



Mid and South Essex  
Health and Care  
Partnership

# ANNUAL QUALITY REPORT 2020-21



*Working together* for better lives

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## 1. EXECUTIVE SUMMARY – ANNUAL QUALITY REPORT 2020/21

- **Covid-19 Response** - the Covid-19 pandemic has affected the entire quality agenda; changing the way we monitor and respond to quality issues, but has also accelerated the use of technology and systems such as the care home telehealth system and the supportive care home hubs. Our IPC teams have played a vital supportive role, providing support, expert advice and delivery of training.
- **Quality Accounts** – CCG commentary and oversight provided across the providers we are a host commissioner for and shared at Governing Bodies.
- **Care Quality Commission** - the CCG has systems in place to ensure that we receive and review the CQC reports relating to our local service providers; and where it is required the monitoring of and supporting our providers towards quality improvement. We have been meeting with the CQC and our providers together in quality forums.
- **Quality Governance** - as part of our business continuity arrangements during the pandemic, the Mid and South Essex CCGs agreed that their committees with a safety and quality focus would meet in common to enable shared reporting and oversight.
- **Commissioning for Quality and Innovation (CQUIN)** – were suspended for the year.
- **Infection Prevention and Control (IPC)** – Focus and prioritisation of work has been towards the support of the Covid-19 response, as well as continuing to work on priorities around Healthcare Acquired Infections and supporting post infection reviews, ensuring learning is established and shared.
- **Learning from Serious Incidents (SI)** – we hold the responsibility for the performance management of the Serious Incidents (SIs) reported by commissioned services including; Acute, Mental Health and Community Contracts. All incidents are investigated through the root cause analysis process including the development of an action plan which is monitored through to completion and any changes in practice are tested at quality assurance visits.



## EXECUTIVE SUMMARY – ANNUAL QUALITY REPORT 2020/21

- **Quality Assurance Visits** – although limited because of the pandemic restriction the teams still undertook face to face and virtual visits to gain assurance about the quality and safety of services we commission to ensure compliance with Care Quality Commission fundamental standards.
- **Maternity** – during 2020/21 we have been developing a new Maternity Governance process, with a new Senior Responsible Officer for the Local Maternity and Neonatal System (LMNS) in place with system oversight and escalation pathways established. There have been significant challenges in place with the maternity unit at Basildon and we continue to support their improvement journey with an improvement plan and the Maternity Support Programme.
- **Special Educational Needs and Disabilities (SEND)** - following Ofsted and CQC Local Area Inspections in 2018 ( Southend) 2019 ( Thurrock) and 2020 ( ECC) for SEND all areas received a Written Statement of Action ( WSoA) identifying areas of significant concern. All areas have established SEND partnership Boards who are accountable for developing and monitoring action plans to ensure better outcomes for CYP with SEND.
- **Patient experience** – we have been listening to views on our services through complaints, meetings, quality assurance visits and our patient stories. We take reports regularly to our Governing Bodies to ensure voices are heard by our Board members.
- **Safeguarding Adults and Children** - The five CCGs in Mid and South Essex are legally responsible for ensuring that commissioned services have robust and effective arrangements in place to protect and promote the welfare of our population. We work closely with acute, community and primary care services to deliver improved outcomes and life chances for the most vulnerable in our community.



## EXECUTIVE SUMMARY – ANNUAL QUALITY REPORT 2020/21

- **Care Homes** – throughout the pandemic the care homes have been supported by the quality teams with infection prevention and control training, vaccination and testing of staff and residents and advancements in digital and quality projects.
- **Quality Initiatives** – despite limitations due to Covid-19 the team has been able to support the development of a harm review process and future proofing with digitalisation. Enhancing learning from incidents and sharing across the system.
- **Workforce and Leadership** - The primary care workforce in mid and south Essex is one of the most significantly challenged in the country, with 29.7% of GPs and 42.2% of Nursing staff aged 55 or over – which is higher than the national average for both staff groups respectively. The Covid-19 pandemic resulted in a drop in the workforce across all staff groups; however, as of December 2021, the headcount and FTE of all staff groups has now returned to pre-pandemic levels. The team continue to work to improve the staffing challenge to ensure a team that is fit for purpose as we move into a new era of an ICS.
- **Quality Strategy** – the teams have developed a draft framework for a quality strategy that has been presented to the Patient Safety and Quality Committees in Common in March 2021. The strategy will be built on during 2021 – 22 with system workshops being developed. It is proposed the final strategy will be ready to share in the Autumn.

## 2. A FOCUS ON QUALITY 2020/21



### Foreword

Mid and South Essex CCGs (the CCGs) must ensure that it is both competent and capable to deliver quality along the whole commissioning cycle as part of its core business functions, in combination with effective systems governance

The programmes of work undertaken by the CCGs Quality Teams during 2020 - 21 has already been comprehensively documented within the Quality Reports to the CCG Governing Bodies throughout the year.

The purpose of this annual report is to provide a retrospective overview on Quality. In doing so the report will seek to highlight the innovative approaches that the Quality Team has adopted in response to the management of Covid-19, whilst continuing to influence the provision of safer; clinically effective healthcare locally.

2020 - 21 has brought us unprecedented challenges and demand on our services. So many colleagues have done so much to ensure we continue to provide the highest quality of care to thousands of patients across our system

I would like to thank CCG and provider staff for their hard work and commitment to help us manage the demands on services over the past 12 months.

The information contained within this report provides a summary of some of the priority areas of work that have been undertaken in year.

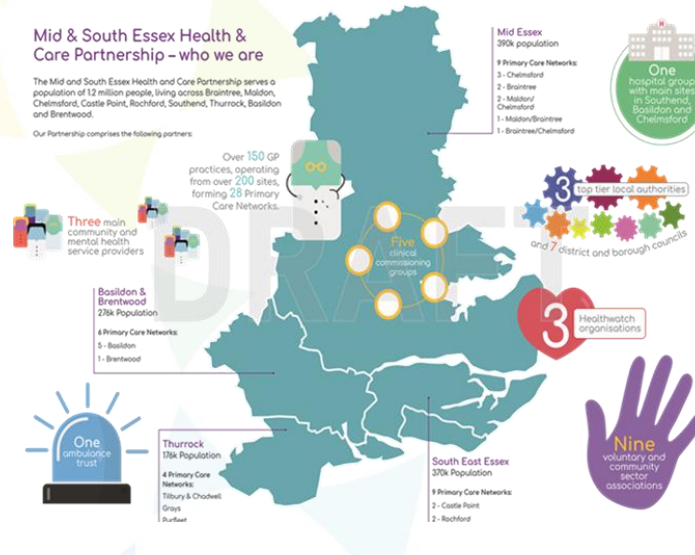


Rachel Hearn  
Executive Director of Nursing and Quality  
Mid and South Essex Clinical Commissioning Groups

### 3. CONTEXT



Across mid and south Essex our Health and Care Partnership (H&CP) serves a population of circa 1.2million people. We are made up of five Clinical Commissioning Groups (CCGs), one acute foundation trust, one mental health and community foundation trust, a county council and two unitary authorities. Our key partners also include a Community interest company (CIC) and a large community foundation trust who is a key partner in delivery of our out of hospital services and our children's mental health services. Furthermore, the Independent Sector Providers (ISP) plays a significant role along with three hospices and a range of smaller community providers.



Primary Care Networks (PCNs) have formed at system and there was a need to develop commissioning support to deliver the national asks. At organisational level, the five CCGs appointed a single interim H&CP Executive Lead, who is also the interim Joint Accountable Officer (JAO) for the five CCGs and now leads a single Joint Executive Team across all five CCGs.

As the MSE Integrated Care System matures, we will work with new and emerging Provider structures and our developing PCNs to continue this pivotal commitment to high quality care





## 4. OUR ROLE IN THE COVID-19 RESPONSE

The Covid-19 pandemic has affected the entire quality agenda; changing the way we monitor and respond to quality issues, but it has also accelerated the use of technology and systems to try to bridge that void.

**Care Home Hubs** – 3 multi-agency hubs; SEE, SWE and ME, were established to act as a central point to raise issues with care providers, monitor outbreaks, provide training and support. The hubs incorporate input from Acute, Community Social care and Hospice. Currently, there are discussions within the hubs, looking to build on the excellent collaborative working achieved.

**Care Homes Innovation and Technology (WHZAN)** - all-in-one telehealth system. It measures vital signs, records photos, performs multiple assessments and questionnaires including the Royal College of Physicians' National Early Warning Score - NEWS2 to check health. Early signs of decline are flagged before an illness worsens and provides an immediate response for higher quality of care.

