# Quality Committee Annual Report 2019/20

Report Covers Period November 2019 to November 2020 – 7 Scheduled Meetings with an additional Extraordinary Meeting held May 2020

## Introduction

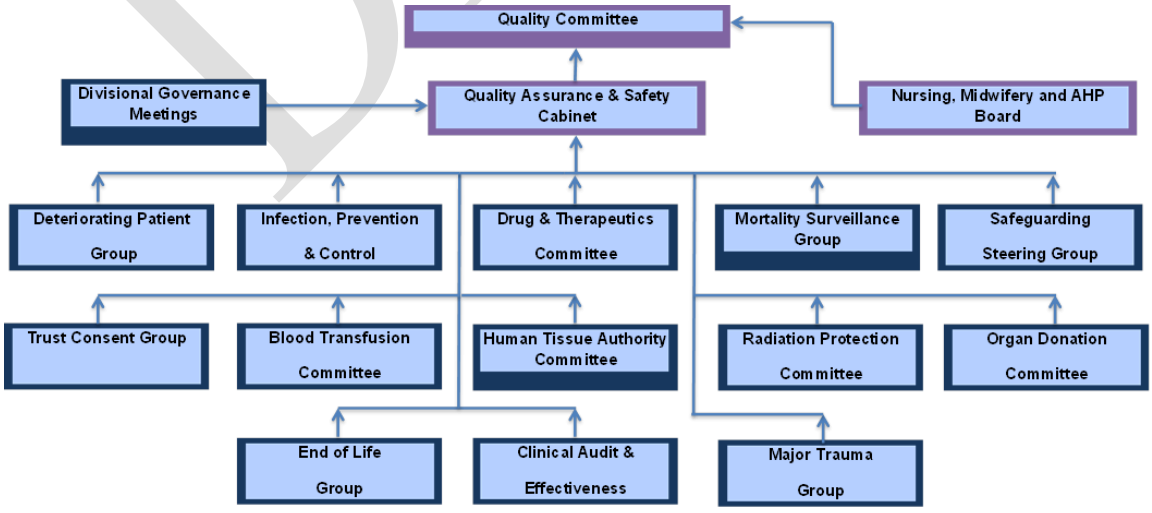
The Quality Committee is established under Board delegation with approved Terms of Reference.

The Quality Committee was chaired by Barbara Brady, a non-Executive Director, who is a retired registered General Nurse and Director of Public Health. In addition to the Chair the Committee membership is comprised of two Non-Executive Directors, the Executive Medical Director, Chief Nurse and Chief Operating Officer. Others are in attendance at the Committee with additional attendees invited as required. Two Governors observe the committee and report to the Council of Governors. Membership attendance at core meetings is detailed below:

Non-Executive Director Barbara Brady (Chair) 7/7
Non-Executive Director Tim Reddish 7/7
Non-Executive Director Claire Ward 4/7
Medical Director David Selwyn 7/7 (Andrew Haynes outgoing Medical Director was in attendance in November 2019)
Chief Nurse Julie Hogg 5/7
Chief Operating Officer Simon Barton 6/7

According to the Terms of reference, the Deputy Director of Governance and Quality Improvement [post became Head of Regulation and Patient Safety August 2020], Deputy Chief Nurse and a representative from the CCG will be in attendance at the Committee.

The Committee has oversight of a number of sub groups and Committees who have a responsibility to provide assurance to the Quality Committee. The reporting structure is as below




**Report Author**
Patrick McCormack – Head of Regulation and Patient Safety
**Report Contributors**
Barbara Brady - Non-Executive Director, David Selwyn – Executive Medical Director ,Shirley Higginbotham – Director of Corporate Services, Claire Page – 360 Assurance Client Manager, Esther Smith – Corporate Personal Assistant

## Principal Review Areas

The report is divided into sections which represent the key duties of the Quality Committee through the definition of quality in *"High Quality Care for All" (2008)*. This definition has since been embraced by staff throughout the NHS.
This definition sets out three dimensions to quality, *all three of which* must be present in order to provide a high quality service:
**Clinical effectiveness**– quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes;
**Safety**– quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety;
**Patient experience**– quality care looks to give the individual a positive experience when being in receipt of and recovering from care, including being treated according to what that individual wants or needs, and with compassion, dignity and respect

The Committee has an approved work plan which is used to review the establishment and maintenance of an effective system of quality governance, risk management and internal control across organisations activities using the three quality dimension above.

Though the Quality Committee Work Plan outlines the frequency of these reports to a quality dimension, where indicated these apply to other dimensions also and form the **Governance** element of the Committee

## Governance

The Committee is provided with regular updates around CQC developments and action plans. The Committee seeks assurance from its designated structures that the Trust is upholding regulations which underpin the principles of CQC registration.

Board Assurance Framework principle risks were considered and approved as part of each Committee. Where appropriate the Committee recommended and approved the alteration of risk scoring based on the evidence and agreement of those in attendance. The two principle risks the Committee primarily discuss are:

- PR1 Significant deteriorations in standards of safety and care
- PR2 Demand that overwhelms capacity

The Committee also receives internal audit reports if they relate to clinical quality.

