



Paper Ref
 TB21.059

Meeting Title Trust Board Meeting in Public	Meeting Date 26 October 2021
Reporting Committee	Quality Committee
Committee Chaired By	Tim Gilpin: Non-Executive Director
Lead Executive Director	Clare Ashby: Interim Executive Director of Executive Director of Quality, Governance and Performance Assurance
Date of Last Committee Meeting[s]	9 September 2021 and 28 September 2021

Summary of Key Matters Considered and Decisions Taken

The Committee has held two meetings since its last report to the Board. The meetings were held via videoconference and were quorate.

They key areas of discussion during the meetings are noted below.

9 September 2021

- The Committee received updates from the three core service lines, noting the increase pressure across all three services. A discussion was held around risks relating to lateral flow testing and isolation of employees and requested that this be added to the corporate risk register.
- Members of the committee were extremely concerned about the deterioration in performance because of the extreme service pressures being experienced. This was undoubtedly resulting in adverse incidents and patients coming to harm. It was agreed that some form of escalation was necessary. The Chairman of the committee agreed to speak to the Chairman about such a process being followed
- The Committee undertook a deep dive of its operation and agreed principles and clear expectations of members, attendees, and report authors. The Committee agreed a revision to its Terms of Refence to be more explicit in relation to its role in innovation.
- Routine reports were received on clinical governance and quality and workforce. Concerns were raised around the impact of consistently operating within REAP4 for both patients and staff and the actions that management were putting in place to mitigate these risks.

28 September 2021

- A presentation was received highlighting the work of the Research team and research undertaken over the last 18monthsh both Covid and Non-Covid related. It was pleasing to hear that YAS had recruited the highest number of participants from across the Country for the Pandemic Respiratory Infection Emergency System Triage (PRIEST) trial.
- Updates from the Workforce and OD Directorate on Leadership, Culture, Staff Engagement, Diversity and Inclusion, and Education and Learning teams were



provided. It was noted that a number of workstreams paused during the peak of the pandemic were recommencing, and PDR rates had started to improve, recognising the work progressing to refresh the approach to PDR.

- A presentation was received on the way in which Learning, and Development had supported the implementation of Team Based Working. At the time of the presentation 33 employees had completed induction to their new roles.
- Members received the serious incident reports and requested that information be provided to the Committee regarding this matter more frequently; given the current service pressures and continuation of REAP4.
- Routine reports were received on Regulatory Compliance, Service Transformation and Risk Management. It was noted that further work was required across the Trust in relation to information governance training, and that work was progressing to refresh both the Transformation programme and Board Assurance Framework.

Risks Identified / Matters of Concern and Mitigating Actions

The Committee recognised the significant pressure on the Trust and potential impacts for both patients and staff operating consistency at REAP 4.

A risk had been identified regarding employees' compliance with lateral flow testing procedures and this was to be added to the Corporate Risk Register.

Matters requiring Board level consideration and/or approval

The Quality Committee Terms of Reference are presented for Board approval.

The Quality Committee revised Terms of Reference are appended to this report for Approval.

Date of next Committee Meetings	30 November 2021 & 16 December 2021
---------------------------------	-------------------------------------



QUALITY COMMITTEE

TITLE	QUALITY COMMITTEE	REVIEWED BY
Date Approved	Reason for Revision	Quality Committee 141217 Trust Executive Group 041217
27 Mar 2018	Approved by Board of Directors including: i. 4.1 – Membership: role title amended	
	Update and clarification of membership, quoracy and administration	Trust Executive Group 21/1/19
28 February 2019		Trust Board
9 September 2021	Include explicit reference to research and innovation and update and amend frequency of meetings	Quality Committee

Author: Executive Director of Quality, Governance and Performance Assurance
 Board Approved: TBC
 Date of Next Review: September 2022

QUALITY COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The purpose of the Quality Committee [the Committee] is to provide the Audit Committee and the Board of Directors [the Board] with an objective and integrated view and assurances on both quality and workforce matters, including risks and mitigations, to support the delivery of safety and excellence in patient care. This remit includes a focus on safety, clinical effectiveness, patient experience and workforce issues, and on the effectiveness of quality governance and risk management systems.
- 1.2 The Committee will enable the Board to obtain assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:
- Promote safety, high quality patient care across all Trust departments;
 - Identify, prioritise and manage risk arising from clinical care;
 - Review, prioritise and recommend to the Board risk arising from the Trust's Workforce Plans;
 - Ensure the effective and efficient use of workforce and other resources; through evidence based clinical practice;
 - Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality, safety and the clinical workforce;
 - Ensure effective supervision and education and training of the workforce;
 - Protect the health, safety and wellbeing of Trust employees;
 - Ensure effective information governance across the Trust's functions.

2. CONSTITUTION

- 2.1 The Quality Committee is constituted as a standing committee of the Board.
- 2.3 As a committee of the Board, the Standing Orders, including the Scheme of Powers Delegated and Reserved to the Board, and the Standing Financial Instructions (SO/SFIs) of the Trust will apply to the conduct of the working of the Quality Committee.

3. RELATIONSHIPS

- 3.1 The Committee will seek the views of Executive Directors, specialist managers, management groups, Internal and external Audit, as required to inform its scrutiny.
- 3.2 The Committee may establish sub-committees or working groups to support its function as required.

4. MEMBERSHIP

4.1 Membership of the Committee will comprise:-

- Three Non-Executive Directors, excluding the Audit Committee Chair, one of whom will be appointed by the Board as the Committee Chair.
- Executive Director of Quality, Governance and Performance Assurance
- Executive Medical Director
- Executive Director of Workforce and Organisational Development
- Executive Director of Operations
- Director of Urgent Care and Integration

N.B. The Chairs of the Quality and Finance and Investment Committees will be in attendance at the other Committee wherever possible, to support alignment and cross-reference of key business.

4.2 The following are also expected to be in attendance:

- YAS Patient representative
- Deputy Medical Director
- Deputy Director of Workforce and Organisational Development
- Deputy Director of Quality and Nursing
- GP and Clinical Director – Integrated Urgent Care

4.3 Other personnel may be invited to attend as necessary to support the discussion of specific agenda items.

4.4 Members are expected to attend all meetings. If unavailable, a deputy may be nominated with prior agreement of the Committee Chair.

4.5 Other Board members and senior managers may attend the Committee as observers to support the delivery of their roles.

5. AUTHORITY

- 5.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and to make decisions on issues and developments within its terms of reference on behalf of the Board, subject to Standing Orders and Standing Financial Instructions. Any decisions of the Committee will be taken on a majority basis. The Committee Chair will have a casting vote in the event of equality of voting.
- 5.2 The Committee has delegated authority from the Board for oversight and assurance in relation to key organisational risks as indicated in the Trust Board Assurance Framework and the Corporate Risk Register, and agreed by the Audit Committee.
- 5.3 The Committee is authorised to seek external legal or professional advice as appropriate to support its function.

6. RESPONSIBILITIES

- 6.1 To review the structures, systems and processes for clinical governance and quality and information governance, and to consider current and future risks to quality and safety.
- 6.2 To review and monitor implementation of the Trust's Workforce Strategy including gaining assurance of the structures, systems and processes for workforce compliance and quality issues, to ensure an integrated view of quality and workforce matters.
- 6.3 To review and monitor delivery of the Trust's Clinical Strategy and Quality Improvement Strategy and its supporting implementation plans relating to safety, clinical audit and effectiveness and patient experience.
- 6.4 To review and agree the draft Trust's Quality Account prior to recommendation to the Board, and to monitor delivery of Quality Account priorities.
- 6.5 To review reports about compliance with external quality standards, including the Essential Standards of Quality and Safety, NHS Improvement, Health and Safety legislation and regulation, and to review the adequacy of the Board Memorandum on Quality Governance and other relevant formal Trust disclosure statements prior to endorsement by the Board.
- 6.6 To review the effectiveness of systems for reporting, investigation and learning from incidents, complaints and concerns, claims, Coroners' inquests and other adverse events.
- 6.7 To review the management of and learning from all significant adverse events.
- 6.8 To promote a culture of openness and honest reporting and to gain assurance on implementation of the Trust's Freedom to Speak Up Policy.

