Bradford District Care NHS
NHS Foundation Trust

Quality and Safety Committee Annual Report 2015 / 16 and Quality Governance Improvement Plan 2016 / 17

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BRADFORD DISTRICT CARE NHS FOUNDATION TRUST
QUALITY AND SAFETY COMMITTEE ANNUAL REPORT 2015 / 2016

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BRADFORD DISTRICT CARE TRUST
ANNUAL QUALITY AND SAFETY COMMITTEE REPORT
2015 / 2016 and plan 2016 / 17

1. Introduction

1.1 Report purpose

The purpose of this annual report is to summarise the work of the Quality and Safety Committee (QSC) during 2015 / 16 and to confirm the annual plan for 2016 /17.

The overall aim of the Committee is to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at operational and strategic level.

It should be noted that (in 2015/16) it was agreed that the actions identified for / by the committee for 2015 / 16 and thereafter would be amalgamated into the Quality Governance Improvement Plan, and therefore:

- an update on progress against that plan during 2015 / 16 is included in this report
- the Quality Governance Improvement Plan for 2016 / 17 is provided at Appendix 1

1.2 Committee attendance by Board members

Board member attendance at QSC is key in terms of ensuring high level leadership and support for clinical quality, attendance during 2015 / 16 is as follows:

Members	May 2015	June 2015	Aug 2015	Sept 2015	Nov 2015	Feb 2016	Mar 2016
S. Butler	✓	✓	✓	✓		✓	✓
N. Mirza	✓		✓	✓	✓	✓	
R. Vincent	✓	✓	✓	✓	✓	N/A	N/A
N. Lees		✓	✓		✓	✓	
A. McElligott	✓	✓	✓	✓	✓	✓	✓
	NB Michael Smith attended in November 2015 and March 2016						

1.3 Main changes to committee functioning during 2015 / 16

During the last year a number of changes have been made to the way in which the committee functions, these have include:

- Increased frequency of meeting to 6 weekly
- Alternating between corporate and locality meetings which allows operational colleagues to attend only for those issues they provide assurance on
- Clarity of membership i.e. Board members only are committee members, others are in attendance
- Addition of a new service user and carer representative to the meeting
- Alterations to the sub groups reporting to the committee
- Streamlining of the forward plan and agendas to ensure the right assurances are being provided including the continued use of deep dives
- Minimising the time spent by authors presenting papers to allow maximum time for discussion

2. External reviews during 2015 / 16

2.1 QSC review

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 (in agreement with Monitor) concluded that an external review would be undertaken as a 'peer review' by a similar, high-performing, well-respected Trust. Tees, Esk and Wear Valley Foundation Trust (TEWV) was identified as the closest match and the review 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.

A range of evidence was provided to the reviewer who also held interviews with Executive and Non-Executive members of QSC and observed the December meeting.

Good practice identified was as follows:

- User and carer group reporting directly to QSC
- Medicines management reporting / governance arrangements
- Safer staffing data including information for community services
- Assurance on the quality issues and impacts relating to change programmes
- Survey of staff involved in complaints to assess their experiences

A number of areas for improvement were identified and in response a set of actions were developed and incorporated into the trust's Quality Governance Improvement Programme (QGIP) in line with the process following other external inspections. The detail of these actions can be seen in section 3.2 of this report.

2.2 Care Quality Commission (CQC) inspection

The committee continued to monitor to completion the 'should do' action plans developed in response to the CQC inspection in June 2014.

The CQC report from the focussed inspection in January 2016 is still awaited; the committee will receive information on the outcome once available and will (if required) undertake a monitoring role during 2016 / 17.

3. Achievement of objectives within the Quality Governance Improvement Plan 15/16

The Quality Governance Improvement Plan (QGIP) encompasses a range of actions and has been monitored by the QSC throughout the year; the sources of the actions and the actions signed off as complete are summarised in sections 3.1 to 3.4 below. All actions that have not been signed off during 2015 / 16 remain on the Quality Governance Improvement Plan 2016 / 17 which is available at Appendix 1.

