

# **Quality and Safety Committee**

## **Annual report**

**April 2020 to March 2021**

## Contents

### Section

1	Period covered by this report
2	Introduction
3	Terms of Reference for the Quality and Safety Committee
4	Meetings of the Quality and Safety Committee
5	Membership and attendance at meetings
6	Reports made to the Board of Directors
7	Work of the Quality and Safety Committee between April 2020 and March 2021
8	Conclusion
Appendix 1	Terms of Reference for the quality and Safety Committee

## **1 Period covered by the report**

This report covers the period between April 2020 and March 2021.

The period covered by this report reflects an unusual time for the NHS as a whole, and Bradford District Care NHS Foundation Trust in particular. During March 2020 a national major incident was declared as the NHS moved to put plans in place to manage the national impacts of the COVID-19 pandemic. This resulted in the Trust putting in place an incident control structure to manage the impacts of the pandemic, and associated changes with the existing governance structure of the Trust.

Whilst the business of the Quality and Safety Committee continued during this period, how it enacted this activity, and the relative priority of various elements of this activity, was affected by the arrangements to manage the pandemic.

At the time of writing this report, the NHS continues to manage the pandemic, with national command and control arrangements remaining in place.

## **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 monitors and reports 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, and
- 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 identifying any threats to assurance,
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate,
- support and promote an organisational culture which is open, just and sensitive to risk, as part of a positive approach to investigating and learning from adverse events, and
- receive relevant strategies for information and assurance.

This report covers the work the Committee has undertaken at the formal meetings held during 2020/21.

The Committee directly aligns to the Trust Board and assures it on the work it has carried out, the assurances it has received and escalates specific concerns; demonstrating 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 (latterly, the Deputy Director of Patient Safety, Compliance and Risk) in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

### Assurance

The Committee receives assurance from the Executive Director members of the Committee, Care Group Leaders, 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 exchange and challenge by Committee members who 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 has two Involvement Partners as members and who provide a service user and carer perspective on the items being discussed. During COVID Committee meetings moved to a virtual format, through the use of Microsoft Teams, and the Involvement Partners were supported to be able to access meetings using this platform.

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

Part of the assurance role of the Committee 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 any risks in 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 is asked to note 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. In relation to the Trusts response to COVID-19 there is a risk that demand exceeds the capacity to deliver services within the organisation maintaining quality and service delivery potential for service quality, safety and performance could deteriorate.
- SO 2.1: If regulatory standards are not met there is the potential for the organisation reputation to be effected then we will experience intervention from regulators and/or damage our public confidence, potential to face regulatory action and criminal investigation
- SO 2.3: If we fail to fully implement and embed the Care Trust Way (QI), then we may not see the projected improvements in quality.

- SO 4.2: If we do not provide a positive service user/carer experience, then we may not support recovery, enable wellbeing or respond to commissioners' requirements.
- SO 6.1: Covid-19 - Impact of Covid-19 on the Trust's ability to operate and maintain safe, high quality services during the pandemic period due to increased pressure on capacity and demand of services. Reduction in staff availability/skill this will be based on a 50% then 75% reduction in staffing due to self isolation, sickness and absence related to COVID19. Individual services will face increasing pressure within winter months, during Brexit period and increasing levels of acuity effecting the ability of services to deliver all aspects of work. This will in turn lead to services in acting business continuity plans, to enable essential services to operate.

The Committee reviews the BAF at each meeting prior to it being presented to the Board. The Committee also received specific updates in relation to COVID19 during this period.

Work has continued throughout this year on the content of the Committee data pack. The data contained within this pack is discussed operationally and in the Compliance Group, prior to being brought to Committee as part of the escalation framework.

During 2020, work has been done on clarifying the operational governance framework of the Trust. This has led to the clarification of the role of the Senior Leadership Team meeting and how this team interfaces with all Board Committees. This work had led to a realignment of the scheduling of the Board of Directors and its Committees, to better enable the flow of information from within operational structures into the Trust's corporate governance structures. These changes will come into force in April 2021 and involve moving Quality and Safety Committee to a monthly meeting. We also envisage that this new meeting schedule will reduce the duration of the individual meetings yet allow more in-depth coverage of key items to strengthen the level of assurance gained.

### **3 Terms of Reference**

During 2020/21 the Committee has not reviewed its Terms of Reference. This is due to the reprioritisation of all committee work across the Trust during the COVID-19 pandemic. Similarly, there has been no formal review of the effectiveness of the Committee during this period.

However, during this period, the Terms of Reference (ToR) of a number of the key groups reporting into the Committee have been reviewed as part of ongoing improvements in quality oversight and the ongoing work on operational governance.

The Compliance and Risk Group ToR have been refreshed. Key changes include the Trust Chief Executive being made chair of the meeting and the meeting accepting oversight of the organisation risk register on a bi-monthly basis. It is anticipated a further

change to this ToR will be presented to the Committee in quarter 1 of 2021 to reflect further changes from the implementation of the revised Risk Management Strategy.