**Infection Prevention & Control** - providing advice, information, training and support to care homes across the patch, but also to health and Social care colleagues. Primary and social care support has ranged from telephone advice, attendance on hub calls, and delivery of frequent webinars and virtual training. The team also offered support and oversight of outbreak management. As part of the Infection Prevention & Control offer, the Infection Prevention & Control Team have undertaken supportive visits to both primary and social care providers.

- Infection Prevention & Control Site Visits
- Infection Prevention & Control Audits
- GP and Community Enhanced Support
- Information Sharing
- Care Home Bulletin bi-weekly
- Vaccinations





## 5. QUALITY ACCOUNTS

The NHS Trusts, Foundation Trusts along with organisations providing NHS care locally publish their Quality Accounts annually to track progress against their quality improvements and to outline their quality priorities for the year ahead.

The Quality Accounts provide an open and honest description of the quality of the services for which the respective Trust Boards are accountable. The Quality Account is designed to assure commissioners, patients and the local resident population that, the provider is delivering the highest level of clinical care and continually seeks to improve what they do.

The MSE Quality Teams have reviewed each of the providers draft Quality Accounts and has provided a commentary for inclusion in their final reports for the following providers:

- Essex Partnership University Foundation NHS Trust
- North East London Foundation Trust
- Mid and South Essex NHS Foundation Trust
- Provide Community Interest Company
- St Luke Hospice
- Farleigh Hospice



## 6. CARE QUALITY COMMISSION (CQC) – INSPECTION REPORTS

The CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety.

The CCG has systems in place to ensure that we receive and review the CQC reports relating to our local service providers; and where it is required the monitoring of the provider quality improvement plans.

Overall in year we can report a mixed picture in respect of the outcomes of the CQC inspections that have been undertaken across all service providers across the health and care economy. Whilst we recognise there are some areas that require further focused attention to drive the required quality improvements there are systems and processes in place that will support the delivery of the provider improvement plans.

The current high level overview of the position is captured below:

Organisation	Overall Rating	Are Services Safe?	Are Services Caring?	Are Services Responsive?	Are Services Effective?	Are Services Well-led?
Mid & South Essex NHS Foundation Trust (MSEFT)	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Good
Basildon University Hospital (part of MSEFT) Maternity Services only	Inadequate	Inadequate	Not Rated	Inadequate	Inadequate	Inadequate
Essex Partnership University NHS Foundation Trust Metal Health Services	Requires Improvement	Good	Good	Good	Good	Good
Essex Partnership University NHS Foundation Trust Community Services	Good	Good	Outstanding	Good	Good	Good
North East London NHS Foundation Trust Community Services	Requires Improvement	Good	Good	Good	Good	Good
East of England Ambulance Foundation Trust	Requires Improvement	Requires Improvement	Requires Improvement	Outstanding	Good	Inadequate
Provide Community Interest Company	Outstanding	Good	Good	Outstanding	Outstanding	Good



## CARE QUALITY COMMISSION (CQC) – INSPECTION REPORTS

### Mid and South Essex NHS Foundation Trust

The CQC are yet to inspect MSEFT as a whole, since its formation in April 2020, however the previous rating for Southend University Hospital NHS FT as the “lead” organisation has been used to establish an overall rating. MSEFT received an overall rating of Requires Improvement.

Maternity services at Basildon University Hospital have been inspected separately following concerns raised in September 2020 and subsequently published the inspection report in November 2020 – this did not impact on the overall rating for MSEFT.

During 2020 – 21 MSEFT also received undertakings to improve in areas of governance, maternity, harm reviews, cancer and elective services. The CCGs’ Quality Team continue to support the Trust to develop and deliver improvement plans in response to the recommendations set out within the undertakings.

### Essex Partnership University NHS Foundation Trust Metal Health and Community Services

The CQC inspected the Trust between 29 July to 22 August 2019 and subsequently published the inspection report on 9 October 2019. The Trust received an overall rating of Good. The Trust received requirement notices for the following areas:

- Person-centred care
- Dignity and respect
- Safe care and treatment
- Premise and Equipment
- Good Governance

The resulting action plan was monitored through the Clinical Quality Review Group (CQRG) with the provider.



## CARE QUALITY COMMISSION (CQC) – INSPECTION REPORTS

### Essex Partnership University NHS Foundation Trust Mental Health Services

A separate inspection was undertaken to Finchingfield Ward, Linden Centre on 29 October 2020 and 6 November 2020, with the report being published on 14 January 2021. This was a focussed inspection and as such was not rated.

The Trust must ensure that:

- staff observe patients as prescribed by their care plan and in line with mitigation recorded in ward risk assessments staff accurately communicate patient risk in handover meetings
- staff keep accurate records of patient observations
- staff keep accurate, timely and contemporaneous records of patient care
- staff work within their roles and responsibilities
- sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed in order to meet patient need

The Trust received requirement notices for the following areas:

- Safe care and treatment
- Staffing
- Good governance

The CCGs' Quality Team continue to support the Trust to develop and deliver improvement plans in response to the recommendations set out within the undertakings.



## CARE QUALITY COMMISSION (CQC) – INSPECTION REPORTS

### North East London NHS Foundation Trust Community Services

The CQC inspected the Trust between 14 May to 26 June 2019 and subsequently published the inspection report on 6 September 2019. The Trust received an overall rating of Requires improvement.

The Trust received requirement notices for the following regulated activity

- Safe care and treatment
- Good governance

The CCGs' Quality Team continued to support the Trust to develop and deliver improvement plans in response to the recommendations set out within the requirement notices

### East of England Ambulance

The CQC inspected the Trust 25 to 26 June 2020 and subsequently published the inspection report on 30 September 2020. The Trust received an overall rating of Requires improvement.

The Trust received Enforcement Actions for the following regulated activity

- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury



## CARE QUALITY COMMISSION (CQC) – INSPECTION REPORTS

### Provide Community Interest Company

The CQC inspected the organisation between 23/01/2019 and 06/03/2019 subsequently published the inspection report in May 2019. The organisation received an overall rating of OUTSTANDING. The organisation did not have any MUST do actions highlighted and a limited number of things that the organisation should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

- The organisation should ensure that each defibrillator has a separate check sheet.
- The organisation should ensure that a formal process is in place to check the oxygen levels of the cylinders.
- The organisation should ensure that clinicians within the service have access to the incident reporting system.
- The organisation should utilise the pain tools and formally document the patients pain score.
- The organisation should ensure they respond to complaints within the target set by the organisation.
- The organisation should ensure they improve the patient discharge process so patients are not unduly delayed.
- The organisation should ensure that staff complete all mandatory training components in line with the organisation's internal target.



## CARE QUALITY COMMISSION (CQC) – INSPECTION REPORTS

### Primary Care – General Practice

There are 151 General Practices located within the Mid and South Essex Health Care Partnership.

Current CQC overall ratings are:

CCG	Outstanding	Good	Requires Improvement	Inadequate	Not Yet Inspected	TOTAL
Basildon & Brentwood CCG	0	32	2	1	0	35
Castle Point & Rochford CCG	0	23	0	0	0	23
Mid Essex CCG	3	31	0	0	6	40
Southend CCG	0	23	1	1	0	25
Thurrock CCG	0	25	1	1	1	28





## 7. QUALITY GOVERNANCE ARRANGEMENTS

### Patient Safety & Quality Committees in Common

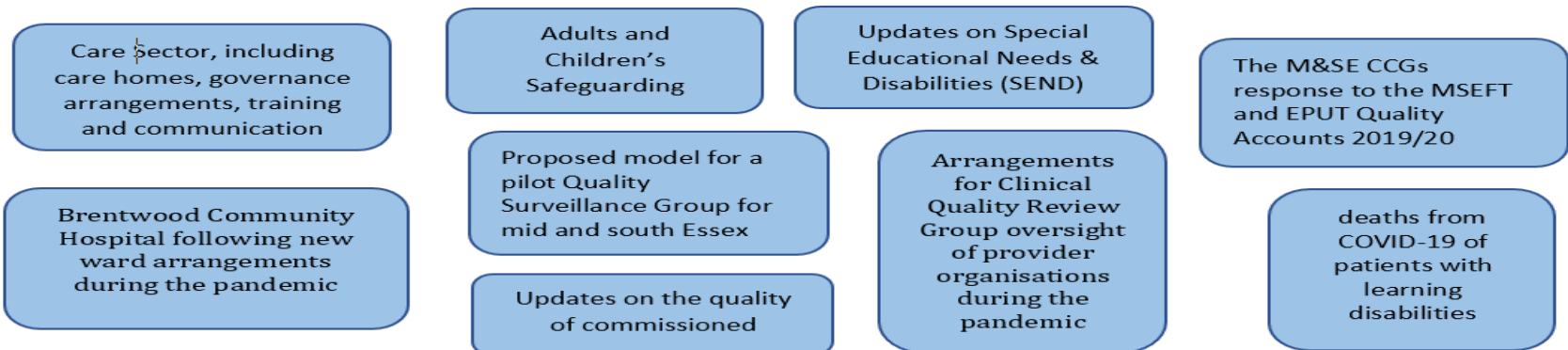
As part of their business continuity arrangements during the Covid-19 pandemic, the Mid and South Essex CCGs agreed that their committees with a safety and quality focus would meet in common to enable shared reporting and oversight.

The Patient Safety & Quality Committees in common met in November 2020 and December 2020. Meetings were stood down in January and February 2021 during the second wave of the pandemic and recommenced on 9 March 2021.

The Committees in Common receive escalation reports from each PLACE together with service related reports highlighting any key quality issues in relation to patient safety, patient experience, clinical effectiveness, and audit. The committees also receive and consider NHS Patient Safety Updates. An action orientated reporting style has been developed that identifies any compliance issues against relevant standards and policies, the reasons for this, timescales for action and risks to resolution.

The minutes of the Committees in Common are reported to CCG Boards as assurance that urgent quality issues are continuing to be addressed during the Covid-19 pandemic.

During 2020/21, key issues discussed by the committees included:





## 8. COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) 2020 - 21

The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of national and local quality improvement goals.

The framework aims to embed quality within commissioner-provider discussions and to create a culture of continuous quality improvement, with stretching goals agreed in contracts on an annual basis.

Due to system pressures managing Covid-19, the application of CQUIN (both CCG and specialised) was suspended for all providers until 31 March 2021; providers did not need to implement CQUIN requirements, carry out CQUIN audits or to submit CQUIN performance data.



## 9. INFECTION PREVENTION AND CONTROL

The management of HCAI has been captured in year and reported through the monthly performance reports to the CCG Governing Bodies and Quality and Patient Safety Committee.

The main areas of activity are highlighted below:

- **Meticillin Resistant Staphylococcus Aureus Blood Stream Infection (MRSABSI)**

Formal post infection reviews are required for all cases assigned to Mid Essex CCG, Southend CCG and Castlepoint and Rochford CCG. The decision was made across both community and acute care providers together with the Mid and South Essex Health Care Partnership that the formal review would continue to take place for all cases of MRSABSI. At the time of reporting, there have been 22 cases reported; of the 22 cases assigned to CCG, 10 were noted to have occurred after 48 hours of admission in the Mid & South Essex Foundation Trust.

- **Clostridioides *difficile* (CDI)**

During the last year the CCG Infection Prevention and Control Team have worked alongside the providers to gain assurance for cases of Clostridioides *difficile*, whilst this has not been face to face cases are still reviewed to ensure policy was maintained up to and including the period of infection. Cases identified as community acquisition continue to be reviewed. There have been 197 cases of Clostridioides *difficile* in Mid and South Essex Health and



## 10. LEARNING FROM SERIOUS INCIDENTS

The MSE CCGs hold the responsibility for the performance management of the Serious Incidents (SIs) reported by commissioned services including; Acute, Mental Health and Community Contracts. All incidents are investigated through the root cause analysis process including the development of an action plan which is monitored through to completion and any changes in practice are tested at quality assurance visits.

SIs are integral to the patient quality and safety agendas and have been reported through the monthly Quality Reports.

We seek to ensure that lessons are learned from all incidents and that findings are shared wherever practicable to do so; to mitigate the risk of future recurrences.

Detailed in the table below are some examples of the actions taken by the Trusts/Organisations as a result of the wider learning are detailed in the tables on the next pages.

### Patient Safety Incident Response Framework (PSIRF)

The PSIRF was developed by NHSE/I in response to a call for a new approach to incident management, one which facilitates inquisitive examination of a wider range of patient safety incidents “in the spirit of reflection and learning” rather than as part of a “framework of accountability”. Informed by feedback and drawing on good practice from healthcare and other sectors, it supports a systematic, compassionate and proficient response to patient safety incidents; anchored in the principles of openness, fair accountability, learning and continuous improvement.

Essex Partnership University Foundation Trust has been identified as an early adopter of the framework and has been working in shadow format during 2020/21, with the expectation that it will work towards full adoption in April 2021.



## LEARNING FROM SERIOUS INCIDENTS

Organisation	Lessons Learned	Mitigation
Provide CIC/MSEFT/MECCG	<p><b>Infection Prevention &amp; Control – iGAS</b> Multifactorial issues led to outbreak with issues arising across: Wound management; Identification of clinical deterioration; Antibiotic therapy; Infection Prevention &amp; Control (IPC); Record keeping; Communications; Policy adherence etc, all required a system wide approach to ensure patient safety</p>	<p>Implementation of Whzan project – digital telehealth monitors care home residents for signs of deterioration Training compliance reviewed Policies reviewed, revised and implemented Medicines management on antibiotics reviewed across mid Essex Additionally much of the learning has been useful for mitigating possible issues arising from Covid-19 pandemic.</p>
North East London Foundation Trust (South West Essex Community Services)  Thematic Review of Pressure Ulcer incidents	<ul style="list-style-type: none"><li>• Staff were re-deployed to meet the demand for critical services and many staff moved into unfamiliar working environments</li><li>• Some services were temporarily suspended or had to decrease face to face visits with little or no warning.</li><li>• Urgent referrals from a number of acute hospitals rose and many patients had been confined to bed for some time</li><li>• Leadership across the organisation was unsettled</li><li>• The uptake of unscheduled yet essential training was vast because so many people were moving into working areas where additional skills could be needed. Whilst a positive response, the usual structures and processes for training were disrupted.</li></ul>	<p>To establish variations in numbers and common themes between two equivalent sets of dates; 01.03.19 through to 30.06.19 and 01.03.20 through to 30.06.20. The review will compare the number of pressure ulcers recorded “present upon admission” Trust wide between these dates to understand if there is any correlation between the impact of Covid-19 and the number of “present on admission” pressure ulcer incidents.</p>

# LEARNING FROM SERIOUS INCIDENTS



Forum	Rationale	Recommendations
<p>Mental Health Taskforce</p> <p>.Evaluation of the quality of the contracting and commissioning systems and processes for Mental Health Services to include serious incidents, domestic homicide reviews and safeguarding reviews.</p> <p>A monthly schedule of specific services has been developed with reviews taking place from January 2021. Two reviews have taken place for perinatal and personality disorder.</p>	<p>The primary focus of this evaluation is the inspection of Commissioners quality assurance systems, processes and contractual mechanisms applied to regulate the quality and safety of mental health services.</p> <p>Current approaches to gaining assurance regarding services will be examined for any weaknesses and gaps and the findings will be formulated into a set of recommendations. These will be given to the commissioning bodies for development of action plans that will better inform commissioner assurance of the provision of safe care.</p>	<p>.Perinatal Services included:</p> <ul style="list-style-type: none"> <li>• Listening to the family</li> <li>• System for risk rating e.g. clinical 'traffic light' rating tool</li> <li>• Response out of hours. When patient is assessed to require medication, a consultation with an on-call psychiatrist is available</li> </ul> <p>Personality Disorders included:</p> <ul style="list-style-type: none"> <li>• Consider the development of a single pan Essex formal forum that includes all partner agencies including Statutory, Non-Statutory, voluntary sector organisations, private, patients, patients' families and carers etc as per good co-production principles, openness and transparency where performance, concerns, escalations and wider issues can be voiced and addressed by the system.</li> <li>• For CCGs to lead the development of specific PD service expectations, KPIs and quality outcome measures for the PD pathway pan Essex with additional Place based indicators if required.</li> </ul>

## 11. COMMISSIONER QUALITY ASSURANCE VISITS



Quality assurance visits are undertaken by commissioners to gain assurance about the quality and safety of services they commission to ensure compliance with Care Quality Commission fundamental standards.

The visits can also improve local service provision, understanding and offer opportunities to improve patient experience.

There are several types of quality assurance visits, announced, unannounced and in response to specific risk or information as part of the overall monitoring process.

A annual schedule of announced quality assurance visits is agreed between the commissioner and provider with the flexibility that unannounced visits will also be undertaken if any concerns are identified.

Whilst the schedule for 2020/21 was restricted during to Covid-19, there have been a number of virtual supportive/well being visits undertaken to care homes and smaller community contracts.

