

**COUNCIL OF GOVERNORS' MEETING**

**9<sup>th</sup> February 2017**

Paper Title:	Revised Quality Report Task & Finish Group Quality Indicator and Terms of Reference
Lead Director:	Andy McElligott, Medical Director
Paper Author:	Margaret Waugh Deputy Director of Quality, Governance & Informatics
Agenda Item:	9
Presented For:	Decision

**1. PURPOSE OF THIS PAPER:**

The purpose of this paper is:

- a) To assist the Council of Governors (CoG) in selecting one indicator associated with the 2016/17 quality goals for review by external audit
- b) To present the Quality Report Task & Finish Group Terms of Reference for approval.

**2. SELECTING AN INDICATOR FOR EXTERNAL AUDIT**

**2.1 Quality Goals and indicators**

Each year the Trust agrees a number of quality goals; each of these goals is supported by a set of measurable indicators known as local indicators; each indicator is 'owned' by an individual business unit. There are eight quality goals for 2016/17 and these, plus their associated indicators, are summarised in Appendix 1.

It is worth noting that the trust has opted to carry forward all of the 2016/17 Quality Goals to 2018/19; the indicators however will be reviewed and revised as appropriate.

**2.2 Guidance from Monitor re. Indicator selection**

The Monitor 'Detailed guidance for external assurance on quality reports 2014/15' was published in February 2015 and states that;

*'There is no change to the requirement for NHS foundation trusts to obtain assurance through substantive sample testing over one local indicator included in the quality report to be selected by the governors of the trust'.*

### **2.3 The role of External Audit**

It is the function of the external audit to undertake the 'sample testing' referred to in the Monitor guidance above; they are not testing how well we have performed; they are testing how reliable the data is that we have provided. They will test mandated indicators plus the local indicator selected by CoG. In summary their role is to:

- Ensure we are following national definitions & guidance (for mandated indicators)
- Gain an understanding of the data we have used
- Check our calculations and the way we have interpreted the data

NB: External auditors also undertake a wider review of the document to ensure that all mandated requirements have been met.

### **2.4 Options recommended by the CoG Quality Report Group**

Council of Governors will recall that in 2015/16 the selected indicator for external review was the 'improve the number and quality of carer's assessments – number of documented assessments' indicator from the personal domain.

The CoG Quality Report Task and Finish Group met in December 2016 and January 2017 to discuss the current quality goals and indicators and to recommend three indicators to the Council of Governors. The group agreed a set of principles to guide their decision making:

- to ensure that if possible the three selected indicators cover the safe, effective and personal domains;
- to ensure that if possible the three selected indicators cover a range of Business Units/Services provided;
- that the data collection process is auditable e.g. the National Annual Staff Survey would not be auditable as the data is held by an external independent company;
- that the sample size would be sufficient to investigate;
- that the external audit would add value e.g. some indicators may already be monitored and scrutinised by commissioners and so another external review would not add great value; and
- that the data collection for the indicator is complex and consists of multiple processes e.g. not just generated automatically from a clinical system or a simple or number head count.

The group considered the current 2016/17 indicators and the way in which data is collected and identified three indicators for the Council of Governors to select from (see table below). It should be noted that the rationale for other indicators not being selected is provided in Appendix 1.

**Proposed indicators to select from:**

<b>Goal</b>	<b>Indicator &amp; business unit</b>	<b>Rationale for selection</b>
<b>SAFE:</b> Ensure a responsive service for those in need of urgent care	The number of people in Mental Health Crisis attending A&E will be reduced.  Adult & Community Mental Health Services	Selected due to the complexity of data collection and requirement for joint working with other agencies.
<b>EFFECTIVE:</b> Ensure workforce numbers meet the needs of the service	All acute wards will be monitored daily and achieve and maintain safer staffing levels  Adult & Community Mental Health Services	Selected to ensure that daily checks are being undertaken and recorded.
<b>PERSONAL:</b> Ensure easy and timely access to services	All people experiencing a first episode of psychosis will be treated with a NICE approved care package within 2 weeks of referral to Early Intervention Psychosis (now expanded to the age of 65)  Adult & Community Mental Health Services	Selected as this is a new Trust requirement and requires interpretation of complex national guidance

### **3. TERMS OF REFERENCE**

The Task & Finish Group discussed their terms of reference at their first meeting of 2016/17 i.e. in October 2016 and agreed them in January 2017 following changes made in response to comments. The February 2017 meeting of the Council of Governors is the earliest opportunity available to submit the document for formal approval; all changes are made in red for ease.

### **4. RECOMMENDATIONS**

It is recommended that the Council of Governors:

- a) Considers the indicators outlined in section 2.4 and identifies which indicator they wish to refer to external audit for testing; and
- b) Considers and approves the Terms of Reference at Appendix 2.

