

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

QUALITY COMMITTEE ANNUAL REPORT 2022/23

1 PURPOSE OF THE REPORT

- 1.1 The Quality Committee (the “Committee”) has prepared this report for the Board of Directors. It sets out how the Committee satisfied its terms of between 1 April 2022 and 31 March 2023. The Committee seeks to provide the Board with evidence that it has met its responsibilities as set out in its terms of reference during the relevant period. The Committee’s terms of reference were reviewed and updated in January 2023¹.

2 MEETINGS

- 2.1 Twelve formal meetings were held during the year, all of which were quorate:

- Monday 25 April 2022
- Monday 23 May 2022
- Monday 27 June 2022
- Monday 25 July 2022
- Monday 22 August 2022
- Monday 26 September 2022
- Monday 24 October 2022
- Tuesday 29 November 2022
- Tuesday 20 December 2022
- Tuesday 17 January 2023
- Tuesday 14 February 2023
- Tuesday 21 March 2023

- 2.2 Meeting attendance is detailed in **Appendix 1**.

3 MEMBERSHIP

- 3.1 Membership of the Committee comprises three Non-Executive Directors (one of whom will be a member of the Audit Committee), the Chief Nursing Officer, the Chief Medical Officer, the Chief Operating Officer and the Chief People Officer.

Membership of the Committee in 2022/23 comprised of:

- Cliff Shearman, Non-Executive Director and Chair²
- Caroline Tapster, Non-Executive Director and Chair³
- Karen Allman, Chief People Officer
- Philip Green, Non-Executive Director (*until 31 December 2022*)
- Fiona Hoskins, Acting Chief Nursing Officer (*from 1 April 2022 to 31 May 2022*)

¹ This self-assessment has been prepared against the Committee’s terms of reference in effect from 25 January 2023 (notwithstanding that during part of the period under consideration, the previous terms of reference applied).

² Cliff Shearman chair from 1 January 2023 and was previously a member.

³ Caroline Tapster chair until 31 December 2022, remaining a member thereafter.

- Mark Mould, Chief Operating Officer
- Stephen Mount, Non-Executive Director (*from 1 January 2023*)
- Alyson O'Donnell, Chief Medical Officer (*Ruth Williamson Acting Chief Medical Officer from 1 August 2022*)
- Paula Shobbrook, Chief Nursing Officer (*from 1 June 2022*)

4 COMPLIANCE WITH TERMS OF REFERENCE

- 4.1 A review of the Committee's compliance with its own terms of reference was undertaken (by the Company Secretary Team to support the Committee) in April 2023 by scrutinising the agendas and minutes of the twelve Committee meetings which took place between 1 April 2022 and 31 March 2023. This evidences how the Committee has discharged each of its responsibilities:

- 4.1.1 **To receive confirmation from the Board, on an annual basis, of the relevant breakthrough objectives and the relevant strategic initiatives which are to be held to account by the Committee.**

This was a new addition to the Committee's terms of reference in January 2023. These objectives will be confirmed to the Committee following the finalisation of the 2023-24 annual objectives.

- 4.1.2 **To obtain assurance that the relevant breakthrough objectives and strategic initiatives for which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, appropriate challenge and escalating to the Board when required.**

The Committee will begin this following confirmation of the objectives and strategic initiatives for which the Board has delegated responsibility for oversight to the Committee for 2023-24.

- 4.1.3 **To regularly review the Board Assurance Framework (including through in-depth review of specific risks) and to ensure that it reflects the assurances for which the Committee has oversight, with risks highlighted being appropriately reflected on the risk registers. This shall include, but not be limited to the Committee acting in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.**

In line with the Trust's current risk management strategy, the Committee reviewed the board assurance framework bi-annually.

Opportunities to enhance the Board Assurance Framework document for 2023/24 including reflecting the associated controls, mitigants, gaps in control and associated actions have been identified. These enhancements were discussed by the Board at a recent Board Development Session and the updated Board Assurance Framework document will be cascaded to the Committee.

- 4.1.4 **To be kept apprised of all new and current risks rated 12-25, clinical and non-clinical, identified on the risk register across the organisation and progress of action plans identified to mitigate these risks.**

The Committee received reporting of new and current risks rated 12-25.

Enhancements are being made to the Committee's approach to review of controls and mitigants in place for risks reflected on the risk registers, together with associated action plans.

4.1.5 To review the annual quality report.

The Committee reviewed the 2021/22 Quality Account in May 2022.

4.1.6 To review the quarterly and annual mortality reports.

The Committee reviewed reports on mortality on a quarterly basis.

(The Committee reviewing the annual mortality report was addition to the Committee's Terms of Reference approved by the Board in January 2023).

4.1.7 To review the annual adult and children safeguarding report and statement.

The Committee reviewed the annual safeguarding report and statement in August 2022.

4.1.8 To review the annual reports on claims.

The Committee reviewed a claims and litigation report in September 2022.

4.1.9 To review the annual infection prevention and control report and statement.

The Committee reviewed the annual infection prevention and control report and statement in August 2022.

4.1.10 To receive assurance from other significant assurance functions, both internal and external, on review of the findings of external reviews and consider the implications to the Trust. These will include, but not be limited to, regulators and inspectors.

In November 2022, the Committee reviewed the Kirkup Report (Maternity) and, in December 2022, the Morecambe Bay Report (Urology) and considered the implications to the Trust. The Committee then received a subsequent update on the Morecambe Bay Report in March 2023 identifying the Trust's compliance against each of the report's recommendations.

4.1.11 To monitor the Trust's responses to relevant external assessment reports and the progress of their implementation, including the reports of the Care Quality Commission.

Since October 2022, the Committee has received monthly updates in respect to the Trust's response to the unannounced CQC inspections of Maternity, the Surgical Care Group and the Medical Care Group.

4.1.12 To receive and monitor the CQC Insight Model Report.

No insight reports have been produced by the CQC since July 2022. Prior to this, the Committee received this report bi-monthly.

4.1.13 To receive and monitor the CQC in-patient survey reports and associated action plans.

In February 2023, the Committee received a report on the 2022 CQC Maternity Survey, with subsequent updates in the maternity safety champions report.

4.1.14 To review reports on serious incidents, mortality, learning from deaths, never events, claims and inquests to receive assurance that appropriate thematic review, investigation and learning to reduce risk has been undertaken.

The Committee received:

- Monthly report on Learning Event Report Notifications (LERNs), including serious incidents and never events. During the reporting period, enhanced thematic focus on LERNs has been introduced;
- Quarterly mortality report;
- Claims and litigation report in September 2022.

4.1.15 To receive reports including from defined sub-groups of the Trust Management Group and/or Board Committees (including, as considered required, Safeguarding, Infection Prevention & Control, Radiation Protection, Medicines Governance, Health and Safety, Mortality Surveillance, Clinical Governance Group and Strategic Nursing Midwifery and Professions Group).

The Committee received reports from groups on a “by exception” basis.

4.1.16 To review and monitor Quality Impact Assessments relating to cost improvement programmes and transformation programmes to obtain assurance that there will be no unforeseen detrimental impact on the quality of care for patients.

The Committee reviewed the quality impact assessment report quarterly.

4.1.17 To obtain assurance that robust safeguarding structures, systems and processes are in place to safeguard children and adults.

The Committee received quarterly reports from the Safeguarding Group. In August 2022, it also received the annual safeguarding report and statement of commitment, in addition to the Dorset CCG’s annual report on looked after children.

The Committee’s Terms of Reference approved by the Board in January 2023 included this express responsibility of the Committee, with reporting to the Committee in light of this to be reviewed.

4.1.18 To obtain assurance over the Trust’s maternity services including receipt of reports from the Maternity Safety Champion and relevant maternity safety and performance dashboards.

The maternity safety champion’s report was presented to the Committee at each meeting, including (since October 2022) the maternity perinatal quality surveillance dashboard.

4.1.19 To obtain assurance over the safe delivery of the Trust's palliative and end of life care services including receipt of the annual End of Life Care Report and Care of the Dying Audit.

The Committee did not receive this report during the period in question. This will be incorporated into the Committee's new governance cycle following the update to its terms of reference.

4.1.20 To obtain assurance in relation to the safe delivery of the Trust's resuscitation services.

This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

4.1.21 To obtain assurance in relation to the safe delivery of the Trust's children's services

This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

4.1.22 To obtain assurance in relation to the delivery of the Trust's falls and dementia services.

This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

4.1.23 To review reports in relation to Getting It Right First Time.

The Committee received a quarterly report on Getting it Right First Time (GIRFT).

4.1.24 To receive relevant reports from national bodies in relation to standards or practice of clinical care.

This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

4.1.25 To ensure a comprehensive clinical audit programme is in place to support and apply evidence-based practice, implement clinical standards and guidelines and drive quality improvement. This shall include through monitoring progress against the Clinical Audit Strategy.

This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

4.1.26 When requested by the Board, or where determined by the Committee, to monitor the implementation of action or improvement plans in relation to quality of care, particularly in relation to incidents and similar issues.

*This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.
Please note above, however, references to review by the Committee of risk registers and action plans.*

The Committee has received reporting to support its monitoring of actions in relation to fractured neck of femur improvement plans.

- 4.1.27 To consider reports from the Patient Advice & Liaison Service and other sources of feedback (such as Healthwatch) on formal and informal patient feedback and to consider action in respect of matters of concern.**

The Committee received a quarterly report on complaints and patient experience.

- 4.1.28 To consider the results of issues raised and the trends in patient surveys of inpatients and out-patients activities and estate surveys such as PLACE that may impact on clinical quality, and to gain assurance of the development of suitable improvement and the completion of action to address the issues raised.**

This is a new express responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

- 4.1.29 To receive and consider the Trust's clinical governance and risk management reports and review recommendations on actions for improvement.**

The Committee received reports from the Clinical Governance group on a "by exception" basis.

- 4.1.30 To provide assurance reporting to the Board that the Care Quality Commission's fundamental standards for quality and safety are monitored and highlight any gaps in compliance, controls or assurance.**

Since early 2023, key issues and assurance reports from meetings of the Committee have been presented to the Board.

- 4.1.31 To review, make comment and provide assurance reporting to the Board on the care and safety issues which are subject to other regulatory scrutiny (for example, NICE).**

Since early 2023, key issues and assurance reports from meetings of the Committee have been presented to the Board.

- 4.1.32 To oversee, through receipt of periodic status reporting, the update of clinical policies.**

This is a new responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question.

- 4.1.33 To identify key themes from complaints, PALS and patient engagement, good practice and learning and provide oversight on behalf of the Board.**

The Committee received a quarterly report on complaints and patient experience, including key themes and learning from complaints.

- 4.1.34 To identify key themes from patient experience, quality indicators and provide oversight of action plans to attain assurance.**

As above.

4.1.35 To receive, by exception, reports relating to patient experience following review at relevant groups.

As above.

4.1.36 To receive and review relevant reports of or relating to the Dorset integrated care system and provider collaborative.

This is a new responsibility from January 2023 and as such did not form part of the Committee's terms of reference for the majority of the period in question. However the Committee did receive the then Dorset CCG's annual report on looked after children in August 2022.

4.2 The Committee approved the continuation of its existing governance cycle in October 2022 pending the completion of the Trust's wider review of Board and Committee governance.

4.3 The Committee's terms of reference specify that unless otherwise agreed by the Committee Chair, the papers should be circulated not less than 5 working days in advance of the meeting. There were a number of occasions during the year when reports were received late.

5 CONCLUSION

5.1 The Committee considers that it has largely discharged its responsibilities as set out in its terms of reference, save as noted above and recognising that new terms of reference were adopted in January 2023.

5.2 Work is underway to map the Committee's new terms of reference, against the reporting requirements, to produce a new governance cycle incorporating the Committee's responsibilities.

Cliff Shearman
Chair, Quality Committee
May 2023

Appendix 1 – Attendance at Quality Committee 2022/23

Quality Committee		25-Apr-22	23-May-22	27-Jun-22	25-Jul-22	22-Aug-22	26-Sep-22	24-Oct-22	29-Nov-22	20-Dec-22	17-Jan-23	14-Feb-23	21-Mar-23
Present	Karen Allman								A			D	
	Philip Green												
	Fiona Hoskins												
	Mark Mould				A	D				A			D
	Stephen Mount												
	Alyson O'Donnell		D	D	D								
	Cliff Shearman												
	Paula Shobbrook												
In attendance	Caroline Tapster												
	Ruth Williamson					D							D
	Leanne Aggas												
	Kelly Ambrose												
	Mandy Baker												
	Charlotte Baylem												
	Paul Bolton												
	Stephen Bleakley												
	Wasique Chaudhry												
	Sharon Collett												
	Edwin Davies												
	Yasmin Dossabhoy												
	Ewan Gauvin												
	Peter Gill												
	Siobhan Harrington												
	Karen Hill												
	Matt Hodson												
	Fiona Hoskins												
	Robert Howell												
	Carla Jones												
	Frances Jones												
	Russell King												
	Deborah Lane												
	Alex Lister												
	Sarah Macklin												
	Kerry Medina												
	David Morgan												
	Laura Northeast												
	Sue Reed												
	Richard Renaut												
	Claire Rogers												
	Helen Rushforth												
	Madeleine Seeley												
	Paula Shobbrook												
	Joanne Sims												
	Diane Smelt												
	Christine Smith												
	Alexander Taylor												
	Kerry Taylor												
	Matt Thomas												
	Lorraine Tonge												
	Daniel Webster												
	Ruth Williamson												
Was the meeting quorate?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Key

	Not in Attendance
A	Apologies
D	Delegate Sent
	In attendance
	N/A