

QUALITY AND SAFETY COMMITTEE MEETING

3 May 2018

Paper Title:	Annual Quality & Safety Committee Report and Quality Governance Improvement Plan
Lead Director:	Andy McElligott, Medical Director
Paper Author:	Margaret Waugh, Deputy Director of Quality & Governance
Agenda Item:	24
Presented For:	Discussion & Approval
Paper Category:	Governance & Compliance

Executive Summary:

This paper informs committee of progress made in year in relation to the functioning of the committee; the improvements made in year and the successful completion of actions in the quality governance improvement plan.

Recommendations:

That Committee:

- considers the progress made in 2017/18 and the assurances this provides
- considers whether the content of this paper provides assurance in relation to the CQC themes identified below
- approves that this paper is submitted to Trust Board.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):

Audit Committee		Quality & Safety Committee		Remuneration Committee		Finance, Business & Investment Committee	
Executive Management Team		Directors		Chair of Committee Meetings		Mental Health Legislation Committee	
Council of Governors							

This report supports the achievement of the following strategic aims of the Trust: <i>(please mark those that apply with an X):</i>	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	x
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: <i>(please mark those that apply with an X):</i>	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	x
Responsive: Services are organised to meet the needs of people who use our services	x
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	

Annual Quality and Safety Committee Report.

1. Report purpose

The purpose of this annual report is to summarise the work of the quality and safety committee during 2017/18.

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. The terms of reference of the committee were reviewed in year and has been extended to include increased responsibility to provide governance and oversight of CQC related activity.

1.1 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 2017/18 was as follows:

Member	May 2017	Jun 2017	Aug 2017	Sep 2017	Nov 2017	Dec 2017	Feb 2018	Mar 2018
S Butler	✓	✓	✓	✓	✓	✓	✓	✓
Z Hussain	✓	✓	✓	✓	Apols	✓	✓	✓
N Mirza	Apols	✓	✓	✓				
D Banks			✓					✓
G Armitage					✓	✓	✓	Apols
P Hogg	✓	✓	✓	✓	✓	✓	✓	✓
A McElligott	✓	✓	✓	✓	✓	✓	✓	✓
D Gilderdale	✓	✓	✓	✓	✓	✓	✓	✓
M Waugh	✓	✓	Apols	✓	✓	✓	✓	✓

1.2 Main changes to committee functioning during 2017/18

The committee is now settled into its routine frequency of meeting every six weeks, with meetings alternating between corporate and business unit focus.

Committee undertook a formal review of its dashboard in 2017/18 and this has now been added to committee work plan as an annual item. The new committee dashboard for 2018/19 will be tabled at the August 2018 meeting.

A new sub group folder has been provided for committee members, so that minutes of sub groups reporting to committee are available for review as required.

2. External review during 2017/18.

Whilst there was not a specific external/peer review of committee in 2017/18 committee members and papers played a key role as part of the CQC inspection.

Committee and committee members are an integral part of the CQC well led domain.

Internal Audit undertook a review of the effectiveness of committee (reference BDCFT 15/2017) providing full assurance and the 2 recommendations from this audit were added as action to the Quality Governance Improvement Plan. As part of the Internal Audit an 'effectiveness questionnaire' was sent to all members of Committee. Results were considered at Committee and a further 10 recommendations were added to the Quality Governance Improvement Plan.

3. Quality governance improvement plan (QGIP) 2017/18.

The actions within the quality governance improvement plan improvement were reviewed in June 2017 and September 2018. An updated copy of the QGIP is provided in appendix A

4. Other significant issues

Specific issues which have been addressed through the routine business of committee all my subgroups reporting to committee are as follows

4.1 Ratification of key documents

In 2016/17 the responsibility for ratification of clinical policies passed to the Executive Management Team Meeting.

- The Library Strategy was approved in March 2018
- The Children's strategy was approved in February 2018.

The following Terms of Reference have been approved/ratified:

- Quality & Safety Committee
- You and Your care
- NICE Monitoring Group
- Mortality Review Group
- Improving Quality Programme Board
- Medicines management
- R&D group

4.2 Annual reports

The QSC has received and approved the following annual reports in year:

- Risk Management Report
- Emergency Preparedness Report
- Library Report
- Quality Report
- Infection Prevention
- Quality Goals / Indicators
- Clinical Audit
- Freedom to Speak Up Guardian
- R&D

4.3 CQC registration assurance

During 2017/18 assurance for each paper tabled at committee provided assurances against the 5 CQC theme of safe, effective, caring, responsive and well led. An annual paper to Trust Board on CQC assurances is planned for June 2017.

In addition a new sub group, the Improving Quality Programme Board has been established and formally reports to committee as part of a new routine CQC update paper. This new report was first tabled at committee in March 2018.

4.4 Deep dives

The Committee requested the following 'deep dives' in 2017-18;

- Psychological Therapies – September 2017
- Single point of access - November 2017

Committee was also asked to review 'slips, trips and falls on the dementia assessment unit on behalf of the Finance Business and Investment Committee, which was undertaken as part of a business unit report.

