

Board of Directors

Item 6.2.2

Subject: Quality Committee Effectiveness Review and Annual Report
Date of Meeting: 26th April 2023
Presented by: Nick Brooks, Non Executive Director
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	The report provides assurance on the scrutiny of the quality and safety agenda during 2022/23 by the Quality Committee as delegated through the Terms of Reference.

Level of assurance (please tick one)				
To be used when the content of the report provides evidence of assurance				
X	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>
				Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary

The Quality Committee has met 4 times during the financial year 2022/23 with good attendance by all members.

The Committee's main priority is to review and scrutinise assurances that the Trust's strategic priorities for quality and safety improvement are identified, and to ensure that appropriate quality standards in relation to clinical outcomes, safety and patient and family experience are set, and compliance with them is monitored.

The work of the committee has continued to be focused on the delivery of the Quality and Safety strategy and priorities, and the performance against quality indicators as monitored through the quality dashboard. Risks and issues have been escalated to the Board of Directors through the BAF key issues reports.

The effectiveness review confirmed that the committee has met its objectives as delegated through the Committee Terms of Reference (TOR) and continues to operate effectively.

The development of the quality dashboard will continue into 2023/24, and continued focus will be on the priorities for 2023/24.

The Terms of Reference will be reviewed and updated in light of the effectiveness review.

The Audit Committee is asked to note the report, confirming that the committee has operated effectively during 2022/23.

2. Committee Effectiveness

The effectiveness of the Committee has been reviewed through:

- a. Review of TOR and workplan
- b. Desktop exercise to confirm alignment of agendas/ papers to TOR
- c. Survey responses
- d. Wider considerations (insight, assurance, foresight and hindsight)
- e. Workshop held to discuss findings

2.1 Delivery of Objectives

The table below sets out how the Committee has met its objectives as delegated by the Board of Directors through its Terms of Reference.

Terms of Reference	Evidence to support delivery	Outstanding Issues/ Actions/ Escalations
1. Receive assurances on the content of the Quality Strategy in relation to the targets set and on the quality of data reported to measure these targets	The Committee continued to have oversight of the Quality Strategy with a 6 monthly update on progress.	-
2. Assess the clinical and quality impact of financial decisions e.g., Cost Improvement programmes	The Committee received regular updates on Quality (QIA) and Equality (EIA) Impact Assessments of CIPs. This included an independent quality review of a sample QIA/EIA documents by the Trust's Equality Lead.	-
3. Review and scrutinise in-year quality monitoring reports , ensuring the integrity of data	The Clinical Quality Dashboard was scrutinised at every meeting, with deep dive discussions in key areas as required (e.g. falls, sepsis, mortality, delirium, primary PCI call to balloon times).	Work is ongoing to develop a new quality dashboard alongside the new SOF developments.
4. Seek assurance that the Trust is compliant with external regulations and standards of quality governance, including but not limited to: <ul style="list-style-type: none"> National targets in relation to quality Contractual requirements – CQuINs Receive the outcome of the EECS assessments from the clinical areas annually 	<p>In addition to the Clinical Quality Dashboard the Committee received reports from QSEC covering a wide range of national targets relating to quality.</p> <p>The QSEC reporting included performance against CQuINs and the overall outcomes of EECS assessments. (Note: detailed EECS reports were also received by the Board).</p>	EECS assessment outcomes were also reported to the Board of Directors.

Terms of Reference	Evidence to support delivery	Outstanding Issues/ Actions/ Escalations
<p>5. Patient Safety:</p> <p>Receive assurance that the patient safety agenda is implemented throughout the Trust including:</p> <ul style="list-style-type: none"> • Infection prevention and control via the quality report at each meeting and via the Quality Safety Experience Committee (QSEC) key issues report. • Safeguarding – via the via the key issues report from QSEC • Incident reporting process and implementation of learning from incidents from the IICC report • Annual report from the medications safety group • Receive assurances on the management of diabetes across the Trust via the key issues report from QSEC • Receive monthly updates via the quality dashboard in relation to compliance with the sepsis bundles and improvement works in place and receive updates from the annual report via the QSEC key issues report and report on performance against the trusts sepsis bundle at each meeting 	<p>In addition to the Clinical Quality Dashboard the Committee received reports from QSEC covering a wide range of performance measures relating to patient safety including sepsis.</p> <p>The QSEC reporting included infection prevention and control, safeguarding, diabetes, and sepsis.</p> <p>The Committee received assurance on incident reporting processes and learning from incidents via the Integrated incidents, complaints, and claims (IICC) Annual Report. The serious incident report was also reviewed at each meeting as well as through the Board of Directors.</p> <p>Receipt of the annual report on medications safety and the sepsis annual report.</p>	
<p>6. Clinical Effectiveness:</p> <p>Receive assurance that the clinical effectiveness agenda is implemented throughout the Trust including via quarterly key issues reports from the QSEC committee meeting and via:</p> <ul style="list-style-type: none"> • Updates from any clinical effectiveness initiatives • Effectiveness of governance processes relating to mortality via an annual mortality assurance paper and via the mortality data presented at each meeting via the quality report and via the key issues report from QSEC • The clinical audit annual assurance report • Benchmarking data relating to outcomes • Assurance around adherence to best practice e.g., NICE guidance, Royal College standards etc. • Assurance regarding 	<p>The Committee received reports from QSEC covering a wide range of areas relating to clinical effectiveness.</p> <p>The reports included:</p> <ul style="list-style-type: none"> • Clinical effectiveness and improvement work (e.g. fasting, mortality, falls etc) • NICE compliance (e.g. hospital transfusion) • Falls incidents and improvements • Tissue viability (including pressure ulcers) and improvement work • Cancer CQuINs • Natsips and Loccsips • Consent compliance • Surgical site infections • Nutrition <p>The Dr Foster dashboard was reviewed at each meeting and the committee received updates and minutes from the mortality improvement group.</p>	<p>Mortality levels, reviews and improvement plans were escalated via the BAF key issues reports in year, and improvements have been demonstrated.</p> <p>Resuscitation training capacity and compliance levels were escalated in year, and continue to be a focus for the Committee.</p>

Terms of Reference	Evidence to support delivery	Outstanding Issues/ Actions/ Escalations
<p>readmissions and the Trust's improvement plan to reduce incidence via the QSEC report</p> <ul style="list-style-type: none"> Assurance that the trust is meeting the outcomes for cancer services via the key issues report from QSEC Receive assurance in relation to compliance with Natsips and Loccsips annually via the QSEC report Assurance in relation to resuscitation standards via the key issues report from QSEC Receive assurance on the incidence, and improvements in preventing falls and pressure ulcers via the quality report and the key issues report from QSEC Assurance on nutritional standards via the key issues report from the QSEC Assurance reports regarding progress with the GIRFT improvement plan via an annual report Receive the root cause analyses for all incidents deemed serious as per the incident reporting policy and assurance that a comprehensive action plan is in place to address any identified improvements. 	<p>In year updates were presented on stroke services and GIRFT.</p> <p>The Committee also received assurances through the following annual reports:</p> <ul style="list-style-type: none"> Stroke Services Medications Safety Sepsis Clinical Audit and Effectiveness Resuscitation GIRFT Care at the end of life <p>The Committee received the quarterly STEIS Serious Incident (SI) Report. (Note: RCAs are reviewed through Divisional Governance and an external SI panel with learning shared more widely through a range of forums).</p>	
<p>7. Patient and Family Experience: Receive assurance via the quality report that the patient and family experience agenda is implemented throughout the Trust including:</p> <ul style="list-style-type: none"> Receipt of assurance report on action planning in relation to the annual patient survey and the key issues report from QSEC Assurance on quality of data relating to complaints, claims and PALS processes; identification of trends, and assurance on the implementation of learning via the customer care reports from the QSEC key issues reports Annual assurance report on progress with the patient and family experience agenda via the QSEC key issues report 	<p>The QSEC quarterly report provided updates on incidents, complaints and claims throughout the year.</p> <p>The Committee received assurance on complaints claims and patient and family experience via the Integrated incidents, complaints, and claims (IICC) Annual Report.</p> <p>(Note: The national in-patient survey results and action plans were received by the Board).</p>	-

