

TRUST BOARD
 8th June 2023

AGENDA ITEM	15.1.4
TITLE OF PAPER	Quality of Care Committee Annual Report
Confidential	NO
Suitable for public access	YES
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED	
Quality of Care Committee, 25th May 2023	
<u>STRATEGIC OBJECTIVE(S):</u>	
Quality of Care	√
People	
Modern Healthcare	
Digital	
Collaborate	
EXECUTIVE SUMMARY	
	<p>As a formal sub-Committee of the Trust Board, the Quality of Care Committee (QCC) is required to present its Annual Report to the Trust Board under the Committee and Group Policy.</p> <p>The report summarises the key areas of activities for 2022/2023, in discharging the Committee's duties under its approved Terms of Reference (ToR). Appendix 1 includes the ToR revised and submitted to Trust Board in January 2023.</p> <p>The Committee's strategic objective for 2022/23 was: <i>'Grow and develop as a place of learning, underpinned by a culture and mind-set of continuous improvement that reduces harm and improves patient experience.'</i></p>
RECOMMENDATION:	To receive
Link to Board Assurance Framework Principle Risk	BAF risks 1.1, 1.1a, and 1.2
AUTHOR	Joanne Finch, Head of Quality & Regulation
PRESENTED BY	Jane Dale, Non-Executive Director and Chair of QCC
DATE	April 2023
BOARD ACTION	Receive

QUALITY OF CARE COMMITTEE (QOCC) ANNUAL REPORT 2022/2023

INTRODUCTION

The Quality of Care Committee (QCC) is a formal sub-Committee of the Trust Board with defined Terms of Reference and as such is required to prepare an annual report on its work and performance in the preceding year for consideration by the Trust Board. This report summarises the Quality of Care Committee's activity for the financial year of April 2022 to March 2023.

The Committee's function is to provide scrutiny, challenge, and assurance, monitoring all aspects of quality and clinical safety that support the delivery of the Trust's vision and strategic objectives, with a particular focus on delivery of the Quality Priorities.

MEETINGS, MEMBERSHIP AND ATTENDANCE

The Committee meets bi-monthly. Meetings were held on the following dates and all meetings were quorate:

5th May 2022
21st July 2022
22nd September 2022
24th November 2022
26th January 2023
23rd March 2023

The Committee is supported by the Chief Nurse, Medical Director, and the Associate Director of Quality, who acts as Secretary to the Committee. The membership of the QCC over the financial year is set out below along with the maximum number of meetings that could have been attended and the actual number attended.

Name	Position	Attended	Max
Jane Dale	Non-Executive Director	5	6
Chris Ketley	Non-Executive Director	4	5
Dami Adedayo	Non-Executive Director	5	6
Arun Thiyagarajan	Non-Executive Director	2	2
Donald Iro	Non-Executive Director	1	2
Soma Champaneri	Associate Non-Executive Director	2	3
Julie Smith	Chief Executive	5	6
David Fluck	Medical Director & Acting CEO	4	6
Andrea Lewis	Chief Nurse	5	6
James Thomas	Chief Operating Officer	3	6
Simon Marshall	Director Finance	1	1
Jacqui Rees	Associate Director of Quality	6	6
Paul Murray	Chief of Patient Safety	2	2
Amit Vats	Chief of Patient Safety	4	4
Sal Maughan	Associate Director of Corporate Affairs & Governance	5	6
Olatokunbo Ogunbanjo	Chief Pharmacist	3	6

The Divisional Directors are members of the Committee, however it was agreed that attendance was only required when the Division were reporting. The Chairman has an open invitation to attend meetings but is not a formal member of the Committee. The CCG Quality Lead attends the

Committee as a guest to support delivery of assurance to the CCG. Other Observers are by request and with Chairs agreement, which includes the Trust Governors.

TERMS OF REFERENCE

The Committee Terms of Reference are reviewed annually by the Quality of Care Committee and submitted to Trust Board for approval. The Committee reviewed the Terms of Reference at the Quality of Care Committee on 26th January 2023 (see Appendix 1) and submitted these to Trust Board on 9th February 2023. The overall purpose of the Committee remains unchanged.

PROGRESS AND ACHIEVEMENTS

The Committee reports regularly to the Trust Board through provision of the Committee's minutes with key points to bring to the Trust Board's attention, and from January 2023, this has been via the Alert, Advise Assure Report provided by the Committee Chair, with the key points agreed at the meeting. As a matter of routine, the Committee considers at each of its meetings the following regular reports:

- Board Assurance Framework (BAF) for QCC risks
- Performance Report
- SIRI Report (closed)
- Quality Report
- Divisional Reports (amended to one Division per meeting)
- Maternity and Neonatal Report, which includes progress against national reports such as Ockenden
- Berkshire and Surrey Pathology Services Exception Report

Other reports are received on a cyclical/annual basis or have been requested by the Committee over the year to enable it to discharge its duties. These are as follows:

- Maternity CNST Sign off
- Corporate Quality & Regulation Report
- Draft Annual Quality Account
- Draft Quality Priorities
- Learning from Mortality Reviews Quarterly Report
- Seven Day Hospital Services Annual Report
- Health & Safety Biannual Report
- Director of Infection Prevention & Control (DIPC) Annual Report
- Adult & Child Safeguarding Annual Report
- Patient Experience & Patient Survey Annual Report
- Volunteers Annual Report
- Claims Annual Report
- Serious Incident Annual Report
- Organ Donation Annual Report
- National Cardiac Arrest Annual Report
- End of Life Annual Report
- CENARG Annual Report
- Controlled Drugs Accountable Officer Annual Report
- Ward Accreditation Report
- CQC Inspection update and action plan

- BDO Audits and associated action plan progress (relevant to QCC)

As part of the Strategic Risks review the Committee considered the risks to delivery of the Committee's Strategic Objective – *'Grow and develop as a place of learning, underpinned by a culture and mind-set of continuous improvement that reduces harm and improves patient experience.'* This includes review of a set of key metrics associated with the objective.

The Committee identified two risks to the delivery of its strategic objective, which it is has been monitoring. In May 2021, the Committee split BAF risk 1.1 to have a separate risk for Infection Prevention and Control (IPC) and this is a subset of risk 1.1 referred to as 1.1a.

Risk Number	Risk Description
1.1	Inability to reduce the incidence of repeated and/or avoidable harm to patients from, episodes of poor care, medication errors, and avoidable mortality, due to insufficient capacity and capability.
1.1a	Inability to achieve the North Star objective to end health and care acquired infections (and associated harm) for the team, patients, and the community, due to insufficient capacity and capability.
1.2	Inability to improve and achieve outstanding patient experience, through an inability to harness and optimise learning from patient and family feedback, due to insufficient capacity and capability.

OBJECTIVES FOR 2023/2024

The QCC will continue to monitor its BAF risks highlighted above, the Quality Priorities and any patient safety and quality issues that should arise or be identified via the reporting structure.

CONCLUSION

The Committee has complied with its Terms of Reference during the period under review and maintained oversight and governance during the year.

QUALITY OF CARE COMMITTEE (QCC)

Terms of Reference

Constitution and Purpose

As part of the Trust's governance structure, the Board of Directors has established a committee to the Board to be known as the Quality of Care Committee. The purpose of the committee is to provide scrutiny, challenge and assurance to the Quality of Care Strategic Objective described within the Together we Care Trust Strategy and to monitor all aspects of quality and clinical safety, delivery of clinical governance and audit in order to provide assurance and make recommendations to the Board.

Authority

The Committee has no delegated power other than that specified on the Terms of Reference (ToR). The Committee is authorised to investigate any activity within its ToR and seek any information it requires from any other Committee or Group.

The Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

All Trust employees are directed to co-operate with any request made by the Committee.

Membership

The membership of the Committee shall comprise:

- No fewer than three Non-Executive Directors (one of which will Chair the Committee)
- Chief Executive
- Chief Nurse
- Medical Director
- Chief Operating Officer
- Chief of Patient Safety
- Associate Director of Quality
- Divisional Directors
- Chief Pharmacist
- Associate Director of Corporate Affairs & Governance

Co-opted members

- Director of Workforce Transformation
- Deputy Director of Finance
- Divisional Chief Nurses
- Associate Directors of Operations

The Board of Directors will review membership of the Committee annually to ensure that it meets the evolving needs of the Trust.

The Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. The Chairman, Chief Executive or other Executive Director may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trust's operation that are the responsibility of that Director.

Observers by request

- Staff Governor(s)
- Other observers

Requests to observe the meeting should be made at least one week in advance and approved by the Chair.

Meetings and Quorum

Meetings of the Committee shall be chaired by one of the Non-Executive Director members, with the other acting as deputy in his/her absence.

Meetings take place at a frequency and timing necessary to enable discharge of its responsibilities. The Committee will meet 6 times per year.

Responsibility for calling meetings of the Committee shall rest with the Committee Chair.

The quorum necessary for transaction of business will be at least six of the designated members in attendance. The attendees must include two NEDs including the Committee Chair and two Executive Directors.

Attendance at the meeting can include teleconference or videoconference as circumstances require.

Where an Executive Director cannot attend, the Deputy Director should attend as nominated deputy but will not form part of the quorum, and this should only take place in exceptional circumstances.

Support Arrangements

The Committee Secretary will be responsible for providing secretarial support. Agendas for forthcoming meetings will be agreed with the Committee Chair and papers distributed to members in advance of the meeting as agreed. Meeting papers will also be available to other members of the Board for information.

The Committee will establish an annual Work Programme, summarising those items that it expects to consider at forthcoming meetings.

Declaration of Interests

All members must declare any actual or potential conflicts of interest relevant to the work of the Committee, which shall be recorded in the Minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

Duties

The duties of the Committee are to:

- i) Identify the strategic risk appetite, risks, mitigations and KPIs to inform the relevant section of the BAF known as the Quality of Care Objective and agree an appropriate scorecard/report that will be a component of the BAF.
- ii) The Committee will review the BAF Quality of Care Objective report and seek assurance on progress and effectiveness.
- iii) Define the desired and relevant KPIs associated with the strategic objective for which the Committee will have oversight in order to generate a scorecard. For example, those mandated by national or regulatory frameworks and those that should be monitored for improvement with defined targets (i.e. those that surveillance has identified as requiring focused improvement activity) and those that should be monitored for surveillance (assurance) with tolerance limits (i.e. those that have completed a cycle of improvement or those on the margins of requiring improvement activity). The committee will review its scorecard at each meeting as part of the BAF.
- iv) The Committee will implement a simple model for accountability which aligns to that currently

being implemented across the organisation utilising 3 simple questions:

- (1) What are the agreed expectations for performance?
- (2) What are the agreed monitoring mechanisms?
- (3) What is the agreed mechanism for escalating if performance deviates significantly from expectation?

Based on the responses to these questions above the Committee will identify and agree an approach to standardise a way of capturing and sharing the learning accrued by the Committee.

- The development and implementation of the Trust's Quality Strategy
- Compliance with relevant clinical national standards and regulatory requirements
- Progress against actions to mitigate quality and safety risks on the Risk Register in line with the Board's risk appetite
- Data and trends in patient safety, experience and outcomes to provide assurance to the Board on performance and undertake 'deep dives' as appropriate at the discretion of the Committee
- Operation of the Trust's Clinical Governance systems and processes at a Corporate and Divisional level to promote safety and excellence in patient care and provide assurance on ward to board monitoring and effectiveness; assurance on identification and management of risk arising from clinical care on a continuing basis and ensure the effective and efficient use of resources through evidence-based clinical practice
- Promotion within the Trust of a culture of open and honest reporting of any situation that may threaten the quality of patient care and compliance with the requirements of the Duty of Candour
- Seek assurance on the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that learning is disseminated within the Trust and beyond if appropriate
- Quality and safety related national enquiries or reviews and regulatory inspections, such as those by the CQC, including assurance with regard to the preparation and implementation of associated action plans
- Receive exception reports from direct reporting groups e.g. Patient Experience Monitoring Group
- Receive annual reports from Patient Experience, Safeguarding, Claims and Litigation, Incidents

Relationship to Audit & Risk and Modern Healthcare Committees

In practice, issues of finance, quality, safety and performance are inextricably linked. Through alignment of the relevant Work Programmes for each of the Sub - Committees overlap or gaps in their collective assurance function will be avoided.

For the avoidance of doubt, it is noted that the following items remain within the area of responsibility of the Audit & Risk Committee (as specified in its Terms of Reference):

- Internal and External Audit
- Local Counter Fraud Specialist work

- Approval of Financial Statements and Quality Accounts
- Oversight of the structures and systems for risk management and the processes in place for identifying and managing key risks including the Risk Register.

Reporting

To facilitate oversight by the Board of Directors of matters relating to Quality, papers for meetings of the Committee can be circulated for information to those members of the Board who are not members of the Committee.

Thereafter, following each meeting of the Committee, the Chair shall make a report to the next meeting of the Board of Directors and draw to its attention any issues that require its particular attention, or require it to take action.

Reporting Committees/Groups

There are several standing sub-committees/groups, which report to the Quality of Care Committee, these are listed below for reference:

- Safety & Quality Committee Annual Report
- Safeguarding Committee Adult & Child Safeguarding Committee Annual Report
- Risk Scrutiny Committee Annual Report
- Health & Safety Committee Biannual Report
- End of Life Working Group Annual report

Other Assurance Reports

- Performance Report
- SIRI Report (Closed)
- Quality Report
- BAF for QCC risks
- Learning From Deaths Quarterly Report
- Maternity & Neonatal Report
- Divisional Reports
- Corporate Quality & Regulation Report
- QCC Annual Report
- Draft Quality Account Priorities
- SI Annual Report
- CNST Maternity Standards – July and other months by delegated authority
- Patient Experience/Survey Annual Report
- Volunteers Annual Report
- Seven Day Hospital Services Programme Annual Report
- Director of Infection Prevention and Control Annual Report
- Claims Annual Report
- CENARG Annual Report
- Organ Donation Annual Report
- BDO Reports (QCC related only)
- Controlled Drugs Accountable Officer Annual Report
- Ward Accreditation Annual Report
- National Cardiac Arrest Audit Annual Report

Reporting and Monitoring Responsibilities

The Chair will also report to the Trust Board at each meeting via the Alert, Advise, Assure Report on the proceedings of the Committee.

The Chair of the Committee shall, as part of this report, draw to the attention of the Trust Board any issues that require disclosure to the Board, or require executive action; the speed of communication should be proportionate to the seriousness and likely impact of the issue.

Process for monitoring effectiveness for monitoring effectiveness of the Committee

The Committee will carry out an annual review of its performance and function in satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.

Date for next review: January 2024