

Trust Board meeting (Part 1)		Date:	24 June 2015
Agenda item	Title	Executive Director lead and presenter	Report author
BD/15/077.4	Quality and Standards Committee Annual Report	Susan Thompson, Committee Chair	Susan Thompson, Committee Chair
This report is for:			
Decision			X
Discussion			
To Note			
History			
<i>None.</i>			
The following impacts have been identified and assessed within this report			
Equality	None identified		
Quality	Improvements to Committee operation through recommendations made to support Trust quality improvement		
Privacy	None identified		
Executive summary of key issues			
<p>This report summarises the activity of the Quality and Standards Committee for the financial year 2014/15. The paper gives an overview of the Committee's Terms of Reference, attendance, business and survey results, and concludes with a presentation of the Committee's forward-looking plans.</p> <p>The Board should note the report and make a decision regarding the recommendations made by the Committee Chair for further development.</p>			
This report addresses these strategic priorities:			
We will deliver the best care			X
We will support and develop our staff			X
We will continually improve what we do			X
We will use our resources wisely			X
We will be future focussed			X

1 Terms of Reference

1.1 Committee membership

The Committee membership comprises three Non-Executive Directors (NEDs), one of whom chairs the Committee, and two Executive Directors (EDs). The two EDs present are the Medical Director and the Director of Nursing and Quality. The Chair of the Committee is appointed by the Trust Board.

The quorum for Committee meetings is two NEDs and one ED. This will ensure compliance with the Trust Standing Orders. Any NED of the Trust may act as a nominated substitute or deputy in the unavoidable absence of any Non-Executive. This attendance will count towards the quorum.

The Director of Operations is required to attend Committee meetings. Any NED may attend Committee meetings.

The Committee makes a standing invitation for attendance to two members of the Trust-wide Engagement Group.

The Committee can call for attendance at Committee from any officer/employee of the Trust and expects the Locality (LDU) triumvirate team to attend when the Committee is visiting/seeking assurance on behalf of the Board from the nominated LDU

1.2 Terms of Reference Review

All Committees reviewed their Terms of Reference in February and March 2015. These have subsequently been approved by the Trust Board in March 2015.

1.3 Chair's comment

The ToR were amended during the year with the previous membership being 2 NEDs – the addition of another NED has significantly improved the robustness of the assurance which the Committee is able to secure.

LDU triumvirate members have had a standing invitation to attend and have added value, being able to support assurance to the Committee. The Committee will in future request LDU attendance for specific matters.

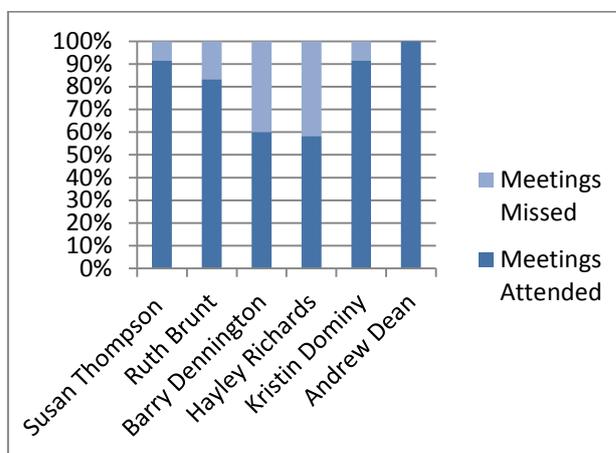
2 Committee Attendance

2.1 Summary

The Committee sat 12 times in the year. Susan Thompson (Chair) attended 11 of the meetings, Ruth Brunt attended 10 and Barry Dennington attended 3 out of a required 5. Of the EDs, Hayley Richards attended 7 of the meetings, Kristin Dominy attended 11 (in attendance) and Andrew Dean attended 1 out of a required 1.

2.2 Chair's comment

The Committee would benefit from regular attendance of both Clinical Executive directors at each meeting rather than it being one or other ED.



3 Committee Business

3.1 Overview

The Committee broadly met its work plan objectives and ToR during the year (which were revised mid-year). The Chair or nominee has reported to Board following each Committee meeting either by written report or verbally and there has been horizontal reporting between all Committees on appropriate matters.

