

## **Quality and Safety Committee**

### **Annual report**

**Financial Year 1 April 2019 to 31 March 2020**

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## 1 Period covered by the report

This report covers the work of the Quality and Safety Committee for the financial year 1 April 2019 to 31 March 2020.

## 2 Introduction

The Quality and Safety Committee (Committee) has been formally established by the Board of Directors as one of its sub-committees. It is authorised 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 an operational and strategic level. The Committee will monitor and report to the Board on the effectiveness of these systems and processes. The Committee's key objectives are to seek assurance that:

- systems and processes are effective, and wherever possible evidence-based
- the quality of services provided is good and continuously improving
- the experience of people using Trust services is good and continuously improving.

The Committee also seeks to:

- monitor, review and report to the Board on all the above; highlighting assurances received and risks to assurance identified
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate
- support and promote a risk awareness culture and positive approach to investigating and learning from adverse events
- receive relevant strategies for information and assurance.

This report covers the work the Committee has undertaken at the formal meetings held during 2019/20. It seeks to assure the Board on the work it has carried out and the assurances it has received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Executive Support Team, who work with the Head of Quality Governance and Patient Safety in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

### **Development**

The Trust supports continuous improvement in line with the Care Trust Way model and identified external best practice. For the Committee this has involved frequent reviews of reports presented, with members providing feedback to shape future iterations of the reports. During 2018/19 Deloitte undertook an external Well Led review of the Trust. The review featured the Board and supporting sub-committee meetings and resulted in a series of recommendations that have been continually progressed during 2019/20. The Committee received a report in May 2019 on the

Quality Governance Improvement Plan, and during quarter four of 2019/20 Internal Audit undertook a Governance Review of all Board sub-committees.

Up until the formal establishment of the Workforce and Equality Committee on 28 November 2019, a substantial amount of workforce topics for consideration by the Board had been scheduled to the Quality and Safety Committee. After the new Board sub-committee was established it was agreed that solely workforce topics that are interlinked to quality and safety would be presented to the Quality and Safety Committee.

### Assurance

The Committee receives assurance from the Executive Director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed.

Assurance is provided through written reports, both regular and bespoke, through critical challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the Trust; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services, talking to staff, and observing operational meetings at the Trust as required.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge.

Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The BAF lists those committees that are responsible for receiving assurance in respect of the effectiveness of those controls. The Quality and Committee will be asked to note, in particular, those where it is listed as an *assurance receiver* to ensure that it had received sufficient assurance through the reports that come to the Committee or to commission further information where there was a lack of assurance (actual or perceived). These are:

- SO 1.1: if demand exceeds capacity, then service quality, safety and performance could deteriorate
- SO 2.1: if regulatory standards are not met, then we will experience intervention from regulators and/or damage our public confidence
- SO 4.2: if we do not provide a positive service user/carer experience then we may not support recovery, enabling wellbeing or responding to commissioners' requests.

The Committee reviews the BAF at each meeting prior to it being presented to the Board. Additionally, the agenda has been modified so that the BAF is appraised prior to other agenda items so these items can be viewed in the context of the BAF,

To further enhance the Trust's quality governance assurance workstream, continuous improvement work has taken place. A revised Dashboard has been in operation

since late 2019 for the Committee as part of an internal pilot. The Dashboard is now designed to accord with statistical process control measures thereby aligning with the Care Trust Way (as our quality improvement [QI] methodology). To reduce the risk of data saturation and enhance attention to detail, exception or outlier data are highlighted; and an easy to follow colour-coded legend allow readers to quickly ascertain which data have improved, deteriorated, require a watching brief or are in a steady state. Additionally, accountabilities for each item of activity/data are made explicit. Narrative data accompanies quantitative data to identify risks, challenges, and actions.

The individual high-level Dashboards, tailored to each Board sub-committee, collectively form a Data Pack that is presented to the Board of Directors. A key aim is for the Data Pack to inform strategic decision making by providing clarity on the impact of operational decisions in the context of ongoing development of the Trust's QI methodology. The revised system was approved by the Board of Directors on 26 March 2020 and has subsequently been rolled out throughout the remaining Board sub-committees.

The Committee has responded as a result of the COVID-19 pandemic to ensure that business continuity remains as appropriate for the Committee. Formal reports on the Trust's business continuity plans for all corporate governance meetings have been presented to the Board of Directors. The Board formally agreed to establish standing items on each corporate governance meeting for: COVID-19 Update; and Management of Deferred Items. COVID-19 runs accordingly as a theme through the agenda items being discussed in Committee meetings.

