

Meeting title:	Trust Board
Date of the meeting:	9 May 2024
Title:	Quality Committee Annual Report 2023-24
Report presented by:	Andy Haynes – Non-Executive Director and Quality Committee Chair
Report written by:	Hina Majeed – Corporate and Committee Services Officer

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	Quality Committee, 25 April 2024					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the Quality Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used: QC – Quality Committee PSC – Patient Safety Committee

Introduction

Purpose of the Report

The information contained within the report will provide QC itself and the Trust Board with assurance that QC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2023 to 31 March 2024.

Recommendation

The Trust Board is invited to approve this report following endorsement by the Quality Committee meeting on 25 April 2024. This report has been updated following changes suggested by the Quality Committee.

Key Issues, Options and Risks

1. Introduction

The Quality Committee’s terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

2. Meeting Attendance

During the period of this report, the Quality Committee met on 12 occasions. The Committee membership consists of 3 Non-Executive Directors, 2 Associate Non-Executive Directors, the Chief Nurse, the Medical Director, the Chief Operating Officer and the Director of Health Equality and Inclusion. Members are required to attend a minimum of 75% of meetings on a rolling 12-month basis. Attendance throughout the period was as follows: -

Voting Members	Role	Possible	Actual	% attendance
V Bailey	Non-Executive Director (Chair until December 2023)	9	7	78
A Haynes	Non-Executive Director (Member until December 2023, Chair from January 2024)	12	9	75
R Abeyratne	Director of Health Equality and Inclusion	12	9	75
I Browne (from January 2024)	Associate Non-Executive Director	3	2	67
M Farmer (from January 2024)	Associate Non-Executive Director	3	3	100
A Furlong	Medical Director	12	11	92
J Hogg	Chief Nurse	12	9	75
J Melbourne	Chief Operating Officer	12	11	92
G Sharma (until 30.4.23)	Associate Non-Executive Director	1	0	0
T Robinson	Non-Executive Director	12	6	50
J Worrall	Non-Executive Director	12	9	75

In Attendance	Role	Possible	Actual	% attendance
D Burnett	Director of Midwifery	12	7	58
S Burton (from May 2023)	Deputy Chief Nurse	11	9	82
B Cassidy	Director of Corporate and Legal Affairs	12	8	67
C Ellwood (from May 2023- November 2023)	Chief Pharmacist	7	4	57
D MacDonald (from December 2023)	Acting Chief Pharmacist	4	3	75
R Manton	Head of Risk Assurance	12	11	92
C Pheasant (from July 2023)	Chief Allied Health Professional	9	7	78
C Rudkin	Head of Patient Safety	12	10	83
J Smith	Patient Partner	12	7	58
Gang Xu (from May 2023)	Deputy Medical Director	11	6	55
ICB Representative		12	11	92

The Chief Executive, Trust Chair, other Non-Executive Directors, representatives of Internal and External Audit also all have a standing invitation to attend QC.

All the meetings held were quorate. The quorum is 4 members (to include 2 Non-Executive Directors and 2 Executive Directors) and this is confirmed at the start of each meeting. QC provides a written escalation report of its meetings to the Trust Board, aligning the discussions to the BAF risks within QC's remit and highlighting information needing to be flagged to the Trust Board.

3. Effectiveness of the Quality Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its statutory function and provides assurances that the Quality Committee has fulfilled its duties. The position listed below reflects the updated terms of reference effective from June 2023.

The purpose of the Committee is to seek and receive assurance on the appropriateness and effectiveness of the Trusts overall quality governance arrangements. This committee has delegated authority from the Board to gain assurance on the robustness of quality governance across the Trust to ensure safe care to patients.

General Composition and establishment		Yes	No
1	Does the Quality Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?	✓	
4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	
6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The Quality Committee terms of reference were last reviewed by QC in June 2023 and subsequently approved by the Trust Board in July 2023. A plan is now in place to review these annually on a rolling basis. An established plan is in place to review these annually on a rolling basis. The Committee recommenced its annual reporting process in 2022-23 following a previous pause in the process which was partly due to the Covid-19 pandemic. Now that this annual reporting process had been re-established, it has been embedded into the Committee's work programme.

The Board Assurance Framework risks (and their risk ratings) that are within the Committee's remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the Team Engine electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1	Quality and Effectiveness		
1.1	Does the Committee agree the Trust Quality Priorities and receive assurance for the performance against those priorities agreed?	✓	
1.2	Does the Committee receive CQC updates in a timely manner and monitor ongoing compliance with CQC fundamental standards and oversight of the implementation of agreed action plans?	✓	
1.3	Does the Committee monitor the Trust's compliance with CQC registration requirements and where there are changes?	✓	

