

BOARD MEETING

28 January 2016

Paper Title:	Review of Quality and Safety Committee
Section:	Public
Lead Director:	Dr Andy McElligott, Medical Director
Paper Author:	Dr Andy McElligott, Medical Director
Agenda Item:	12
Presented For:	Approval

1. Purpose of this Report:

The purpose of this paper is to present (i) the final report of the external review into the effectiveness of the Quality and Safety Committee and (ii) the associated action plan for approval.

2. Summary of Key Points

Following authorisation as a Foundation Trust, Monitor issued a 'side letter' which outlined its expectation that BDCFT undertake an effectiveness review of the Quality and Safety Committee (QS&C).

The Board concluded that an external review would be necessary and decided that this should be in the form of a 'peer review' by a similar, high-performing, well-respected Trust with Monitor subsequently indicating their support for such an approach. Tees, Esk and Wear Valley Foundation Trust (TEWV) was identified as the closest match and agreed to undertake the review, which was undertaken by the TEWV Chief Executive. TEWV has, itself, undertaken a thorough review of its own quality governance systems in the past two years and this recent learning was seen as an added benefit.

BDCFT provided a clear description of existing Q&SC functions, along with a wide range of organograms, terms of reference, past minutes and work plans, as requested by the reviewer. Perceived strengths and weaknesses of existing arrangements were also shared, alongside a description of all recent changes, including the change of chair, the increased frequency and new membership arrangements.

In addition to a table top analysis, the reviewer held interviews with Executive and Non-Executive members of QSC and observed the December meeting. The attached report has been agreed and QSC members have agreed all of the recommendations.

An associated action plan has been developed and has been incorporated into the trust's Quality Governance Improvement Programme (QGIP) in line with the process following other external inspections and audits.

3. Board Consideration

- Is the Board assured that the review has been as comprehensive and robust as required?
- Does the Board agree that the attached action plan accurately reflects the recommendations of the report and that the timescales for implementation are acceptable?
- Should the recommendations be replicated, where relevant, across the full range of Board Committees?

4. Financial Implications

None.

5. Legal Implications

None.

6. Previous Meetings/Committees Where the Report Has Been Considered:

Audit Committee	<input type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee	<input type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors Meeting	<input type="checkbox"/>	Chair of Committee's Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

7. Risk Issues Identified for Discussion

None.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

9. Recommendations:

That the Board:

- Formally accept the report, as presented, and approve the associated action plan;
- Approve that the full report and action plan is forwarded to Monitor;
- Approve replication of the recommendations across all Board Committees and agree the process on how this will be taken forward; and

- Approve QSC to monitor implementation of the action plan with any delays or other concerns escalated to the Board.

QUALITY GOVERNANCE IMPROVEMENT PLAN							
Source / ref	Action	Lead Director	Lead	Progress	Evidence	Timescale	RAG
QGIP 65 Review of QSC Dec 15	Revise QSC, EMT and Professional Council terms of reference to reflect (i) transfer of responsibility for the ratification of clinical policies & procedures and (ii) new reporting arrangements	Medical Director	Deputy Director Quality and Governance			18/3/2016	
QGIP 66 Review of QSC Dec 15	Revise QSC subgroups' schematic to reflect new reporting arrangements	Medical Director	Deputy Director Quality and Governance			18/3/2016	
QGIP 67 Review of QSC Dec 15	Amend QSC agenda to reflect agreed alterations in standing agenda items	Medical Director	Deputy Director Quality and Governance			5/2/2016	
QGIP 68 Review of QSC Dec 15	Cease presentation of papers at QSC to allow more time for discussion	Medical Director	Chair of QSC			5/2/2016	
QGIP 69 Review of QSC Dec 15	Increase frequency of written board walkabout reports to quarterly	Medical Director	Deputy Director Quality and Governance			18/3/2016	

QUALITY GOVERNANCE IMPROVEMENT PLAN							
Source / ref	Action	Lead Director	Lead	Progress	Evidence	Timescale	RAG
QGIP 70 Review of QSC Dec 15	Board walkabout reports to state whether agreed actions have been completed and, if not, when they will be completed	Medical Director	Deputy Director Quality and Governance			18/3/2016	
QGIP 71 Review of QSC Dec 15	Operational locality assurance reports to state whether agreed actions have been completed and, if not, when they will be completed	Medical Director	Deputy Director Quality and Governance			6/5/2016	
QGIP 72 Review of QSC Dec 15	QSC to place more emphasis on assurance against resolution of local issues alongside assurance against CQC fundamental standards	Medical Director	Chair of QSC			5/2/2016	
QGIP 73 Review of QSC Dec 15	Ensure content of every annual Internal Audit programme includes full assessment of compliance with (i) SI policy & procedure and (ii) complaints policy and procedure	Medical Director	Medical Director			30/4/16	
QGIP 74 Review of QSC Dec 15	Ensure annual quality goals are underpinned by measureable key performance indicators (KPIs) to demonstrate evidence of attainment	Medical Director	Deputy Director Quality and Governance			18/3/2016	

QUALITY GOVERNANCE IMPROVEMENT PLAN							
Source / ref	Action	Lead Director	Lead	Progress	Evidence	Timescale	RAG
QGIP 75 Review of QSC Dec 15	QSC to receive quarterly progress / assurance reports on compliance with NICE guidelines, including information on gaps and how they are being addressed	Medical Director	Deputy Director Quality and Governance			18/3/2016	