4.5 Additional assurance papers

The QSC has received a significant number of papers and verbal updates providing assurance / updates against a wide range of topics as follows:

Equality and delivery system	Quality and Safety Committee Dashboard Review
Serious incidents	Dementia Unit AU Volunteer Update
Complaints	Medicines + Me
Mortality review process	Wakefield Safeguarding Update
CQC update	E-Cigarette Paper
Incident management	Safety Huddle Update
Clinical supervision	Out of Hospital Care Programme Board
learning network	Board walkabout programme
Medicines management	Safeguarding
Quality impact assessment process	Clinical senate
Patient experience	Quality Governance Improvement Plans

These formal papers are also supported by the biannual business unit presentations. This type of presentation supports a rounded conversation and gives opportunities for additional clinical staff to also attend committee.

Additional significant assurances are also derived each quarter from the committee dashboard, which contains qualitative and quantitative information on a wide range of quality issues across the trust.

An important part of each committee meeting is the standard agenda item - feedback from service users/carers. The committee service users/carers representative provides challenge, good news and suggestions to committee and undertakes the important role of linking with service users, carers and their representative groups such as TWIG.

4.6 The quality report

The quality and safety committee have monitored progress against the 2017/18 quality report indicators relating to the trust quality goals. Committee also reviews the annual current quality report each May, prior to publication.

4.7 Quality and safety reporting to Commissioners

The majority of quality and safety reports provided to commissioners as part of annual contractual returns, flow-through quality and safety committee. Commissioners expect to receive a wide range of quality and safety information throughout the year which is governed through to quarterly meetings, attended by the Deputy Director of Quality Improvement and other key BDCFT staff:

- quality performance group QPG
- patient safety and quality subgroup

All Commissioner reporting requirements have been met during 2017/18 including the provision of additional assurances on request.

5. Conclusion

This has been another busy and productive year for committee which has seen a number of improvements in the way that committee functions and has seen an increase in the breadth of quality and safety issues reviewed at committee.

The annual work plan of committee continues to ensure that robust quality and safety governance arrangements are in place and that assurances regarding BDCFT quality and safety will continue to be challenged monitored and recorded effectively.

6. Recommendations

That Committee:

- considers the progress made in 2017/18 and the assurances this provides
- considers whether the content of this paper provides assurance in relation to the CQC themes identified above
- approves that this paper is submitted to Trust Board

BDCFT QUALITY GOVERNANCE IMPROVEMENT PLAN: May 2018

RAG rating: Green – action complete Amber – action on track to meet agreed timescale Red – action has not been met within agreed timescale

Source / ref	Action	Lead Director	Lead	Progress	Evidence	Timescale	RAG
IA 1	QSC to approve relevant strategies	Medical Director	M Waugh	Rolling programme of adding strategies into workplan	Workplan	Action closed - ongoing work	Green
IA 2	Remove approval of policies as a QSC remit when updating Quality Strategy.	Medical Director	M Waugh	Amend Quality Strategy when new version is to be issued	Revised strategy	2019	Amber
IA 3	Walkabout actions to have a completion date	Trust secretary	P Riley	Trust sectary to work with Director colleagues to ensure Walkabout actions have a completion date. P Riley to include this information in quarterly reports to QSC.	Walkabout letters Quarterly walkabout reports to QSC	Action closed - ongoing work	Green
IA 4	Business unit reports to include details on actions and completion timelines, a new PowerPoint slide has been provided to support this requirement.	Medical Director	M Waugh	New PowerPoint slide distributed to deputy Directors of Operations	BU PowerPoint slides	Completed	Green
IA 5	Update workplan to include new additions e.g. strategies	Medical Director	M Waugh	Workplan updated for every meeting	Workplan	Action closed - ongoing work	Green
IA 6	QSC to review working relationship with professions council	Director of Operations and Nursing	M Waugh	Minutes of Professions Council to come to QSC, supported by a verbal update - add into workplan	Workplan	For November meeting – action closed	Green

Source / ref	Action	Lead Director	Lead	Progress	Evidence	Timescale	RAG
IA 7	QSC to consider if 'meeting evaluation' should remain as a standing agenda item or become a private/confidential process	-	Chair	For discussion at September QSC	Minutes of meeting – confirmed as standing agenda item	September – action closed	Green
IA 8	All paper authors to consider if clinical leads could also attend to support papers as a way to increase clinical involvement	All	All	Ongoing – message to be sent to all members of committee	Clinical attendance	Action closed - ongoing work	Green
IA 9	Time management	-	Chair / M Waugh	Time 'prompts' introduced	Meeting runs to time	Action closed - ongoing work	Green
IA 10	Triangulation	-	Chair	Chair of MHLC and QSC to meet twice a year.	QSC minutes – August 2017- action 1171.	Action closed - ongoing work	Green
IA 11	Review content of QSC dashboard	Medical Director	QSC members & M Waugh	To be agenda item in November 2017 and January 2018. Add to workplan once agreed	QSC minutes –	For Q1 2018/19 action closed	Green
IA 12	Improve connection with and assurances from QSC sub groups.	All	M Waugh	Add subgroup terms of reference ratification into QSC workplan	sub folder available	November 2017 action closed	Green