues	Quality and Performance Committee Local Safeguarding board
Complaints and concerns	Complaints, PHSO Reports, Whistleblowing, Safeguarding MP/elected members Local contractual meetings/arrangements	Themes coordinated and collated regarding concerns and how this is handled	Compliance team. Quality and performance committee Policies in place for internal and external whistleblowing. Local Safeguarding board
Professional regulation	Professional concerns e.g. GMC, NMC Safeguarding CQC compliance	Themes affecting service or contractual delivery. Quality and safety concerns	Local Safeguarding board. Policies in place regarding professional performance.
Untoward Incidents	Coroners reports, Serious incidents, mental health homicides investigations LeDR Local contractual meetings/arrangements CQC	These are functions where WHaCC helps to drive learning where there has been a failure in health care.	Serious incident Group Local Safeguarding Board Quality and performance Committee

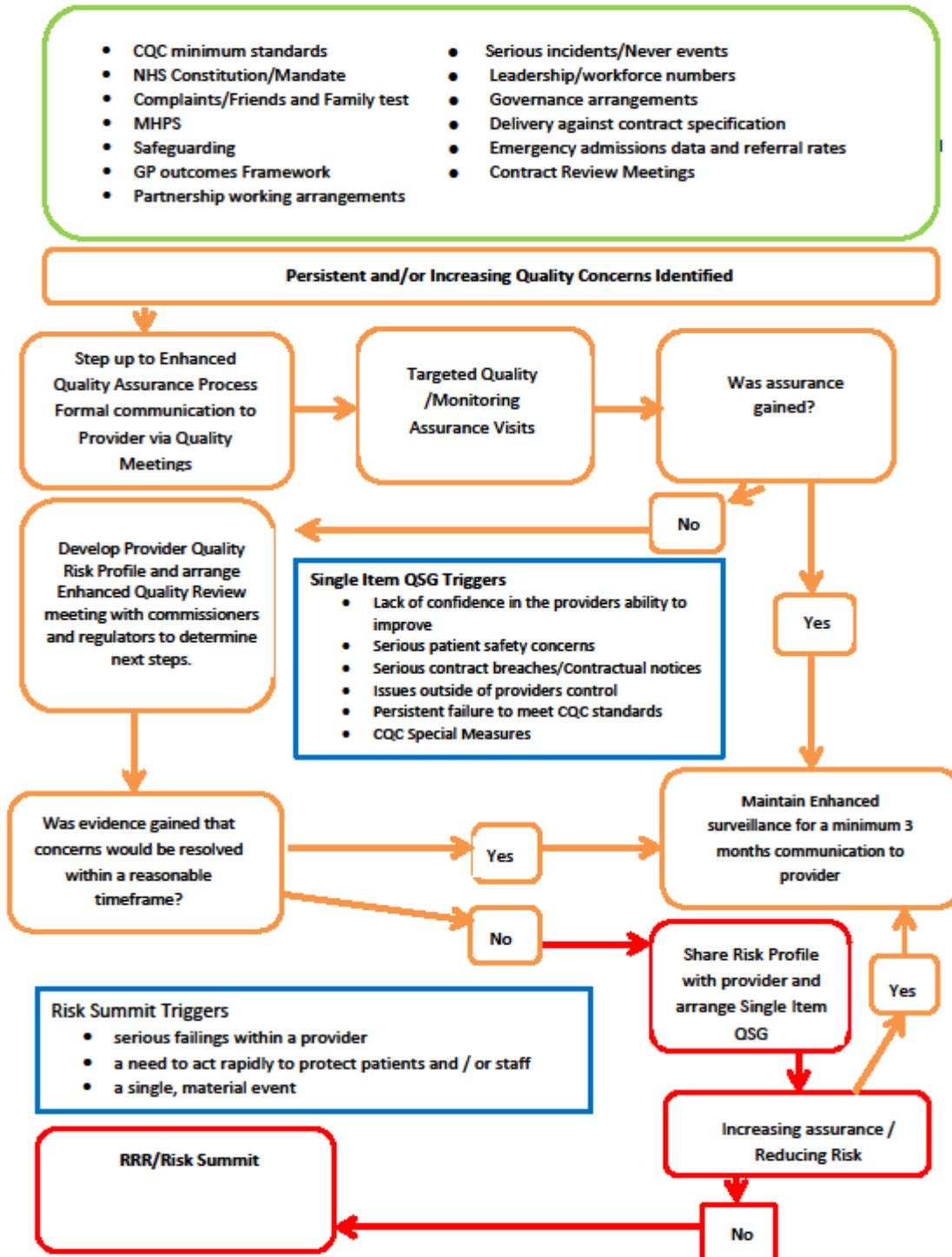
3.4 Due to the wide range of legislation, policy and processes in place for both organisations, there is no single governance process to cover all these areas; it is the intention that where possible with shared functions, these will be aligned.

## Implementation

- 3.5 In 2016, partners in health and social care have worked with NHS England and a quality risk profile matrix has been established. The purpose of the tool is to ensure that there is a systematic review of the quality indicators, including those where the provider is delivering good quality across those metrics and using soft intelligence as support.
- 3.6 The information gathered from the various sources, reports are triangulated to identify the level of concern/risks and the actions that are required in order to improve quality. Issues will be reported through the appropriate governance structure dependent upon the issue.

NB. If any significant failures or risks are identified within any of the fora, these will be escalated directly to the Joint Strategic Commissioning Board.

This approach has been used successfully both locally and particularly when working with partners as it ensures that a systematic and consistent review is undertaken.



The escalation to a rapid response review or risk summit could be instigated at any point in the process if patient safety concerns require urgent action.

#### 4 OTHER OPTIONS CONSIDERED

- 4.1 The paper describes the integrated approach to quality assurance and improvement that has been developed in Wirral as a response to system requirements and needs. Therefore no alternatives considered at this time.

#### 5 FINANCIAL IMPLICATIONS

- 5.1 None, the process uses existing systems and teams.

#### 6 ENGAGEMENT / CONSULTATION

- 6.1 No requirement for engagement or consultation at this time.

#### 7 LEGAL IMPLICATIONS

- 7.1 None.

#### 8 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 8.1 Staffing changes have been successfully implemented including revised job descriptions, new supervisory arrangements etc. The service has been operational for approximately 12 months as a fully integrated service.

#### 9 EQUALITY IMPLICATIONS

- 9.1 None.

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#### APPENDICES

None.

#### REFERENCE MATERIAL

Quality concerns trigger tools (Nov 2016)

#### HISTORY

Meeting	Date