

## Quality Assurance Committee Annual Report (2022/23)

**Audit Committee – 4 May 2023**

**25 May 2023 Public Board**

<b>Presented for:</b>	Information and Assurance
<b>Presented by:</b>	Laura Stroud, Non-Executive Director
<b>Author:</b>	Lucy Atkin, Head of Quality Governance
<b>Previous Committees:</b>	QAC – 20 April 2023

<b>Our Annual Commitments for 2023/24 are:</b>	
Effectively develop and deploy new assets (buildings, equipment, IT)	
Reduce healthcare associated infections	✓
Improve staff retention	✓
Deliver the financial plan	
Reduce average length of stay by 0.5 days per patient	
Achieve the Access Targets for Patients	✓
Support a culture of research	

<b>Risk Appetite Framework</b>				
<b>Level 1 Risk</b>	<b>(✓)</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
Workforce Risk		Choose an item.	Choose an item	Choose an item.
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points	
<p><b>1. Terms of Reference (ToR)</b>  The Committee Chair, along with the Committee has reviewed the Terms of Reference to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors.</p> <p>The Committee has discharged its duties in line with the ToR set out in Appendix A.</p>	Assurance
<p><b>2. Reporting Requirements</b>  The Terms of reference for Quality Assurance Committee state the focus of the Committee is;</p> <ul style="list-style-type: none"> <li>• the level of risk to which patients are exposed;</li> <li>• the extent to which clinical outcomes required by corporate strategy are being met;</li> <li>• the extent to which patient and user satisfaction matches that required by corporate strategy;</li> <li>• the extent to which the Trust can demonstrate learning and improvement</li> <li>• the level of compliance with Fundamental Standards of Care</li> </ul> <p>This report provides an annual review on the delivery of the Committee's work programme.</p>	Assurance
<p><b>3. Work Plans</b>  The Board of Directors approved the Committees Work Plan for 2022/23, Appendix B and reports assurance against items received during the year (or stating where it cannot provide assurance).</p> <p>The Committee sets out its draft Work Plan for the coming year in Appendix C, seeking approval from the Board.</p>	Assurance

### 1. Purpose

The purpose of this report is to provide assurance to the Audit Committee that the Quality Assurance Committee has discharged its duties in accordance with its Terms of Reference, completed its Work Plan for 2022/23, and delivered against the defined objectives, and sets out the proposed Work Plan for 2023/24.

### 2. Committee Membership

The Quality Assurance Committee has maintained a core membership of three Non-Executive Directors. The core membership is Laura Stroud (Chair), Phil Corrigan, Associate Non-Executive Director and Rachel Woodman, Associate Non-Executive Director. In December 2022 the Quality Assurance Committee had a change to its core membership due to the end of tenures and new Non-Executive Directors being appointed. Amanda Stainton replaced Rachel Woodman as Associate Non-Executive Director.

In addition to the non-executive members of the Committee, meetings have routinely been attended by:

- Chief Medical Officer, Phil Wood replaced by Hamish McClure in February 2023
- Chief Nurse, Lisa Grant replaced by Helen Christodoulides in February 2023
- Associate Medical Director (Risk and Governance), John Adams
- Company Secretary, Jo Bray
- Director of Quality, Craig Brigg
- Associate Director (Quality), Lorna Johnson
- Head of Quality Governance, Lucy Atkin

The Terms of Reference state that any other director or manager may be requested to attend to discuss a particular topic with the members.

The Quality Assurance Committee met on six occasions between April 2022 and March 2023. The meetings continued to be held virtually via Microsoft Teams as a consequence of the coronavirus (Covid-19) pandemic, with the exception of the meeting in February 2023, which was arranged as a face to face/hybrid meeting. The draft minutes of the meetings have been received by the Trust Board with a supplementary update provided by the Chair.

The Committee has provided scrutiny and challenge to a range of topics impacting on the quality and safety of clinical services at Leeds Teaching Hospitals NHS Trust; reviewing a number of issues that were escalated through routes, including Quality and Safety Assurance Group (QSAG) and related forums, in order to seek further assurance.

The Committee has also considered the impact of operational pressures seeking assurance on the actions that have been taken to mitigate the risks to quality and patient safety that had been identified. The Committee has also considered the impact on the health, safety and wellbeing of staff as they have continued to provide care to patients and their families during this very challenging period.

The Committee has been effective during the year, with assurance and information from the Committee flowing to the Board via verbal and a written Chairs report. Full minutes are received in the Blue Box, Board Workshop.

