

Quality Committee Annual Report 2018/19 to the Board of Directors

1. Introduction

Good practice states that the Board of Directors (the Board) should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.

The period reported on is from 1 April 2018 to 31 March 2019

1.1 Review of Committees

In September 2018 the Board of Directors undertook a comprehensive review of its Board and Committee Structures to improve the effectiveness of the Board. The results of the Board and Board Committee self-assessment process and the outcome of the Audit and Assurance Committee Self-Assessment both identified opportunities for change and improvement in the way that the governance infrastructure of the Foundation Trust is managed. An important starting point was the review of the Terms of Reference of all the Board Committees. The terms of Reference were reviewed and amended to

- Make the role of the Board Committees explicit in relation to the Board Assurance Framework
- Define the inter-relations and interdependence between the different committees
- Make the role of and relationship of Board Committees with the Audit and Assurance Committee explicit
- Standardise wording and format of all terms of reference

These Terms of Reference were approved by the Board of Directors in January 2019.

1.2 Scope of this Annual Report

This annual report incorporates an outline of the activities of the Quality Committee which was in existence up to 31st January. It also provides an outline of the activities of the Committee as it implemented its revised terms of reference during February and March 2019.

2. Quality and Safety Committee (April 2018 to January 2019)

2.1 Responsibilities

The purpose of the Quality Committee was to provide detailed scrutiny of the Foundation Trust's arrangements for the management and development of quality in order to provide assurance and, if necessary, raise concerns or make recommendations to the Board of Directors.

From April 2018 to January 2018 the Committee was responsible for:

- Assuring safety, effectiveness, and patient experience across all the Foundation Trust's services
- Contributing to and overseeing the development of the Foundation Trust's annual Quality Report
- Determining and monitoring the programme of clinical risk management and clinical audit
- Overseeing the programme of work to move the CQC rating of the Foundation Trust to 'good' or 'outstanding'

- Informing the development of the corporate objectives and priorities for inclusion in divisional annual plans
- Overseeing the Foundation Trust's Information Governance requirements.

The Committee also reviewed all aspects of quality within the Foundation Trust through examination of:

- Serious Incidents, Infection Prevention and Control, Patient Experience, and other relevant reports
- Regular highlight reports from the Sub-Committees
- National reviews and inquiries which involve systems failure.

The Committee received and reviewed the strategic objectives allocated to it by the Board of Directors identifying any areas where additional assurance is required.

The Committee received and reviewed those Board Assurance Framework risks allocated to it by the Board of Directors, monitoring progress made in mitigating those risks, identifying any areas where additional assurance is required, and escalated assurance to the Board of Directors as agreed by the Committee.

2.2 Membership and attendance record

The Quality and Safety Committee met on a monthly basis and met ten times during the reporting period.

Membership and attendance is recorded in the table below. The Director of Governance and Corporate Affairs was in attendance for all meetings from the end of October 2019.

MEMBERS	25.4.18	30.5.18	27.6.18	25.7.18	29.8.18	26.9.18	31.10.18	28.11.18	12.12.18	30.1.19	TOTAL
Laura Stroud (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10 of 10
Amjad Pervez	✓	✓	X	✓	✓	✓	✓	✓	X	X	7 of 10
Selina Ullah	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	9 of 10
Jon Prashar	X	✓	X	✓	✓	✓	✓	✓	✓	X	7 of 10
Karen Dawber	X	✓	✓	✓	✓	✓	✓	X	✓	✓	8 of 10
Cindy Fedell	X	X	✓	✓	✓	✓	✓	✓	✓	✓	8 of 10
Bryan Gill	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	9 of 10
Tanya Claridge	✓	✓	✓	✓	✓	✓	✓				7 of 7

✓ = Attended	X = Apologies sent
	Denotes period when not a member of the Committee
	Meeting cancelled

In order for the meeting to be quorate, there should be at least the Chair and four members present.

