

TRUST BOARD MEETING

30 May 2019

Paper Title:	Annual Quality and Safety Committee Report and Quality Governance Improvement Plan
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Agenda Item:	17
Presented For:	Assurance
Paper Category:	Governance and Compliance

Executive Summary:

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

Recommendations:

That the Board:

- considers the progress made in 2018/19 and the assurances this paper provides.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):						
Audit Committee		Quality & Safety Committee	x	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: (please mark those that apply with an X):	
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: (please mark those that apply with an X):	
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	
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	

Equality Impact Assessment :
N/A

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <ul style="list-style-type: none"> This paper has been made available under the Freedom of Information Act

Annual Quality & Safety Committee Report and Quality Governance Improvement Plan

1. Background and Context

The purpose of the annual report is to summarise the work of the Quality and Safety Committee (QSC) during 2017/18. This report will also provide detail on proposed arrangements for 2019/20.

The overall aim of the QSC is to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety of the services provided and the systems and processes in place for monitoring these.

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 2018/19 was as follows:

	03.05.18	14.06.18	03.08.18	14.09.18	02.11.18	14.12.18	08.02.19	29.03.19	Score
Sue Butler	✓	✓	✓	✓	-	-	-	-	4/4
Zulfi Hussain	✓	x	✓	✓	✓	✓	✓	✓	7/8
Gerry Armitage	x	✓	✓	✓	✓	✓	✓	✓	7/8
Carole Panteli	-	-	-	-	-	-	✓	✓	2/2
Andy McElligott	✓	✓	x	✓	✓	✓	✓	✓	7/8
Paul Hogg	✓	✓	x	✓	✓	✓	✓	✓	7/8
Debra Gilderdale	✓	✓	✓	x	✓	✓	✓	✓	7/8

1.2 Main changes to Committee Functioning During 2018/19

In September 2018, Sue Butler's term as a Non-Executive Director ended and Gerry Armitage became the Chair of the Committee.

A review of information presented to QSC has commenced and it was agreed a dashboard would be presented at each committee, rather than each quarter. This has commenced but does require further work.

The QSC Terms of Reference were due to be reviewed and ratified in March. As the Trust moves to an integrated governance framework, these will be reviewed as part of the 2019/20 workplan.

1.3 Committee Activity

In addition to the routine papers presented to Committee in 2018/19, the QSC received additional assurance in other areas, including:

- DAU Volunteer Update
- Medicines and Me presentation
- Vaping Paper
- Deep Dive into local ward audits
- Criteria Led Discharge
- Informatics Update

Committee agreed in Quarter 4 that Committee would focus on taking Deep Dives to areas and involving frontline staff as good practice. These are yet to commence, however Committee agreed that the DAU would be the first area to engage in this. A refreshed approach will support a ward to board approach with governance.

1.4 External Review 2018/19

An external well-led review was undertaken by Deloitte. Several recommendations were made about Committees and the assurance framework. Trust board held a session on 25 April 2019 to review assurance reporting arrangements. This links in with work that had commenced on streamlining governance processes, standardising documentation and processes and ensuring escalation processes are in place.

It is expected that an integrated framework will be presented to Trust board 30 May 2019.

1.5 Ratification of Key Documents

The following terms of References for groups reporting into Quality and Safety Committee are ratified 2018/19.

- Infection Prevention Sub Group
- Mortality Review Group
- Medicines management
- R&D group

1.6 CQC Registration Assurance

During 2018/19 for each paper tabled at committee provided assurances against the 5 CQC theme of safe, effective, caring, responsive and well led.

1.7 Deep Dives

The Committee requested the following papers in 2018/19

- Presentation from the Nursing Development Team
- Out of hospital care programme board update

- Deep dive into local ward audits
- Report on CMHT transformation and Criteria led discharge
- Informatics update and a Heuristic Evaluation into the implementation of SystemOne

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.

1.8 Reports

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	0-19 Services
Serious incidents	Risk Management report
Complaints	Research and development
Mortality review process	Clinical Audit
CQC update	Freedom to Speak Up
Incident management	Emergency preparedness report
Clinical supervision	Library report
Quality report	Board walkabout programme
Medicines management	Safeguarding
Quality impact assessment process	Infection Prevention
Patient experience	Quality Governance Improvement Plans

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

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. The dashboard in 2018/19 has been received quarterly.

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 services users, carers and their representative groups such as TWIG. The Committee have brought this item to the top of the agenda.

1.9 Quality governance improvement plan (QGIP) 2018/19

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

1.10 The Quality Report

The quality and safety committee have monitored progress against the 2018/19 quality report indicators relating to the trust quality goals. Committee also reviews the annual current quality report each May, prior to publication.

1.11 Quality and Safety Reporting to Commissioners

Many of reports the committee received are provided to commissioners as part of annual contractual returns. 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 Interim Head of Quality Governance and other key BDCFT staff:

- quality performance group QPG
- patient safety and quality subgroup

All Commissioner reporting requirements have been met during 2018/19 including the provision of additional assurances on request.

1.12 Conclusion

The Committee has seen several changes over the year, including a change to the Committee Chair, the introduction of a new Non-Executive Director and the introduction of the Head of Quality Governance to replace the Deputy Director of Quality Improvement. This has led to a renewed focus on the function of the Committee and importantly, consideration of lines of reporting and assurance through the current reporting systems. The focus for 2019/20 will be on increased engagement with frontline staff with clear routes for escalating quality and safety issues and providing assurance. This will be supported by a revised dashboard.

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.

2. Implications

2.1 Legal and Constitutional

None

2.2 Resource

None

2.3 Quality and Compliance

Governance arrangements are key to both quality and compliance across the organisation.

3. Risk Issues Identified

Risk	Likelihood High/Medium/Low	Implication	Mitigation
The Trust is at risk of breaching CQC regulations if governance frameworks are not in place	Medium	The Trust	The integrated framework is being reviewed. A compliance group and patient safety group introduced to provide more

			robust monitoring of regulated activity.
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4. Communication and Involvement

None

5. Monitoring and review

Ongoing work on the governance framework will be reported to the Quality and Safety Committee.

6. Timescales/Milestones

Integrated Framework to be introduced June 2019.

BDCFT QUALITY GOVERNANCE IMPROVEMENT PLAN: April 2019

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 2	Remove approval of policies as a QSC remit when updating Quality Strategy.	Director of Nursing and Professions	Louise Hussain	Review dates booked in with anticipated completion by the 28 June 2019	Revised strategy	2019	Amber
WL Implement actions from the Deloitte review. 02	14/24. QSC to introduce thematic reporting The QSC needs to introduce a much stronger focus on thematic reporting. An integrated report which analyses the themes arising from complaints, litigation, incidents and staffing should be reviewed on a quarterly basis, with key findings included in the Board level performance report.			Review of reporting arrangements underway, including a review of the dashboard	QSC minutes	May 2019	Amber
	17. QIA review to Q&SC is currently 6 monthly; consider further at Committee.			Agenda for June discussion.	Committee Minutes	June 19	Amber

