

## Trust Board 27 September 2022

### Quality Assurance Committee - Annual Committee Review 2021/22

#### Purpose

To provide an annual review of the effectiveness of the Quality Assurance Committee for 2021/22

#### Analysis of the issue

The Quality Assurance Committee (QAC) is a Non-executive Director led Committee of the Trust Board. Since September 2021 QAC has met on a bi-monthly basis. Its membership has five key Executive Directors and three Non-Executive Directors including a Non-Executive from the Finance and Performance Committee which ensures triangulation between the work of two committees.

The Committee seeks to provide assurance around quality, safety and workforce. Its principal purpose is the provision of assurance to the Trust Board of effective quality governance arrangements, with a focus on areas related to the Trust's Step Up To Great Strategy and will work to a plan built around assurance that the Trust delivers services that are safe, effective, caring, responsive and well led (the Care Quality Commission five domains for quality) and compliant with regulations.

Following the guidance issued by NHSEI in December 2021, the Committee will have oversight of additional areas from 2022/23;

#### NED Champion roles

- Maternity
- Wellbeing
- Freedom to Speak Up
- Security Management (violence and aggression)

#### Committee themes

- Hip fractures, falls & dementia
- Learning from deaths
- Safety & risk
- Palliative and end of life care
- Health & safety
- Children & young people
- Resuscitation
- Safeguarding

These will be included in the Committee workplan for the year to ensure that appropriate assurance is received.

#### Proposal

- Mid-year review of effectiveness to be undertaken in November 2021
- Update the Terms of Reference to include the themes and responsibilities of the NED champion roles – the revised ToR is attached in Appendix B

#### Decision required

- To confirm a level of assurance over the effectiveness of the Quality Assurance Committee and the improvement objectives identified for 2022/23 (appendix A)

## QAC Committee Review 2021/22

### 1. Fulfilling the Terms of Reference

#### 1.1 Interim Governance Arrangements

In response to the covid pandemic, interim arrangements were put in place to categorise and determine an appropriate governance approach to meetings. These arrangements remained in place during 2021/22. The QAC was categorised as 'critical', meaning that meetings continued as per the meeting schedule but focussed on essential business.

All meetings were held virtually on Microsoft Teams.

QAC usually receives regular highlight reports, and an annual committee review from the level 2 committees which are direct reports. However, during the pandemic some of these Level 2 committees have run a reduced agenda or have stood down for a period. The level 2 and 3 committees have been required to produce an annual committee review for 2021/22 and all the findings have been summarised in a separate overarching report.

QAC is parent committee to the following level 2 committees:

- Trust Policy Committee (stood down during 2021/22)
- Health and Safety Committee
- Strategic Workforce Committee (stood down until June 2021)
- Safeguarding Committee
- Legislative Committee
- Quality Forum

#### 1.2 Terms of Reference and Work Plan

The duties of the ToR were covered through the work plan and agendas during the year. The ToR has been updated for 2022/23 (Appendix B) and the work plan has been updated to reflect any changes.

#### 1.3 Membership

Membership attendance has been satisfactory; each meeting was quorate and each meeting has included clinical representation.

The Committee is comprised of three independent non-executive Directors. Quoracy is three members, of which one must include a Non-Executive Director, and one Clinical Executive Director.

The ToR states that the Committee shall meet no less than six times a year. During 2021/22 the Committee met five times; this was due to the change in rhythm of the Trust Board to align with that of Northamptonshire Healthcare NHS Foundation Trust. The QAC met in November 2021 and was then due to meet in January 2022. As the Trust Board rhythm changed, it met in January 2022 and therefore the QAC skipped that month and met in February 2022. This was a one off, and the Committee is scheduled to meet for a minimum of six times in 22/23. A joint QAC/FPC workshop was planned to bridge the gap however this was cancelled due to the demands of the Omicron wave of Covid.

The QAC meetings in 21/22 had the following attendance;

Name:	Role:	25.5.21	27.7.21	28.9.21	30.11.21	22.2.22
Liz Rowbotham	Chair	✓	NA	NA	NA	NA
Moira Ingham	Chair	NA	✓	✓	✓	✓
Ruth Marchington	NED	✓	X - FH	✓	✓	✓
Kevin Harris	NED	✓	X	X	✓	NA
Kevin Paterson	NED	NA	NA	NA	NA	✓
Chris Oakes	Director of Governance & Risk	✓	X - KD	X - KD	✓	✓
Anne Scott	Director of Nursing	✓	✓	X - EW	✓	✓
Avinash Hiremath	Medical Director	✓	X	✓	✓	✓
Fiona Myers	Director of CHS	✓	✓	NA	NA	NA
Sam Leak	Director of CHS	NA	NA	✓	✓	✓
Sarah Willis	Director of HR	✓	✓	✓	X - KB	X - KB

#### 1.4 External Assurance

The Committee can receive external assurance from a number of sources including;

- The Group Model with Northamptonshire Healthcare NHS Foundation Trust
- Externally commissioned reviews, we note that there have not been any reported to the QAC during 2021/22
- Internal Audit reports. This includes the presentation of pertinent limited (or part limited) assurance reports, see section 1.5 for detail.
- External review by patient groups and key stakeholder groups such as Healthwatch e.g. “Enter and View” visits. There were no LPT specific reports for QAC oversight during the year.