2.3 Reporting requirements

Each month the Quality and Safety Committee received and reviewed reports on the following standard agenda items;

- 2.3.1 Information Governance Report
- 2.3.2 Serious Incidents/Never Events Report
- 2.3.3 Nurse Staffing Data Publication
- 2.3.4 Board Assurance Framework

Additional items reviewed, related to key controls in the described in the Board Assurance Framework are included below:

- 2.3.5 Quarterly Risk Report
- 2.3.6 Effectiveness Report (NICE and Audit)
- 2.3.7 Clinical Audit Annual Report
- 2.3.8 Combined Learning Report
- 2.3.9 ProgRESS Report (100 day report)
- 2.3.10 CQC Compliance
- 2.3.11 Workforce Report
- 2.3.12 Information Governance Toolkit
- 2.3.13 Quality Improvement Programme Update
- 2.3.14 Nursing Establishment Review
- 2.3.15 Infection Prevention and Control
- 2.3.16 Security Report
- 2.3.17 Physical Assault Annual Submission
- 2.3.18 Security Management Standards for Providers
- 2.3.19 Midwifery Annual Report (next due 2018)
- 2.3.20 Patient Experience (including complaints)
- 2.3.21 Leadership Walk around Update
- 2.3.22 Safeguarding Children update
- 2.3.23 Safeguarding Adults Update
- 2.3.24 'Deep Dives' as requested by the Committee
- 2.3.25 Mortality Review Improvement Programme
- 2.3.26 NHS Staff Survey
- 2.3.27 Palliative Care Annual Report
- 2.3.28 'Freedom to Speak Up' Report
- 2.3.29 Review Terms of Reference of this Committee
- 2.3.30 External Reports/Regulatory Matters (when arises)
- 2.3.31 Committee Annual Report 2016/17
- 2.3.32 Committee Work plan 2018/19
- 2.3.33 Review Sub-Committees Terms of Reference
- 2.3.34 Children and Young People's Board Report
- 2.3.35 Clinical Audit & Effectiveness Sub-Committee Report
- 2.3.36 Education & Workforce Sub-Committee Report
- 2.3.37 Patients First Sub-Committee Report
- 2.3.38 Patient Safety Sub-Committee Report
- 2.3.39 Quality Surveillance Report
- 2.3.40 SIRO Report
- 2.3.41 Research, Translation and Innovation Report
- 2.3.43 'Mortality' reporting

After each meeting, the Quality Committee reported to the next Board meeting by way of a summary report of key points discussed. Once the meeting minutes were agreed by the Committee, a copy was submitted to the subsequent Board meeting.

Minutes included a description of the business conducted, risks identified and key actions agreed. Issues.

2.4 Review of the Terms of Reference of the Quality and Safety Committee

The Quality Committee terms of reference were reviewed in September 2018 by the Board as part of the review of the committees detailed in section 1.1. The Board of Directors approved key changes to the remit of the Quality Committee.