The ToR for the Patient Safety and Learning Group were refreshed at the end of 2020 to make more explicit the group's role in the identification, oversight and dissemination of learning within the organisation.

The Clinical Board was created in April 2020 following a review of the pre-existing Professional Council which it replaced. This Board was made a sub-group of the Committee.

As part of the arrangements to ensure robust oversight of quality during COVID, the Trust launched its Ethic Committee In April 2020. Whilst this committee does not report into Quality and Safety Committee it's work is complementary as it underpins the key objectives through its parallel activities, which almost always have quality and safety implications.

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

The Committee was scheduled to meet every 6 weeks during 2020-2021 and met 5 times during this period, with one meeting being cancelled due to an unannounced CQC inspection occurring on the same day. In addition when the pandemic was having a significant impact, the Committee merged with the Mental Health and Legislation Committee for Joint Committees on three occasions during this period as part of agreed contingency plan. Details of the meeting dates are listed below:

03 April 2020

15 May 2020

03 July 2020

04 September 2020

16 October 2020

18 November 2020 – Joint meeting with Mental Health and Legislation Committee

11 December 2020 – meeting cancelled due to CQC inspection

21 January 2021 – Joint meeting with Mental Health and Legislation Committee

18 March 2021 – Joint meeting with Mental Health and Legislation Committee

The draft agenda for each meeting is presented to the Chair of the Committee (Gerry Armitage); Non-Executive Director (Carole Panteli); and the executive lead Director of Nursing, Professions and Care Standards; Chief Operating Officer; and Medical Director by the Head of Quality Governance and Patient Safety (latterly the Deputy Director of Patient Safety, Compliance and Risk) and the Committee Secretariat.

In 2021/22 it is anticipated that there will be an increased number of Committee meetings and that these will be supported by both joint meetings with the Mental Health and Legislation Committee and the Workforce and Equality Committee, to allow exploration of areas of work which overlap with these committees.

Paperwork for the Committee is circulated seven calendar days prior to the meeting taking place. Exception items may be received within seven days where this has been agreed by the Chair. 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.

During this period, due to the impact of COVID19 on governance arrangements, a number of items were deferred. These are managed through a 'deferred actions' log which is reviewed at each meeting.

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

Membership of the Committee has remained relatively stable this year. It 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.

The Committee is chaired by a Non-Executive Director (NED), Professor Gerry Armitage, who is also the Deputy Chair for the Trust. 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 and Andrew Chang 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. Due to 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.

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 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. Whilst two Involvement Partners are identified to attend meetings, during this period the Committee has had regular engagement with only one as the impact of the pandemic has limited the regular engagement of the other Partner.

Meetings have routinely been held virtually, using MS Teams to ensure that members can continue to contribute whilst keeping in line with National Guidelines. Involvement Partners and Governors were proactively encouraged to attend and were provided with access to the MS Teams meeting to enable this.

The table below show attendance at the Committee for the meetings that took place during 2020/2021

Name	03 April 2020	15 May 2020	03 July 2020	04 Sept 2020	16 Oct 2020	18 Nov 2020*	11 Dec 2020**	21 Jan 2021*	18 March 21*
<b>Substantive members</b>									
Prof. Gerrard Armitage, Chair	√	√	√	√	√	√		√	√
Carole Panteli, Deputy Chair		√	√	√	√	√		√	√
Andrew Chang, Non-Executive Director	√	√	√	√	√	√			√
Philippa Hubbard, Director of Nursing, Professions and Clinical Standards	√		√	√ <sup>1</sup>	√	√		√	
Dr David Sims, Medical Director	√	√	√	√	√	√		√	√
Patrick Scott, Chief Operating Officer	√	√			√	√		√	√
<b>Others in attendance</b>									
Gillian Findlay, interim Director of Nursing						√			√
Paul Hogg, Associate Director of Corporate Affairs		√			√	√		√	√
Dr Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk <sup>2</sup>	√		√		√	√		√	√
Fran Limbert, Deputy Trust Secretary	√	√	√	√	√	√		√	
Matthew Riley, Involvement Partner	√	√	√	√	√			√	√
Anne-Marie Howard, Involvement Partner									√
Cathy Elliott, Trust Chair		√							
Therese Patten, Chief Executive					√	√			
<b>Attending for specific items</b>									
Kelly Barker, General Manager Mental Health	√	√	√	√		√			√
Michelle Holgate, General Manager Adults and Children's Physical Health		√	√		√	√			
Simon Long, Head of Nursing, Mental Health		√	√	√	√				
Rebecca Jowitt, Head of Nursing, Adult and Children's Physical Health			√						
Grainne Eloi, Deputy Director of Nursing and Professions				√	√				√

<sup>1</sup> Attended as interim Chief Operating Officer on this occasion

<sup>2</sup> Was Head of Quality Governance and Patient Safety until December 2020



Jenny Wilkes, interim Deputy Director of Compliance and Risk	√	√							
Dr John Hiley, Head of Research			√						
Paula Reilly, Risk Manager			√						
Jaspreet Singh, Chief Pharmacist			√						
Nicola Mortimer, Quality Performance Manager					√				
Joanna Shinnars, Clinical Audit Lead					√				
Natalie Threapleton, IPC nurse					√				
Dr Anita Brewin, Head of Psychological Therapies									√
<b>Attending from Mental Health legislation membership for joint meetings</b>									
Simon Lewis, Non-Executive Director							√		√
Dr Zulfi Hussain, MBE, Non-Executive Director								√	
Simon Bins, Mental Health Act Lead							√	√	√
Claire Risdon, Interim Director of Finance							√		
Sandra Knight							√		
Keith Double, Involvement Partner								√	√
Karen Ession, Involvement Partner								√	√
Chrissie Freeth, Associate Hospital Manager									√
<b>Attending as an observer</b>									
Sallie Turner, SI Officer									√
Colin Perry Governor									√
Dr Abdul Qayum								√	
Aisha Karim, Corporate Governance Facilitator							√		
Awais Siddique, Corporate Business Manager							√		
2 x governors (names not noted)	√	√							

\* Joint meetings with Mental Health Legislation Committee

\*\* Meeting cancelled

## 6 Report made to the Board of Directors

The Chair of the Quality and Safety Committee makes an Alert, Assurance, Advice (AAA) report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. 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 items are considered to be of significance and a certain urgency, the Chair of the Committee may make use of Exceptional Escalation Reports to the Trust Chair and Chief Executive, and where appropriate the Trust Board.

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>
03 April 2020	30 April 2020
15 May 2020	28 May 2020
03 July 2020	30 July 2020
04 September 2020	24 September 2020
16 October 2020	29 October 2020
18 November 2020*	26 November 2020
21 January 2021*	28 January 2021
18 March 2021*	25 March 2021

\* Joint meeting with the Mental Health Legislation Committee

## **7 The work of Quality and Safety Committee during the year between April 2020 and March 2021**

Despite the challenges inherent in responding to the COVID19 pandemic in line with national requirements, the Chair of the Committee can confirm 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. Given the nature of the climate of service delivery during this year, as well as continuing to receive reports from the Care Groups, the Committee has had a significant focus on how the Trust is operating during the pandemic. This focus has included: how the quality and safety of services are maintained; how the Trust is meeting the ongoing challenges of this unprecedented situation; and how the Trust can plan for potential future service impacts based on trends in locally reported data, and the broader unfolding research evidence concerning Covid 19.

The work of the Committee continues to be underpinned by the work of the Compliance Group and the Patient Safety and Learning Group. These groups have evolved and matured over the period covered by this report, and along with the Care Group Quality and Operational Groups, support the Committee in continued oversight of the quality of services beyond the immediate impact of COVID. Furthermore, it has been reassuring for the Committee to receive ongoing updates on continued quality improvement activity across all spheres of the Trust's activity.

A high-level presentation of areas of work on which the Committee has received assurance and during 2020/21 are as follows.:

**Assurance on:**

- Quality and safety of services during COVID
- 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 (with specific additional oversight through joint meetings with the Mental Health Legislation Committee)
- Board Assurance Framework
- Corporate Risk Register
- Risk management and incident management
- Internal Audit Reports.
- The quality and provision of Clinical supervision (delegated by the Board of Directors)
- Preparedness for Brexit
- Preparedness for Winter

**Reports on:**

- Patient experience
- Safer Staffing
- The Quality Impact Assessment for CIPs
- NICE guidance compliance
- The outcomes of the Trust Learning Week
- Learning Reports (from Serious Incidents)
- Compliance with Personal Protective Equipment requirements (audit and reports)
- Pressure Ulcers
- Dementia Assessment Unit (Deep dive results)
- Implementation of ReSPECT 2020
- Improved functionality of SystemOne

**Presentation of:**

- Draft Risk Management Strategy
- Quality Goals
- The Draft Quality Report
- Safeguarding Annual Report
- Infection Prevention and Control Annual Report
- Incidents quarterly reports
- Internal Audit report into the Governance Framework
- Bi-annual Research and development Report

- Clinical Audit Annual Report
- Medicines Management Annual Report (inc. the future electronic prescribing system)

## 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 2020/21, despite the unique circumstances the Trust has operated within during that period. 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, having carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of actual and potential 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. The Committee would like to specifically recognise the hard work and continued dedication of all of the Trust's staff in delivering high quality, safe care in what has been a uniquely challenging 12 months.

**The Chair sincerely thanks all Committee members, especially involvement partners, for their integrity, concentration, rigorous analysis and creative solutions.**

April 2021

**Prof. Gerry Armitage**

Chair of the Quality and Safety Committee

**Phillipa Hubbard**

Director of Nursing, Professions and Care Standards, lead Executive for the Committee

**Dr Beverley Fearnley**

Deputy Director of Patient Safety, Compliance and Risk