NHS
The Christie
NHS Foundation Trust

Quality Assurance Committee Annual Report
April 2017 – March 2018

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1. Introduction

The role of the quality assurance committee is to provide assurance to the board that The Christie is properly governed and well managed across a full range of activities and to provide assurance relating to quality by reviewing the establishment and maintenance of effective systems of governance, risk management and internal control.

The purpose of the quality assurance committee annual report is to review the work of the committee in the period from 1st April 2017 to 31st March 2018 and to set out how it has performed against its responsibilities as defined in its terms of reference.

2. Terms of reference & committee membership

The quality assurance committee terms of reference (ToR) were reviewed at the 29th June 2017 meeting. There were some minor changes noted to staff titles and the chief nurse & executive director of quality added a section on quality compliance around CIP. With these changes the committee terms of reference were approved.

The quality assurance committee was chaired throughout the year by Professor Kieran Walshe, non-executive director. The other members of the committee are Christine Outram, Jane Maher and Tarun Kapur. The committee is also attended by the chief nurse & executive director of quality and the executive medical directors. Other directors and other officers are also invited to attend, particularly when the committee is discussing an issue that is the responsibility of that director or officer.

3. Meetings

During 2017/18 five meetings were held: 29th June, 28th September, 30th November 2017, 25th January and 29th March 2018. In addition a joint meeting of the audit and quality assurance committees was held on 24th May 2017.

4. Quality assurance committee members: table of attendance

Name	Quality assurance committee (out of 5 possible meetings)	Joint audit & quality assurance committee (out of 1 meeting)
Kieran Walshe (Chair)	5	1
Christine Outram	4	1
Jane Maher	5	1
Tarun Kapur	5	1

5. Relationship to other Committees

The quality assurance committee has shared responsibility with the audit committee to provide assurances to the board of directors that The Christie is properly governed and well managed. In broad terms the quality assurance committee is responsible for ensuring that assurance is provided for clinical & research governance and risk management.

6. Achievement of the identified priorities

The list below forms the basis of the committee's programme during 2017/18:

1. Maintain registration with the CQC and full compliance with CQC key lines of enquiry, along with all other regulatory requirements.
2. Ensure that the Trust meets all quality related requirements of the Single Oversight Framework and bi-annually reviews the risk against the NHSI Quality Framework.

3. Ensure continuing audit and evidence of high standards of patient care and patient experience, monitor patient safety information and patient harm rates.
4. Monitor and support the ongoing development and presentation of clinical effectiveness data to ensure The Christie is delivering the best possible cancer care to its patients.
5. Ensure that the clinical audit programme is appropriate, adequately resourced and aligned with the strategic objectives of the Trust. Clinical Audit to attend every meeting of this committee to ensure clinical effectiveness.
6. Continue to provide high standards of cleanliness and effective HCAI management and compliance with the Hygiene Code.
7. Oversee the publication of the annual Quality Accounts.
8. To agree quality priorities for internal audit which have been agreed with the Quality Assurance Committee.
9. To monitor the learning from claims.
10. To receive the annual report of the outcomes of the Quality Plan
11. To receive the annual monitoring report of the raising concerns policy.
12. To address issues raised through the committee's effectiveness review.

All the identified priorities were achieved. The Board is invited to identify any additional subjects on which assurance may be required in response to changes in the healthcare environment.

7. Governance and risk management

The committee maintains an action plan rolling programme. Any actions arising from meetings are recorded on the rolling programme. This document is used to plan, record and monitor the work of the committee. Following each of its meetings a key issues report and full minutes are submitted to the board of directors.

Throughout the year the committee has received a range of information in accordance with the rolling programme.

7.1 Care Quality Commission (CQC)

On 18th November 2016 we were rated as Outstanding by the Care Quality Commission (CQC). This rating was based on evidence provided and care witnessed during the comprehensive inspection which took place from 10th – 13th May 2016.

We were judged to be fully compliant in all regulated activity and did not receive any 'must do' improvement actions. However, there were some areas identified where it was felt we could further improve our services. An improvement plan was developed in partnership with clinical and management teams and was agreed by the Board of Directors in January 2017.

The chief nurse & executive director of quality reported on two areas on the improvement plan where she felt there was insufficient audit data to provide full evidence of compliance. She arranged for these two areas to undergo a thorough review including an unannounced mock inspection. She confirmed that, following the latest audit, both these areas are now compliant and the Board of Directors approved the completed improvement plan prior to its submission to the CQC on 27th October 2017.

7.2 NHS Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers of NHS-funded care. Their role is to offer support to providers to ensure they give patients consistently safe, high quality and compassionate care within local health systems that are financially sustainable.

The Single Oversight Framework, designed to help NHS providers attain and maintain Care Quality Commission (CQC) ratings of 'good' or 'outstanding', helps to identify potential support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Individual trusts will be segmented according to the level of support they need. There are 4 segments:

Segment	Description
1	**Providers with maximum autonomy** − no potential support needs identified across our five themes – lowest level of oversight and expectation that provider will support providers in other segments
2	**Providers offered targeted support** − potential support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not needed
3	**Providers receiving mandated support for significant concerns** – the provider is in actual/suspected breach of the licence (or equivalent for NHS trusts)
4	**Special measures** − the provider is in actual/suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean that they are in special measures

Our current performance is rated as 1.