**QUALITY GOALS, INDICATORS AND RATIONALE FOR EXCLUSION FROM EXTERNAL AUDIT**

**Business unit key**

**CPH**= Community Physical Health **SID&A**=Specialist in-patient, Dental & Admin

**A&CMH** = Acute & Community Mental Health **CS**= Children's Services

<b>SAFE</b>		
<b>Quality Goal 1; Ensure a responsive service for those in need of urgent care</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	Urgent referrals to tissue viability service are offered an appointment within 2 working days of triage.	Not selected as this data is generated automatically from a clinical system.
SID&A	Patients receive definitive care at their initial appointment with the unscheduled dental care service	Not selected as this data is generated automatically from a clinical system.
A&CMH	All calls to the First Response Service will be answered within 2 minutes	Not selected as this data is generated automatically from a telephony system.
<b>A&amp;CMH</b>	<b>The number of people in Mental Health Crisis attending A&amp;E will be reduced</b>	<b>SELECTED</b>
CS	Calls to the safeguarding duty phone will be responded to within 30 minutes	Not selected as there has been no reporting in previous quarters.
<b>SAFE</b>		
<b>Quality Goal 2; Implement a suicide reduction strategy</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	Contribute to the suicide reduction strategy to reflect the SMS perspective (ensure strategy specifically references SMS)	Not selected as this is simple qualitative data.
SID&A	Specialist in-patient staff will be trained on the suicide reduction strategy by 31 <sup>st</sup> March 2017	Not selected a simple staff training head count.
SID&A	People discharged from hospital will have CPA follow up within 3 days	Not selected as this data is generated automatically from a clinical system.
A&CMH	People discharged from hospital will have CPA follow up within 3 days	Not selected as this data is generated automatically from a clinical system.
A&CMH	Increase the number of staff in adult MH services who have completed Mental Health risk training	Not selected as this is a simple staff training head count.
CS	Mothers identified as at risk by perinatal mental health assessment will be referred to the appropriate mental health service	Not selected as this a small sample size .

<b>SAFE</b>		
<b>Quality Goal 3; Ensure every patient is provided with care which addresses both their physical and mental health needs</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	District Nursing : referrals meeting the criteria will have an 'activities of daily living' (ADL) assessment completed	Not selected as this data is generated automatically from a clinical system.
SID&A	On discharge all patients have an e-discharge summary sent to their GP within 3 days covering both the mental health & physical health interventions	Not selected as this data is generated automatically from a clinical system.
A&CMH	All inpatients (IP) & community EIP patients will have a comprehensive cardio-metabolic risk assessment	Not selected as this is already scrutinised as a 2016/17 CQUIN.
CS	Eligible mothers will be assessed at 6-8 weeks post-natal for perinatal mental health	Not selected as this data is generated automatically from a clinical system.
<b>EFFECTIVE:</b>		
<b>Quality Goal 4; Continue to engender a culture whereby staff feel able to raise concerns about unsafe clinical practice</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	The proportion of staff who would feel secure raising concerns (staff survey) will be increased	Not selected as collected via National Staff Survey
SID&A	60% of staff will complete the staff survey	Not selected as collected via National Staff Survey
A&CMH	The proportion of staff who would feel secure raising concerns (staff survey) will be in increased	Not selected as collected via National Staff Survey
A&CMH	All staff will have an appraisal in date	Not selected as this data is generated automatically from an HR system.
CS	The proportion of staff who would feel secure raising concerns (staff survey) will be increased	Not selected as collected via National Staff Survey
<b>EFFECTIVE:</b>		
<b>EFFECTIVE: Quality Goal 5; Ensure workforce numbers meet the needs of the service</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	Community nursing services; implement & be in line with national recommendations for the measurement of safer staffing	Not selected as national guidance on staffing not yet published.
SID&A	Safer staffing – workforce numbers meet wards needs	<b>Safer Staffing selected. A&amp;MCH selected due to specific wording of indicator.</b>
A&CMH	<b>All acute wards will be monitored daily and achieve and maintain safer staffing levels</b>	
CS	The monthly Safer staffing ratio for services is deemed to be not likely to cause risk to service delivery	

<b>EFFECTIVE:</b> <b>Quality Goal 6; Work in partnership, with health and care providers, the voluntary sector and commissioners, to improve services</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	Recruitment to staffing allocation: recruitment of required staff to allow implementation of AWC Complex care Proof of Concept, with GP Federation, Acute Trust, Age UK, Carers Resource, Local Authority and commissioners	Not selected as this is qualitative or simple data.
SID&A	To work in partnership with faith leaders, agencies and partners to improve oral health; 1200 children attending mosques and study classes will receive oral health education delivered by mosque teachers.	Not selected as this is qualitative or simple data.
A&CMH	As lead provider for IAPT & psychological therapies, all service level agreements will be in place for the VCS partners	Not selected as this is qualitative or simple data.
CS	The creation of new business partnership with Better Start Bradford to develop and implement a new FNP/ADAPT model of service delivery	Not selected as this is qualitative or simple data.
<b>PERSONAL:</b> <b>Quality Goal 7; Ensure easy and timely access to services</b>		
Business Unit	Indicator	Rationale for exclusion
CPH	Compliance with referral to treatment 18 week target for podiatry	Not selected as this data is generated automatically from a clinical system.
CPH	Compliance with referral to treatment 18 week target for speech and language therapy	
CPH	Patients referred to the Continence Service offered an appointment within 4 weeks of referral	
SID&A	Patients requiring care with general anaesthesia will wait less than 18 weeks	
A&CMH	<b>All people experiencing a first episode of psychosis will be treated with a NICE approved care package within 2 weeks of referral to EIP (now expanded to the age of 65)</b>	<b>SELECTED</b>
A&CMH	All people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	Not selected as this data is generated automatically from a clinical system.
CS	New births will be seen with 14 days	

