Quality Committee Annual Report 2024

Report Covers Period January 2024- December 2024 – 9 Scheduled Meetings. The Committee agreed to return to a bi-monthly frequency from July 2024.

Introduction

The Quality Committee is established under Board delegation with approved Terms of Reference and 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 Committee's activity for the financial year of January 2024 to December 2024.

The Committee's function is to provide scrutiny, challenge, and seek assurance, monitoring all aspects of quality that support the delivery of the Trust's vision and strategic objectives. In particular, the Committee will review the adequacy of quality risk and control and any appropriate independent assurances as necessary.
Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation.
Additionally, the committee has oversight of amended clinical guidelines, documentation, patient pathways, and changes to services that impact directly on the quality and safety of care delivered to patients.

Terms of reference

In April 2024 the Terms of Reference for the Quality Committee were approved by the members.
In May 2024, they were provided for information only in the BOD Information Library

Meetings, membership and Attendance

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

22nd January 2024
26th February 2024
25th March 2024
22nd April 2024
20th May 2024
24th June 2024
22nd July 2024
23rd September 2024
25th November 2024

Systemwide Position

The Committee is attended by Executive representation of the Integrated Care Board via the Chief Nurse. Representatives of the Integrated Care Board are invited and encouraged to contribute to the discussions held within the Committee.

The Nottinghamshire Integrated Care Board also hold systemwide Quality and People Committee meetings. Partner Non-Executive Directors have been invited as regular members. The Quality Committee chair has been included in the invitation to attend meetings when possible.

The membership of the Quality Committee is made up of three non-executive directors, one of whom is nominated as chair; the Executive Medical Director, Chief Nurse, and Chief Operating Officer. Two Governors observe the committee and report to the Council of Governors. Subject area experts are invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for.

The Quality Committee was chaired by Aly Rashid, a non-executive director until October 2024 when he retired from his role. Barbara Brady, non-executive director then recommenced as Chair from November 2024. She will continue into 2025 pending the recruitment process.

In line with the Terms of Reference, the Director of Nursing, Director of Midwifery, Deputy Medical Director, Director of Nursing Quality & Governance, the Specialist Advisor to the Board and a representative from the ICB will also be in attendance at the Committee.

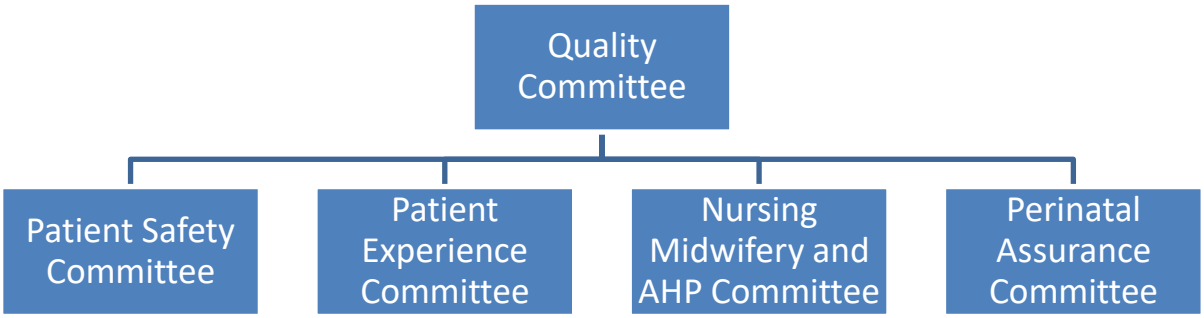
Attendance at Quality Committee meetings by substantive members

Name	Aly Rashid (Chair)	Manjeet Gill	Dave Selwyn	Simon Roe **	Phil Bolton	Rachel Eddie	Andy Haynes	Barbara Brady (1) **
22.01.24	0	1	1		1	1	1	
26.02.24	1	1	1		1	1	1	
25.03.24	1	1	1		1	1	1	
22.04.24	1	1	1		0	1	1	
20.05.24	0	1	1	1	1	0	1	
24.06.24	1	1	0	0	0	1	0	
22.07.24	1	0	1	1	1	1	1	
23.09.24	1	0	1	1	1	1	1	
25.11.24	1	0	0	1	1	1	1	1
Total /9	7	6	7	4	7	8	8	1

**** Non-Executive Director Barbara Brady recommenced as Chair in November 2024**

**** In May of 2024, Simon Roe stepped into the role of Acting Medical Director and began attending as a member of the Quality Committee. Dave Selwyn remained an attendee in the role of Acting Chief Executive Officer.**

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



The work of the committee during 2024

The committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the committee. A high-level presentation of areas of work on which the Committee has received assurance and during 2024 are as follows:

Principal Review Areas

The report is divided into sections which represent the key duties of the Quality Committee

- Clinical Effectiveness
- Patient Safety
- Patient Experience

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 2024 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. In 2024 assurance was and will continue to be sought in the form of Quadrant Reporting for those committees.

