Trust Board Meeting: Wednesday 9 July 2014
TB2014.86

<table>
<thead>
<tr>
<th>Title</th>
<th>Quality Committee Annual Report 2013/14</th>
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<tbody>
<tr>
<td>Status</td>
<td>For approval</td>
</tr>
<tr>
<td>History</td>
<td>Annual Report summarises the activities of the Trust’s Quality Committee for the financial year 2013/2014, setting out how it has met its terms of reference and key priorities.</td>
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<table>
<thead>
<tr>
<th>Board Lead</th>
<th>Mr Geoff Salt, Quality Committee Chairman</th>
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<tbody>
<tr>
<td>Key purpose</td>
<td>Strategy</td>
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TB2014.86 Quality Committee Annual Report 2013/14
1. **Background**

1.1. Good practice states that Trust Board should review the performance of its Committees annually to determine if each Committee has been effective, and whether further development work is required.

1.2. This was formalised in the Board Governance Assurance Framework assessment for aspirant NHS Foundation Trusts which states, as an area of good practice, under section 2.1 Effective Board level evaluation:

   "Formal evaluations of the Board and Committees have been undertaken within the previous 12 months consistent with the NHS Foundation Trust Code of Governance. The Board can clearly identify a number of changes/improvements in Board and Committee effectiveness as a result of the formal evaluations that have been undertaken."

1.3. This Annual Report summarises the activities of the Trust’s Quality Committee (the Committee) for the financial year 2013/14, setting out how it has met its Terms of Reference and key priorities.

1.4. The purpose of the Committee is laid down in its Terms of Reference. In summary it is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance, clinical risk management, workforce and information governance, research & development; and the regulatory standards of quality and safety.

1.5. The Terms of Reference were reviewed and revised in July 2013, and the review of the effectiveness of the Committee, undertaken to inform the annual report, considered whether any further changes were required to the Terms of Reference. Minor changes only, to update the membership, are proposed in section 5.

2. **Scope of Review of Effectiveness**

2.1. The review undertaken by the Head of Corporate Governance has focused on a review of the papers presented to the Quality Committee in comparison to the agreed Terms of Reference and the Cycle of Business. The review has been broken down into the following subsections:

   - Responsibilities;
   - Membership and Attendance Record;
   - Reporting Arrangements;
   - Cycle of Business;
   - Review against the agreed Committee Objectives;

3. **Responsibilities**

3.1. During 2013/14, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of the key responsibilities is evidenced by the following actions:

   - Compliance with the CQC’s Essential standards of quality and safety were monitored throughout the year and updates were provided on the implementation of HealthAssure and monitoring reports issued by the CQC;
• The Quality Impact of proposed Cost Improvement Plans was considered at regular intervals during the year, with examples provided of where mitigating action had been taken to minimise the risk to Quality;
• The Committee received a patient story at the beginning of each meeting which provided the opportunity to learn from the experience of patients and their carers;
• The Committee received the inspection report from the NHSLA into compliance with Level 2 of the Clinical Negligence Scheme for Trusts' maternity standards;
• The Board Assurance Framework and Corporate Risk Registers were regularly reviewed and discussed to ensure that identified controls were appropriate to mitigate the risks to a level within the Trust's risk appetite.

3.2. The following items should be considered for more detailed review in 2014/15

• The Committee received one focused report on issues relating to adult and children’s safeguarding during the year and it is proposed that a greater focus is given to this area by the Committee;
• The Committee may wish to consider the frequency of reports on compliance with the Information Governance Toolkit and other information governance requirements;
• Given the programme for the implementation of EPR and additional clinical systems, the Committee may wish to consider how this will be addressed as part of its work programme;

Membership and Attendance Record

3.3. During 2013/14, the committee met six times with attendance recorded in the table below. This demonstrates that every meeting of the Committee during the year was quorate.

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>14 Apr 13</th>
<th>30 Apr 13</th>
<th>21 May 13</th>
<th>17 Jul 13</th>
<th>3 Sep 13</th>
<th>18 Oct 13</th>
<th>9 Dec 13</th>
<th>11 Dec 13</th>
<th>12 Feb 14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geoff Salt</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Peter Ward</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Dame Fiona Caldicott</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Christopher Goard</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Prof David Mant</td>
<td>✓*</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Sir Jonathan Michael</td>
<td>✓</td>
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<tr>
<td>Professor Edward Baker</td>
<td>✓</td>
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<tr>
<td>Elaine Strachan-Hall(^1)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Liz Wright</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>Paul Brennan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Eileen Walsh</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
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</tr>
<tr>
<td>Sue Donaldson(^2)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Paul Jones</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
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</tbody>
</table>

In attendance

| Anne Tutt                          | ✓         | ✓         | X         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         |

Key: ✓ = In attendance    X = Absent    ✓* = Deputy in attendance

\(^1\) Elaine Strachan-Hall was in post as Chief Nurse until 16 August 2013.
\(^2\) Sue Donaldson was in post as Director of Workforce until 3 November 2013.
3.4. **The two issues to highlight from the table are:**

3.4.1. **The Chief Nurse and Acting Chief Nurse were represented by their deputy at five out of the six meetings during the year;**

3.4.2. **The Director of Workforce, subsequently the Director of Organisational Development and Workforce, was not represented at three out of the six meetings held during the year;**

**Reporting Requirements**

3.5. The Committee reported to the Trust Board after each meeting during the year. Reports included a description of the business conducted, risks identified and issues for escalation. Key risks were identified by the Committee and escalated to the Trust Board for information. These included:

- The incidence of Pressure Ulcers;
- Discharge planning as it related to the experience of patients;
- The embedding of learning following Never Events, and the consequences of not following agreed process;
- The management of diabetes across the Trust.

**Cycle of Business**

3.6. The items on the cycle of business were delivered as agreed with the exception of the following items:

- Infection Control Report scheduled for December 2013;
- Clinical Audit Annual Report and Plan scheduled for August 2013;
- Information Governance Toolkit compliance and action plan updates scheduled for June 2013, October 2013 and February 2014;

3.7. A significant number of additional items were considered by the Committee during the year including:

- The development of the Patient Story programme was discussed in detail at the October 2013, February and April 2014 meetings;
- Updates on the Internal Peer Review Programme, with the final reports and action plans for the Surgery & Oncology, Children’s and Women’s, and NOTSS Divisions, presented to the Committee in February 2014;
- A summary of HM Coroner’s reports on the prevention of future deaths was presented to the Committee in February 2014;
- An update on the Trust’s Standardised Hospital Mortality Indicator (SHMI) in August 2013;
- An update on compliance with Healthcare for All Report in December 2013, with a follow up benchmarking report in February 2014;
- Reports on Never Events relating to Wrong Side Thoracoscopy (October 2013) and Ophthalmology (December 2013);
- Review of the Trust’s compliance with the Quality Governance Assurance Framework in June 2013;
- Update on the outpatient re-profiling project in April 2013.
3.8. The Committee was provided with two Internal Audit reports which provided significant assurance in relation to:

- Revalidation Process;
- CAS and SIRI Investigation Processes

4. Review against the agreed Committee Objectives

4.1. The Committee agreed a number of objectives at its meeting on 10 April 2013 for the year 2013/14. These objectives are presented in Appendix 1 for information. It is proposed that all but one of the objectives has been met. This is based on the following evidence, which is highlighted for the Committee’s attention:

- Presentation of CQC monitoring reports, updates on the implementation of HealthAssure and the result of the CQC inspection from February 2014;
- The development of the Quality Report to include a dashboard with a broad range of indicators which allow the Committee to monitor performance against the three core domains of Quality – Patient Safety, Patient Experience and Clinical Outcomes;
- Reports on the development and implementation of the Internal Peer Review programme which address issues identified in the Francis, Keogh and Berwick reviews;

4.2. The one objective which it is proposed has not been met, relates to the monitoring of the development of a revised system for the update, review, signoff and implementation of clinical guidance across the Trust. It is proposed that the Committee consider this issue as a priority for 2014/15.

5. Key Outcomes

5.1. The following outcomes are proposed as a proxy for the effectiveness of the Committee:

- The Trust was inspected by the Care Quality Commissioning in February 2014, the result of which was an overall rating of Good. Of the 115 rating judgements issued in the four reports, 104 were rated as Good, with only 11 areas Requiring Improvement;
- The Committee provided oversight to the delivery of the Internal Peer Review process, which covered all five clinical divisions. The results of these reviews were presented to the Committee alongside action plans to address a number of areas where improvement was identified;
- The Committee considered the progress to mitigate the risks identified in relation to staffing in maternity. The risk had been identified during the year and had been rated at 20 on the Corporate Risk Register. The Committee monitored progress to reduce this risk to a level within its Risk Appetite.

6. Terms of Reference

6.1. The Terms of Reference have been reviewed and it is not proposed to make any amendments other than to update the names of the members, listed under section 4 (Membership). The updated Terms of Reference are presented in Appendix 2, with the changes highlighted.
7. **Conclusion**

7.1. The review has identified that the Committee has delivered the majority of the responsibilities as set out in the Terms of Reference, attendance at meetings has been good, and the cycle of business has been mostly completed.

7.2. A number of areas are highlighted for action during 2014/15 to ensure all responsibilities are delivered as set out in the Terms of Reference, to include specific review of the issues detailed in section 2.3 and 3.2 above.

8. **Next Steps**

8.1. The Quality Committee meeting held on 9 April 2014 was observed by the NHS Trust Development Authority and feedback from this review will be included in any further actions for 2014/15.

8.2. A revised cycle of business will be developed by the Committee Chairman and the Executive Director leads, to address the responsibilities of the Committee and to address the identified areas for action.

