

<b>Trust Board meeting</b>	<b>Date:</b>	<b>26 April 2017</b>
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<b>Agenda item</b>	<b>Title</b>	<b>Executive Director lead and presenter</b>	<b>Report author</b>
<b>BD/17/018</b>	<b>Annual Report of the Quality and Standards Committee</b>	<b>Ruth Brunt</b>	<b>Ruth Brunt</b>

**This report is for:**

Decision	
Discussion	
To Note	X

**History**

**The following impacts have been identified and assessed within this report**

Equality	None identified
Quality	None identified
Privacy	None identified

**Executive summary of key issues**

This report provides a summary of the Quality and Standards Committee’s activity for the year 2016/17. The Committee’s Terms of Reference, attendance figures, feedback and business undertaken are reviewed. The paper concludes with a presentation of the Committee’s forward-looking plans.

**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 Committee Membership

## 1.1 From Terms of Reference

The Committee membership comprises three Non-Executive Directors (NEDs), one of whom chairs the Committee, and two Executive Directors (EDs) - the Clinical Executive and the Director of Operations. 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 absence of any Non-Executive. This attendance will count towards the quorum. An Executive Director may formally nominate a deputy to represent them at the meeting.

A service user representative is invited to attend Committee meetings. Any NED may attend.

Clinical Directors and representatives of their Quality Board may be invited to attend on request of the Committee.

The Committee may require any employee of the Trust or any other person involved in the delivery of clinical or patient care services on behalf of the Trust to attend any meeting and produce required information for the Committee.

# 2 Committee Attendance

## 2.1 Summary

The Committee sat 9 times in the year. Susan Thompson (Chair) attended 3 of the meetings, before she left and handed the chairing over to Ruth Brunt who attended all 9. Charlotte Moar attended 6 of the meetings. The Chair, Charlotte Hitchings attended one of the meetings and other NEDs, Neil Auty and Malcolm Shepherd attended 3, Mark Outhwaite and Sarah Elliot 1. Executives in attendance included Mathew Page, Tim Williams, Rebecca Eastley, Andrew Dean and Sue McKenna.

# 3 Committee Business

## 3.1 Overview

The Committee broadly met its work plan objectives and ToR during the year. The Chair reported to Board following each Committee meeting either by written report or verbally and there was 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. There is an expectation that service user experience and engagement is a specific focus for this part of the meeting.

During the year the Committee has benefited from improvements in the integration of performance reporting with supporting data.

### Strategy & Planning

Approval of:

Performance and Quality Management Strategy

Workforce Race Strategy recommendations

Data Quality Strategy

2016/17 Quality Account

### Capability & Culture

Staff Survey results and actions

Culture of Care Barometer

Medical revalidation annual report

Workforce Equality and Diversity annual report

Specific Focus on recruitment and retention plans

### Process & Structure

Reviewed Terms of Reference in November 2016

Agreed to include service user/carer representation

Reviewed format of committee meeting, in conjunction with LDUs. Agreed to maintain locality focus for part 1 of meeting

Approved new process for management of policies through committee

Agreed to review internal audits relating to Quality and Workforce issues

Approved process for providing assurance on compliance with Mental Health Legislation

Ensured systems and processes in place to address issues arising from national reports

### Measurement

Revised integrated performance report

Clinical Executive report focused on agreed quality and workforce priorities

Specific focus on actions following Quality Summit

Quality Impact of CIP plans

Overview of Acute Care Pathway initiative

Integration of quality related action plans into single Quality Improvement Plan

Specific CAMHS focus following transfer to AWP

## **4 Committee Feedback**

Responses from members of the Committee included

### **What should we keep doing in 2017/18?**

- Good challenges.
- Report from Chair to Board worked well.
- Hold meetings around the Trust.
- Locality and service user input for the first hour. This gives the committee a feeling of being much more rooted in the services. Moving the committee around also helps with this.
- locality quality and safety reviews based where they are
- Secure improvements in the operational performance report and extend to specialist and corporate

### What do we need to improve upon?

- Quality of our reports and papers.
- Perhaps consider whether all our meetings should be held away from Jenner – perhaps widen audience for LDU presentations so more local engagement?
- I think on balance the committee is very good. I used to be concerned about agenda and fitting everything in, but this feels improved.
- I think attendance is an issue
- Focus of clinical executive reports to highlight the key issues, the risks and what we are doing to manage them
- Executive leadership to driving the committee agenda

### What are the priorities for 2017/18?

- Focus of scrutiny should reflect our annual objectives and Quality Schedule.
- Helping the operations directorate work with the clinical executive in developing quality metrics to include in the integrated performance report
- Assurance prior to CQC follow up
- Assurance that we have identified the top quality risks and are mitigating them
- Ensure walk arounds are in place so NEDs can triangulate assurances provided by the Q&S committee
- Ensure we have confidence that our workforce is being effectively managed

## 5 Chair's Comments

- There have been significant changes to the Committee over the last year, with change of Chair and new membership.
- Attendance has improved over the year. Only one meeting was not quorate in October 2016.
- Increased interest and attendance by NEDs has been welcome.
- The agenda continues to be substantial with difficulties in prioritising key quality and workforce issues and risks.
- Improvements in performance reporting have provided greater assurance
- Executives have been responsive to requests for changes and improvements in the level of detail contained in reports.
- Challenges have included; delays in initiating certain actions eg walkabouts, understanding the drivers behind variations in performance, triangulation of indicators, establishing a coherent approach to identifying risk, ensuring that the committee is flexible enough to address emerging quality and workforce concerns.

## 6 Future Focus

### 6.1 Priorities for 17/18

- Ensure all reports are aligned with Trust objectives and priorities
- Review the format and content of the Clinical Executive report to ensure that the committee receives the necessary level of assurance
- Greater focus on strategic quality and workforce risks
- Increased focus on workforce changes and staff engagement
- Increased profile of OD and indicators of organisational culture
- Greater visibility of issues relating to Mental Health Legislation

# Charitable Funds Committee

Appointed by Trust Board

Reports and accountable to the Trust Board

*(Statutory)*

## Approved by the Trust Board

### Overview

The Avon and Wiltshire Mental Health Partnership Trust Charitable Fund (Charity Registration Number 1056576) is governed by the Trust Deed which was approved by the Trustee.

Under the terms of the deed the Charitable Fund is administered and managed by the Trustee, the members of the Avon and Wiltshire Mental Health Partnership Trust Charitable Fund as a body corporate. The Trustee is responsible for the overall management of the Charitable Funds.

### Summary of purpose and objectives

The purpose of this Committee is to oversee the management of Charitable Funds, supporting the delivery of the Trust's vision and strategic objectives through the enhancement of the work of staff and Service Users.

The Committee reports to the Trust Board as Corporate Trustee.

### Role and duties

The Trustee is responsible for the overall management of the Charitable Funds. It is required:

### Strategy and Planning

To review the Trust's Fundraising Strategy on an annual basis and approve changes where appropriate, prior to recommendation to the Board for agreement.

To support and endorse the communications strategies associated with approved bids.

On an annual basis, to review and approve summary level income and expenditure plans, ensuring that they complement the strategy.

To oversee the management of investments. Where an investment broker is used, the Trustee will ensure the investment strategy has been appropriately communicated, the information required is specified and received in a timely manner, and that the service is market tested at regular intervals.

### Process and Structure

To be assured that best practice is followed in terms of guidance from the Charity Commission, the National Audit Office, the Department of Health, Institute of Fundraising and other relevant organisations.

To be assured that processes in place for payment of research monies into charitable funds meet the criteria for charitable status as specified by the Charity Commission.

To review the Scheme of Delegation for charitable funds on a regular basis and recommend changes for the consideration of the Trust Board, where appropriate.