Terms of Reference	Evidence to support delivery	Outstanding Issues/ Actions/ Escalations
8. Research & Development: Receive assurance that the R&D agenda is implemented throughout the Trust, including: <ul style="list-style-type: none"> Assurance reports data demonstrating implementation of the research and innovation strategy via assurance reports 	Research and Development was not a focus for the Quality Committee in year.	The Research and Innovation (R&I) agenda is assured through the operational R&I Committee reporting via the Operational Board. A new Strategic R&I Committee is being established.
9. Receive external assurance reports from the CQC and from regulatory / statutory bodies in relation to the quality and patient safety agenda, and ensure that management responses and action plans are robust.	No CQC mandatory requirements relevant to LHCH were received in year. The Committee reviewed external reviews of the pharmacy aseptic service (CQC), secure health messaging (MIAA) and the CQC IRMER (Ionizing Radiation Medical Exposure Regulations) annual report. Reviews of the Trust response to regulatory reports from other organisations (e.g. Ockenden and Edenfield) were received together with robust action plans.	The Committee escalated the findings from the external reviews (pharmacy aseptic audit, secure health messaging and IRMER) and continue to track the delivery of action plans.
10. Consider urgent or material matters referred to the Committee by the Operational Board, Audit Committee or Board of Directors.	There were no specific issues were referred to the Committee in year (recognising that the Board also received some of the reports and issues via the Quality Committee).	-

2.2 Assessment of Effectiveness

Members and regular attendees were invited to complete a survey on the effectiveness of the committee. The responses received were overwhelmingly positive with confirmation of effective chairmanship, attendee contributions, assurances received and constructive challenge.

A number of areas were discussed at the workshop including reporting, assurance from QSEC, role in respect of QIAs (Quality Impact Assessments) and timeframes for actions.

The full survey responses are provided in Appendix A.

2.3 Membership and Attendance

The attendance from members and attendees is confirmed below.

Member	12.04.2022	12.07.2022	11.10.2022	12.01.2023	%
Nicholas Brooks	✓	✓	✓	✓	100
Sue Pemberton	✓	✓	✓	✓	100
Raphael Perry	✓	✓	X	✓	75
Karen O'Hagan*	X	N/A	N/A	N/A	100

Member	12.04.2022	12.07.2022	11.10.2022	12.01.2023	%
Julian Farmer	✓	X	✓	✓	75
Margaret Carney**	N/A	N/A	✓	✓	100
Andrew Lang***	N/A	✓	N/A	N/A	100
Attendees					
Michael Filek	✓	N/A	✓	N/A	N/A
Hannah Rooney	N/A	✓	N/A	N/A	N/A
Val Davies	✓	N/A	N/A	N/A	N/A
Danny Forrest	✓	N/A	✓	N/A	N/A
Karan Wheatcroft	N/A	✓	N/A	✓	N/A
Kirsty Dudley	N/A	✓	N/A	N/A	N/A
Justin Ratnasingham	N/A	N/A	✓	N/A	N/A
Helen Martin	N/A	N/A	✓	N/A	N/A
Ben Murray	N/A	N/A	✓	N/A	N/A
Susan Oakes				✓	
Jo Shaw	N/A	N/A	N/A	✓	N/A
Marousa Ntouskou	N/A	N/A	N/A	✓	N/A

* Karan O'Hagan left the Trust in April 2022

** Margaret Carney became a member in October 2022.

*** Andrew Lang joined the Trust in March and left prior to the October meeting

3. Actions

The following actions are to be progressed.

Action	Responsibility	Timeframe
1. Amend workplan: <ul style="list-style-type: none"> Add Quality Report (annual) Add NICE Annual Report (annual) Add Learning from external reviews (quarterly) Add PSIRF implementation (quarterly) Review QIA frequency (see action below) 	KWh	April 2023
2. Amend TOR <ul style="list-style-type: none"> Remove wording around integrity of data in quality dashboard (this would be a Board responsibility) and consider the wording 'assuring data' used against a range of other areas Amend wording regarding benchmarking data to reflect that this would be within other reports 	KWh	April 2023