Members of the Quality Team were also included in reviews of the vaccination sites to ensure they were fit for purpose before the programme commenced.

A schedule of more focussed visits was recommenced as a result of Care Quality Commission inspections and other concerns the outcomes of which are detailed in the table below.





## COMMISSIONER QUALITY ASSURANCE VISITS

Location	Issues Identified	Mitigation
Basildon Maternity Unit – (from Dec 2020)	Issues under review as per CQC action plan i.e. culture/infection control/environment & Governance	Fortnightly visits undertaken. Support from regional team. Post natal ward refurbishment Increased training in place
Southend and Broomfield Maternity Units (Feb 2020)	Minor issues relating to record keeping/adherence to uniform policy	Units reminded to consistently apply policy. Further unannounced visits planned
Dermatology OPD Basildon/Orsett	Review of actions following Never Events in department (wrong site surgery). Incidental findings at visit IPC insufficient on entry	Procedures strengthened to ensure correct identification with patients Learning shared across department
Ophthalmology Orsett Hospital	Review of actions following Never Event in department (wrong site surgery).	Procedure strengthened to ensure correct identification with patients. Good Covid-19 security observed
Finchingfield Unit (EPUT Mental Heath Services)	The CCG undertook a visit following the recent inspection by the CQC to review the areas identified within the action plan subsequently developed by EPUT	Procedures strengthened across the unit to address issues identified in the CQC Action Plan. Learning to be shared across the organisation.
Brentwood Community Hospital Three wards to review of facilities and patient safety following transition of wards to a field hospital to accommodate Covid-19. <ul style="list-style-type: none"><li>• Thorndon</li><li>• Bayman</li><li>• Tower</li></ul>	The ward environment, which disables patient safety and is certainly impacting on quality of care	A meeting with held with the Estates Director who shared the plans to address areas highlighted,

# COMMISSIONER QUALITY ASSURANCE VISITS



A sample of virtual quality assurance visits was undertaken by the Thurrock CCG Quality Team some of the areas reviewed are detailed in the table below

Service	Areas Reviewed	Findings
Community Contracts	Infection Control Arrangements including Re-set Plans	Robust re-set plans submitted and no issues identified. All staff had access to PPE, hand sanitising and face masks.  Local audits undertaken which did not highlight any issues.
	Safeguarding arrangements	Provider had robust policies in place. Staff compliance with safeguarding training high.
	Incident Reporting including dissemination of learning	Evidence that learning from any previous incidents was discussed with staff. For note no incidents were reported during Covid-19.
	Clinical Care including access to services	Consultations moved to virtual arrangements were possible. Any face to face contacts were in line with re-set plans and staff had access to all appropriate PPE and handwashing facilities.
	Staffing Competencies	No staff have been redeployed into different roles or recruited on a short term basis. For any of the services reviewed.
	Supporting Staff during the Covid-19 Pandemic	Risk Assessment and Wellbeing Checks have been undertaken for all staff and are periodically updated. Actions are taken to ensure the wellbeing of all high risk staff.
	Patient Feedback	Patients were not being asked to provide feedback during Covid-19. However, information regarding how to make complaints was available.



## 12. MATERNITY SERVICES

### SYSTEM DEVELOPMENTS

2020/21 bought challenging times for Maternity services across MSEFT as identified in earlier slides following CQC inspections at Basildon. This led to a section 31 notice, commencement of diagnostic work and the MSE being supported by the National Maternity Improvement programme.

The ICS is developing a new Maternity Governance process, with a new Senior Responsible Officer for the LMNS in place with system oversight and escalation pathways established.

Following the Ockendon report and Quality surveillance framework publication work towards delivering all its National recommendations are well underway.

A programme of transformation work continues to deliver the National Ambition as set by the Better Births report 2016

Black, Asian & Minority Ethnic women identified Nationally as having increased risk of poor outcomes - the MSEFT have undertaken a programme of work in relation to the four asks which have all been achieved.

MNVP will be progressing women's experiences across MSEFT to inform our Maternity services.

### QUALITY IMPROVEMENTS AND DEVELOPMENTS

The pandemic impacted on Maternity, changes from face to face to telephone appointments in many antenatal and postnatal pathways. Covid-19 also led to the suspension of Carbon Monoxide testing at booking and 36 weeks gestation, this has now been reinstated.

Pelvic floor bid submitted to support women who encounter pelvic health issues

Transitional care plans are in their infancy and Covid-19 has impacted on the progression and plans are in place to reinstate this programme of work.

A programme of Quality Assurance Visits in place across the MSEFT to inform the Quality improvement and sustainability.

The MSEFT have developed a Maternity choice leaflets for implementation.

### STAFFING

A midwifery workforce review Birth rate plus has been undertaken to incorporate Continuity of Carer model.

MSEFT have six Continuity of Carer teams in place with plans for further teams.

Maternity Support worker development programme in place.

Training packages have been delivered for Fetal surveillance, Post Partum Haemorrhage, Instrumental deliveries and Human factors training across MSEFT.

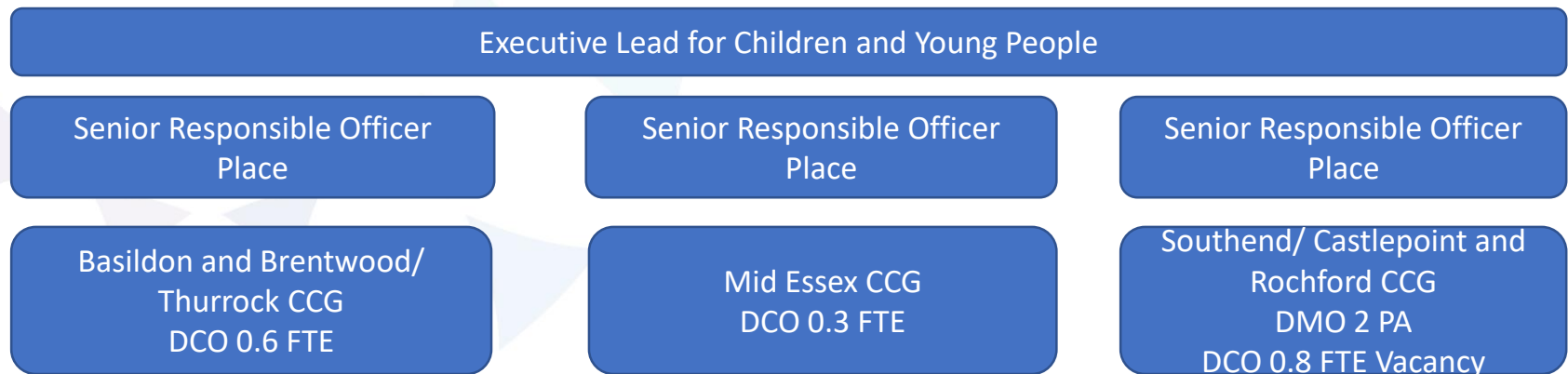


### 13. SPECIALIST EDUCATIONAL NEEDS AND DISABILITIES (SEND)

The Children and Families Act (2014) and The SEND Code of Practice(2015) outlines the statutory responsibilities for CCGs. These include:

- Local authorities and CCGs must assess the needs of the local population of CYP with SEN and disabilities and commission services for them jointly. This must cover services 0-25 years of age for SEND.
- Joint commissioning arrangements should include arrangements for Personal Health Budgets.
- CCGs and health providers must co-operate with Local Authorities in the development and reviewing of the Local Offer. Provision of identified health needs in the EHC plan and identification and notification of SEND.
- CCGs must co-operate with local authorities in relation to EHC needs assessments and plans and health commissioners must secure the health care provision specified in EHC plans. Health providers must respond to health requests for advice in regards to EHC plans within 6 weeks.
- Health professionals need to consider the transition from specialist paediatric care to adults to support young people in their preparing for adult life.
- There should be a Designated Medical Officer (DMO) or Designated Clinical Officer ( DCO) to support the CCG to meet its statutory responsibilities for SEND.

#### Leadership for SEND across the MSE:





Following Ofsted and CQC Local Area Inspections in 2018 ( Southend) 2019 ( Thurrock) and 2020 ( ECC) for SEND all areas received a Written Statement of Action ( WSoA) identifying areas of significant concern. All areas have established SEND partnership Boards who are accountable for developing and monitoring action plans to ensure better outcomes for CYP with SEND.