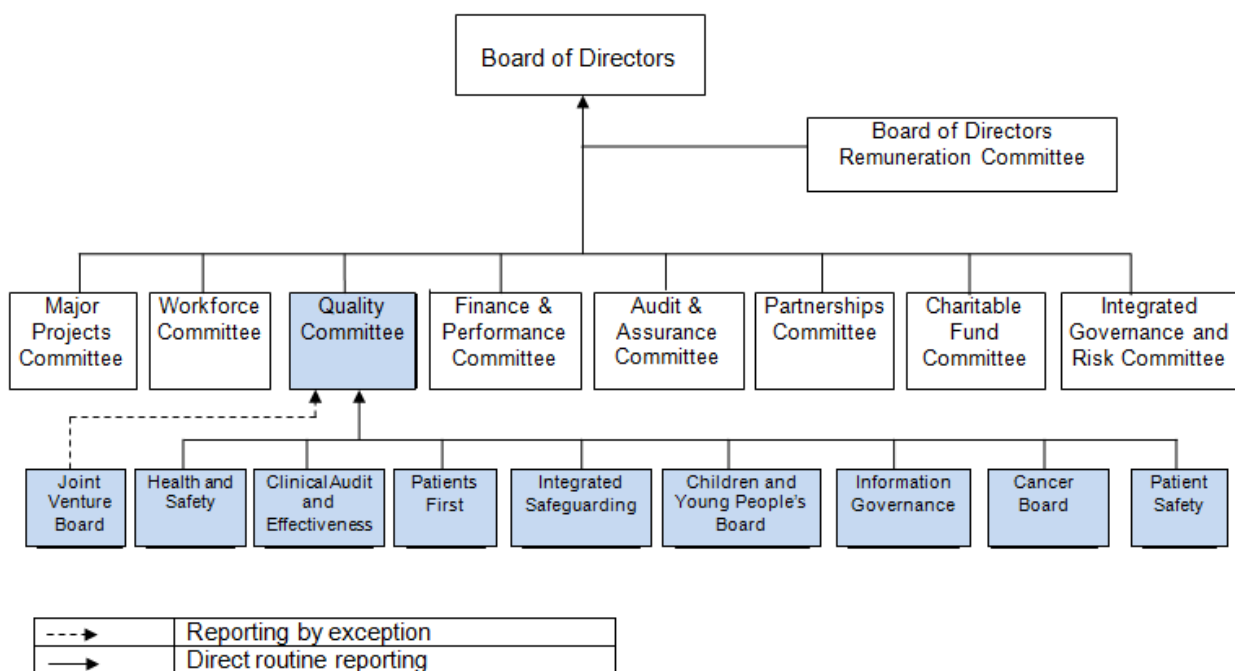
2.5 Cycle of Business

During its operation; the Quality Committee kept under review its own working arrangements and was mindful of the need to ensure that its remit fit appropriately with the other Committees of the Board of Directors as they were configured up to January 2018.

2.6 Conclusion

The Quality Committee took all reasonable steps to perform its duties as delegated by the Board and mandated in its Terms of Reference and in accordance with good governance arrangements.

3. Quality Committee (February 2019 to March 2019)



3.1 Purpose

The purpose of the Quality Committee is to provide the Foundation Trust Board with an objective and independent review (including relevant strategic risks and associated assurance) of the quality of the care the Foundation Trust provides. This remit includes a focus on the Care Quality Commission (CQC) domains of safe, effective, caring, responsive and well led, and on also on the effectiveness of quality governance and risk management (including health and safety) systems

Trust Strategic Objectives		Committee Role
1	To provide outstanding care for patients	Oversight and assure
2	To deliver our financial plan and key performance targets	Acknowledge
3	To be in the top 20% of employers	Acknowledge
4	To be a continually learning organisation	Oversight and assure
5	To collaborate effectively with local and regional partners	Acknowledge

The first meeting of the Quality Committee with its revised terms of reference took place in February 2019.

3.2 Objectives

The objective of the Committee is to enable the Foundation Trust Board to obtain assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- Promote safety, high quality patient care across the Foundation Trust
- Identify, prioritise and manage risk arising from clinical care
- Ensure the effective and efficient use of resources through evidence based clinical practice
- Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality and safety
- Protect the health, safety and wellbeing of Trust employees
- Ensure effective information governance across the Trust's functions.

3.3 Principal duties

- To receive and review the strategic objectives related to quality allocated to it by the Board of Directors, agreeing the key controls and identifying any areas where routine and additional assurance is required within its work-plan and what type of assurance is required.
- To receive and review the Board's Risk Appetite statement at each meeting and apply it to their review of the risks and assurance associated with the Trust's Strategic Objectives.
- To receive and scrutinise the Strategic Risks (with a risk score of 12 or more) or any other risks identified or being managed by the Trust allocated to it by the Board of Directors in the context of the Board Assurance Framework, monitoring progress made in mitigating those risks through the work of the Integrated Governance and Risk Committee, identifying any areas where additional assurance is required.
- To report to the Audit and Assurance Committee, as per the memorandum of understanding and provide assurance to the Trust Board on the adequacy of control and mitigation against such risks.
- Following consideration of the assurances received through the discharge of its operational responsibilities, agree the level of confidence the Committee has in relation to the achievement of the strategic objectives allocated to it and provide the associated rationale for inclusion within the Board Assurance Framework.

3.4 Responsibilities

The Quality Committee is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance, clinical risk management, information governance, research & development; and the regulatory standards of quality and safety.