<ul style="list-style-type: none"> • Amend wording regarding RCAs for SIs and focus this on learning • Remove assurance on R&D strategy (to be picked up by new Strategic R&I Committee) and replace with assurance on R&I Good Clinical Practice Regulations as required. • Review reliance on QSEC within TOR and ensure clarity (e.g. CQuINS, EECS, Safeguarding) • Remove 'assurance regarding readmissions improvement plan' • Add BAF risks relating to quality and safety 		
3. Review QSEC TOR and workplan to reflect Quality Committee effectiveness review.	SP/KWh	April 2023
4. To consider the role of the Quality Committee in QIA/EIA and amend report content/ frequency accordingly.	KWh/MF	April 2023
5. Continue to develop the KPI Dashboard for the Quality Committee as part of the wider SOF development.	SP/NB	June 2023
6. To consider how cross referrals to and from other committees are made and recorded (relevant to all Committees)	KWh / NEDs	April 2023
7. Continue to drive forward improvement in reports including executive summaries setting out the assurances as well as the drivers, risks, and mitigations. To also include the look ahead, scenarios and contingencies.	KWh/ Execs	June 2023

4. Conclusion

The review has confirmed the ongoing effectiveness of the Quality Committee. During the year this has included the escalation of identified risks associated with:

- Mortality levels, reviews and improvement plans.
- Specific quality indicators including falls and sepsis;
- External reviews including secure health messaging report, and aseptics audit report.

In addition to the continued focus on progress against the quality and safety priorities in 2023/24, the Committee will:

- Continue the work to develop the Quality dashboard aligned to the Committee responsibilities and the new SOF.
- Review the QSEC TOR and workplan to confirm alignment to the Quality Committee expectations.

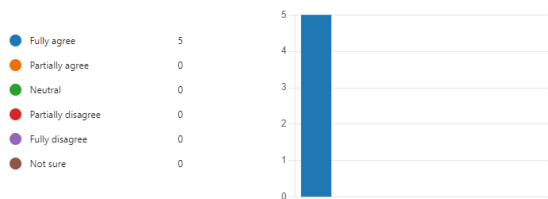
5. Recommendations

The Audit Committee is asked to note the report and confirm that the committee has operated effectively during 2022/23.

Appendix A – Survey Responses

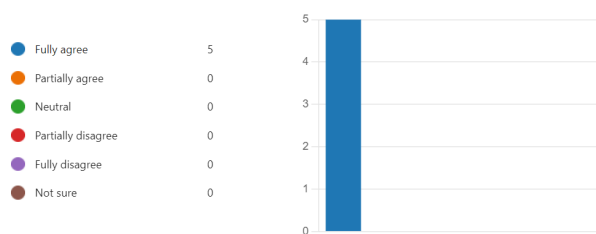
1. The work of the Committee delivers the aims and the purpose detailed in the TOR priority is to review and scrutinise assurances that the Trust's strategic priorities for quality and safety improvement are identified to ensure that appropriate quality standards in relation to clinical outcomes, safety and patient and family experience are set and compliance with them is monitored

[More Details](#)



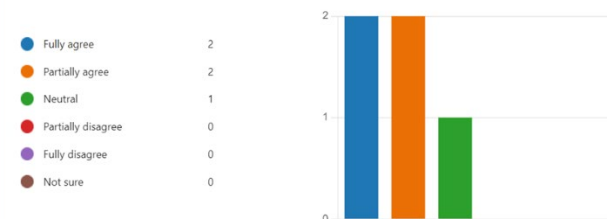
2. The Committee meets frequently enough to fulfil its objectives

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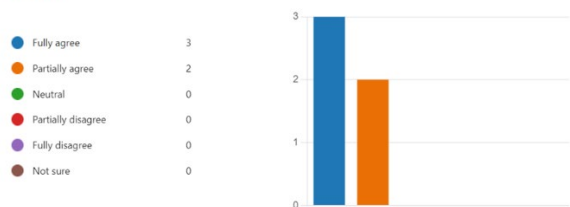
3. The committee receive relevant and timely information and data

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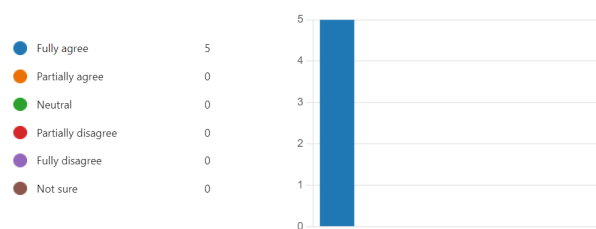
4. the committee has the right membership in terms of the balance of experience, knowledge and skills to fulfil its role

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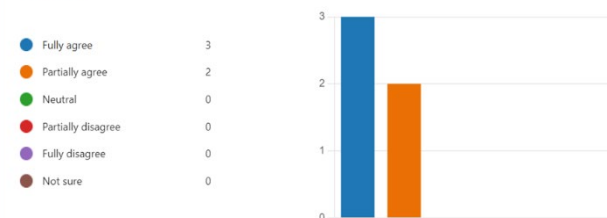
5. There is good attendance at meetings

[More Details](#)



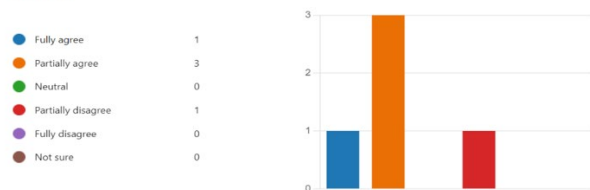
6. Meeting agendas are manageable in the allotted time

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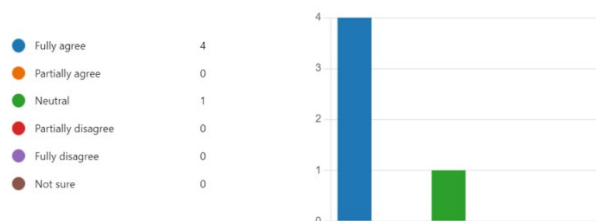
7. Papers sufficiently provide an executive summary, including assurance, risks, purpose and recommendations

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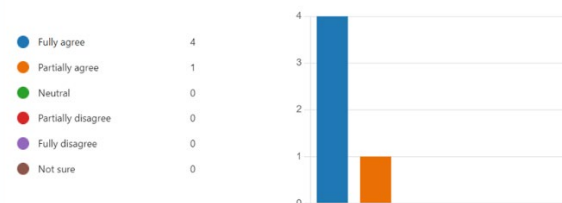
8. The chair is effective in keeping the focus of the meeting and allowing effective debate

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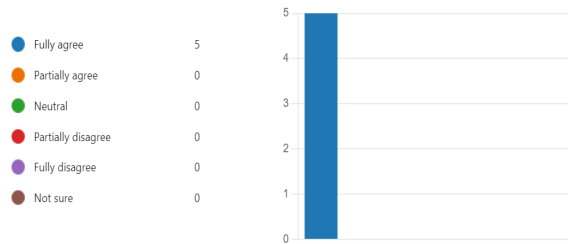
9. All committee members participate fully in meetings in terms of providing effective scrutiny, challenge and support

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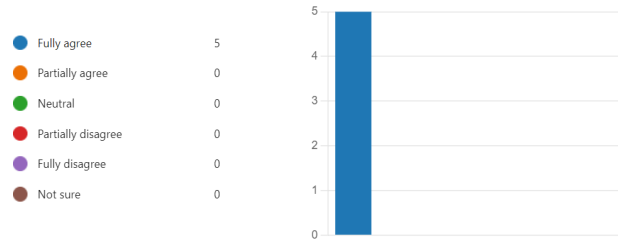
10. Different opinions are encouraged

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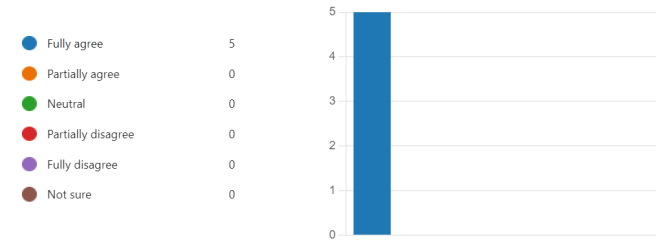
11. There is effective, open, honest and respectful communication in meetings

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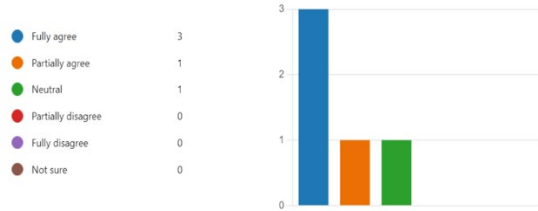
12. The committee is sighted on strategic and operational risks relevant to it's remit and purpose