- 6.9 To review progress and mitigation of key risks in relation to delivery of the Trust's CQUIN and other contractual quality requirements.
- 6.10 To review and receive updates regarding research and innovation activity across the Trust
- 6.11 To review and gain assurance on the Trust's Service Transformation Programme.
- 6.12 To review and gain assurance on processes for quality impact assessment of Trust developments and cost improvement schemes.
- 6.13 To review Trust quality and workforce indicators to aid continuing improvement of quality.
- 6.14 To review the effectiveness of Trust safeguarding arrangements.
- 6.15 To review the effectiveness of infection, prevention and control arrangements.
- 6.16 To review the effectiveness of information governance policies and procedures, including the requirements of the Caldicott Guidelines, Data Protection Act 1998, Freedom of Information Act 2000, and compliance with the Information Governance Toolkit.
- 6.17 To review the effectiveness of medicines management, in particular Controlled Drug management, or research carried out by the Trust either alone or in partnership with others.
- 6.18 To review the effectiveness of workforce policies and procedures.
- 6.19 To review relevant internal and external reports, reviews and enquiries, in order to support the development of quality within the Trust.
- 6.20 To examine any other matter referred to the Committee by the Board.
- 6.21 To scrutinise and obtain assurance as to the effective management of key risks and mitigations relating to the remit of the Committee and. to report to the Audit Committee and provide assurance to the Board on the adequacy of control and mitigation against such risks.
- 6.22 To make recommendations to the Audit Committee concerning the annual programme of Internal Audit work and to work with the Audit Committee to ensure effective scrutiny of the risks and systems of internal control related to matters of quality and safety.

7. ATTENDANCE

- 7.1 The members of the Committee are expected to attend each meeting unless prior agreement is obtained from the Committee Chair.
- 7.2 The Executive Director of Quality, Governance and Performance Assurance is the Executive Director lead. Other members of the Board will be entitled to attend and to receive papers to be considered by the committee.
- 7.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion.
- 7.4 A quorum will be three members, which will include two Non-Executive Directors and either of the Executive Director of Quality, Governance and Performance Assurance or the Executive Medical Director.
- 7.5 Committee attendance will be recorded by a member of the Executive administrative team and this information will be passed to the Committee Chair for review.

8. REPORTING

- 8.1 The Quality Committee will report to the Board following each meeting and approved minutes of the Committee will be circulated to all Board members for information.
- 8.2 The Committee Chairman will draw to the attention of the Board any issues which require disclosure to the Board, including those that affect the financial strategy of the Trust or require executive action.
- 8.3 The Committee Chairman will also provide a report to each meeting of the Audit Committee, focused on the management of key risks within its terms of reference.

9. ADMINISTRATION

9.1 The Executive administrative team will support the administrative function of the Committee, including:

- Agreement of the Agenda with the Committee Chair, and attendees and collation of papers.
- Tracking of actions and issues to be taken forward.
- Advising the Committee on pertinent areas in matters of an administrative nature. The Head of Corporate Affairs will, upon request, provide advice and support to the Chair and Committee members.

9.2 The Committee Services Manager will take minutes of the meetings.

10. FREQUENCY

10.1 The Quality Committee will meet twice every quarter.

10.2 Additional meetings will be convened by the Committee Chair or Trust Chair as necessary.

10.3 The Committee Chair will ensure that, if an additional meeting(s) are held virtually, these must be recorded and the minutes reviewed and approved by the Board.

11. MONITORING AND REVIEW

11.1 The Committee will review its compliance with these terms of reference through its annual report to the Board and annual self-evaluation workshop.

11.2 The Terms of Reference of the Committee will be reviewed by the Committee and submitted for approval by the Board at least annually.

Author: Interim Executive Director of Quality, Governance and Performance Assurance

Board Approved: TBC