

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	6 September 2023		
Title of Report:	Alert, Advise and Assure Report from the Quality Governance Committee		
Status:	For discussion		
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Key Discussion Points and Matters to be escalated from the meeting

ALERT: Alert to matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy

- Nothing to report.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance

- The Board Assurance Framework risks presented to the Committee did not provide full assurance as there remained a number of gaps to provide committee member with a complete picture of the risk or provide sufficient solid evidence to challenge the risks. The BAF would continue to be monitored.
- The Committee were informed that there had been an increase in the number of Level 2 pressure ulcers; this would continue to be monitored by the Committee alongside the mitigating actions.
- The Committee received the Midwifery and Neonatal Bi-Annual Staffing Report and were positively assured on the progress over the last 6 months. However as a result of the increased staffing requirements following the latest Birth-rate Plus review, this requires further monitoring as this will require additional resource, as yet not identified.

ASSURE: Inform the board where positive assurance has been achieved

- The Committee gained reasonable assurance around the positive work and progress being undertaken across maternity services to drive improvement; and the steps being taken to address what presented as complex challenges with staffing and training.
- The Committee were presented the MIS Combined Maternity and Neonates Quarterly Report provided positive assurance.
- The Committee received the Children's Safeguarding Report and were positively assured
- The Committee received the End of Life Care Annual Report and were positively assured
- The Committee received the Tissue Viability Annual Report and were positively assured.

RISK: Advise the board which risks were discussed and if any new risks were identified.

- The committee discussed the Board Assurance Framework (BAF) risks 1.1 and 3.3.
- There were no risks added to the BAF

CELEBRATING OUTSTANDING: Share any practice, innovation or action that the committee considers to be outstanding

- The Committee were very pleased to hear that for staff across Safeguarding Children and Safeguarding Adults services, there had been a significant increase in compliance with training on Level 3 now up to 90% which was a commendable achievement.
- A number of ward areas

APPROVALS: Decisions and Approvals made by the Committee

- The revised Terms of Reference focusing on revised membership, process and a redefined scope were APPROVED by the Committee, noting that there may be further changes to these following the AQUA review. The updated Terms of Reference are attached at appendix one for Board APPROVAL.

The Board is asked to **NOTE** the content of the report and **APPROVE** the Terms of Reference.

Appendix 1

Quality Governance Committee Terms of Reference

1.1 Purpose

To provide assurance to the Board that the Trust has a robust framework for the management of key critical clinical systems and processes focussing on the quality of these systems and processes.

1.2 Objectives

To provide assurance to the Board on the overall delivery of the trust's strategic objectives in the context of quality of care and services and the effective mitigation of identified risk, relating to the quality of care and services, specifically in relation to:

- continuous improvement in the quality of services, against each of the dimensions set out in *A Shared Commitment to Quality* (NHSE 2021), including driving improvements through the lens of reducing inequalities in the quality of care provided across all services
- embedding an effective quality management system that supports the effective delivery of the trust's strategic objectives and the provision of sustainable, high-quality care;
- to consider the impact of performance on the quality of services, patient care and to improve the experience of our patients and those in the community;
- to ensure an assurance alliance between the People Plan and the transformation plan; to enable a focus on safeguarding vulnerable adults and reduce health inequalities
- delivery of agreed national and local performance plans, ensuring that both quality and performance data and business intelligence is used to support improvements and sustain best practice;
- facilitating and evidencing the identification and sharing of best practice and learning across the trust;
- demonstrating compliance with statutory and regulatory requirements;

2. Membership

The Committee shall be appointed by the Board to ensure representation by Non-Executive and Executive Directors as well as representation of the views of users, carers and Trust services.

The membership of the Committee shall consist of:

- Non-Executive Director (Chair)
- 2 other Non-Executive Directors
- Chief Nurse (Lead Executive)
- Chief Medical Officer
- Chief Operating Officer

Each member will have one vote with the Chair having the casting vote, if required. Should a vote be required a decision will be determined by a simple majority.

The following members are required to attend meetings of the Quality Governance Committee:

- Head of Corporate Governance
- Deputy Chief Nurse and Deputy Chief Medical Officer (with a responsibility for Quality Governance)
- Divisional Directors

Where the Committee deems it necessary, other colleagues may be invited to attend for specific matters as and when appropriate

3. Quorum

Business will only be conducted if the meeting is quorate. The Committee will be quorate with three members, including at least two Non-Executive Directors (of which one may be the Chair), either the Chief Nurse or the Chief Medical Officer (or their formally nominated deputy).

Members should attend 75% of the scheduled meetings.

4. Accountability and Reporting Arrangements

The Committee will be accountable to the Board. The Chair of the Committee will present a monthly upward report to the Board of Directors on the activity of the Committee at its last meeting.

The Committee shall refer to the other Board Committees (Audit, Non-Clinical Governance, People, Finance and Performance, and Subsidiary Oversight Committee), matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by those other Committees.

The Committee will develop and maintain a work plan which will outline the key reports it will consider during the year.

5. Sub-Groups

The Committee may establish, where relevant, sub-groups to provide further in-depth analysis about specific aspects of the Committee's work programme.

All sub-groups are to have terms of reference that are developed and approved by the Committee.

All sub-groups will provide a highlight report to the Committee in line with the agreed work plan and an annual report to include a review of the effectiveness of the sub-groups.

The current sub-groups of the Committee are:

- Trust Quality and Safety Group

6. Frequency

The Committee will meet on a monthly basis. The Committee will meet as a minimum nine times a year.

Additional meetings may be arranged when required to support the effective functioning of the Trust.

7. Authority

The Committee is authorised by the Board to investigate any activity within its Terms of Reference.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

8. Monitoring Effectiveness

The Committee will undertake an annual review of its performance against its Terms of Reference and work plan in order to evaluate the achievement of its duties. This review will be presented to the Board in the form of the Committee's annual report.

9. Other Matters

The servicing, administrative and appropriate support to the Chair and Committee will be the responsibility of the Head of Corporate Governance.

10. Review

These terms of reference will be reviewed annually as part of the monitoring effectiveness process.

Terms of Reference reviewed by the Quality Governance Committee on: 17 August 2023.

Ratified by the Board of Directors on: