

**'You matter, we care'**

Trust Board Meeting (Part 1)	Date: 25 <sup>th</sup> June 2014
------------------------------	----------------------------------

<b>Title:</b>	Annual Report of the Quality and Standards Committee
<b>Item:</b>	BD/14/080

<b>Lead and presenter</b>	Hayley Richards, Medical Director and Deputy Chief Executive
<b>Report author(s)</b>	Susan Thompson, Committee Chair NED, Ann Tweedale, Head of Quality Information and Systems and Hannah Dennis, Corporate Governance and Risk Manager

<b>History:</b>	<i>Executive Team, 17 June 2014</i>
-----------------	-------------------------------------

<b>This report is for:</b>	
Decision	X
Discussion	
To Note	X

<b>The following impacts have been identified and assessed in relation to this report:</b>	
Equality	None identified.
Quality	None identified.
Privacy	None identified.

<b>Executive Summary</b>
<p>This report summarises the work of the Committee during 2013/14.</p> <p>The report assures the Board that the Committee has met its terms of reference and that attendance of Committee members has been good.</p> <p>Of note, was the high workload of the Committee during the year, reflective of the Trust's focus on quality as its highest priority. This has sometimes impacted on the ability to manage the size of agendas to within the meeting time available.</p> <p>The Committee completed their Work Plan and in addition made requests for additional reports for areas where the committee believed there was need for further detail, scrutiny or assurances such as: falls, the prescribing of anti-psychotics and medicines management.</p> <p>The Trust completed an evaluation of the work of the committee in April which, although was poorly responded to, has identified a series of recommendations that are recognised and have</p>

## Annual Report of Quality and Standards Committee to Trust Board

been agreed by the Committee. These are set out in summary at point 6.2

The Board are recommended to **note** the report and **approve** the attached revised Terms of Reference for the Committee.

**Appendix A** – Revised Terms of Reference

**Appendix B** – 2014/15 Work Plan

### 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

## Annual Report of Quality and Standards Committee to Trust Board

### 1. Purpose

Committees are the Board's key assurance providers, with Non-Executive Director representation providing an independent, challenging perspective in discussion. Good governance is about effective leadership. To effectively lead, our Committees must be given the right tools to review and challenge management activity and to approve or decline to support proposed action.

The Committee seeks assurance on behalf of the Board in relation to quality and standards for the organisation. There are a number of Trust-wide working groups that report escalate information to the Committee via the Senior Management Team, such as CIOG (the Clinical Incident Overview Group) and the MH Legislation Group, to name two. The Committee was formed in 2013 from the previous Quality and Safety Committee and Mental Health Legislation Committee.

The Committee monitors in detail the following IQ domains on behalf of the Board: 1) meeting CQC compliance, 2) clinical records management and 3) Friends and Family test.

The Chair of the Committee reports verbally and by written report to the Board on a monthly basis. The Committee can horizontally report to other Board committees any matters of relevance to those committees for their consideration, it can escalate matters to the Board and can require working groups or LDUs to report specific actions to the Committee.

The purpose of this report is to advise the Board of the work undertaken by the Committee during 2013/14, informed by the outcomes of the Committee self-evaluation and subsequent recommendations for improvement made based on best practice.

### 2. Attendance during 2013/14

#### 2.1. Member attendance

The Committee met on the following dates during 2013/14:

- 9<sup>th</sup> April 2013
- 9<sup>th</sup> May 2013
- 4<sup>th</sup> June 2013
- 2<sup>nd</sup> July 2013
- 6<sup>th</sup> August 2013
- 3<sup>rd</sup> September 2013
- 2<sup>nd</sup> October 2013
- 19<sup>th</sup> November 2013
- 12<sup>th</sup> December 2013
- 18<sup>th</sup> February 2014
- 18<sup>th</sup> March 2014

Of additional note:

- The meeting in January 2014 was cancelled due to a conflict with commissioner contract meetings the same day.
- The Committee was observed on 3 occasions during the year by external observers from DAC Beachcroft (during the evaluation of the Trust Board), KPMG (as part of the BGAF/QGAF assessment) and from the TDA (as part of its fitness for FT) which provide external validation of the Committee's work.