3.1 Actions relating to the QSC objectives for 2015 / 16

A set of 18 objectives was identified within the QSC annual plan 2015 / 16; ***actions met in year are as follows:***

- Implementation of a revised meeting schedule including timely quarterly reporting

- Implementation of the revised membership arrangements
- Review and agree a forward plan to inform the QSC agenda
- Include a number of 'deep dive' reports in the QSC programme
- Ensure that QSC reporting and assurances meet Foundation Trust requirements
- Continue development of dashboard to meet Monitor requirements
- Development of reporting against Quality Goals including locality split
- Development of the approach to assessment against the Monitor 'Well Led' requirements including consideration of the use of external / peer review

3.3 Actions relating to the Monitor review of quality governance

This review was conducted in December 2014 (concluding in March 2015); as part of the Trust Foundation Trust application process. The majority of actions identified within the review were reported as 'met' in the 2014 / 15 QSC report, however a small number of actions remained for implementation during 2015 / 16; ***actions met in year are as follows:***

- The QSC to meet eight times a year (rather than six); this change ensures that quarterly reporting to the QSC takes place close to the quarter end.
- Membership will be in line with FT requirements i.e. Board members only will be formal committee members; others will be in attendance as required.

3.4 Actions carried forward from the 2014 / 15 Quality Governance Improvement Plan

Actions met in year are as follows:

- Those areas performing well in terms of recording ICD10 diagnosis codes share best practice with those performing less well
- Update of the Risk Management Strategy to reflect changes to dealing with significant (red) risks
- Amendments made to the functioning of the locality performance meetings made in line with learning from the survey of LPM members
- Development of approaches for engaging governors in quality governance.
- Improved understanding and ownership of quality goals
- Staff governors are able to provide feedback on what can be done to strengthen culture to the Board and Board of Governors
- Implementation of a clinical leadership programme in order to put clinical leadership at the forefront of service change

3.2 Actions relating to the external review of QSC functioning

In December 2015 (in response to a Monitor recommendation) an external review into the functioning of the QSC was conducted. A summary of the full findings of the review is provided in Section 2.1 of this report.

Related actions were added to the QGIP as presented at Appendix 1 (items 66 to 75).

4 Other significant issues

Specific issues which have been addressed through the business of the QSC or by sub-groups reporting to the QSC are as follows:

4.1 Ratification of key documents

The QSC has undertaken ratification of a range of ***policies*** as follows:

Dysphagia	Resuscitation	Seclusion	Tissue Viability
Trans Equality	Risk Management	Safeguarding Adults	Clinical Diagnostic Testing
Interpreting & Translation	Nasogastric (Fine Bore) feeding Tubes	Incident Reporting and Management	Spiritual and Pastoral Care
Discharge Policy for BDCT Adult Community Health Services	Inpatient Services Daisy Hill Intensive Therapy Centre	Clinical Handover of Care Non-Mental Health Community	Infection Prevention and Control
Clinical Risk Assessment and Management in Mental Health	Supporting Staff Involved in Incidents, Complaints and Claims	Development of Information for Service User, Patients and Carers	Admission of a Young Person to an Adult Mental Health Ward
Involvement and Reimbursement of Service Users, Patients, the relatives of patients, Carers and members of the Public			

It is of note that the responsibility for ratify clinical policies has now passed to the Executive Management Team meeting.

The following ***strategies*** have been ratified during 2015 / 16:

- Tackling Domestic and Sexual Violence 2015 – 2020 Strategy
- Bradford District Care Trust Strategic Cleaning Plan 2015-2017
- Hand Hygiene Strategy
- Involvement Strategy
- Quality Strategy (and Quality Goals)
- Risk Strategy

The following ***Terms of Reference*** for the following have been approved / ratified:

- Quality & Safety Committee
- Clinical Audit Steering Group
- Research Forum
- Serious Incident and Complaints Forum
- NICE Guideline Implementation Group
- Safeguarding Forum

4.2 Learning from and responding to External Reports

The QSC has reviewed and monitored responses to a number of internal and external reports / action plans as follows;

- Care Quality Commission inspection
- National Confidential Inquiry Report

4.3 CQC registration assurance

During 2015 / 2016 reports to the QSC included (where applicable) progress against the Care Quality Commission (CQC) 'Essential Standards of Quality and Safety' (linked to the registration requirements); this information will be summarised in the Board assurance report. During 2016 / 17 assurance will be provided against the 5 CQC themes, rather than the Fundamental Standards.