The Committee continues to meet in public for part of its meeting to scrutinise and receive assurance as to quality measures, outcomes and quality improvement plans for a specific LDU. This is service user and carer led with the support of the relevant LDU.

Meetings have a substantial agenda and can over-run. Part of the year was taken up with how best to improve the working and

assurance mechanisms to the Committee which are reflected in improvements to the agenda and work plan. Papers for the meetings have not always been clear and complete and would benefit from further scrutiny at executive level before presentation to the Committee. A number of papers have been withdrawn either immediately before or at the meeting which is unsatisfactory.

Further work has been done in relation to QIAs which has improved assurance to the Committee and the Board.

The Committee Chair required the introduction of a Clinical Executive report as a standing item to ensure appropriate focus on quality outcomes and standards from the Clinical Executive to Board via the Committee.

During the year the Committee has benefited from improvements in reporting of Quality and Performance reports by the Director of Operations.

In relation to MHA responsibilities, as Chair of the Committee and lead NED for MHA, the Committee Chair attended the AHM training conferences provided by the MHA office, was on the panel appointing lead AHMs for the Trust and approved policy in relation to AHM functions within the Trust, and followed up NED engagement in panel review hearings.

The Committee Chair has a standing invitation to attend CIOG and receive their agenda and papers.

4 Committee survey and feedback

4.1 Committee self-assessment 2015/16

4.1.1 About the survey

A newly-created electronic self-assessment survey was sent out to all members and regular attendees of Trust Board and Board committees in February 2015.

From a possible 53 committee members and regular attendees the Trust received 21 responses within the two week timeframe (or 40% of potential respondents).

A previous paper-based survey, undertaken in February 2014, was completed by only a handful of committee members preventing meaningful year-to-year comparison. This year's survey should therefore be considered a baseline.

4.1.2 A survey in two parts

This year's survey was in two parts:

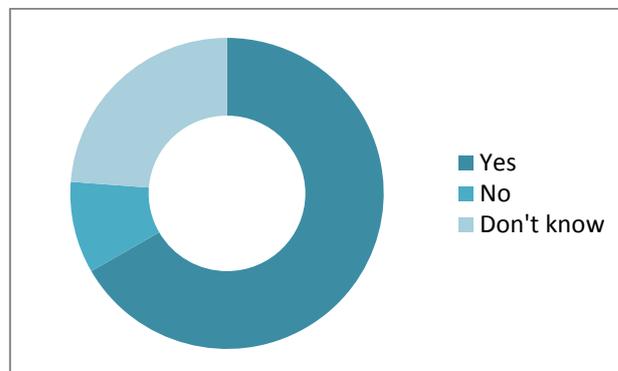
1. Generic questions asked of all respondents
2. Questions specific to the committee the respondent sat on.

In future surveys, Parts 1 and 2 will be amalgamated, such that the Trust will be able to analyse the responses to the generic committee questions by which committee the respondent sat on.

4.2 Generic questions

4.2.1 Self-assessment

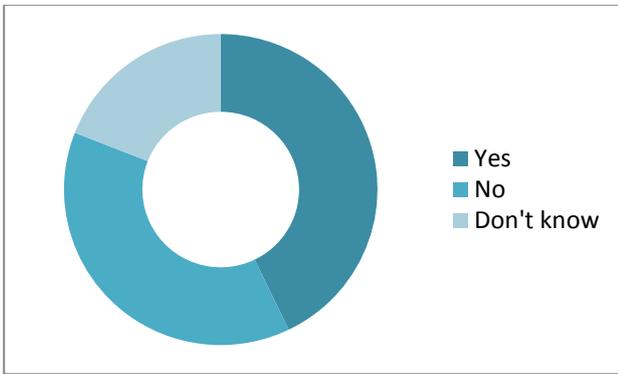
Two thirds (66.6%) of respondents stated that their committee or committees had formally assessed its compliance against its own terms of reference within the last 12 months, 23.8% didn't know.