The Committee will discharge this responsibility through:

- Assuring that safety, effectiveness, and patient experience across all the Foundation Trust's services is compliant with the CQC's Fundamental Standards of Quality and Safety
- Reviewing and monitor delivery of the Foundation Trust's Quality Plan and any supporting implementation plans
- Contributing to and overseeing the development of the Foundation Trust's annual Quality Report
- Determining and monitoring the programme of clinical risk management and clinical audit
- Having oversight and scrutiny of the risks and assurance associated with the impact of financial and performance pressures on the quality of care
- Reviewing and assuring processes for quality impact assessment of Trust developments and cost improvement schemes.
- Reviewing reports about compliance with external quality standards, including the Fundamental Standards of Quality and Safety, NHS Trust Litigation Authority requirements, Health and Safety legislation and regulation, and to review the adequacy of relevant formal Trust disclosure statements prior to endorsement by the Foundation Trust Board.
- Having oversight and scrutiny of the programme of work to move the CQC rating of the Foundation Trust to 'good' or 'outstanding'
- Informing the development of the corporate objectives and priorities for inclusion in divisional annual plans
- Having oversight and scrutiny of the Foundation Trust's Information Governance arrangements.
- Making recommendations to the Audit Committee concerning the annual programme of Internal Audit work and to work with the Audit Committee to ensure effective scrutiny of the risks and systems of internal control related to matters of quality and safety.

The Committee also reviews all aspects of quality within the Foundation Trust through examination of:

- Serious Incidents, Infection Prevention and Control, Safeguarding, Patient Experience, mortality and other relevant reports
- Regular highlight reports from the Sub-Committees
- National reviews and inquiries which involve systems failure.

3.5 Membership and attendance record

The Committee met on a monthly basis and met twice during the reporting period. A quorum shall consist of no less than two Non-Executive Directors and two Executive Directors (or their nominated Deputies) and must include as a minimum the Chair or Deputy Chair of the Committee.

Membership and attendance is recorded in the table below

MEMBERS	27.2.19	27.3.19	TOTAL
Laura Stroud (Chair)	✓	✓	2 of 2
Selina Ullah	X	X	0 of 2
Jon Prashar	✓	✓	2 of 2
Karen Dawber	✓	✓	2 of 2
Cindy Fedell	✓	✓	2 of 2
Bryan Gill	✓	✓	2 of 2

✓ = Attended	X = Apologies sent
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3.6 Reporting Requirements

Each month the Quality Committee receives and reviews reports on the following standard agenda items;

- 3.6.1 Information Governance Report
- 3.6.2 Serious Incidents/Never Events Report
- 3.6.3 Nurse Staffing Data
- 3.6.4 Board Assurance Framework
- 3.6.5 Quality Dashboard

In addition, the Quality Committee's work programme included a review of the following items either bi-monthly, quarterly, annually or, by exception.

- 3.6.6 Risk Management Report
- 3.6.7 Effectiveness Report (NICE and Audit)
- 3.6.8 Combined Learning Report
- 3.6.9 ProgRESS Report
- 3.6.10 CQC Compliance
- 3.6.12 Quality Improvement Programme Update
- 3.6.13 Infection Prevention and Control
- 3.6.15 Patient Experience (including complaints)
- 3.6.17 Leadership Walk round Update
- 3.6.20 Focused subjects as determined by the Committee
- 3.6.21 Palliative Care Annual Report
- 3.6.22 'Freedom to Speak Up' Report
- 3.6.23 Committee Work plan 2018/19
- 3.6.27 Safer Procedures
- 3.6.28 Patients First Sub-Committee Report
- 3.6.29 Patient Safety Sub-Committee Report
- 3.6.30 Quality Surveillance Report
- 3.6.31 SIRO Report
- 3.6.32 Research, Translation and Innovation Committee Report
- 3.6.33 Mortality Sub Committee Report
- 3.6.34 Quality Oversight System report

The Committee received and reviewed those Board Assurance Framework risks allocated to it by the Board, monitored progress made in mitigating those risks, identified any areas where additional assurance was required and escalated assurance to the Board as agreed by the Committee.

After each meeting, the Quality Committee reported to the next Board meeting by way of a summary report of key points discussed. Once the meeting minutes were agreed by the Quality Committee, a copy was submitted to the subsequent Board meeting. Minutes included a description of the business conducted, risks identified and key actions agreed. :

3.5 Cycle of Business

The Quality Committee keeps under review its own working arrangements and is mindful of the need to ensure that its remit fits appropriately with the other Committees of the Board of Directors.

3.6 Conclusion

The Quality Committee believes it has taken all reasonable steps to perform its duties as delegated by the Board and mandated in its Terms of Reference and in accordance with good governance arrangements.

Professor Laura Stroud
Non-Executive Director and Chair of the Quality Committee

August 2019