

BOARD MEETING

31 MARCH 2016

Paper Title:	Assurance Reports from Committee Chairs
Section:	Public - Information
Lead Director:	Committee Chairs
Paper Author:	Committee Chairs
Agenda Item:	9
Presented For:	Assurance

EXECUTIVE SUMMARY:

To update the Board on any significant issues arising from Board Committee meetings since the last Board meeting in February 2016.

RELATED RISK(S):

None.

FINANCIAL IMPLICATION:

There are no financial implications arising from the content of this paper.

Revenue Capital

RECOMMENDATIONS:

That the Board:

- note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs.

LEGAL IMPLICATIONS:

None.

PREVIOUS MEETINGS/COMMITTEES:

Highlight whether the paper has been discussed at any of the following meetings:

Audit Committee*	<input type="checkbox"/>	Quality & Safety Committee	<input checked="" type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Finance, Business & Investment Committee*	<input checked="" type="checkbox"/>
Executive Management team	<input type="checkbox"/>	Directors Group	<input type="checkbox"/>	Charitable Funds Committee	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

Assurance Reports from Committee Chairs

Background

This paper provides a short update on any significant issues raised at Board Committees since the last Board meeting in February 2016. The following items are highlighted for information. There will be a verbal report from the Chair of the Finance, Business and Investment Committee.

Quality and Safety Committee meeting - 18 March 2016

The following items are highlighted from the meeting:

Documents submitted to the Board for ratification following approval by the Committee:

- Revised Terms of Reference following acceptance of the recommendations contained in the external review undertaken in December 2015 (at Appendix A);
- An updated Risk Strategy (this will be submitted at the April Board meeting due to size of March agenda); and
- An updated Quality Strategy and Quality Goals for 2016-17 (on the Board agenda for this meeting).

NICE

The Committee was assured that progress is now being made in review, and where appropriate, implementation of NICE guidelines with a number of guidelines being reviewed for applicability and a reduction in the backlog awaiting review. The proportion of guidelines considered applicable which are being met has increased from 67% to 74%. The Committee is seeking further information regarding the small number of guidelines which have been outstanding for a number of years.

Equality and Diversity

The Committee received assurances of work undertaken to deliver the objectives set in 2012 which included: increasing availability of accessible information for those with visual and hearing impairment or language and literacy issues; improving access and experience for BME service users; reducing inequality for BME staff and applicants; a more diverse Board with increased awareness of equality issues; improved access to mental health services for women and improved services for Trans-service users. This progress has also been recognised by the Equality Delivery System panel. The Committee approved an action plan to deliver the 2016-20 goals which was included with the last QSC assurance report.

Corporate Risk Register

The risk around national shortage of Band 5 nurses was discussed. The Committee was assured that agreed actions were being progressed and new actions developed to address this risk which had a continuing risk score of 16.

Measuring and Monitoring Safety

The Committee noted increasing engagement with this work which was intended to promote awareness of safety issues and related improvement actions at the front

line. In particular an increasing number of services are adopting regular 'safety huddles'.

Board Walkabouts

A detailed assurance paper was provided regarding progress on actions arising from Board Walkabouts. In future the Committee will receive a quarterly report in the same format.

Psychological Therapies Deep Dive

The Committee was assured that patient experience is being monitored and has been the subject of an external survey in partnership with BAMHAG which included considerable positive feedback. The Committee's questions regarding access and demand and capacity management are shared by the service and are currently being explored. The Committee expects to receive a further update in the next Specialist Services locality report. The Committee was assured that a process is being put in place to remain in contact with patients awaiting access and to identify changes which may influence individual waiting times. As this is a tertiary service all patients have been seen, their risks assessed and any potential for self-care identified prior to being placed on the waiting list for psychological therapy.

Finance, Business and Investment Committee meeting - 30 March 2016

The Committee Chair will provide a verbal update to the Board meeting, given the timing of the Committee meeting.

Recommendations

That the Board:

- Note the issues highlighted from the various meetings, seeking any further clarification from the Committee Chairs; and
- Ratify the changes to the Quality and Safety Committee Terms of Reference at Appendix A.

**Quality & Safety Committee
Terms of Reference**

Document details:	Terms of Reference for the Quality & Safety Committee
Version:	11
Approved by:	Quality & Safety Committee
Date approved:	18 March 2016
Ratified by:	Trust Board
Date ratified:	31 March 2016
Title of originator / author:	Deputy Director of Quality & Governance / Trust Secretary
Title of responsible Director:	Medical Director
Date issued:	
Review date:	
Frequency of review:	Annual
Where is previous copy archived: (if applicable)	Deputy Director of Quality & Governance
<p>Amendment Summary: Removed reference to the Professional Council as this group no longer reports to QSC. Removed reference to ratifying clinical policies as this is no longer a duty of the QSC. Removed reference to developing integrated care pathways as this is not a specific duty of the QSC Added the requirement for the QSC to review the adequacy of the Trusts response to key external reports</p>	

Terms of Reference for the Quality & Safety Committee

A. Overall aim or purpose:

The overall aim of the Committee is to seek and obtain evidence of assurance on the effectiveness of the Trust's quality and safety systems and processes and the quality and safety of the services provided. This includes identifying and seeking assurance on the management of quality and safety related risks at operational and strategic level.

The Committee will monitor and report to the board on the effectiveness of these systems and processes.

B. Key objectives:

The Quality & Safety Committee's key objectives are to:

- Seek assurance that:
 - o Systems and processes are effective;
 - o The quality of services is good and continuously improving; and
 - o The quality of the experience of people using our service is good and continuously improving.
- monitor, review and report to the Trust Board on all of the above; highlighting assurances received and risks to assurance identified
- support the range of quality and safety initiatives in place within the Trust, providing advice where appropriate
- support and promote a risk awareness culture and positive approach to investigating and learning from adverse events
- approve and ratify relevant strategies ensuring that they are fit for purpose

C. Specific areas of responsibility:

The Quality & Safety Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In particular the Committee shall review the adequacy of:

- Systems and processes to ensure monitoring and assessment of the quality and improvements in services
- Mechanisms to involve service users, carers, the public and partner organisations in improving services
- Arrangements for implementation and monitoring of clinical audit, clinical guidelines and protocols, NICE guidelines.
- Systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents and complaints, and any risks within the Corporate Risk Register that have been allocated to the committee;
- The development and implementation of action plans in response to Grade 2 Serious Incidents
- Research governance structures and proposals and work programme for Research and Development
- Structures and processes for developing and assuring clinical effectiveness
- Performance monitoring relating to key quality and safety indicators
- **The Trust response to key external reports**

In addition the Committee shall receive regular reports (including where applicable key performance indicators) on activity within operational services and the work of the sub groups of the committee that contribute to the understanding and improvement of quality and safety.

D. Chair:

The Quality & Safety Committee shall be chaired by a Non-Executive Director appointed by the Trust Board. A Non-Executive Director shall be identified to act as Deputy to the Chair

E. Members:

The membership of the Committee will consist of the Medical Director, the Director of Nursing and Operations and three Non-Executive Directors. One NED will be Chair and one will be Deputy Chair. The Chief Executive and Chair are invited / reserve the right to attend any meeting.

In addition the following attendance is expected:

In attendance for the whole meeting

- Deputy Director of Quality & Governance
- Service user / carer representative
- Trust Secretary

In attendance for the quarterly performance dashboard item

- Operational Deputy Directors (x4)
- Deputy Director of Nursing and Specialist Services
- Head of Performance Management

In attendance for twice annual locality reports

- Deputy Director for locality
- Head of Service
- Chair of the locality Quality & Safety Group
- Clinical Lead for the locality

In attendance for other reports:

- Deputy Director(s) relevant to subject of paper
- Head(s) of Profession / clinical staff relevant to subject of paper
- Service user / carer representatives as relevant to subject of paper
- Representative from the facilities department as relevant to subject of paper

Where an Executive Director is unable to attend they may delegate to a Deputy Director; in such cases it should be made clear at the meeting who is undertaking the deputising role.

F. Accountable to:

The Quality & Safety Committee is accountable to the Board. The minutes of the Quality & Safety Committee shall be formally recorded and submitted to the Trust Board. In addition, minutes of the Quality & Safety Committee will be submitted to the Audit Committee for information.

G. Accountable for:

There are no formal lines of accountability between the Quality & Safety Committee and other Trust Committees. The Quality & Safety Committee interacts with other Trust Committees through cross attendance.

H. Roles

The role of the Chair is undertaken via a nominated Non-Executive Director. Minutes and administration of the meeting are undertaken through the Deputy Director of Quality and Governance and the Trust Secretary.

I. Frequency of Meetings:

Meetings will be held every six weeks. There will be separate meetings if required by the Trust Board.

J. Frequency of Attendance:

All Committee members will be expected to attend at least six meetings a year. Attendance will be monitored by the Trust Secretary.

K. Quorum:

The Committee will be considered quorate where at least two Non Executive Directors and one Director are in attendance.

L. Record Keeping:

Archives of minutes and papers relating to the Quality & Safety Committee are maintained by an identified committee support officer.

M. Lifespan of meeting:

The Quality & Safety Committee is a standing committee of the Trust Board. It will continue to meet in accordance with these Terms of Reference until the Trust Board determines otherwise.

N. Other matters: attendance

Deputy Directors, Heads of service, Medical and Professional Leads will be required to attend Committee meetings to present regular agenda items as requested by the Committee. Other Trust Directors, managers and clinicians will be required to attend to address specific issues as they arise. The Committee may choose to invite external organisations and individuals including service users and carers to present or attend for specific issues and reports from time to time.

O. Monitoring arrangements

All elements of the Quality & Safety Committee Terms of Reference will be monitored annually by the Deputy Director of Quality & Governance and reported in the Annual Quality & Safety Report.

The following groups/services will receive delegated actions from, and report into the Quality & Safety Committee:

- You and Your Care Steering Group (service user & carer involvement)
- Clinical Audit Steering Group
- Medicines Management Group
- Research & Development Forum
- NICE Monitoring Group
- Safeguarding Forum
- Infection control Sub Committee
- Resilience Group
- Serious Incident & Complaints Forum
- Locality quality and safety groups

See diagram overleaf