Q1. – In the last 12 months, has your committee(s) formally assessed its performance against ToRs?

71.4% also reported that their committee measured itself against objectives or a workplan.

A majority of respondents reported that either they didn't know if their committee had reviewed its skill base in the previous 12 months (19.1%) or confirmed that it hadn't (38.1%).



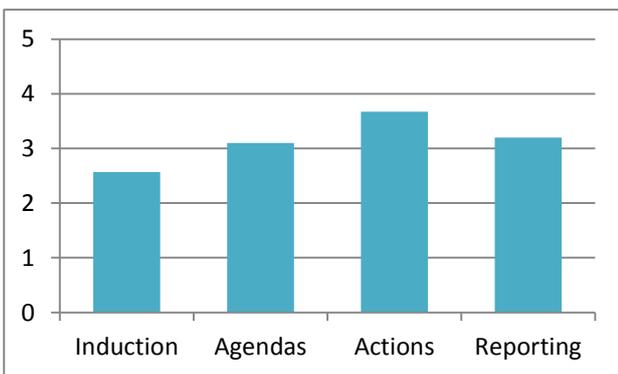
Q3. In the last 12 months, has your committee reviewed its skills base?

Furthermore, a majority of respondents did not know if their committee, or committees, had adequate succession planning in place (57.1%).

4.2.2 Induction, agendas and reporting

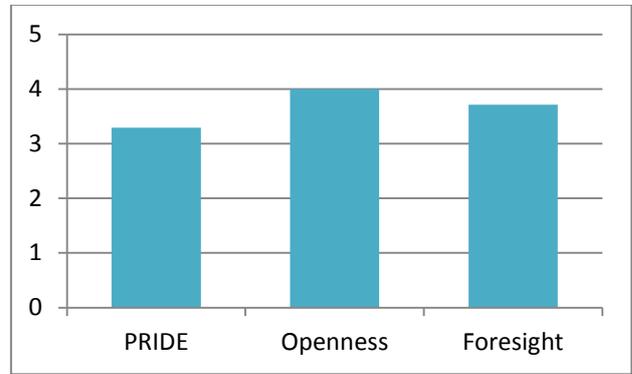
Respondents were asked, on a scale of 1-5 (where 1 was strongly disagree and 5 was strongly agree) how they rated the following:

1. The **induction** and training for your committee role
2. The length and contents of the committee **agenda(s)**
3. How well your committee follows up **actions** from previous meetings
4. The quality of **reporting** from your committee to Board and vice versa



With an average rating of 2.57, respondents rated their induction and training poorly, with a number of respondents (n=5) giving their induction and training the lowest score of 1 (poor).

Respondents were more positive about the openness of discussions at their committee, although, on average they agreed less with the statement '*Committee members always behave according to Trust values (PRIDE)*'.



4.3 Quality and Standard Committee (Q&RC)-specific questions

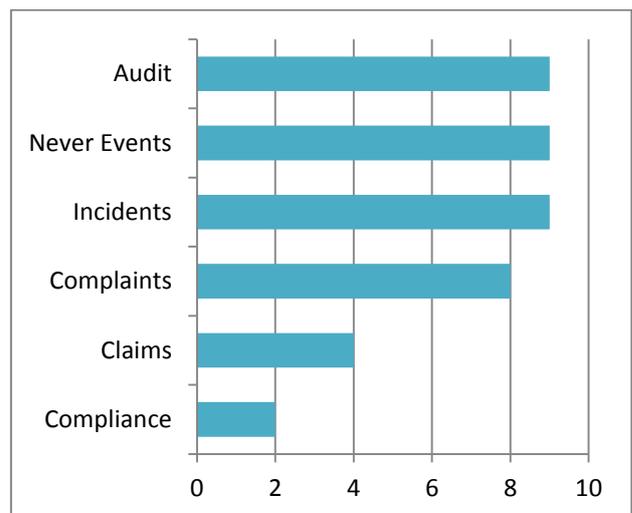
11 (out of 21) respondents sat on the Quality and Standards Committee (Q&SC) and completed the Q&SC-specific questions.