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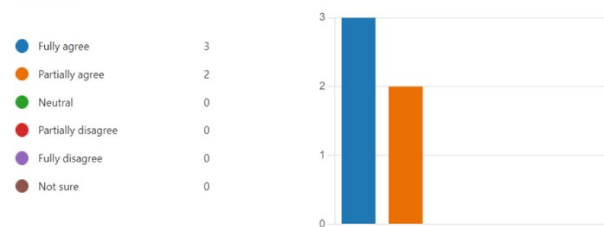
13. At the end of each agenda item there are clear outcomes, decisions and items for escalation or action

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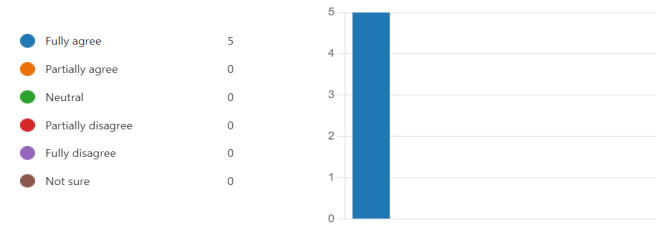
14. Actions are clear and there is a robust approach to delivering and closing agreed actions

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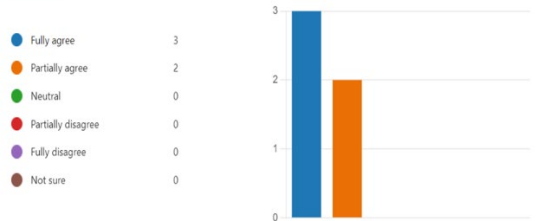
15. The committee provides clear and timely escalation to the Board of Directors

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16. The committee receive appropriate information and assurance from key reporting group (Quality Safety Experience Committee)

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17. Are there any areas that you feel are not needed in the workplan of the committee?

5 Responses

ID ↑	Name	Responses
1	anonymous	None that I can think of
2	anonymous	QIA/EIA reports could be moved to IPC. Perhaps annual report to QC assuring process and Audit committee responsible for data quality
3	anonymous	None
4	anonymous	No
5	anonymous	the dashboar needs review iwhich is taking place now this will then prevent the need for duplication of data and additional papers to describe why certain indicators are deteriorating

18. Are there any areas that you feel are missing from the work of the Committee?

5 Responses

ID ↑	Name	Responses
1	anonymous	None that I can think of
2	anonymous	No
3	anonymous	None
4	anonymous	No
5	anonymous	no

19. What do the committee do really well?

5 Responses

ID ↑	Name	Responses
1	anonymous	There is always very clear explanation of clinical issues- important for the non clinical members of the Committee
2	anonymous	Questioning the authors of reports when issues are identified - examples are focus on mortality, PPCI, sterile pharmacy service, IRMER audit, aspects of the stroke/rehabilitation service.
3	anonymous	Supportive effective challenge. Knowledgeable Chair ensures effective challenge. Senior Executive attendance and engagement. Good focus of key risks and priorities
4	anonymous	Good robust debate and challenge
5	anonymous	leadership of the committee is good - the chair invites opinions/questions

Overall, I think the committee is very well organised and relevant. The DoN has detailed knowledge and understanding of all relevant issues and I cannot recall a single occasion when she has had to defer a question in order to obtain more information. Similarly the MD is always on top of his brief. Just occasionally it is disappointing to have a complex report presented without an opportunity to read it in advance and some of the reports from managers do not follow the recommendations on executive summaries.

20. What are the opportunities to enhance the committee?

5 Responses

ID ↑	Name	Responses
1	anonymous	Mote focused reports ie more focus on the key issues rather than just a ton of data. t
2	anonymous	The development of the new quality performance dashboard. We should try to integrate better with QSEC reports and avoid duplication
3	anonymous	Only attended 2 meetings so too early to say. However both meetings were very good.
4	anonymous	? exec representation from research/innovation
5	anonymous	main area is the dashboard

As a non clinician member of the committee there is a heavy reliance on the Chair and Executives for highly specialised medical issues. This seems to work really well but is it resilient enough?

21. The committee is clear about it's role in relation to other assurance committees

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