

Quality Committee Annual Report 2021

Report Covers Period January 2021 to December 2021 – 6 Scheduled Meetings

Introduction

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

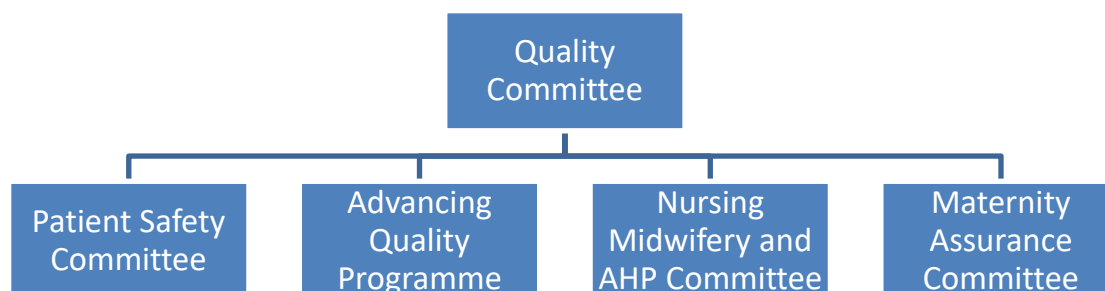
The Quality Committee was chaired by Barbara Brady, a non-Executive Director, who is a retired registered General Nurse and Director of Public Health. In addition to the Chair, the Committee membership is comprised of two Non-Executive Directors, the Executive Medical Director, Chief Nurse and Chief 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) 6/6
Non-Executive Director Tim Reddish 4/5
Non-Executive Director Claire Ward 2/2 (Trust Chair from April 2021)
Medical Director David Selwyn 6/6
Chief Nurse Julie Hogg 5/6
Chief Operating Officer Simon Barton 6/6

Dr Andrew Haynes attended 2/2 meetings as appointed Specialist Advisor to the Board
Manjeet Gill attended 2/3 meetings as Non-Executive Director in place for either Claire Ward or Tim Reddish as required

According to the Terms of reference, the Head of Regulation and Patient Safety [Post title now Head of Regulation and Deputy Head of Clinical Governance], the Deputy Chief Nurse, the Head of Clinical Governance and a representative from the CCG will be in attendance at the Committee.

The Committee has oversight of several subgroups and Committees who have a responsibility to provide assurance to the Quality Committee. The reporting structure is as below, where the 4 key direct reports have a responsibility to provide assurance from their associated subgroups to the Quality Committee.



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. The Committee have adjusted the Work Plan in 2021 to outline where key reports match more than one of the three quality dimensions.

The updates from the Patient Safety Committee and the Nursing Midwifery and Allied Health Professions Board meet the requirements of all three quality dimensions.

Clinical Effectiveness and Patient Safety

The Committee was updated at regular intervals over the CQC registration status and how the Trust was meeting the action plans. These updates form part of the Advancing Quality Programme reports. The Committee received its first annual report of Trust wide Accreditation and Regulation Activities, they provided an oversight on registration activities as and when they occurred, including Joint Advisory Group (JAG), United Kingdom Accreditation Services (UKAS) and screening services such as Antenatal Screening.

The Committee received an annual update from Cancer Services, End of Life Care, while receiving more regular updates, biannually around the medicine’s optimisation strategy and quarterly around fragile services in difficulty and the Hospital Standardised Mortality Ratio.

The Committee heard the annual clinical effectiveness report which included updates on Clinical Audit, the associated forward plan and current progress of this, the annual audit forward plan was also approved by the Committee. The Nursing Midwifery and AHP strategy was reviewed by the committee in September and was approved.

Patient Safety

At each of the meetings held, reports were presented, and the Committee heard, discussed and reviewed items on the Patient Safety Committee, Advancing Quality Programme, Nursing Midwifery and AHP Board and Maternity Assurance Committee agendas.

The Committee continued to receive regular updates on potential harms to Non-Covid patients in response to the COVID-19 pandemic through the Patient Safety Committee updates.

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

- Safeguarding
- Infection Prevention and Control
- Children and Young People's Board

In March the Committee heard the outcomes of a deep dive into maternity incidents after a spike in December 2020. As a result of the deep dive all subsequent Committee's received and discussed a two monthly maternity incidents update.

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

- Patient Experience, including patient experience surveys, inpatient and outpatient surveys

Additional Assurance

In addition to the assigned work plan the Committee received updates and assurance as requested throughout the year.

March – Updates on Deprivation of Liberty Recommendations, Falsified Medicines Directive and Thromboembolic Prevention and Complications

May – Update on Safe and Timely Discharges

June – Update following the 2020 Discharge Accuracy audit and information around patients being sent home without their To Take Out (TTO's)

July – Report on a Falls Deep Dive presented with and improvement trajectory, updates on Community Onset Healthcare Associated *Clostridium Difficile* and Ophthalmology post 2018 quality summit

Governance

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. During the reporting period the Committee received audit reports on

- Trust's Safeguarding Progress
- Maternity Services and assessment tool
- Data Quality Framework
- Patient Consent

In 2021 the Committee was reviewed as part of a maturity matrix, the work as a result of this is ongoing and contributes to the development of the Committee in ensuring its responsibility to the Board. This met the annual quality objectives outlined in the 2020 Quality Committee Report to Board.

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.

In 2021 the Trust Quality Strategy is due for review, in December 2021 the Committee received a draft strategy for review and consultation. The Committee reflected positively on the new strategy and aims to approve this in early 2022 for distribution.

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. This includes annual updates on the risks associated with the private finance initiative contract and review and approval of quality impact assessments for the financial improvement programme.

Objectives

The Committee has reviewed and supported an audit of compliance against CQC key lines of enquiry (KLOE) and will continue to support work to seek oversight of the reporting, this includes

- Supporting the Trusts ongoing work of the KLOE currently not embedded within governance structures and designated work streams
- Seek assurance for the outstanding governance of KLOE which are work streams but not within the reporting structure of the Committee
- Work with other sub board committees where KLOE are not within the oversight of the quality committee but are within others and ensure clear reporting for board assurance