4.3.1 The Committee's role

Whilst respondents were clear that the Quality and Standards Committee considered CQC regulations (82%), quarterly and annual statements for Trust Board (91%) and the quality strategy (82%), they were less confident that the Committee oversaw the Trust's compliance with its licence and registration and the Well-Led Framework (36% each).

4.3.2 Risk and Performance

The majority of respondents reported that the Q&SC considered risks identified from audit, Never Events, incidents and complaints. A minority reported considering risks from claims and compliance activity.



4.3.3 Performance management

A majority confirmed the committee's role in monitoring performance against quality indicators (82%), in reviewing and approving quality policies (91%) and in monitoring

compliance with the Mental Health and Mental Capacity Acts (73%).

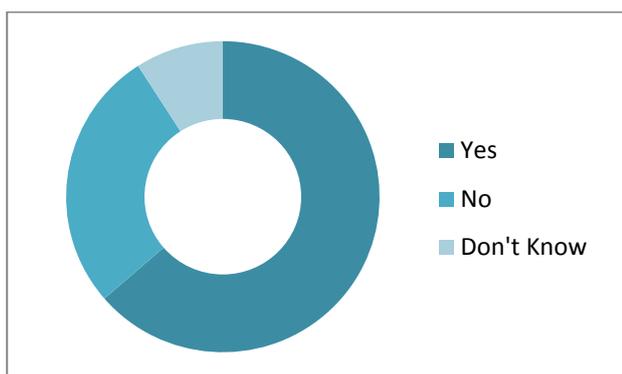
4.3.4 Mental Health Act Manager

One respondent thought that Q&SC had a role to play in the appointment of the Mental Health Act Manager with a further four stating that the committee had no role, six reported that they 'did not know' (55%) despite this being an explicit function of the Committee as set out in its Terms of Reference.

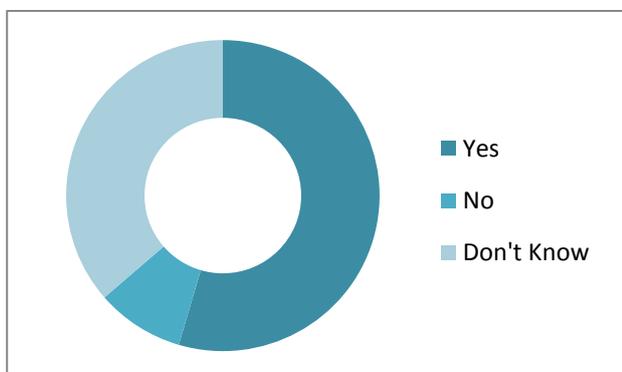
4.3.5 Culture

Whilst most respondents felt the committee helped to promote an open and honest culture of incident reporting a significant minority (27%) felt that it did not.

Q66. In the past 12 months can you point to an example of when the Q&SC has escalated an issue regarding quality of care to the Board?



Q65. Using the information provided to the Committee, is it able to provide reasonable assurance to the Board regarding the safety and quality of the service?



5 Future Focused

5.1 Planning

The Committee have agreed a work plan that will inform on actions to take around capability and culture, process and structure and measurement. Further, it will give consideration to and make decisions around policies and strategies.

QIA of service change and cost improvement plans remain an important agenda item and will be given scrutiny during the year.

The QSC has asked for better information of performance against Trust and locality agreed quality objectives to improve its scrutiny and assurance.

The QSC will be incorporating areas of oversight of the Employee Strategy and Engagement Committee with effect from September 2015 and a transition plan is agreed between Chairs of the respective Committees with the work plan requiring updating to account for workforce performance and improvements which impact on quality.

6 Recommendations

In response to further areas for improvement highlighted in this report, the following recommendations are made:

1. Committee papers should be scrutinised at executive level before presentation to the Committee
2. The Mental Health Act Manager should review the role of the committee in appointing the Mental Health Act Manager and make recommendations to ensure the Committee takes an active role.
3. The Committee work plan should be revised to reflect additional areas of oversight transferred on winding down of the Employee Strategy and Engagement Committee.

The Board should **note** the annual report of the Committee and make a **decision** regarding the recommendations made.