#### 1.5 Internal Audit

The following internal audits were aligned to QAC during the year;

- 2021-LPT-12 The Deteriorating Patient (focus on sepsis). Issued May 2021 with Limited assurance opinion.
- 2021-LPT-13 Mental Health Act. Issued in August 2021 with a Split Opinion (Limited and Significant).
- 2122-LPT-03 Management of Fixed Ligature Points. Issued November 2021 with a Split Opinion (Limited and Significant).
- 2122-LPT-04 Remote Working and Related Risk Exposure. Issued in December 2021 with Significant Assurance.
- 2122-LPT-05 Quality Impact Assessments. Issued in December 2021 with a Split Opinion (Limited and Significant).
- 2122-LPT-08 Workforce – Staff Wellbeing (Attendance Management and Wellbeing Policy and Procedure). Issued in February 2022 with Significant Assurance.

## 2. Committee Effectiveness

- 2.1 Overall, the meetings have been considered as well-run. Papers are issued five working days ahead of the meeting and are of good quality. It is recognised that the size of the agenda and papers is lengthy. The minutes of the meetings reflect thorough and informed debate for items with a rigour for matters not proceeding as expected and support for positive progress as assured. After every meeting the Committee provides Highlight Reports for assurance levels received for agenda topics to the Trust Board.

## 2.2 Committee Priorities 2021/22

In the 2020/21 annual review, the following priorities were determined for QAC during 2021/22;

- Impact of Integrated Care System and Provider collaborative
- Induction of new NED
- Establish and embed the process for reporting on third party assurance to the Committee
- Ongoing implementation of the revised governance.

These priorities are being met in a number of ways. They fall into the remit of QAC and align to the COVID committee agenda priorities. In addition to scheduled work plan items, there have been deep dives during the year where required. These have included;

Date	QAC
25.5.21	<ul style="list-style-type: none"> <li>• Agnes unit</li> <li>• Beacon unit</li> </ul>
27.7.21	<ul style="list-style-type: none"> <li>• Pressure ulcer report</li> <li>• Deteriorating patient report</li> <li>• Violence and aggression deep dive proposal</li> </ul>
28.9.21	<ul style="list-style-type: none"> <li>• Pressure ulcer update</li> <li>• Deteriorating patient update</li> <li>• Violence and aggression deep dive update</li> </ul>
30.11.21	<ul style="list-style-type: none"> <li>• Violence and aggression deep dive update</li> </ul>

Updates and outputs from deep dives and quality summits have also been included in the Director of Nursing, AHPs and Quality Report

## 2.3 Key in-year changes

There have been a number of changes impacting on QAC during 2020/21, these include;

- The introduction of NED champion roles
- A revised risk appetite matrix and application of tolerance levels on the ORR.
- Ongoing maturity of the board architecture to promote the correct flow of information into the committee
- The establishment of assurance reporting from the East Midlands Provider Collaborative for Adult Eating Disorders.

## 2.4 Achievements and successes in 2021/22

Feedback on achievements from Committee members primarily falls within the following themes;

- Keeping on track with level 2 committees for quality and safety and maintaining a level of pace and grip on safety matters.
- Smooth transition of Chair and business as usual continuity – good engagement with guest membership presenting papers in members stead.
- Alignment with FPC agenda works well with clear differences well defined and identified for shared risks such as workforce.
- Dynamic risk register, well sighted in committee with the ORR being used as a tool to manage risk more effectively. New design works well.
- Well informed on impact of COVID on services and managing the pandemic including increased infection control measures.
- More sighted on safer staffing risks and risk mitigation.

- Quality summit feedback has been a useful tool for improvement focus of committee discussions.
- Quality Forum highlight report provides useful triangulation data.

## 2.5 Challenges and barriers during 2021/22

Feedback on challenges from Committee members primarily related to the following;

- Impact of covid has been obvious with operational pressures as a subsequent of covid pressures impacting on quality and safety.
- Insufficient progress on Serious Incidents.
- Sometimes there is a lack of connection between assurance given by enabling services and outcomes in operational services e.g. HR processes and actions green when outcomes in services amber/red.
- Not sighted sufficiently on medical staff cohort including contribution to SUTG, staffing issues, caseloads and impact on agency expenditure.