## Annual Report of Quality and Standards Committee to Trust Board

- The Committee has met at various locations around the Trust to make it accessible to the public for the Part 1 Public session of the meeting. Notice of the public meeting has been circulated via the Trust website and via LDUs

The attendance of members throughout the year was recorded as follows, with a total of 11 meetings held:

Name	Role	Attendance
Susan Thompson	Chair	All meetings
Tony Gallagher	Non-Executive member, from April to November 2013	7/8 meetings
	Chair of the Trust, from December 2013 to present	2/3 meetings
Ruth Brunt	Associate Non-Executive, from April to November 2013	7/8 meetings
	Non-Executive member, from December 2013 to present	3/3 meetings
Hayley Richards	Medical Director	9/11 meetings
Hazel Watson	Director of Nursing, from April to November 2013	5/8 meetings
Alan Metherall	Acting Director of Nursing, from December 2013	2/3 meetings
Kristin Dominy	Director of Operations (in attendance)	8/11 meetings
Emma Roberts	Director of Corporate Affairs and Company Secretary (in attendance)	2/11 meetings

During the year senior management staff have attended the Quality and Standards Committee in addition to the membership. The Clinical Directors (CDs) of the Local Delivery Units or their nominated deputy have been encouraged to attend meetings throughout the year. The CDs are directly accountable for quality standards in their directorates. The format of the meetings has also changed to allow for an hour presentation/engagement by a specific LDU led by service users and carers in public when quality standards and quality improvement along with service user/carer engagement in the locality are highlighted and discussed. This is followed by a 2 hour closed meeting.

The Committee membership has valued the contribution by the LDUs in securing assurance as to the effective embedding of quality in service delivery as the Trust's top priority and the effectiveness of LDU quality governance.

The LDUs are required to report by exception to the Committee any quality and standards issues of concern/note. This can be done via their nominated representative attending the meeting or via the Director of Operations, as the Executive member responsible for exception reporting to the Committee.

## **Annual Report of Quality and Standards Committee to Trust Board**

### **3. Summary of Business**

The Committee has undertaken its core business throughout 2013/14, in accordance with its work plan (attached Appendix A), maintaining oversight of the following areas of work including, but not exclusively. The Committee has sustained a high work load with several more in depth and follow up reports being requested on areas worthy of additional scrutiny:

- Local Delivery Units Quality Standards and Quality Improvement Initiatives (via the LDU presentation and discussion in the public part of the meeting)
- Quality Dashboard (the 3 IQ domains) together with exception reporting by Local Delivery Units
- Quality Accounts (development of annual report, Trust quality priorities and quarterly progress updates)
- Quality Impact Assessments
- Quality Academy Reports
- Integrated Quality & Safety Plan
- Annual Complaints & PALS Report
- Service User and Carer Experience report ('Learning from Experience')
- Clinical Directors Annual Quality Overview Report (including Quality Plans)
- Annual Clinical Audit Report and Work Plan
- Annual Controlled Drugs report
- Annual Incidents Report
- Annual Infection Control Report
- Trustwide Engagement Group Reports
- Patient Led Assessment of the Care Environment (PLACE) Annual Report
- Clinical Intelligence Reports
- Quarterly reports from Management Groups (Medicines Management, CIOG)
- Mental Capacity Act
- Trust Mental Health Act Annual Report and Mental Health Dashboard
- Equality & Diversity report
- Safeguarding Annual Report
- S.136 MHA Provision
- Social Work Strategy
- CQC reports: MHA and Community Services
- Quality Improvement Visits
- Safety Alerts Annual Report
- Falls
- High dose prescribing

### **4. Committee Self-Evaluation**

#### **4.1. The Role of the Committee**

The Committee undertook its self-evaluation during February and March 2014, with a report received by the Committee at its meeting on 18 March 2014.

Feedback regarding the clarity of the role of the Committee and its delivery of this were entirely positive, with members expressing satisfaction that the terms of reference for the Committee were appropriate and regularly reviewed. The Committee was observed on three occasions by external observers..

## **Annual Report of Quality and Standards Committee to Trust Board**

The Committee agreed a number of recommendations in relation to the evaluation and further work is to be undertaken with the Committee Chair and Executive Leads in the coming weeks.

The Board will be updated on these developments in due course.

### **4.2. The Role of the Chair**

The Committee evaluation considered the role of the Chair in controlling the content of, and guiding the Committee through, the agenda. The evaluation highlighted that the Committee sometimes struggles to complete the agenda within the time allocated for the meeting. Agenda setting should be managed by the Chair and Executive Lead to ensure the Committee agenda is completed within time.

The introduction of the IQ domains has focussed the attention of the committee on the three key areas delegated by Board with less reporting of indicators which the Committee is not actively monitoring, such as appraisal and supervision, (monitored by ESEC). The LDU reporting has made sure that the committee see their overview for all domains and has ensured the consideration of indicators for identifying horizontal reporting of matters to other committees; although this is positive this has sometimes diverted time away from core business of the Committee. The development of the public part of the meeting, which is seen as very valuable, has also reduced the time available for core committee work to be completed.