4.4 Deep dives

The committee has requested and received a number of 'deep dives' in order to seek additional assurance / understanding on a number of key areas as follows:

- Quality Impact Assessment approach; additional assurance on the robustness of the QIA process was requested (a later paper provided assurance on the actual QIA assessments made / scores allocated for each programme)
- NICE guidance implementation; due to difficulties in progressing this area of work a deep dive was requested, progress is now being made and the QSC is receiving quarterly assurance reports
- Complaints; the QSC had noted that the Complaints Process Review Group was no longer in place and requested assurance on the way in which themes and trends were being identified and addressed
- Clinical audit; development and implementation of action plans can be problematic and the QSC requested a deep dive to review the overall approach to audit with a particular focus on action planning
- Positive and proactive care; the committee requested further information to raise awareness / provide assurance on the project being implemented
- Psychological therapies; the committee had concerns relating to the work of this team and received a deep dive which outlined some of the progress made and challenges in place; further assurance information has bene requested for 2016 / 17.

4.5 Additional assurance papers

In addition to the routine papers the committee receives and the deep dives referenced above, the committee has received a number of papers providing assurance / updates against specific issues, these are as follows;

- Measuring & Monitoring Safety Framework (including human factors aspect)
- South & West CMHT review
- Impact of no smoking policy
- Change programme quality issues and impacts
- Community Mental Health Service User Survey
- Administration hubs functioning
- Patient and carer 'campervan' feedback
- Actions being taken in response the Internal audit report on cold chain medicines management
- Revised arrangements for locality / business unit quality & safety governance

4.6 The BDCFT Quality Account (now Quality Report)

The QSC has monitored progress against the 2014 / 15 Quality Account indicators relating to the Trust Quality Goals throughout 2015 / 16. During 2015 / 16 there has been wide

consultation and close working with the CCouncil of Governors to produce the Quality Goals for 2016 / 17 which will again be monitored via the QSC.

4.6 Quality and safety reporting to commissioners

The commissioners of BDCFT services expect to receive a wide range of quality and safety information / reports throughout the year. All reporting requirements have been met during 2015 / 16 including the provision of additional assurances on request.

It is important to note that all contractual and national audits have been completed in line with requirements and reported to commissioners and the QSC accordingly.

5. Quality Governance Improvement Plan 2016 / 17

Areas for development are encompassed in the 2016 / 17 Quality Governance Improvement Plan which is provided at Appendix 1.

It should be noted that this is an iterative plan and therefore as well as monitoring progress on current items, the QSC will identify and agree any actions to be added to the plan throughout the year.

6. Conclusion

This has been another busy and productive year for the QSC which has seen a number of improvements in the way the committee functions. The external review of the committee identified a number of these required improvements but also identified a number of good practice examples.

The content of the Quality Governance Improvement Plan for 2016 / 17 will ensure that the quality and safety governance arrangements continue to develop and improve throughout the year.

APPENDIX 1; QUALITY GOVERNANCE IMPROVEMENT PLAN 2016 / 17							
Source / ref	**Action**	**Lead Director**	**Lead**	**Progress**	**Evidence**	**Timescale**	**RAG**
QGIP 35	Undertake further work in relation to the ability to provide on demand data for the highest priority metrics.	S. Large	M. Gregson	It has been identified that BDCT has greater need for on demand data and current systems and services require change to meet this need. A new IM&T strategy has been approved which will see the introduction of a new business intelligence service. This service will improve the delivery of on demand data services. The new BI team has been established within the IM&T Department with staff from performance and Informatics joining together to form one team. In addition to maintaining current reporting services and supporting the RiO Upgrade the team has begun a toolset and architecture review to secure the right platform and tools on which to build the new BI Service. Following the RiOv7 upgrade further work was needed to resolve data and systems integration between RiO and SystmOne and subsequent reporting An external review was conducted which along with the requirements from the Trust have linked to a BI action plan. This is recognised as a priority for the Trust so the timescales are to have a unified data warehouse by the end of Q2 in 2015/16 The BI project will look to address the three key areas: - Decide upon the chosen data	IM&T Strategy Current data is available to a limited level on demand from System One and also from RiO through the performance team and IM&T	30/09/15	**Green**

				warehouse solution - Incorporate RiO and SystmOne data feeds - Make provision for a self-service portal to allow clinical staff access. *This will require a separate business case requesting funding - A working group with clinical input is being established to define the key indicators			
QGIP 39a	Full review and revision of the Risk Management Strategy	McElligott A.	Webster D.	The revised risk strategy was approved at March 2016 QSC and will be ratified at Board in April 2016.	Revised RMS ratified at Board	April 2016	**Amber**
QGIP 40	a) Continue to report all significant (red) risks to Board on a 6 monthly basis and b) review impact after 12 months	McElligott A.	Webster D.	Quarterly reporting of significant (red) risks to Board is now in place. The approach to updating Board on risks has been reviewed and revised throughout the year and Board have confirmed that the approach taken provides adequate assurance.	6 monthly reports to Board Appropriate management of significant risks	March 2015	**a) Green** **b) Green was Amber**
QGIP 41	Further develop engagement and involvement of service users and carers in the work of the Quality and Safety Committee	McElligott A. Lees N.	Webster D. Woffendin C.	Election process completed and new patient / service user representative joined the QSC in September 2015 Reporting structure developed for SU representative to report back to Trustwide involvement group and representatives now on directorate Q&S meetings to feed information to QSC. 2 yearly nomination process developed and implemented.	Evidence that users and carers influence the QSC agenda & actions Minutes & Actions of TWIG	Commence 01/05/15 Review March 2016	**Green was Amber**

QGIP 47 Source: Quality Goal c/f from 14/15	Ensure that learning from complaints makes a difference in terms of the outcomes of action planning	N. Lees	C. Woffendin	Assurance and evidence that action plans are completed are presented to the Serious Incident, complaints, claims and litigation forum seeks. The complaints team provide monthly reports to all Heads of service in relation to complaints details and position statement on action plans within their areas of responsibility. These reports also identify any themes and trends requiring action or wider consideration. Clear evidence from local governance arrangements demonstrates robust systems and processes are embedded. Any actions which are out of date/overdue will be escalated to DD then Nicola. These are reported into Q&S Internal Audit taking place. Evidence to be reviewed on completion of this (review date revised)	Action plans Minutes of SI/Complaints and litigation meetings Evidence collated to substantiate actions and RAG rated Master database for complaints Locality databases Monthly reports Quarterly reports for Q&S	Review March 16 Revised Review date August 2016	**Amber**
QGIP 49 Source: QSC objective 15/16	To further embed the work of the 'you and your care' strategic reference group and associated sub-groups.	N. Lees	C. Woffendin	Clear priorities are set within all sub groups and progress is monitored through the strategic reference group quarterly. Which is chaired by the deputy Chief exec/Director of Nursing Annual progress report to trust board. Involvement strategy developed reflecting priorities of strategic	Minutes of You and your care strategic reference group and sub groups Involvement strategy Feedback from service user and carer panels	Review March 2016	**Green Was Amber**

				reference group. Reporting structure implemented for all service user groups to feed into the strategic reference groups via Trustwide involvement group	FFT data presented via board dashboard Board on the road sessions presented by all sub groups which evaluated positively Opening of cares hub 18th March. 6 monthly patient experience paper to QSC		
QGIP 50 Source: QSC objective 15/16	To continue to implement processes to support the Trust in meeting NICE guidance	McElligott A.	Webster D.	Work continues; deep dive to QSC in June 2015 provided further information. An automated alert system is now in place and the QSC noted the improved position at the March meeting. **Met in year but continued progress is required; carry forward to 16/17**	Improvement in range of guidance being met / number of action plans in place	March 2016	**Green was Amber**
QGIP 51 Source: QSC objective 15/16	To further develop the connect site in terms of Quality Governance / Quality & Safety functions	McElligott A.	Webster D.	The site has bene fully reviewed and revised during 2015 / 16 and is now set up to represent the appropriate quality & governance functions.	Connect site includes appropriate information	Jan 2016	**Green was Amber**
QGIP 56 Source: QSC objective 15/16	To improve service user and carer engagement with the business of the QSC	McElligott A.	Webster D.	Some improvements have been made in year in terms of new representative at QSC and reporting on service user feedback. **Met in year but continued progress is required; carry forward to 16/17**	Greater input from service users & carers to the QSC agenda.	March 2016	**Green was Amber**

QGIP 57 Source: QSC objective 15/16	To ensure that the committee is focussed upon seeking and confirming assurances on key quality and safety issues	McElligott A.	Webster D.	The committee template has been amended to place further emphasis on assurance. The Chair is keeping a particular focus on assurances and these are reported to Board in the committee assurance report **Met in year but continued progress is required; carry forward to 16/17**	Evidence of appropriate assurances gathered through the QSC review process.	Review December 2015	**Green was Amber**
QGIP 58 Source: QSC objective 15/16	To develop committee 'foresight' in terms of key quality and safety issues	McElligott A.	Webster D.	A routine agenda item has been added to allow for identification of future items. The QSC forward programme has been reviewed and revised including deep dives into key quality & safety issues.	Revised agenda, forward planning and deep dive presentations / papers.	Review December 2015	**Green Was Amber**
QGIP 60 Source: QSC objective 15/16	To undertake a review of the revised QSC arrangements in December 2015 (in line with Monitor requirements)	McElligott A.	Webster D.	Review Commissioned / conducted and provided to Monitor. Actions identified to respond to the review are included in the QGIP.	Report relating to the findings of the review submitted to Monitor	December 2015	**Green Was Amber**
QGIP 63 Source: QSC objective 15/16	Review and revision of the BDCFT Quality Strategy	McElligott A.	Webster D.	Quality Strategy approved at March QSC and ratified at March Board meeting.	Revised quality Strategy approved and ratified.	March 2016	**Green Was Amber**
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	Amended QSC ToR in readiness for March meeting Amended EMT – with AMc Amended Prof council – ready for submission	Revised ToR for: • QSC • EMT • Professional Forum	18/3/2016	**Green**

QGIP 66 Review of QSC Dec 15	Revise QSC subgroups' schematic to reflect new reporting arrangements	Medical Director	Deputy Director Quality and Governance	Removed reference to professions forum & Directors meeting - attached to ToR & replaced in Quality Strategy	Revised diagram	18/3/2016	**Green**
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	Agenda revised and implemented from Feb 16 onwards	Revised agenda Minutes reflecting adherence to agenda	5/2/2016	**Green**
QGIP 68 Review of QSC Dec 15	Cease presentation of papers at QSC to allow more time for discussion	Medical Director	Chair of QSC	Commenced from February 2016 but reviewed and authors are now asked to keep to a 1 minute introduction.	Emails to authors advising of revision Minutes reflecting minimal presentation and increased discussion	5/2/2016	**Green**
QGIP 69 Review of QSC Dec 15	Increase frequency of written board walkabout reports to quarterly	Medical Director	Deputy Director Quality and Governance	Walkabout papers now programmed into the QSC work plan on a quarterly basis commencing March 2016	Revised work plan Quarterly walkabout reports to QSC	18/3/2016	**Green**
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	This will be reflected in the March paper	Walkabout report content	18/3/2016	**Green**
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	Commenced in April reports to QSC; need to assess whether the requirement is met	Business Unit Reports to QSC	6/5/2016	**Amber**

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	Amendments have been made to the committee template to allow a broader view on assurances provided; this will be developed over the next few months and a workshop with authors is planned to support this	Papers providing more robust assurances	31/12/2016	Amber
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	West Yorkshire Audit Consortium has been asked to include these areas for audit in 16/17	16/17 audit plan	30/4/16	Green
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	All quality goals are now agreed. Indicators have been developed locally; these will be 'signed off' by the Deputy Chief Executive & Medical Director and reported via the QSC dashboard (as they have been throughout 2015 / 16)	Quality Goals signed off by Board Indicators in signed off	18/3/2016 Extended to end April due to revised approach	Green
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	This will be reflected in the March paper	NICE report content	18/3/2016	Green

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	This will be reflected in the March paper	NICE report content	18/3/2016	Green