### Clinical Effectiveness

The Committee was updated at regular intervals over the CQC registration status and how the Trust was meeting the action plans. There were also updates provided on other registration activities as and when they occurred, this included Joint Advisory Group (JAG), United Kingdom Accreditation Services (UKAS) and Getting It right First Time (GIRFT).

The Committee heard the annual Clinical effectiveness report which included updates on Clinical Audit, the associated forward plan and current progress of this. The Committee approved that this would move to twice yearly to increase the assurance around Clinical Effectiveness within the Trust, the annual audit forward plan was also approved by the Committee.

**Report Author**
Patrick McCormack – Head of Regulation and Patient Safety
**Report Contributors**
Barbara Brady - Non-Executive Director, David Selwyn – Executive Medical Director ,Shirley Higginbotham – Director of Corporate Services, Claire Page – 360 Assurance Client Manager, Esther Smith – Corporate Personal Assistant

The Committee received one of the twice yearly Medicines Optimisation Strategy updates with the second being deferred into the next annual cycle. The initial strategy in March was approved by the Committee.

**Patient Safety**

At each of the meetings held, reports were presented and the Committee heard, discussed and reviewed items on the Quality Assurance and Patient Safety Cabinet (formally the Patient Safety and Quality Group) and the Advancing Quality Programme.

The Committee requested and received regular updates on potential harms to Non-Covid patients in response to the Covid-19 pandemic.

The Committee received accounts and reports on any identified fragile services within the Trust.

To Committee received annual reports staggered throughout the year to provide assurance on the patient safety requirements of the Committee, these included

- Cancer Services [Provides the Committee Assurance around Clinical Effectiveness principle also]
- Safeguarding
- Infection Prevention and Control
- Medical Safe Staffing
- Hospital Standardised Mortality Ratios [Provides the Committee Assurance around Clinical Effectiveness principle also]

The Committee received an update on learning from incidents using a 'Human Factors' approach, which is currently being implemented across the Trust. The Committee received this positively and are enthusiastic about this development

**Patient Experience**

The Committee received reports at each meeting in relation to the Nursing, Midwifery and AHP Board; this included the 15 steps programme. The Committee approved the terms of reference for the Nursing, Midwifery and AHP Board. The Committee reviewed and approved the strategy for the 2020/21 programme.

The Committee continued to examine patient experience through annual staggered reports, these included:

- Children and Young Peoples Board
- Patient Experience, including patient experience surveys, inpatient and outpatient surveys
- PLACE outcomes audit
- End of Life Care [Provides the Committee Assurance around Clinical Effectiveness principle also]

## Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources, both internally and externally throughout the year. This process has also included requesting managers to present and discuss when necessary to obtain relevant assurance.

## Other areas of focus

**Report Author**
Patrick McCormack – Head of Regulation and Patient Safety
**Report Contributors**
Barbara Brady - Non-Executive Director, David Selwyn – Executive Medical Director ,Shirley Higginbotham – Director of Corporate Services, Claire Page – 360 Assurance Client Manager, Esther Smith – Corporate Personal Assistant

### Quality Summit Updates

The Committee requested and received updates from areas which had been subject to an internal Quality Summit. This is where areas of concerns have been escalated from and about those services. Services which were subject of quality summit's included, Clinical Haematology, Ophthalmology, Maternity Services and Urology, where updates had been received, the Committee was assured.

### Recovery Updates

Mid-year (May to September) Committees requested recovery updates in relation to the Trust response to the Covid-19 pandemic and how it would establish its recovery. Where the reports were received the Committee was assured.

## Review of the effectiveness and impact of the Quality Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place. The Committee summarises escalations to the board at the end of every meeting.

Committee effectiveness self-assessment review is conducted as part of the Committee process. These were completed throughout the year with no show stopping issues identified.

The Committee continue to review and update the associated work plan as the reporting sub Committees governance matures. Changes and agreements are documented as part of the Committee documentation process.

## Cost/benefit analysis

It is not possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact internal control and governance mitigation the Committee has ensured leading to costs avoided. However the current and future costs associated with the loss of reputation have been mitigated as a result of the work performed by the Committee.

## Objectives

Quality Committee will develop a self-improvement and assessment plan which is associated with the maturity matrix; this will be completed by;

- development of a Quality Committee maturity matrix by officers of the Trust in consultation with Internal Audit and the Committee Chair
- completion of a self-assessment of the maturity matrix by members of the Quality Committee and also regular attendees of the meeting
- collation of the self-assessment results by Internal Audit
- facilitation by Internal Audit of a Committee development session to explore the results of the self-assessments and to develop an action plan for the Committee if required



**Report Author**
Patrick McCormack – Head of Regulation and Patient Safety
**Report Contributors**
Barbara Brady - Non-Executive Director, David Selwyn – Executive Medical Director ,Shirley Higginbotham – Director of Corporate Services, Claire Page – 360 Assurance Client Manager, Esther Smith – Corporate Personal Assistant