1. STANDARD OPERATING PROCEDURE

LOCAL QUALITY OF CARE TEAMS

This document aims to clarify the requirements of the local Quality of Care Teams across HDFT.

Background

The Quality of Care Teams formerly known as local Risk Management Teams have been in place in many areas since 2003. The aim of these multidisciplinary teams is to ensure that quality and safety is discussed as a matter of priority at the local level. The groups look at delivery of the service, including patient safety, incidents, complaints, alerts, audits and assessment of risk. They maintain a departmental risk register. The aim is to ensure multidisciplinary teams are actively addressing quality and safety issues, managing risk, sharing good practice and experience, and that there is evidence of this.

1.1. The Quality of Care Teams

Each Directorate is responsible for identifying the local Quality of Care Teams and monitoring their effectiveness through the Directorate Quality and Governance Committees. The number of quality care teams will be determined by the Directorate.

Quality of Care Teams will:

- Meet at least bi-monthly
- Be multi-disciplinary and have representation from all members of the team.
- Include agreed items on each agenda (a standard agenda template is available) these are to include quality ideas/concerns, any relevant audits and key performance indicators, issues relating to patient safety and patient experience, complaints and incident trends, staffing issues and a review of local risk registers.
- Have terms of reference (template TOR available)
- Produce action notes from the meetings highlighting key issues, trends and progression of actions (template action notes available) and submit these to the Directorate Quality and Governance lead.
- Review the local risk register and ensure that any new identified risks (including from Salus Health and Safety Control Books) are accurately recorded in the departmental register and escalated within the directorate as required. Submit risk registers on a 6 monthly basis.
- Be accountable to the Directorate Quality and Governance Committees

1.2. Quality of Care Team Lead

Each local Quality of Care Team has a designated lead that is responsible for, ensuring that the meeting dates are organised and the action notes/minutes and risk registers are accurate, reviewed at each meeting and forwarded to the Directorate Quality and Governance Lead. They also have a responsibility to escalate identified risks and concerns that cannot be dealt with at the local level via their line manager or Directorate Governance Lead.

1.3. Directorate Governance Lead

Each Directorate Governance Lead will be responsible for maintaining an up to date record of the Quality of Care Teams and leads within the directorate and a record of meetings held by each local quality of care team. The lead will ensure that they receive the departmental risk registers and minutes/action notes of each Quality of Care Team in their directorate and that these inform the Directorate Quality and Governance Committee. The Directorate Governance Lead will submit a 6 monthly Directorate Quality and Governance report to the Trust Quality and Governance Group.

1.4. Deputy Chief Nurse Quality, Safety and Standards

The Deputy Chief Nurse will liaise with the Quality of Care Team Leads regarding Governor "buddies" and inform the Directorate Governance Leads.

1.5. Governor Buddies

A number of Quality of Care Teams have a Governor "buddy", who works with the team to provide a wider perspective on patient experience. In addition, the involvement of Governors within effective Quality of Care Teams assists the Governors in their role of assuring the quality of care within the team.

1.6. Operational Director

The Operational Director will ensure that the departmental registers are up to date and quality assured. They will be responsible for escalating significant risks and themes to the directorate register.

2. APPROVAL AND RATIFICATION PROCESS

This Standard Operating Procedure will be ratified by the Quality and Governance Group.

3. ASSOCIATED DOCUMENTATION

Standardised Quality of Care teams agenda template
Standardised Quality of Care teams Terms of Reference template
Standardised Quality of Care teams action notes template
Guidance on completing a risk register
Investigations, Learning and Supporting Policy

4. APPENDICES

Appendix 1: Consultation Summary

4.1. Appendix 1: Consultation Summary

	List Groups and/or Individuals Consulted
Those listed opposite have been consulted and any comments/actions incorporated as appropriate. The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.	Chief Nurse
	Associate Specialist in Governance
	Head of Risk Management
	Operational Directors
	Directorate Governance lead
	Quality and Governance Group