To review fundraising policies in conjunction with the Director of Finance, ensuring that statutory requirements are complied with, prior to recommendation to the Board for agreement

To be assured that the appropriate policies and procedures are in place to support the Fundraising Strategy and to advise on income and expenditure.

To be assured that an effective mechanism exists whereby equipment needs are identified and satisfied (within resource constraints) through an equitable bidding

process underpinned by business plans. (All equipment purchased by charitable funds will be recorded in a separate register.)

To approve any request to set up new funds and cost centres.

To decide the bases of apportionment for investment income and administration costs, respectively.

To oversee an annual risk assessment.

## **Measurement**

To receive the audited charitable funds and accounts on an annual basis, ahead of these being received by the Trust Board.

To review the number of funds on an annual basis and undertake a programme of rationalisation, where appropriate.

To evaluate implemented projects funded by the charitable fund and share learning across other bid projects where identified.

## **Responsibility/delegated authority**

The Committee is authorised by the Board to investigate any activity within its terms of reference.

The Committee is authorised to seek any information it requires from any officer of the Trust, and all officers are directed to co-operate with any request made by the Committee.

## **Limitations of authority**

Save as is expressly provided in the Terms of Reference, the Committee shall have no further power or authority to exercise, on behalf of the Board, any of its functions or duties.

## **Accountability / reporting requirements**

The Trustee is accountable to the Charity Commission for the proper use of the charitable funds and to the public as a beneficiary of those funds.

Minutes will be prepared after each meeting of this Committee and circulated to members of the Committee and others as necessary.

The key issues of the Committee will be included in the Executive Team agenda and papers in the Chair's Report. The approved minutes of the Committee meeting will be included in the agenda and papers of the following Board meeting.

The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure to the full Board, or require Executive action.

The Committee will report to the Trust Board annually on the matters of business it has carried out.

## **Membership**

The membership of the Committee will comprise the Chair of the Corporate Trustee who is a Non-Executive Director, the Executive Director of Finance, and one additional Non-Executive Director. A member of the clinical executive will attend. The Chair may invite the Associate Director of HR & Workforce when required. The Trust Board will appoint the Chair of the Committee.

## **Meeting requirements**

### **Quorum**

The quorum for meetings of the Committee shall be two members, ensuring compliance with the Trust Standing Orders.

### **Substitutes/Deputies**

Any Non-Executive Director of the Trust may act as nominated substitute / deputy in the unavoidable absence of any Non-Executive Director and this attendance will count towards the quorum.

Any Executive Director may act as nominated substitute / deputy in the unavoidable absence of any Executive Director and this attendance will count towards the quorum. An Executive Director may nominate a deputy to represent them at the meeting, notifying the Chair in advance of the meeting.

### **Invitees**

External advisors may attend as necessary at the request of members to include any departments who have an interest in the current meeting, i.e. fundraising, finance, and any department submitting a case of need or external investment advisors.

The Financial Accountant and a representative from the Communications team are invited to attend each meeting of the Committee.

A representative of the Trust-wide Involvement Group is invited to attend, and one representative of the Trust's operational delivery units.

### **Frequency of Meetings**

The Trustee will normally meet three times per year and at such other times as the Trust shall require.

### **Administration of Committee**

The Corporate Affairs directorate will provide appropriate administrative support, guidance and advice to the Chair and committee members

### **Agendas**

The format and content of the agenda will be agreed by the Chair of the committee.

### **Lead contact**

Executive Director of Finance

### **Monitoring effectiveness**

The Company Secretary will , at least once a year, review the performance, constitution and terms of reference of the committee to ensure it is operating at maximum effectiveness in order to support the continual improvement of governance standards, committees, sub-committees and groups.

The Company Secretary will produce an annual report to the Trust Board detailing the results of the Committee Review and recommend any changes considered necessary for approval by the Board.

### **Review**

The Terms of Reference of this committee must be reviewed and subsequently approved by the Trust Board at least annually.