## 3. Future Plans

3.1 The future plans and priorities identified for the QAC will ensure that the Committee is focusing on the right agenda during 2022/23, these include;

- Oversight of additional NED champion roles and themes
- Where limited or no assurance internal audit reports are received (or where they are part of split assurance), the full report will be received by the Committee.
- Guidance will be provided to promote consistency in the use of Highlight Reports and assurance ratings.
- Onboarding new NED and involve in committee.
- Quality improvement work to be brought into the agenda. To feedback on use of Trust QI methodology.
- CQC ongoing journey.
- Safer staffing.
- Progress with clearing incidents and serious incidents and the embedding of learning across the Trust.
- Improvements in key performance areas including: violence and aggression; restrictive practices; pressure ulcers; flu vaccinations.
- Staff health and wellbeing.
- Relationship to and informing quality and safety risks in the LLR system.

3.2 The Committee will continue its oversight and scrutiny of priorities relating the Step up to Great Strategy and areas of strategic risk.

## Quality Assurance Committee Terms of Reference

*References to “the Committee” shall mean the Quality Assurance Committee*

### Purpose of Committee

The Quality Assurance Committee is a (Level 1) Committee of the Trust Board and will exercise its delegated authority in line with the Standing Orders of the Trust Board and its approved Terms of Reference. Its principal purpose is the provision of assurance to the Trust Board of effective quality, safety and workforce arrangements, with a focus on areas related to the Trust’s Step Up To Great Strategy and will work to a plan built around assurance that the Trust delivers services that are safe, effective, caring, responsive and well led (the Care Quality Commission five domains for quality) and compliant with regulations.

The Committee will assess at each meeting the level of assurance it has received from the reports presented to it and identify if it was assured, partly, or not assured. Any immediate high risk concerns raised during the meeting will be shared directly with all Board members.

The Committee shall make whatever recommendations to the Trust Board it deems appropriate on any area within its remit where action or improvement is needed.

The Committee reserves the right to commission further pieces of work to obtain further assurance

### Duties

The Committee will receive regular highlight reports, and an annual committee review from the level 2 committees which are direct reports;

- Strategic Workforce Committee
- Policy Committee
- Health and Safety Committee
- Quality Forum
- Safeguarding Committee
- Legislative Committee

Following guidance from NHSEI in December 2021, the Board has approved an allocation of Non-Executive Director Champion roles and has appointed a Senior Independent Director. These are shown in the table below where they align to the Quality Assurance Committee;

	<b><u>Maternity Board Safety Champion</u></b>	<b><u>Wellbeing Guardian</u></b>	<b><u>Freedom to Speak Up</u></b>	<b><u>Security Management (violence &amp; aggression)</u></b>
<b><u>NED</u></b>	Moira Ingham	Cathy Ellis	Ruth Marchington	Moira Ingham
<b><u>Committee</u></b>	Quality Assurance Committee	Quality Assurance Committee	Quality Assurance Committee	Quality Assurance Committee

In addition, the guidance recommended that a further 11 key themes should be overseen through committee structures. The 8 which apply to the Quality Assurance Committee are detailed as follows:

<b><u>LPT Committee</u></b>	<b><u>Themes from guidance</u></b>
Quality Assurance Committee (QAC)	<ul style="list-style-type: none"> <li>• Hip fractures, falls &amp; dementia</li> <li>• Learning from deaths</li> <li>• Safety &amp; risk</li> <li>• Palliative and end of life care</li> <li>• Health &amp; safety</li> <li>• Children &amp; young people</li> <li>• Resuscitation</li> <li>• Safeguarding</li> </ul>

It will also receive assurance over;

### **Quality**

- Receive assurance on the delivery of the quality, safety and workforce elements of Step Up To Great
- Receive performance and compliance reports relating to quality measures
- Scrutinise and gain assurances relating to required standards, and the mitigation of risk and substandard quality performance.
- Receive assurance that services are safe, effective, caring, well led and responsive
- Receive assurance on;
  - The draft Quality Account and on-going monitoring of quality priority metrics
  - Serious incidents and never events
  - End of life and Learning from Deaths
  - Privacy and dignity
  - Single sex accommodation
  - Controlled drugs and medicines management
  - Workforce, Equality, Diversity and Inclusion
  - Patient Experience, complaints and compliments

### **Safety**

- Receive assurance on issues of patient safety, patient experience and patient outcomes and promote the involvement of service users, carers and the public;

- Receive assurance on:
  - Health and safety
  - Safeguarding arrangements across the organisation
  - Suicide prevention
  - Sexual Safety
  - Infection Prevention and Control / Flu Plan
  - Mental health act and mental capacity act