<b>PERSONAL: Quality Goal 8; Improve engagement with patients and carers</b>		
<b>Business Unit</b>	<b>Indicator</b>	<b>Rationale for exclusion</b>
CPH	All community nursing teams will contribute to the FFT survey by 31 <sup>st</sup> March 2017	Not selected as this is qualitative or simple data.
SID&A	To involve service users and carers in the Single Point of Access review on the 28 <sup>th</sup> April	Not selected as this is qualitative or simple data.
A&CMH	Develop the carer champion role and have the first carer champions in place by Q2 16/17 reaching target number by end of Q4 16/17	Not selected as this is qualitative or simple data.
CS	The average FFT scores for the question 'were you involved in your care and planning as much as you would have like' which are above a score of 4 out of 5	Not selected as this data is generated automatically from the FFT system.

**BRADFORD DISTRICT CARE FOUNDATION TRUST**  
**Quality Report Task & Finish Group (Governors)**  
**Terms of Reference**

<b>Document details:</b>	Quality Report Task & Finish Group (Governors) Terms of Reference
<b>Version:</b>	2
<b>Approved by:</b>	Governor Quality Report Task & Finish Group
<b>Date approved:</b>	January 2017
<b>Ratified by:</b>	Council of Governors
<b>Date ratified:</b>	09/02/2017
<b>Title of originator / author:</b>	Deputy Director of Quality Governance and Informatics.
<b>Title of responsible Director:</b>	Medical Director
<b>Date issued:</b>	February 2017
<b>Review date:</b>	December 2017
<b>Frequency of review:</b>	Annual
<b>Where is previous copy archived: (if applicable)</b>	Deputy Director of Quality Governance and Informatics
<b>Amendment Summary: see below</b>	

<b>Section</b>	<b>Detail</b>
<b>A</b>	Word change – <i>support</i> changed to <i>assist</i>
<b>B</b>	Word change – <i>2016/17</i> changed to <i>as and when they are renewed</i>
<b>B</b>	Addition of requirement in relation to selecting indicator for external audit
<b>E</b>	Addition of the identification of a deputy nominated governor
<b>G</b>	Addition of arrangements for when the meeting is not quorate
<b>H</b>	Addition of Quality Performance Manager in relation to record keeping
<b>I</b>	Word change – <i>between September &amp; April</i> changed to <i>throughout the year in line with the agreed programme</i> Addition of the need to review meeting arrangements annually
<b>Throughout</b>	Job Title of Deputy Director updated



## Terms of Reference for Quality Report Task & Finish Group (Governors)

### A. Overall Aim or Purpose

To **assist** the Trust in delivering an annual Quality Report and Quality Goals which support the views of Trust members whilst meeting mandated requirements.

### B. Key Objectives

- To contribute to the development of the Trust's Quality Report including acting as part of a wider editorial group
- To support the development and use of an approach to ensure consultation with as many members as possible
- To assist in identifying the Trusts Quality Goals **as and when they are renewed**
- **To recommend to the Council of Governors three local indicators from which the CoG will select one for external audit**

### C. Chair

Chair: **Deputy Director of Quality Governance and Informatics**

Deputy Chair: Quality Performance Manager

### D. Membership

- **Deputy Director of Quality Governance and Informatics**
- Quality Performance Manager
- Five governors (minimum) across the range of governor roles

### E. Responsible to

Council of Governors (CoG)

One governor member of the group will be nominated to provide routine feedback to the CoG meeting; **a deputy will also be identified.**

### F. Frequency of Meetings

Frequency will vary depending on the work in hand but will be no more than monthly

### G. Quorum

Chair or Deputy Chair plus 4 Governors **(if less than 4 governors are in attendance any required decisions will be consulted upon after the meeting via email or at the next meeting)**

### H. Record keeping

The **Deputy Director of Quality Governance and Informatics/Quality Performance Manager** will be responsible for ensuring all record keeping requirements are met (agendas, minutes, supporting documents).

### I. Lifespan of meeting

Meetings will take place **throughout the year in line with the agreed programme** and membership **and meeting arrangements** will be reviewed on an annual basis.