Attendees to the meeting have developed their expertise in delivering more qualitative and succinct reports which has aided the Committee's work.

In line with best practice, agenda setting meetings are held with the Chair and Executive Lead for the Committee to agree the structure and content of the meeting.

The Chair and Executive Lead also have responsibility for ensuring actions identified through Committee meetings are fulfilled, with the Governance Support Officer co-ordinating the collation of updates on action taken. Some responses indicated that actions are not consistently completed within identified timeframes. Actions therefore need to be communicated and delivered in a timely manner and action taken overseen by the Executive Lead between Committee meetings.

### **4.3. Membership, Independence, Objectivity & Understanding**

The Committee found that the membership (two Non-Executive Directors and two Executive Directors) was effective but supported by operational input from the LDU representatives when appropriate and in the absence of the Director of Operations. The Committee membership has been reviewed following the evaluation to ensure that this is appropriate to deliver the terms of the Committee. At the time of the evaluation Terms of appointment to the Committee were not formally defined in a letter to members. This has now been completed.

It was suggested that locality exception reporting requires more structure to make these clearer and more concise. In this area it was also raised that there is increased reliance on verbal assurance from localities and the Committee should receive more evidence-based submissions from localities.

Some positive comments were made confirming that members and attendees feel the Committee delivers its Terms of Reference. It was highlighted that Trust and quality objectives for the coming year should be aligned to quality plans, but should be agreed with consultation in the meeting, and that the Committee needed to set out its collective understanding in some areas.

## **Annual Report of Quality and Standards Committee to Trust Board**

### **4.4. Skills**

There were no concerns raised in relation to the skill mix of the membership of the Committee

### **4.5. Committee Support**

Support to the Committee by the Governance Support Office was identified as challenging in recent months due to the high level of business. On some occasions Committee papers have been circulated late and the Governance Support Officer is working to ensure distribution of papers 7 days ahead of the meeting to demonstrate that good governance controls are in place.

The Committee Chair and Executive lead have also been provided with senior management support via the Head of Quality Information & Systems.

Feedback on the way the Committee meetings are structured was positive. The year was seen as one of evolution for the Committee as it sought to develop a public/private agenda and engagement of a wider community of senior management, service users and carers in the working of the Committee.

### **4.6. Communication**

Through the evaluation of the Audit and Risk Committee it was highlighted that the working relationship between the Audit and Risk and Quality and Standards Committees was not clearly defined in their Terms of Reference. There has been horizontal reporting of issues between the Committees but this can be developed further. The Terms of Reference for both Committees have therefore been updated to clarify this relationship. During the review of Committee membership consideration was given to whether a member of the Quality and Standards Committee should sit as a member of the Audit and Risk Committee, however it was agreed that the current memberships were appropriate at this time. This will remain a consideration in future reviews.

## **5. Chair's Reporting**

The Committee Chair provided a report to the Trust Board following each meeting of the Committee highlighting business discussed, issues raised and positive outcomes reported, providing assurance to the Board throughout the year.

## **6. Recommendations**

### **6.1. Evaluation recommendations**

Agenda setting meetings will take place for all Committees, with the presence of the Chair and Executive Lead required (together with the LDU representative in their allocated month). The Governance Team will take this action and, if required, will facilitate teleconferencing to ensure this can take place.

The Governance Team will distribute meeting actions as soon as possible following the Committee meeting and will support the Executive Lead to oversee the completion of these actions through collation of updates on action taken.

The Executive Lead and Chair must take an active role in ensuring these actions are completed, holding individuals to account through the Committee.

All Committee members, both Non-Executive and Executive Directors, will be provided with a letter summarising the terms of their role within the Committee. Terms of Reference (completed)

## **Annual Report of Quality and Standards Committee to Trust Board**

The Terms of Reference of the Committee will be reviewed, and to make clearer the working relationship between the Committee and the Audit and Risk Committee. (completed – as attached).

Membership of the Committee will be reviewed (completed)

The 2014/15 Work Plan will be agreed at the April 2014 meeting (completed)

### **6.2. Terms of Reference**

The Terms of Reference for the Committee have been subject to a review alongside all other Committee Terms of Reference, reflecting the need to clearly define the horizontal reporting line between this Committee and the Audit and Risk Committee. The Terms of Reference are provided as Appendix B to this report for the approval of the Trust Board.

### **6.3. Overall recommendation**

The Board are recommended to **note** the report and to **approve** the revised Terms of Reference for the Quality and Standards Committee.