### **3 Terms of Reference**

During Autumn 2019 the Terms of Reference for the Committee were presented to members. It was agreed that further review of the document would take place in light of recruitment taking place for the Head of Quality Governance and Patient Safety. Feedback from members was captured outside of the meeting as part of the consultation. When the Head of Quality Governance and Patient Safety joined the Trust, it was agreed that they would lead on further development would refresh the Patient Safety and Learning Group; and Compliance Group. This phase has been completed and work will take place to review the Terms of Reference for the Committee to ensure that all workstreams are aligned accordingly.

At the Board meeting on 30 April 2020, the Board agreed minor revisions being made to the Terms of Reference documents for: Audit Committee; Finance, Business and Investment Committee; Mental Health Legislation Committee; Quality and Safety Committee. This was as a result of the establishment of the Workforce and Equality Committee being formally established and the requirement to align all of the Board sub-committee terms of reference documents accordingly.

#### **4 Meetings of the Committee**

In 2019/20, the Committee met independently seven times and twice as extraordinary meetings jointly with the Mental Health Legislation Committee (MHLC). The dates of the meetings are as follows:

- 23 April 2019 (extraordinary joint with MHLC)
- 2 May 2019
- 20 June 2019
- 2 August 2019
- 12 August (extraordinary joint with MHLC)
- 13 September 2019
- 1 November 2019
- 9 December 2019 (extraordinary joint with MHLC)
- 13 December 2019
- 7 February 2020.

The draft agenda for each meeting is presented to the Chair of the Committee; Non-Executive Director (Carole Panteli); and the Director of Nursing, Professions and Care Standards; Chief Operating Officer; and Medical Director by the Head of Quality Governance and Patient Safety and the Committee Secretariat. The Head of Quality Governance and Patient Safety Chair's the Patient Safety and Learning Group, and attends the Compliance Group. Whilst both are operational meetings that formally report into the Senior Leadership Team meeting, they are also providers of assurance and escalation to the Committee.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting for assurance with progress made.

Each year, the Committee presents an annual report to the Board of Directors to provide assurance on how the Committee has carried out activity in line with its Terms of Reference. Each Board sub-committee also provides a Chair's Report to the formal Council of Governors meetings. The reports outline areas where assurance had been received by the Committee and those areas requiring further development. This provides an opportunity for the Governors to further understand the work of the Trust whilst overserving the Non-Executive Directors fulfilling their role.

#### **5 Membership of the Committee and attendance at meetings**

Membership of the Committee is made up of three Non-Executive Directors; the Director of Nursing, Professions and Care Standards, the Chief Operating Officer, the Medical Director, and the Director of Corporate Affairs. During the 2019/20 financial year the Medical Director (Dr Andy McElligott) returned to his substantive consultant position following a period of leave taken Spring 2019. The Director of Nursing and Professions (Debra Gilderdale) left the Trust Autumn 2019. Dr David Sims undertook the Acting Medical Director post from Spring 2019 until the role was recruited to

substantively. Phil Hubbard, was recruited to the role of Director of Nursing, Professions and Care Standards in Autumn 2019. Until then, Mrs Hubbard was the Deputy Director of Nursing.

The Committee is chaired by a Non-Executive Director (NED), Professor Gerry Armitage. Gerry has an established track record in patient safety research and continues to work part-time in this field. He was also a registered nurse for over 30 years.

Carole Panteli; Zulfi Hussain (until Spring 2020); and Andrew Chang (from Spring 2020 who was appointed as a new Non-Executive Director) are the other regular NED members of this Committee. Should the NED Chair be unable to chair the meeting this role will fall to another NED. Because of the nature of the position that they hold, all Executive and Non-Executive Directors as Board members can attend any Board sub-committee. Upon doing so they will assume full member rights and responsibilities. The inclusion of Mental Health Legislation Committee (CP) and Audit Committee (AC) Chairs allow horizontal communication across Board sub-committees. This is further enhanced by each Quality and Safety Committee, being preceded by two weeks earlier by a pre-meeting where the proposed agenda is reviewed and agreed by the Chair, Vice-Chair, Head of Quality Governance and Patient Safety, Corporate Governance Manager and the triumvirate of Chief Operating Officer, Medical Director and Director of Nursing,

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards to membership of the meetings as outlined in the Terms of Reference.

The Trust also invites Governors to observe Board sub-committee meetings. This opportunity allows Governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe Non-Executive Directors appropriately challenging the Executive Directors about the operational performance of the Trust.

Experience and involvement continues to be a key focus for the Trust with identified Involvement Partners, who are supported by the Patient Experience Team. At the start of the year the Committee was attended by one Involvement Partner. She left her position in November 2019 and the Committee is now attended by two Involvement Partners who between them represent service users and carers. This is a notable step forward for the committee which seeks to actively empower and engage Involvement Partners, who can also attend the pre-QSC meeting and are invited to independently communicate with the Chair if they have any concerns.

The table below show attendance for substantive members of the committee for the meetings that took place during 2019/20.

### Attendance at Committee meetings by substantive members

Key:

- ✓ shows attendance
- shows when apologies had been given by a member for a particular meeting.
- stipulates when the individual was not eligible to attend the meeting
- \* stipulates the Chair of the meeting

Name	2 May 2019	20 June 2019	2 August 2019	13 September 2019	1 November 2019	13 December 2019	7 February 2020
Professor Gerry Armitage Chair of the Committee (Non-Executive Director)	✓*	-	✓*	✓*	✓*	✓*	✓*
Andrew Chang (Non-Executive Director)	■	■	■	■	■	■	✓
Zulfi Hussain (Non-Executive Director)	✓	✓	✓	✓	-	-	✓
Carole Panteli (Non-Executive Director)	✓	✓*	✓	✓	✓	✓	✓
Debra Gilderdale (Director of Nursing and Professions)	✓	✓	✓	-	■	■	■
Paul Hogg (Director of Corporate Affairs)	✓	✓	✓	✓	✓	✓	✓
Phil Hubbard Deputy Director of Nursing; and (Director of Nursing Professions and Care Standards)	✓	-	✓	✓	✓	✓	✓

Tim Rycroft (Chief Information Officer)					✓		
Patrick Scott (Chief Operating Officer)	-	-	✓	✓	✓	✓	-
Dr David Sims (Acting Medical Director; and Medical Director)	✓	✓	✓	✓	✓	✓	-

**Attendance at Committee meetings by formal attendees**

Key:

- ✓ shows attendance
- shows when apologies had been given for a particular meeting
- stipulates when the individual was not eligible to attend the meeting

Name	2 May 2019	20 June 2019	2 August 2019	13 September 2019	1 November 2019	13 December 2019	7 February 2020
Kelly Barker (General Manager – Mental Health Care Group)							✓
Bev Bray						✓	✓
James Cooke (Assistant General Manager – Adult Physical Health)							✓
Debbie Daniel (Committee Secretariat)	✓				✓		

Grannie Eloi (General Manager – Mental Health Care Group; Deputy Director of Nursing)	-	-	-	✓			
S.F (Involvement Friend)	✓	-	-	-			
Sarah Firth (Secretariat – observing)						✓	
Krystal Hemmingway (Assistant General Manager – Mental Health Care Group)					✓		
John Hiley (Head of Research and Knowledge)			✓			✓	
Alex Horsfall (Interim Service Manager – Children’s Service)			✓				
AM.H (Involvement Partner)					✓	✓	✓
Louise Hussain (Interim Head of Quality Governance)	✓	✓	-	✓	✓		
Mohammed Inam (Operational Support Manager)						✓	
Diane Jackson (Committee Secretariat)			✓				
Sarah Jones (Special Advisor to the Board)	✓			✓			
Rebecca Jowett nee Bentley	✓		✓	✓	✓		

(Head of Nursing – Adult and Children’s Care Group)							
Bev Knaggs (Inpatient Service Manager)						✓	
Dawn Lee (Interim Head of Safeguarding; Assistant General Manager Children’s Service)		✓		✓			✓
Fran Limbert (Committee Secretariat)		✓					
Simon Long (Head of Nursing – Mental Health Care Group)		✓	-	-			✓
Samantha Moorhouse (Infection Prevention Lead Nurse)		✓					
Chris North (Dementia Lead)						✓	
M.R (Involvement Partner)					✓	✓	✓
Joanne Robson (Committee Secretariat)				✓	-	✓	✓
Greg Sawiuk (Interim Assistant Risk Manager)	✓			✓			
Fiona Sherburn (Deputy Director of Human Resources and Organisational Development)			✓				
Joanna Shinnars (Clinical Audit Lead)	✓		✓				

Isla Skinner (Patient Experience Lead)			✓				
Darren Shipman (Governance and Clinical Audit Manager)	✓						
Michelle Smith (Interim General Manager – Adult and Children’s Care Group)					✓	✓	-
Jaspreet Sohal (Chief Pharmacist)			✓			✓	
Clifton Springthorpe (Operational Support and Contract Lead)			✓				
Katie Thompson (Interim Complaints and Claims Manager)	✓						
Jenny Wilkes (Deputy Director of Compliance and Nursing)						✓	-
Chris Wright (Emergency Planning and Resilience Officer)		✓					
Professor John Young (Secondary Care Consultant, Bradford Clinical Commissioning Group)				✓			

The Committee also extends an invitation to Governors to observe its business. During 2019/20 the following Governors attended main business meetings in the capacity of observer.

Name	2 May 2019	20 June 2019	2 August 2019	13 September 2019	1 November 2019	13 December 2019	7 February 2020
Dr Sidney Brown (Public: Shipley)	✓	-	✓	✓	-	-	-
Linzi Maybin (Staff: Clinical)	-	-	-	-	-	✓	-
David Pearson (Public: Craven)	-	-	-	-	✓	-	-
Pamela Shaw (Staff: Clinical)	-	-	-	-	-	-	✓

## 6 Reports made to the Board of Directors

The Chair of the Quality and Safety Committee makes an assurance and escalation report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. The report has been redesigned by the Corporate Governance Manager to improve clarity and facilitate standardisation across escalation reports to Board. This report seeks to assure the Board on the main items discussed by the Committee and, should it be necessary, to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the date that the assurance and escalation report was presented by the Chair of the Committee to the Board of Directors meeting.

<b>Date of meeting</b>	<b>Assurance and escalation report to Board by Chair</b>
2 May 2019	30 May 2019
20 June 2019	25 July 2019
2 August 2019	26 September 2019
13 September 2019	26 September 2019
1 November 2019	28 November 2019
13 December 2019	19 December 2019
7 February 2020	27 February 2020

**7 The work of the Committee or group during the year 1 April 2019 until 31 March 2020**

During 2019/20 the Chair of the Committee confirmed that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all these areas of work can be found in the minutes and papers of the Committee. It should be noted that the Committee, through Chair and Vice-Chairs continue to emphasise the need for this Committee to be as close to service delivery as is possible, This is why the Care Group leads now routinely present at each Committee, reporting on the threats to quality and safety, their actions, and their improvements. Furthermore, the Deep Dive exercises have been redesigned to incorporate practice visits from the Chair and or other sitting Non-Executive Directors.

A key threat to the integrity of Quality Committees across the NHS is volume of work and busy agenda. This Trust has experienced similar pressures which resulted in over-running of the meeting to ensure adequate discussion and receipt of assurance. Progress has however, been made as part of the continuous improvement work for this workstream. A key development, conceptualised and implemented by the Head of Quality Governance and Patient Safety, has led to the development of two groups: The Compliance Group, and Patient Safety and Learning Group. These groups interrogate key data and identify exceptions (to the norm) and concerns, as well as improvements and organisational learning, and then report into the Quality and Safety Committee; thereby removing some of the heavy lifting from the Committee but without sacrificing rigour in the overall governance process.

A high-level presentation of areas of work on which the Committee has received assurance and during 2019/20 are as follows:

**Assurance on:**

- Feedback from Involvement Partners
- Discussions taken place at Safer Staffing Group; Compliance Group; Patient Safety and Learning Group; Clinical Board

- Items escalated from Mental Health Care Group; and Adult and Children's Care Group
- Care Quality Commission Action Plan
- Board Assurance Framework
- Corporate Risk Register
- Risk management and incident management
- Functional Medical Model
- Internal Audit Reports.

**Reports on:**

- 0-19 Service
- Safeguarding
- Community Mental Health Survey
- Complaints, Claims, Complements
- Incidents, Investigations, and Deaths
- Quality and Workforce data performance, including Freedom to Speak Up Guardian
- Dementia Assessment Service
- Informatics Update
- Quality governance improvement plan
- Precure Ulcers
- Accreditations
- Clinical Audit
- Recruitment and retention
- Patient experience
- Care Quality Commission development work
- Ligature risks and mitigation.

**Presentation of:**

- Medicine Management Bi-Annual Report
- Rapid Process Improvement Workshops (complaints; insulin; serious incidents)
- Safeguarding Annual Report
- Research and Development Annual Report
- Library Service Annual Report
- Infection Prevention and Control Annual Report
- Quality and Safety Walkabout learning
- Emergency Preparedness and Resilience Annual Report
- Serious incidents Annual Report
- Draft Quality Account
- Clinical Audit Annual Report.

## **8 Conclusion**

The Chair of the Committee would like to assure the Board that the Committee worked hard to fulfil its Terms of Reference during 2019/20. The Board is asked to recognise how the Committee supports the ongoing continuous improvement journey both at the Trust and on its own effectiveness.

The Committee adds value by maintaining an open and professional relationship with officers of the Trust and it has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues, risks, or learning. Organisational learning drives this Committee and is one of its core values; further improvements will be made to advance this critical aspect of quality and safety.

Members of the Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

**May 2020**

**Professor Gerry Armitage**  
Non-Executive Director  
and Chair of the Committee

**Fran Limbert**  
Corporate Governance Manager  
Committee Secretariat

**Dr Bev Bray**  
Head of Quality Governance  
and Patient Safety