7.3 Internal audit reports

The following internal audit reports conducted on behalf of the quality assurance committee were received during the year:

Internal audit report	Meeting issued	Audit assurance	Recommendations
Quality metrics: The Christie CODE	29 June 2017	Significant	2 medium & 1 low
Quality spot check: Ward 10	30 November 2017	Significant	4 medium & 4 low
Quality spot check: Radiotherapy	March 2018	Significant	1 high, 2 medium & 5 low
Mortality Framework	March 2018	Significant	1 medium & 1 low
Pressure Ulcers	Final report issued June 2018	High	None

Any recommendations are captured in an action plan and implemented as required. There were no limited assurance reports assigned to the Quality Assurance Committee during 2017/18.

7.4 Governance reports

During 2017 the committee received the following annual reports:

- Health, safety and security annual report 2016/17
- Equality and diversity annual report 2016/17
- Infection control annual report 2016/17
- Clinical audit annual report 2016/17

- Safeguarding vulnerable people annual report 2016/17
- Learning from complaints annual report 2016/17

There were no issues of concern raised in any of the reports.

7.5 Risk management

In line with the risk management strategy the committee seeks to provide assurance that risk management processes are embedded and well managed. This is achieved via scrutiny of the key risks reports within the performance report provided to the board of directors and through an overview of the work of the risk and quality governance committee.

The information provided in these reports has enabled the committee to provide assurance to the board of directors that there are effective systems of internal control in place with regard to clinical and research governance and risk management.

7.6 Improvement

During the year the committee received presentations on the following topics:

- Quality Plan 2017-2020
- Strategy & Service Transformation – Outpatients
- Learning from complaints
- Infection, prevention & control
- Consent practice audit
- Sugar matters

7.7 Board assurance framework

The Board Assurance Framework (BAF) focuses on the key risks for the organisation. The BAF is a 'live' document which is continuously reviewed and updated.

The quality assurance committee reviewed the BAF at each of its meetings and received updates from the company secretary, the document owner. The committee has assured itself that the process undertaken to populate the BAF is appropriate in that the necessary directors and managers have been involved and take responsibility for their entries and that there are no major omissions from the list of controls.

The quality assurance committee is satisfied that the system of risk management in the organisation is adequate in identifying risks. The committee believes there are no areas of significant duplication or omission in the systems of governance (that have come to the committee's attention) that have not been adequately resolved.

Internal audit has provided their opinion on the board assurance framework and have determined that the Trust is green in all aspects of their review and that the Assurance Framework is an integral part of the Trust's governance framework and clearly linked to the board agenda.

7.8 Review of committee effectiveness

In line with its terms of reference the committee undertook a self-assessment exercise during 2017. Members of the committee were asked to complete a self-assessment questionnaire that asked 23 questions and had 3 free text questions.

The overall results were very positive and showed good progress for the committee. Areas for further work were identified and these are being actioned / implemented.

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8. Annual Governance Statement

The Annual Governance Statement for 2017/18 was considered and approved at a joint meeting of the audit and quality assurance committees on 24th May 2018.

9. Quality Accounts

The Trust received an unqualified audit opinion (the best outcome) for its quality report, which was published as part of the annual report and accounts for 2017/18. This included data covering patient satisfaction surveys, complaints, waiting times, clinical audits, 1 and 5 year survival rates, Serious Incidents and infection rates, as well as performance against national targets and goals agreed locally with commissioners.

10. Reviewing legality of actions

The committee has not received any reports of any enforcement activity by any relevant regulators in relation to the Trust's activities.

11. Priorities for 2018/19

1. Maintain registration with the CQC and full compliance with CQC essential standards of quality and safety, along with all other regulatory requirements.
2. Be prepared for the unannounced and Well led CQC inspections
3. Ensure that the Trust meets all quality related requirements of the Single Oversight Framework for 2018/19 and to bi-annually review the risk against the Quality Framework.
4. Ensure continuing audit and evidence of high standards of patient care and patient experience, monitor patient safety information and patient harm rates.
5. Monitor and support the ongoing development and presentation of clinical effectiveness data to ensure The Christie is delivering the best possible cancer care to its patients.
6. Ensure that the clinical audit programme is appropriate, adequately resourced and aligned with the strategic objectives of the Trust. Clinical Audit to attend every meeting of this committee to ensure clinical effectiveness.
7. Continue to provide high standards of cleanliness and effective HCAI management and compliance with the Hygiene Code.
8. Oversee the publication of the annual Quality Accounts.
9. To agree quality priorities for internal audit which have been agreed with the quality assurance committee.
10. To be the lead committee for overseeing and reviewing the Trust's outcomes of the new national mortality process.
11. To monitor the learning from claims.
12. To receive the annual report of the outcomes of the Quality Plan
13. To receive the annual monitoring report of the raising concerns policy.
14. To address issues raised through the committee effectiveness review.

Professor Kieran Walshe
Chair of the Quality Assurance Committee
31st March 2018