Health responsibilities within the Local Area WSoA include :

**Southend Local area:**

- To develop strengthened and enhanced leadership across the local area partnership to ensure precisely coordinated priorities, and a robust joint commissioning approach improves the experience and outcomes for children and young people.
- To work in collaboration with the Local area to provide a meaningful multi-agency approach to review, redesign and implementation of an effective Education, Health and Care plan process. Producing high quality, personalised plans ensuring that children and young people's outcomes and goals are well assessed, planned for, met and reviewed.
- To ensure local partners are effective and proactive in promoting the local offer and that the local offer is shaped and adapted according to the views, needs and achievements of the children, young people and their families.

**Essex Local area (Basildon and Brentwood, Castlepoint and Rochford and Mid Essex CCGs:**

- To support and lead on the development of a Joint Commissioning Strategy and ensure equitable access and timely provision to all children and young people with an immediate focus on Therapy service and Neurodevelopmental services.
- To work in collaboration with the Local area to review, redesign and implement an innovative Education, Health and Care plan process which leads to individualised high quality plans that supports the child's current needs and their aspirations.

**Thurrock Local Area:**

Thurrock's Local area WSoA is the sole responsibility of the Local Authority. Thurrock CCG continue to work in partnership to support delivery in the following areas:

- Ensuring that the Local Authority knows where all children and young people are placed and what provision they are accessing. To develop processes to confirm the quality of provision and the welfare of children and young people placed in different settings particularly those placed by the out of the authority.
- Educational placements and settings are rigorously quality assured (inclusive of health, education and social care) and meet the needs of the children and young people (particular focus on post 16 provision), processes are robust and ensure a high level of senior leadership oversight and governance.
- Ensuring that the Local Authority and other partners produce a Plan that clearly articulates the needs of the child/young person having taking into consideration the voice of children/young people, developed in partnership with Education, Health and Social Care. Annual review to be completed within timeframes and clearly reflect the views of children/young people, parents/carers and educational providers.



## COVID-19 – SPECIAL NEEDS AND DIABILITIES (SEND)

Although children themselves have fewer health risks from Covid-19 the local and national evidence and published reports are indicating children have suffered disproportionately due to the National endeavours to contain the virus. For some children certain aspects brought benefits including family connection and quality time. However for some the impact of the non direct impact of Covid-19 including poverty, bereavement, exposure to adverse childhood experiences disruption to accessing specialist support and education has had detrimental impact both in immediate terms but also for their future.

MSE has been responding to the significant crisis with the National Covid-19 Prioritisation within Community Health Services ( Mathew Winn 19th March 2020) which led to children's services being stopped or partially stopped with the exception of mental health services. The Children and Young People NHS Restoration plan was issued on the 3<sup>rd</sup> June 2020 which stated Children and Young people Community Services are to be fully restored and services to be prioritised. Due to pressures in acute and community adult care full restoration was not achieved until September 2020 for MSE.

Since this time the second national local down has followed with MSE experiencing some of the highest rates of infection. Although staff redeployment has been implemented SEND services have been prioritised but remains at reduced capacity and delivery of services through Covid-19 compliant approaches. In all areas protocols including clinical triage has been implemented to ensure appropriate response to those with high levels of clinical need. In April 2020 as part of the Corona Virus Bill there were relaxations to Section 42 of the Children and Families Act to accommodate the response required to the pandemic which were restored 30th July 2020.

## MSE SEND RESPONSE COVID-19

Priority	Deliverables 20-21
<ul style="list-style-type: none"> <li>Leadership, Governance and Oversight</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Director of Integrated Commissioning assigned to oversee MSE Covid-19 response ( February 2020)</li> <li>Additional resource identified for DCO support and introduced matrix working for commissioning across the MSE footprint.</li> <li>Established CYP Covid-19 steering group which met weekly and included health and care provider representatives to ensure collaborative and coordinated response ( March 2020)- reporting to the AWUP group and CIMT).</li> <li>Place based partnerships continued to ensure close working between Health, Social care and Education with continuation of the SEND Partnership Boards.</li> <li>Senior Responsible Officer appointed for CYP ( October 2020).</li> </ul>
<ul style="list-style-type: none"> <li>Communication</li> </ul>	<ul style="list-style-type: none"> <li>Nominated lead for CYP communication allocated from Comms team for MSE ( March 2020)</li> <li>Agreed joint communications approach with education and local authority/councils to enable targeted and coordinated approach.</li> <li>CYP specific weekly bulletin published (June 2020)</li> <li>Video resources developed in response to falling numbers of referrals</li> <li>CCG resource page established for Covid-19</li> <li>EWMHs and mental health resource pack published and shared through the network</li> <li>Remote learning events for professionals delivered by lead clinicians.</li> <li>Survey completed to gather shared learning and digital approaches.</li> <li>Established family links and communication with EFF and Thurrock/Southend Contact leads</li> <li>Coproduced information for families and Local Offer page.</li> </ul>
<ul style="list-style-type: none"> <li>Risk Management</li> </ul>	<ul style="list-style-type: none"> <li>Risk escalation process established to CIMT and AWUP with a weekly reporting cycle.</li> <li>Risk log established.</li> <li>Ensured the impact of redeployment was considered throughout executive decision making processes.</li> </ul>



## MSE SEND RESPONSE COVID-19

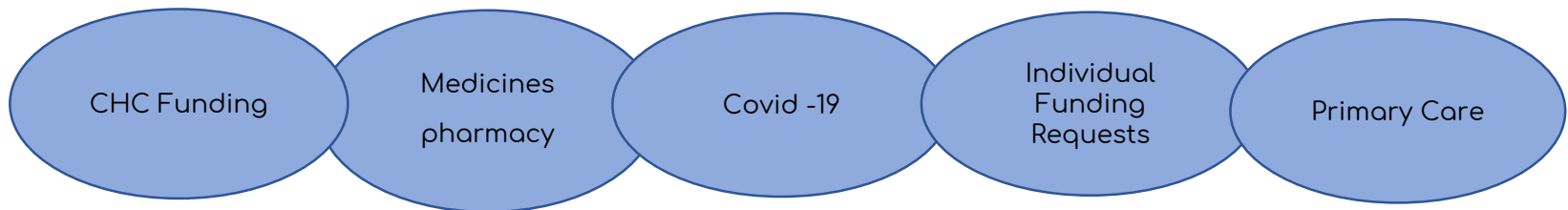
Priority	Deliverables 20-21
<p>Mitigation and actions to support CYP and families:</p>	<ul style="list-style-type: none"> <li>• Child Health App launched across 6 Essex CCGs ( October 2020).</li> <li>• Triple P online parenting resource for those with emerging concerns regarding ADH, ASD and conduct disorders ( Feb 2020)</li> <li>• Additional targeted counselling services commissioned for South Essex and Mid Essex CCG areas (July 2020)</li> <li>• BEAT adapted digital/remote offer for schools in regards to Eating Disorders</li> <li>• Mental Health Support Teams in schools for Thurrock, Southend and Chelmsford, South Essex College went live in September 2020.</li> <li>• Infant Mental health Training , 100 professionals accessed a 6 module course delivered by EPUT ( Oct- Dec 2020) and wider online training packages ie Speech and Language Therapy.</li> <li>• Perinatal Mental Health continued to recruit and expand their service offer.</li> <li>• Enhanced packages of care via Continuing Care ( CC) support packages if required.</li> <li>• CC Developed an escalation and decision making process to ensure rapid response to any urgent family needs.</li> <li>• Commissioned bereavement service for CYP and families through Little Havens</li> <li>• Commissioned a step down provision via Little Havens Hospice</li> <li>• DCO and health professionals provided training, updates and case specific support on a wide range of national guidance and health approaches ie BOSA,</li> <li>• Established FIT testing and protocols for AGP procedures via DCO and Continuing Care lead.</li> <li>• Established multidisciplinary support for reviewing CYP currently on the Shielded List.</li> <li>• Specialist clinical advice and support for special schools and production of localised guidance to support the safe return of children to school.</li> <li>• Established a multi agency rapid response to individual complex cases to support family resilience.</li> </ul>

## 14. PATIENT EXPERIENCE AND FEEDBACK

'Patient experience' is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care. The way that the health system delivers its care and support services.. Listening to their needs, and designing the experience to meet these needs results in an environment where individual patients feel cared for and supported.

The following information has been provided by patients who have contacted the MSE CCGs during 2020/21.

### Top Five Themes for Complaints/Concerns



### Top three subject matters for complaints



# PATIENT EXPERIENCE AND FEEDBACK

## Learning from Complaints

- Review of continuing healthcare (CHC) processes, which including ensuring better communication, review of CHC panel packs and timeliness of decision making.
- The Patient Transport Service needing to become more streamlined across the system.
- The learning from these complaints informed a review of continuing healthcare (CHC) processes, which included the timeliness of completing Checklists.
- The revision of the Personal Health Budget Policy.
- Escalate any identified areas for learning from individual complaints to the Lead Commissioner of the Service.