9. **Recommendations**

9.1. The Trust Board is asked to approve the Quality Committee Annual Report 2013/14 and the revised Terms of Reference.

Mr Geoff Salt  
Chairman Quality Committee

June 2014
Quality Committee Objectives  
2013/14

The Committee's overarching objective is to gain a sufficient understanding of the operation of control processes surrounding the quality of clinical care across the Trust to provide assurance to the Board. In particular it will:

- Review those processes in place to monitor and report on compliance with CQC regulations;
- Monitor the implementation of actions (agreed by Trust Board) in relation to the Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry (Francis II);
- Monitor the development of a revised system for the update, review, signoff and implementation of clinical guidance across the Trust;
- Continue to review the implementation of the Trust’s Quality Strategy with a focus on:
  - The development and use of indicators demonstrating safety;
  - The use of indicators in relation to outcomes (focusing on the monitoring of improvements in the clinical audit system and its impact on quality improvements in clinical care);
  - The development and use of indicators in relation to patient experience (focusing on the implementation of Friends & Family Test)
1. Authority

The Quality Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as follows, subject to amendment at future meetings of the Trust Board.

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

2. Purpose of Committee

The Quality Committee is responsible for providing the Trust Board with assurance on all aspects of quality including delivery, governance, clinical risk management, workforce and information governance, research & development; and the regulatory standards of quality and safety.

3. Responsibilities and Duties

The Quality Committee shall:

- Oversee the effectiveness of the clinical systems developed and implemented by the Clinical Governance Committee to ensure they maintain compliance with the Care Quality Commission’ Essential Standards of quality & safety.

- Oversee an effective system for safety within the Trust, with particular focus on; patient safety, including a consideration of the Quality Impact Assessment of Cost Improvement Programmes, staff safety and wider health & safety requirements.

- Oversee an effective system for delivering a high quality experience for all its patients and service users, including carers, with particular focus on involvement and engagement for the purposes of learning and making improvement.

- Oversee an effective system for monitoring clinical outcomes and clinical effectiveness; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.

- Assure the Trust’s maintenance of compliance with the Care Quality Commission registration through assurance of the systems of control, with particular emphasis on the 16 standards of quality and safety.
Oxford University Hospitals

- Oversight and assurance of statutory and mandatory requirements, relating to quality of care.
- Oversight and assurance of external assessment systems (such as NHSLA Risk Management Standards), professional bodies’ and regulatory bodies’ requirements.
- Monitor and review the system for Quality Governance, Information Governance, Workforce Governance, Research & Development Governance, ensuring that the Board is assured of continued compliance through its annual report, reporting by exception where required.
- Identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with the Committee’s terms of reference and a review of the effectiveness of the committee.
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee.
- Undertake any other responsibilities as delegated by the Trust Board.

4. Membership

The membership of the committee shall be composed of the following core members:

- Chairman of Committee, Non-executive Director and Vice-Chairman of the Trust Board (Mr Geoff Salt)
- Vice-Chairman of the Committee, Non-executive Director (Mr Peter Ward)
- Chairman of the Trust Board (Dame Fiona Caldicott)
- Non-executive Director (Mr Chris Goard)
- Non-executive Director (Associate) (Professor David Mant)
- Chief Executive (Sir Jonathan Michael)
- Medical Director (Dr Tony Berendt, Interim)
- Chief Nurse (Ms Catherine Stoddart)
- Director of Clinical Services (Mr Paul Brennan)
- Director of Assurance (Ms Eileen Walsh)
- Director of Organisational Development and Workforce (Mr Mark Power)

All Board members outside the core membership have an open invitation to attend any meeting if he/she wishes to do so.

5. Attendance

It is expected that all members will attend 4 out of 6 committee meetings per financial year. If Executive Directors are unable to attend a meeting they should agree a deputy who is authorised to act on their behalf, or their direct reports, with the CEO in consultation with the committee chairman.
An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report.

6. Quorum

The quorum for any meeting of the Committee shall be attendance of a minimum of six members of which two will be Non-executive Directors and two Executive Directors.

7. Meetings

Meetings of the Quality Committee shall be held six times per year, scheduled to support the business cycle of the Trust and at such other times as the Chairman of the Committee shall identify, subject to agreement with the Chairman of the Trust and the Chief Executive.

8. Notice of Meetings

Meetings of the Quality Committee shall be set at the start of the calendar year. The agenda and supporting papers shall be forwarded to each member of the committee not less than five working days before the date of the meeting.

9. Reporting arrangements

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Board following production of the minutes. The Chairman of the meeting shall draw to the attention of the Board any issues that require disclosure or executive attention. The Chairman will report any specific issues on the risk register to the Audit Committee.

10. Administration

The Quality Committee will be supported by the Medical Director, as the nominated lead Executive Director who will ensure that the committee is effectively supported by an appropriate administrative function.

The Head of Corporate Governance (in the role of Company Secretary) will provide oversight of the committee administration.

11. Review of Terms of Reference

The Terms of Reference of the committee shall be reviewed at least annually by the Quality Committee and approved by the Trust Board.

Last version approved 10 July 2013
This version drafted May 2014
Approved on:
To be reviewed by: