

**Trust Board Meeting: Wednesday 10 July 2013**  
**TB2013.92**

<b>Title</b>	<b>Quality Committee</b>
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<b>Status</b>	For Approval
<b>History</b>	This is a regular report to the Board

<b>Board Lead(s)</b>	Mr Geoff Salt, Committee Chairman			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## 1. Introduction

The Quality Committee met on 12 June 2013. The main issues raised and discussed at the meeting are set out below.

## 2. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

- The Committee considered a patient story about the experience of a wheel chair user using the Trust's estate. A number of issues were identified some of which could be addressed quickly, for example reviewing the timing of lift door sequencing, and other issues which would need to be considered as part of the medium to long term approach to refurbishments for other parts of the estate;
- A pilot of a revised approach to the use of the national cleaning audit tool was discussed with a proposal to alter the compliance levels. The Committee considered the proposals and focused their attention on the proposed reduction in the expected level of compliance for high risk areas. The proposal was agreed subject to the clarification of timescales to increase compliance across the Trust to a consistent level;
- Following a review of the papers, the Committee agreed that there needed to be a greater level of triangulation of data to enable the identification of underperforming areas. This was due to be included within the planned review of performance management arrangements;

## 3. Key Risks Discussed

The following risks were discussed:

- Pressure within the Emergency Department was impacting on staff, and this had been reported through the formal and informal reporting mechanisms within the Trust. This issue was being managed and recruitment was planned to ensure appropriate levels of senior support were in place within the department;
- The delivery of the pressure ulcer reduction target was discussed and this was flagged as being challenging. It was expected that a 50% reduction would be achieved by October 2013;
- The timeliness of reporting of SIRI's was flagged as a risk and a review of the processes and reporting mechanism was being undertaken by the Assistant Medical Director;
- A number of issues were flagged in relation to the data quality of reported KPIs. The Committee asked that this was included within the assurance programme of work.

#### **4. Key decisions taken**

The following key decisions were made:

- The Committee approved the Quality Accounts 2013/14;
- The Committee agreed the proposed score of 3 against the Quality Governance Framework. The Committee discussed the need for a further independent review of the Trust's assessment prior to the Monitor assessment phase. It was agreed that this should be escalated to the Trust Board for consideration;
- The Committee agreed to review the Board Assurance Framework every six months and the Corporate Risk Register at each meeting;
- The Committee agreed the proposed changes to its Terms of Reference.

#### **5. Agreed Key Actions**

The Committee agreed actions relation to:

- The further enhancement of the Quality Report to align the content to the Darzi definition of Quality – Patient Safety, Patient Experience and Clinical Outcomes. This would remove the duplication current reported to the Committee;
- The Committee Chairman, Medical Director, Director of Assurance and Head of Corporate Governance agreed to meet to finalise the Committee's annual cycle of business following the Committee effectiveness review;

#### **6. Future Business**

The Committee will be focusing on the following areas in the next three months:

- Review Infection Control Annual Report;
- Review progress to deliver the Quality Account priorities;
- Review annual clinical audit plan and reports;
- Review the Quality impact of CIPs;
- Consider deep dives into key risk areas;

## 7. Recommendation

The Trust Board is asked to:

- Note the contents of this paper;
- Ratify the decision of the Committee to approve the Quality Accounts 2012/13;
- Consider a further independent review of the Trust's self-assessment against the Quality Governance Framework;
- Approve the Terms of Reference for the Quality Committee.

**Geoff Salt**  
**Quality Committee Chairman**  
**July 2013**

## Appendix 1

**Oxford University Hospitals NHS Trust****Quality Committee****Terms of Reference****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.
- 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 (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 (Professor Edward Baker)
- Chief Nurse (Mrs Elaine Strachan-Hall)
- Director of Clinical Services (Mr Paul Brennan)
- Director of Assurance (Ms Eileen Walsh)
- Director of Workforce (Ms Sue Donaldson)

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.