Clinical Effectiveness

The Committee was updated at regular intervals on the CQC inspections, queries, the trust led peer review programme and was updated on how the Trust was meeting the action arising from these programmes of work. These updates were provided as part of the quarterly CQC Updates from the Director of Nursing Quality & Governance.

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 Challenged services and the Hospital Standardised Mortality Ratio.

In 2024 the Committee introduced regular updates pertaining to the Improvement Agenda and progress relating to the production of the Clinical Services Strategy, which will be provided bi-annually in 2025.

In 2024 it was agreed for a quarterly Deep Dive to take place into specific challenged services throughout 2025. These will be agreed prior to the agreed date and will commence in January 2025 with Cardiology.

It was agreed for the Integrated Performance Reports relating to Timely Care and Quality Care be presented to the Quality Committee ahead of presentation to the Board of Directors (BOD) for assurance and challenge. These are reported to the Quality Committee in January, March, July, and September.

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

From July 2024 the Maternity Assurance Committee was renamed the Perinatal Assurance Committee and moved to bi-monthly frequency.

In October 2023 the trust implemented the Patient Safety Incident Response Framework (PSIRF) and subsequently the Patient Safety Incident Response Oversight Group was established. This group reports quarterly to the Quality Committee providing assurance. that an effective patient safety incident response system has been undertaken that integrates four key aims of PSIRF:

- Compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approached to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents
- Supportive oversight focused on strengthening response system functioning and improvement.

The Patient Experience Committee report bi-annually into the Quality Committee with updates also provided through the Patient Safety Committee.

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

Patient Experience
The Committee received reports at each meeting in relation to the Nursing, Midwifery and AHP Board; this included updates on the 15 steps programme.

The Committee continued to examine patient experience through annual staggered reports, these included Patient Experience Committee (bi-annual) and 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. This included but was not limited to;
January
Industrial Action Update
Cancer Waiting Time Standards Update.

February
Process for Sending Patient Letters Update

Regulation 28 Update and the Limited Assurance Report relating to Governance Statutory Regulatory Committees.

March
Industrial Action Update.

April
Breast Surgery Update, Infection Prevention and Control Board Assurance Framework and Trust Strategic Priorities.

May
MBBRACE-UK
Martha's Rule
Winter Report and Outpatient Improvement Overview.

June
Prevention of Future Deaths Regulation 28 Update
Timely Care Cancer Update.

July (Returned to a bi-monthly meeting)
Electronic Patient Record (EPR) Update
Limited Assurance Report relating to the Safeguarding Final Report.

September
Limited Assurance Report relating to Outpatients Appointments and Remote Consultations
Infection prevention and Control Board Assurance Framework.

November
Improvement update into QSIR Training
Martha's Rule Update
Quality Dashboard.

Governance & Assurance:

The Committee is the assurance lead for the Board Assurance Framework Strategic Risks 1, 2 and 5. At each meeting in 2024 the committee viewed strategic risks one, two and five, mindful of its responsibilities to ensure that these risks were being adequately controlled through the course of the meetings. Where appropriate the Committee recommended and approved the alteration of risk scoring based on the evidence and agreement of those in attendance
The three principal risks the Committee primarily discusses are:

- PR1 Significant deteriorations in standards of safety and care
- PR2 Demand that overwhelms capacity.
- PR5- Inability to Initiate and implement evidence-based improvement and innovation.

The Committee also receives internal audit reports if they relate to clinical quality. During the reporting period the Committee received audit reports on

- Governance Statutory Regulatory Committees
- Safeguarding
- Outpatients Appointments and Remote Consultations

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 including a deep dive review into cardiac arrest calls and falls prevention work.

Strategic Position

The current Quality Strategy is in place until 2025. A review is currently underway and is in the staff engagement and consultation phase.

The Committee provides strategic oversight of the quality aspects of the Trust Strategy and associated sub strategies to.

- provide outstanding care in the best place at the right time
- empower and support our people to be the best they can be
- ensure a sustainable use of resources and estate.
- continuously Learn and Improve
- work collaboratively with partners in the Community.

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 significant 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.