### **Workforce**

- Monitor and review key workforce related matters to understand the effects on quality and patient safety;
- To oversee delivery of key human resources and organisational development programmes including 'our future our way', leadership behaviours, WRES and WDES
- To monitor performance against by Directorate through the dashboard reporting to the Performance Committee;
- Receive assurance on;
  - Safe Staffing and Guardian of Safe Working Hours
  - Nursing and AHP revalidation
  - Workforce performance including sickness/absence, appraisal and mandatory training compliance

### **Governance**

- Review and receive assurance on compliance with regulatory requirements including CQC and NHSEI within the remit of the Committee;
- Ensure the effectiveness of the Trust's quality and safety governance arrangements and advise the Trust Board and Audit & Assurance Committee; it will also liaise with the Finance and Performance Committee as necessary;
- Ensure the effectiveness of the WelImproveQ and arrangements for research and development within the Trust
- Through liaison with the Audit Committee, be sighted on limited, split and no opinion quality-related audits commissioned as part of the Internal Audit Plan so that the Committee can assess/ seek assurance over the actions instigated to address the recommendations arising from such audits;
- Oversight of the outcomes of clinical audits for key lines of enquiry to gain assurance in relation to quality and safety, utilising the appropriate level 2 committee to escalate where appropriate.
- External visits log including key outcomes and relevant reports
- Disseminate within the organisation learning from assurances and information, including improvement identified through liaison with Northamptonshire Healthcare NHS Foundation Trust.

### **Risk**

- Exercise oversight of and assurance on those ORR risks assigned to it in line with the Trust's Risk Management Strategy;
- Where appropriate, commission a deep dive thematic review to undertake



greater analysis where level of risk warrants.

## Membership

The members and in attendance membership of the Committee is listed in Appendix 1. Membership of the Committee will be reviewed and agreed annually with the Trust Board.

The Chair of the Committee shall be one of the independent Non-Executive Directors selected by the Chair of the Trust Board. In their absence their place will be taken by another independent Non-Executive Director.

## Secretary

The Committee shall be supported administratively by the Corporate Affairs Manager. This includes; production of the Committee information pack to be circulated within 7 days prior to the meeting, attend the meetings to take the minutes, keep a record of matters arising and issues to be carried forward and generally provide support to the Chair and members of the Committee.

The agenda will be agreed with the Chair following consultation with the Director of Nursing, AHP & Quality.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda and supporting papers will be forwarded to each member of the Committee, and any other person required to attend, no later than 5 working days before the date of the meeting.

The agenda for each meeting will include an item "Declarations of interest in respect of items on the agenda". Any declarations made will be recorded in the minutes of the meeting.

Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

## Quorum

The quorum necessary for the transaction of business shall be three, and must include a Non-executive Director and clinical Executive Director. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

## Frequency

The Committee shall meet bi monthly (not less than 6 times a year) and at such other times as the Chair of the Committee shall require at the exigency of the business.

The Quality Assurance Committee and the Finance and Performance Committee will hold joint workshops for any key joint agenda items where relevant and will report on recommendations separately.

Members will be expected to attend at least three-quarters (75%) of all meetings.

## Annual Review

The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

## Appendix 1 – Membership of the Committee

	Quality and Assurance Committee
Membership	<ul style="list-style-type: none"> <li>• NED (<b>chair</b>)</li> <li>• NED x 2 (including one who also attends FPC)</li> <li>• Director of Nursing, AHP &amp; Quality (<b>Executive Lead</b>)</li> <li>• Medical Director</li> <li>• A Service Director</li> <li>• Director of Human Resources &amp; OD</li> <li>• Director of Governance and Risk</li> </ul>
In attendance	<ul style="list-style-type: none"> <li>• Deputy Director of Nursing, AHP &amp; Quality</li> <li>• Deputy Director of Governance and Risk</li> <li>• Head of Health and Safety</li> <li>• Head of QI</li> <li>• Head of Equality, Diversity and Inclusion</li> <li>• Directorate representation</li> <li>• ICS Representative</li> <li>• Other managers will be invited to attend as and when required</li> </ul>
Frequency	Not less than 6 times per 12 months
Day and times	The last Tuesday of every other month / 9am-11:30am to be extended to Midday where required.

## Governance table

<b>For Board and Board Committees:</b>	Trust Board 27 September 2022	
<b>Paper sponsored by:</b>	Chris Oakes, Director of Governance and Risk	
<b>Paper authored by:</b>	Kate Dyer, Deputy Director of Governance and Risk	
<b>Date submitted:</b>	20 September 2022	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	Joint QAC/FPC Workshop 24 May 2022 Audit and Assurance Committee – 10 June 2022	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	n/a	
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	Annual	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	Yes
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust Wide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	None	