## Patient Stories

Whilst the Covid-19 pandemic has significantly impacted on our ability to meet with our patients in the usual ways, we have continued to hear their voice through other mediums, such as patient stories.

These stories shared both at Board and with the wider organisation demonstrate what it is like to be on the receiving of our services. Experiences both good and bad are told by our patients in their own words. This not only strengthens our patients voice but also aids our understanding of where improvements are needed, but also how we might be able to replicate areas of outstanding care.

Below are a sample of the stories that have been shared over 2020/21 and will be available to view on MECCG and Essex Healthwatch websites

- Covid-19 – Peters experience of his stay in the acute hospital
- Sam's Story – filmed by Healthwatch this talks about Sam's experience of living with a disability during Covid-19
- Maternity Story – Laura and Rebecca



## 15. SAFEGUARDING

The five CCGs in Mid and South Essex are legally responsible for ensuring that commissioned services have robust and effective arrangements in place to protect and promote the welfare of children. We work closely with acute, community and primary care services to deliver improved outcomes and life chances for the most vulnerable in our community.

Via the Southend, Essex and Thurrock Safeguarding Clinical Network, Executive Leads and Designated Safeguarding Professionals from all seven CCGs collaborate in areas of mutual interest. This provides a supportive forum to share good practice and reduce duplication of effort.

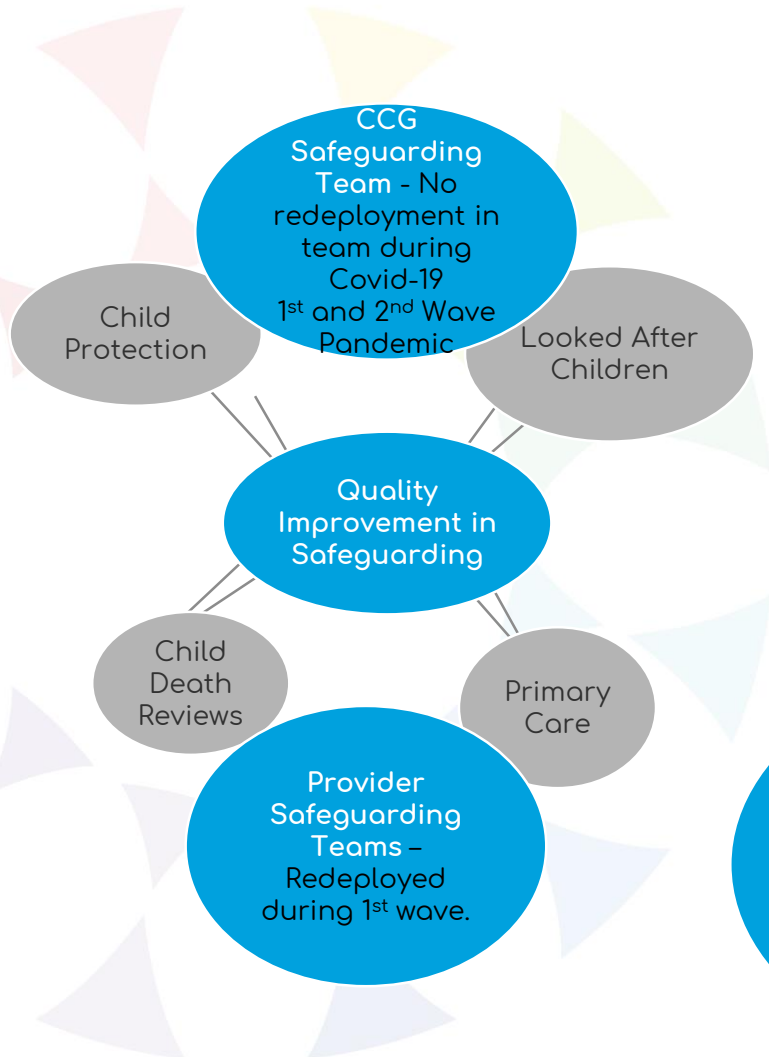
By bringing together adult, child and LAC safeguarding professionals we recognise the combined features of abuse and neglect, reduce the risk of silo working and ensure the adult and children safeguarding agendas are closely linked but do not lose their individual identities and strategic momentum.

Safeguarding risks, like the world we live in, are constantly evolving and we are responding by learning and working together, to offer protection and support to those in need.



# 15.1 SAFEGUARDING CHILDREN PROMOTING QUALITY IMPROVEMENT THROUGH VIRTUAL WORKING

Universal Vulnerable Child In Need Child Protection LAC Child Deaths

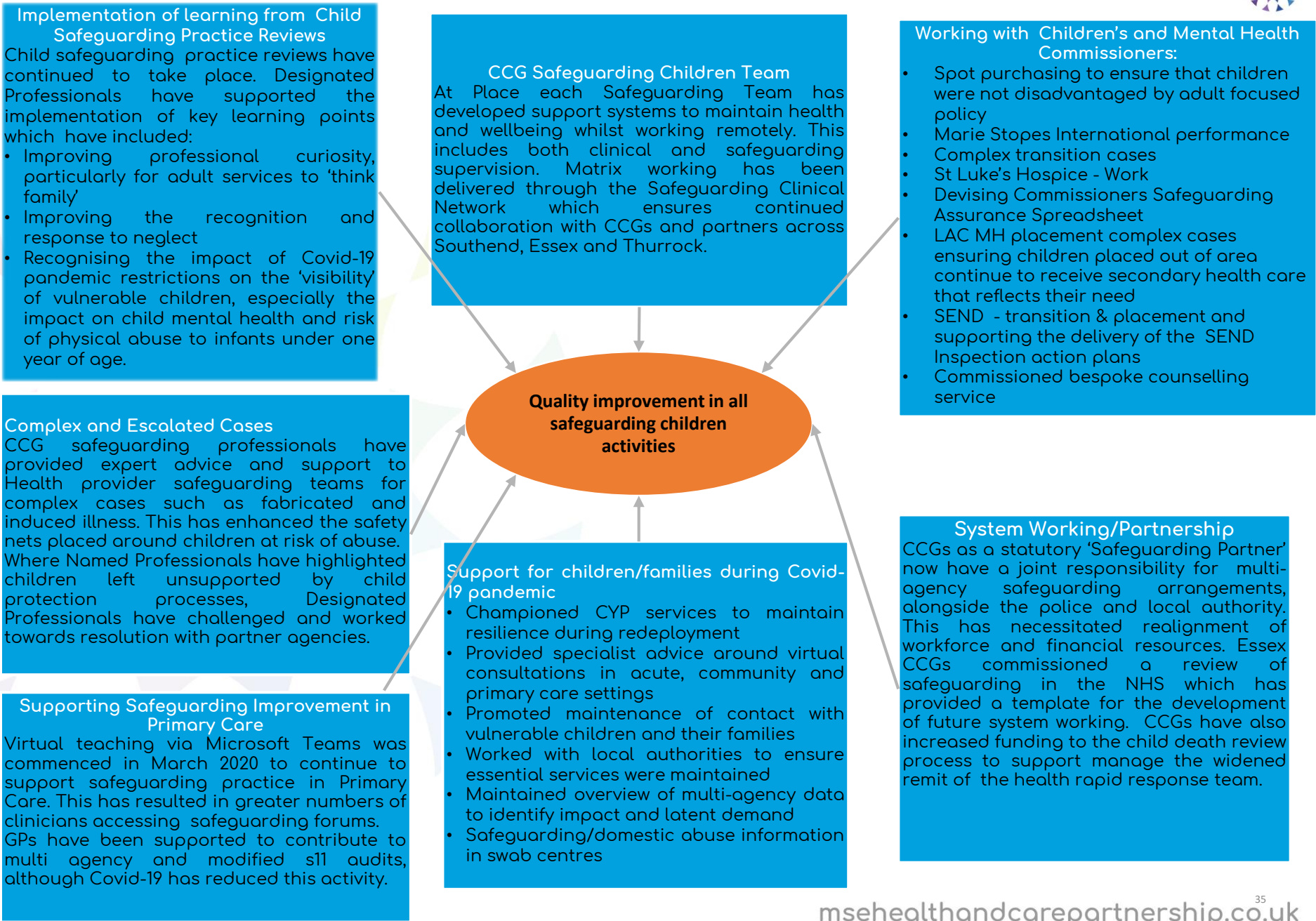


**Successes:**  
Virtual working  
Agencies & Primary Care  
Wider Sharing of Learning Reviews  
SI Scrutiny – Provider/PH  
High Uptake Training – 298 GP's & Practice Nurses in 2020  
316 GP total attendance at GP Forums  
Management of drifting complex cases (Flls)  
Good pieces of work with Commissioners – MSI, St Luke's  
Devising Pathways and Templates  
Positive/Good engagement from Primary Care

**Challenges:**  
Virtual Working  
Vacancies  
Managing the vol of Case Reviews  
LAC Complex Placement Issues  
CYP Complex Mental Health Cases & Child Deaths  
Reduced Assurance Processes  
Covid-19 Risks  
Semi-Independent Accommodations – UASC  
Management of Prof Disagreements



# QUALITY IMPROVEMENT IN SAFEGUARDING CHILDREN





## 15.2 LOOKED AFTER CHILDREN (LAC)

In partnership with Local Authority partners and provider services, ensured the Covid-19 response within health continued to support LAC and their carers.

Developed a Paediatric virtual pathway process to maintain the statutory requirements within the health assessment arrangements for Looked After Children during the suspension of face to face contacts.

Undertook an audit of the Paediatric virtual pathway and shared results across the MSE. Requesting assurance from providers to consider an action and recovery plan, for those children whom require a further assessment.

Worked closely with Commissioners and partners to improve statutory timescales for Initial Health Assessments. Two areas of development include a digital solution across the partnership to monitor referral pathway and scoping of current provision across all stakeholders.

Escalation pathways embedded for children placed out of area, should a challenge occur in accessing health services in the area they live.

In partnership with Local Authorities maintained the medical assessments for Foster Carers to enable the Fostering application process and requirements to continue. Finalised the Southend Essex and Thurrock LAC Health Strategy 2020-2022.

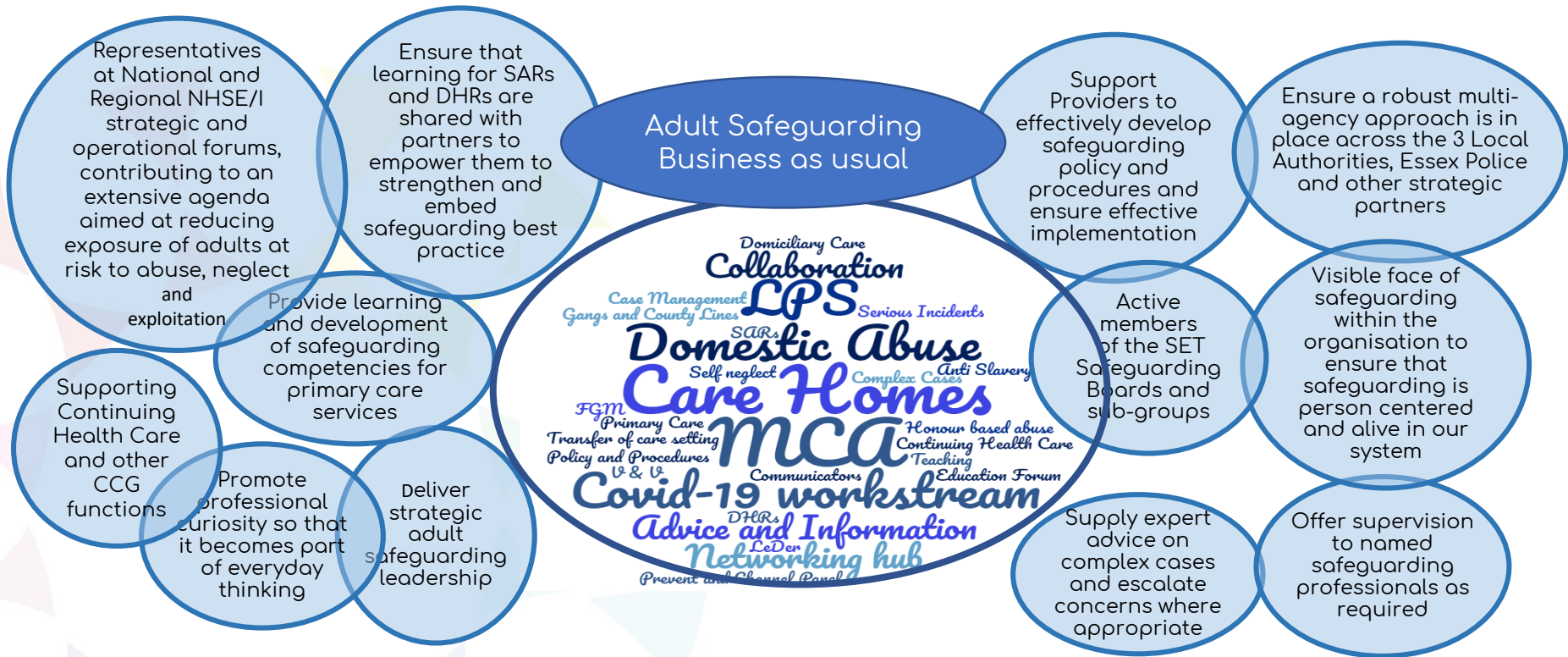
In partnership with NELFT and EMWHS colleagues undertook an audit to seek assurance that the current agreed pathway for LAC was embedded in practice.

Maintained full Designated LAC roles and support to partners and providers within the statutory function and requirements of CCG's during Covid-19.





# 15.3 ADULT SAFEGUARDING



## Additional 2020-2021 Achievements

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Covid-19 Response and Reset Plan</li> <li>• Increased DA profile, implemented effective campaigns</li> <li>• Supported Care Home Hubs</li> <li>• Quality assurance at testing and vaccination centres</li> <li>• Ran live training webinars accessible to all partners</li> <li>• Promoted contextual/trauma informed safeguarding</li> </ul> | <ul style="list-style-type: none"> <li>• Enhanced work on LPS implementation</li> <li>• Wider, improved and focused multi-agency discussion</li> <li>• Stronger safeguarding voice across all NHS and Provider services</li> <li>• Raised profile of local activity to National NHSE/I</li> <li>• Prepared for future waves and protect against inequality</li> </ul> | <ul style="list-style-type: none"> <li>• Collaborative recognition of risks and issues leading to co-production of effective solutions</li> <li>• Mobilisation of actions in a shorter time frame ensuring mitigation of issues and risks</li> <li>• Joint working across CCGs, LAs and Providers</li> <li>• Resilience across Essex-CCGs and Providers</li> </ul> |
|--|---|--|



## 16. ENHANCED CARE IN CARE HOMES

During the pandemic Care Homes have been able benefit from some enhanced care initiatives for their residents

Vaccine Programme

The Happiness Programme

Interactive Pets for Residents with Dementia

Oral health

Virtual Consultations

Emergency Lifting Chairs

Vital Signs Monitoring

Hydration Cups

- **Vaccine Programme:** By 21<sup>st</sup> February 2021, all care homes without an outbreak will have been visited for the vaccination programme. There is a mop up programme over the next few weeks to capture all care homes. Medicines management is continuing the roll out of the proxy access for medicines and the Hub is assured that it is on track to meet the 25% target.
- The Happiness Programme – interactive magic tables
- Interactive Pets for Residents with Dementia – robotic cats and dogs
- Oral Health in Care Homes – ‘My Best Brush’
- Virtual Consultations – rollout of digital tablets to link with primary care
- Emergency Lifting Chairs – The Raizer Chair Initiative used to lift residents following a fall also in hospitals
- Vital signs monitoring – Whzan telehealth with 283 boxes distributed across MSE reducing A&E attendances and 212 admissions to hospital.
- Hydration cups – reduction in UTIs and sepsis risk



## 17. QUALITY IMPROVEMENT INITIATIVES AND APPROACH

- The Acute Commissioning Team (ACT) have supported the Mid and South Essex Foundation Trust (MSEFT) is establishing a harmonised harm review and related governance process across the three sites for Cancer and Referral to Treatment. Following on from the success of this process, the Trust now has plans to move to a Trust panel for tumour sites and specialities as appropriate utilising a newly approved electronic system to support the harm review process.
- This new system will draw themes visibly from Harm Reviews to include service improvement work. It will provide a reliable platform to analyse and learn from the reviews, this in turn will help inform service and quality improvement changes.



## 18. WORKFORCE AND LEADERSHIP

The primary care workforce in mid and south Essex is one of the most significantly challenged in the country, with 29.7% of GPs and 42.2% of Nursing staff aged 55 or over – which is higher than the national average for both staff groups respectively. The Covid-19 pandemic resulted in a drop in the workforce across all staff groups; however, as of December 2021, the headcount and FTE of all staff groups has now returned to pre-pandemic levels.

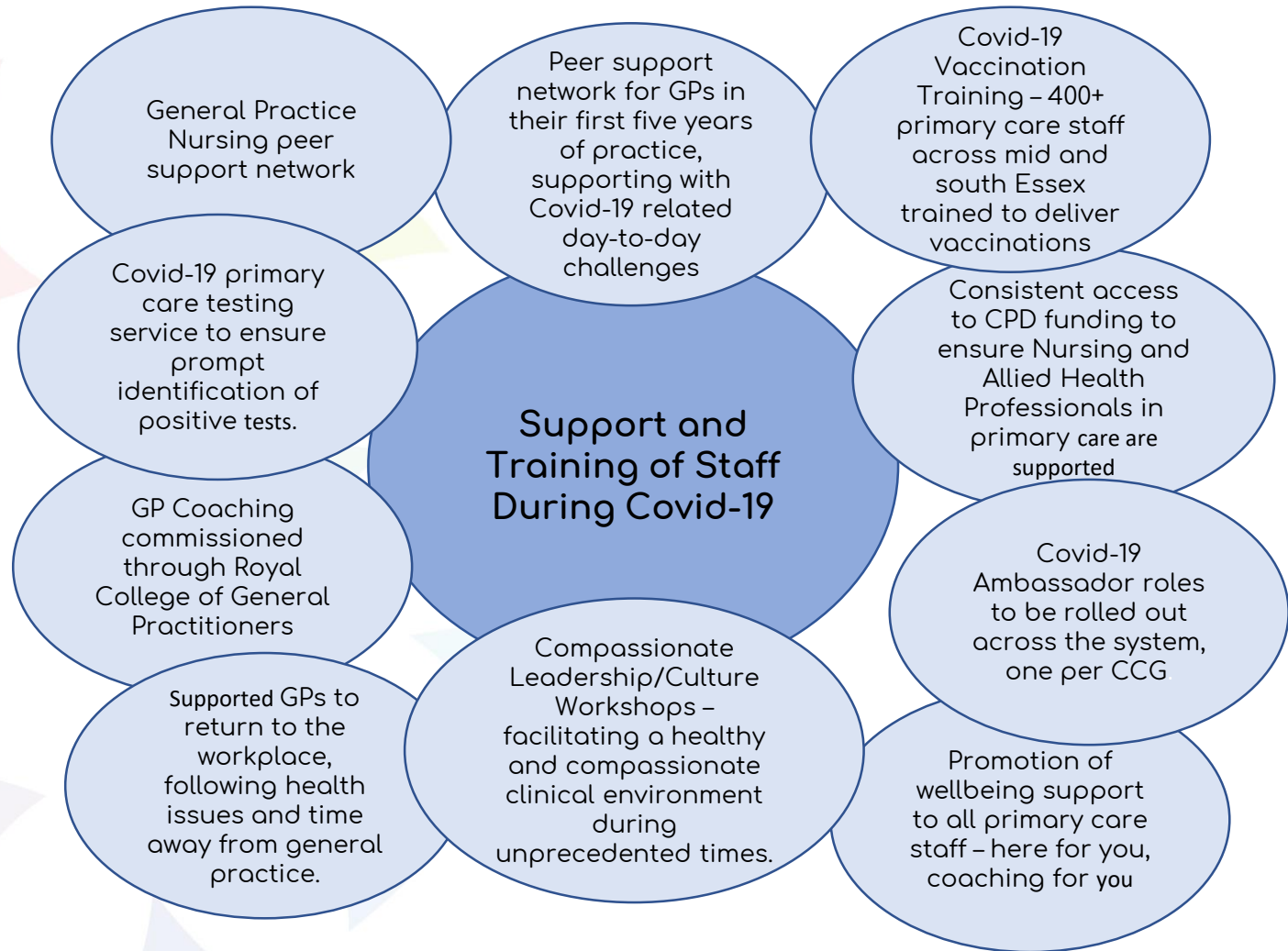
The headcount and FTE of Salaried GPs across the system continues to increase and are at their highest recorded value since 2015. The headcount and FTE of GP Partners has continued to decrease and this follows the national and regional trend. The system now has more Registrars in placements than previously recorded. Since 2019/20, the Nursing headcount and FTE has remained fairly stable, despite drops in Q1 associated with the pandemic.

The 2020/2021 GP Contract Update included major enhancements to the Additional Roles Reimbursement Role (ARRS), with the objective of securing an additional 26,000 additional staff nationally across primary care. In addition to the roles already included within the ARRS, Nursing Associates and Trainee Nursing Associates were added to this year's scheme from October 2020. Workforce plans were originally submitted in August and approved by respective CCGs. In October, the primary care workforce team undertook further workforce planning with PCNs, focused on recruitment intentions for 2021/22 onwards.

Following this process, an aggregated plan was submitted to NHSEI in November and received approval. Following the submission of ARRS workforce plans for the system to NHSEI, the primary care workforce team was asked to share processes for supporting, reviewing and agreeing workforce plans with NHSEI EOE as best practice for the region. 276.23 FTE Additional Roles were planned to be recruited in 2020/21 by the PCNs in Mid and South Essex. It has since been identified that PCNs across the system have under-recruited against their workforce plans and a recovery plan is now in place to support recruitment in 2021/22.



## WORKFORCE AND LEADERSHIP





## WORKFORCE AND LEADERSHIP

### Initiatives Identified During the Year

**Portfolio Development Scheme for Experienced GPs** – supporting GPs across the system to access funding to support specialist training and development in order to pursue a portfolio career in the future

**International GP Recruitment (IGPR)** – Programme has been predominately paused for 2020/21 due to the pandemic; however, a good pipeline of candidates are planned for 2021/22.

**Deprivation Fellowships** – 6 GPs in their first five years of practice enrolled to work in a specialist deprivation/health inequality positions across the system (April 2021)

**Implementation of new to practice GP and Nursing Fellowships** - 3 Nursing Fellows secured and 9 GPs started – 4-5 new GPs enrolling before end of 2020/21.

**Physician Associate Internships** – package of support and development for newly qualified Physician Associates in primary care. 10 PA's enrolled in 2020/21

**ARRS workforce planning for PCNs** – Workforce plans completed and agreed across the 28 PCNs in M&SE.

**Digital Healthcare Placements** – increase primary care opportunities for student Nurses

**Wider workforce coaching** – Coaching service commissioned for the wider workforce (non-GP) in primary care, live from March 2021

**Mentoring Scheme for GPs** – Mentoring scheme is now available for GPs to receive mentoring from experienced GPs across the system, offering portfolio opportunities for more experienced GPs.

**Video Group Consultations** – support to implement group consultations within primary care, encouraging MDT working.

**Practice Managers Supporters Scheme (PMSS)** – in collaboration with the LMC, commissioned a support and development scheme for PM's in the system.

**Digital GPN Champions** – supporting digital transformation across primary care.





## 19. CCG QUALITY STRATEGY PRIORITIES FOR 2021/22

Improving outcomes for the population we serve remains a key priority, we make the commitment to continue to build on our 2020/21 System-Wide Quality Strategy with the momentum & pace demonstrated over the past year. In line with the national direction our key quality priorities for 2021/22 will focus on making quality everybody's business ensuring the delivery of consistently high quality care. We will develop an integrated & collaborative approach to quality governance & assurance across the Mid & South Essex system that minimises duplication, reduces variation & delivers tangible improvements for our local population, including staff satisfaction. Our strategic approach to assurance and improvement includes the following:

We will develop further our Patient Safety and Quality Committee in Common to provide strategic leadership and oversight for quality across the ICS

We will work to develop a shared definition, vision & understanding of quality to establish a single view of quality across health & social care, including the voluntary & 3rd sector

We will implement the quality governance and assurance mechanisms across the system that reduces duplication & focuses on improvement and sustainability

We will use existing /develop metrics to understand the impact of quality improvements within our system

There are seven key areas where there needs to be a system wide focus to ensure a positive impact and patient safety, effectiveness and experience or realised.

The following areas will be monitored through the agreed quality approach and process, Please see separate full Strategy Document for further information

Improving maternity safety and experience

Improving Mental health safety and experience

Recovery from Covid-19 learning, adopting and adapting

Care homes quality in partnership with local authorities

Learning Disabilities Mortality Review Programme (LeDeR)

Learning from harm reviews

Learning from adult and children's reviews



## 20. REPORTING

This Quality Report will be included on the agendas for both the Quality and Patient Safety Committee held in common and the CCG Governing Bodies for approval in (TBC).