1.4	Does the Committee receive assurance the Trust has appropriate staffing establishments which are reviewed in a timely manner via the Nursing, Midwifery and AHP committee?	✓	
1.5	Does the Committee receive, review and approve the Annual Quality Report prior to formal approval at the Board?	✓	
1.6	Does the Committee monitor the impact on the Trust's quality of care of cost improvement programmes?	✓	
1.7	Does the Committee receive assurance that the Trust's approach to Quality Improvement is robust and embedded across the organisation. Does the Committee receive updates on the outcomes of Quality Improvement initiatives?	✓	
1.8	Does the Committee receive quarterly updates on Quality Transformation? <i>* NB: this will now be taken through 'Our Future Hospitals & Transformation Committee'</i>		✓*
1.9	Does the Committee receive and approve the clinical audit plan, receive assurance on the progress against the plan and approve the annual report? <i>* NB: this is now covered within the Quality Improvement and Assurance update (as per line 1.7 above)</i>	✓*	
1.10	Does the Committee receive all limited assurance internal audit reports pertinent to the remit of this committee seeking assurance on the actions being taken to address the risks identified?	✓	
1.11	Does the Committee escalate appropriate concerns to the System Clinical Quality Executive Group?	✓	
2	Safety		
	Does the Committee gain assurance via quarterly reports on patient safety, particularly focussing on: -		
2.1	Harms as a result of Cancer performance	✓	
2.2	Mortality and Learning from Deaths	✓	
2.3	Maternity safety and CNST <i>* NB: via the Maternity Assurance Committee report to QC</i>	✓*	
2.4	Learning from Claims and Inquests		✓
2.5	Complaints and Serious Incidents <i>* NB: reported monthly to PSC and QC via the Quality & Safety Performance Report</i>	✓*	
2.6	Deteriorating patient, Resuscitation and End of Life and Palliative Care <i>* NB: reported to Patient Safety Committee</i>		✓*
2.7	Falls <i>* NB: reported to Patient Safety Committee</i>		✓*
2.8	Pressure Ulcers <i>* NB: reported to Patient Safety Committee</i>		✓*
2.9	Safeguarding	✓	
2.10	IPC	✓	
2.11	Receive themes, trends and learning from serious incidents across the Trust, including application of the Duty of Candour <i>* NB: received on a bi-annual basis (starting from February 2024), not quarterly</i>	✓*	
2.12	Receive assurance on the Trust's oversight of appropriate medicines management, prescribing, administration and safety and medication errors	✓*	

	<i>* NB: initial report to PSC and subsequently reported to QC for noting</i>		
2.13	Oversee the implementation of the mental health strategy <i>* NB: reported to Patient Safety Committee</i>		✓*
2.14	Receive the IPC Board Assurance Framework before being presented to the Board <i>* NB: reported annually</i>	✓*	
3	Core Responsibilities and Sub-Group reporting		
3.1	Does the Committee review and support the Trust's core strategies associated within the committee's remit?	✓	
3.2	Does the Committee monitor, review and assess the level of assurance received on the quality risks, controls and governance processes identified in the Board Assurance Framework delegated to the committee by the Board, providing reports to the Board of Directors and/or Audit Committee when requested?	✓	
3.3	Has the Committee reviewed the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required?	✓	
3.4	Does the Committee escalate issues of concern requiring Board attention?	✓	
3.5	Does the Committee develop and maintain an annual work programme to reflect and enable assurance in relation to the above duties?	✓	
3.6	Does the Committee Annually review the committee terms of reference to ensure they remain fit for purpose and align with annual work programme?	✓	
3.7	Does the Committee produce an annual report incorporating its effectiveness to adhere to the duties placed upon it?	✓	
3.8	Does the Committee receive and approve a biannual report re: organ donation?	✓	
3.9	Does the Committee receive and approve annual reports from:?		
	➤ Complaints	✓	
	➤ Safeguarding and Learning Disability <i>* NB: learning disability, autistic people and mental health annual report has been deferred to June 2024.</i>	✓*	
	➤ Infection Prevention Control	✓	
	➤ Serious incidents	✓	
	➤ Patient involvement and experience	✓	
	➤ Clinical audit	✓	
	➤ Dementia	✓	

3.3 The Quality Committee has been confirmed as compliant in respect of 28 out of the 34 core functions set out above (approximately 82% compliant). However, it should be noted that the Patient Safety Committee was established in June 2023 and some of the core functions of the QC had now been delegated to the PSC. Each Quality Committee meeting receives a detailed report setting out the discussions from the preceding Patient Safety Committee, including any items being escalated to QC. The Quality Committee workplan and terms of reference will be updated to reflect this position. In addition, the Integrated Performance Report is submitted to QC on a monthly basis,

for information. This report provides a high-level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary, where appropriate.

4. Operation of the Committee

QC is invited to consider whether for future annual reports, it would also like to review the mechanics of how it operates as a Committee. Some of the issues to be considered might include questions on whether: -

- a) Committee members feel able to contribute meaningfully to the issues discussed and express challenge;
- b) the committee is aware of the key sources of assurance and who provides them;
- c) the committee has the right balance of experience, knowledge, and skills to fulfil its role;
- d) the QC agenda is structured to reflect key risks and duties;
- e) the relevant executive director attends meetings to enable it to understand the reports and information it receives;
- f) decisions and actions are implemented in line with the timescale set down;
- g) the quality of committee papers received allows committee members to perform their roles effectively;
- h) each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion; who is doing what, when and how, and how it is being monitored;
- i) at the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc;
- j) the committee provides a written escalation report of its meetings to the Board. The committee chair provides clear and concise information to the Board on committee activities and gaps in control;
- k) the committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality, and risk management, and
- l) committee meetings are chaired effectively, and the committee chair has a positive impact on the performance of the committee.

5. Conclusion and Recommendations

The Quality Committee is requested to consider the following recommendations and approve this report for onward submission to the Trust Board in May 2024: -

- 5.1 To review the terms of reference given that a number of core functions have been delegated to the Sub-Committees;
- 5.2 To ensure that the work plan was updated further to the review of the terms of reference (as per recommendation 5.1 above), and
- 5.2 To consider undertaking a review of how QC integrates with other Committees which are reviewing risk.