### **3. Committee Effectiveness**

The Effectiveness of the Committee was evaluated in March 2023 using a self-assessment questionnaire via SurveyMonkey of members and regular attendees. The response rate for the questionnaire was 41.5% and all responses were positive.

Members and regular attendees felt they were clear on the role and delegated responsibilities of the Committee and that this is accurately described within the Terms of Reference. Members also felt the meeting was Chaired effectively, with a well-structured agenda and comprehensive work plan.

In 2022/23 there have been no external reviews or internal audit reports focusing on the functioning or effectiveness of the Quality Assurance Committee.

### **4. Delivery Against Terms of Reference**

The Committee has reviewed the Terms of Reference to ensure that the Committee is fit for purpose and carries out its duties as delegated by the Board of Directors. Throughout 2022/23 the Quality Assurance Committee has discharged its duties in line with the requirements set out in the Terms of Reference.

### **5. Amendments to Terms of Reference**

The Committee's Terms of Reference (ToR) and Workplan for 2023-24 were reviewed to ensure that the Committee was fit for purpose and carried out its duties as delegated by the Board of Directors. during 2022/23 amendments to the membership of the group were updated to reflect changes to Associate Non-Executive representative and Executive Directors.

## **6. Committee Objectives**

The Quality Assurance Committee, Quality and Safety Assurance Group, and its supporting structure was revised in 2021/2022 to reduce duplication and allow for more detailed management discussions when required. This has continued to prove successful; in 2022/23 it will remain a priority to continue to build on the assurance provided by Quality Assurance and Safety Group and the associated Sub-Groups, ensuring that the quality meeting structure continues to provide a consistent and concise means of assurance regarding the quality and safety of clinical care provided to patients at Leeds Teaching Hospitals NHS Trust.

In 2022/23 the Quality Assurance Committee had the following objectives delegated by the Board:

- The level of risk to which patients are exposed.
- The extent to which clinical outcomes required by corporate strategy are being met.
- The extent to which patient and user satisfaction matches that required by corporate strategy.
- The extent to which the Trust can demonstrate learning and improvement.
- The level of compliance with Fundamental Standards of Care.

The Committee also set the following commitments for 2022/23, which were agreed by the Board:

- To support delivery of the Trust's clinical services strategy, focusing on implementing and embedding the Patient Safety Incident Response Framework (PSIRF), to support learning and improvement.
- To deliver the national Patient Safety Strategy, focusing on involving patient partners in quality improvement to support patient-centred care.
- To focus on compliance with Fundamental Standards of Care, seeking assurance on preparations for CQC inspection, to support the Trust to achieve an outstanding rating at the next inspection.
- To support the maternity team to implement the recommendations and improvement plan related to the Ockenden report and seek assurance that this is on track.
- To seek assurance from the Emergency Care team and support them to deliver quality and safety improvements.
- To support the Trust's Covid-recovery plan, including working with partners, focusing on the impact on patient safety and health inequalities.
- To test the Trust's risk appetite statements against the assurances received.

The Quality Assurance Committee have received reports to provide assurance against these key objectives and commitments in 2022/23 and to support the delivery of the Trust's Clinical Services Strategy 2021-24.

The Quality Assurance Committee Objectives for 2023/24 are set within the context of the annual commitments that were agreed with senior leaders and the Board in March 2022. This included setting out our multi-year goals:

- Deliver a sustainable surplus by becoming the most efficient teaching hospital.

- Deliver fit for purpose healthcare infrastructure.
- Deliver top quartile holistic healthcare performance.
- To be a leading academic healthcare institution.
- To have an embedded culture of service improvement & innovation.
- To have a consistent, high performing and sustainable workforce.
- People receive person-centred care in the most appropriate environment and setting and our specific Annual Commitments for 2023/24.
- Effectively develop and deploy new assets (buildings, equipment, IT).
- Reduce healthcare associated infections.
- Improve staff retention.
- Deliver the financial plan.
- Reduce average length of stay by 0.5 days per patient.
- Achieve the Access Targets for Patients.
- Support a culture of research.

The Quality Assurance Committee will support the delivery of our annual commitments with the following committee objectives:

<b>Our Annual Commitments for 2023/24</b>	<b>Committee Objectives to support delivering Commitments</b>
Effectively develop and deploy new assets (buildings, equipment, IT)	Escalate reports which will affect asset management to the Finance and Performance Committee.
Reduce healthcare associated infections	Focus on assurance related to healthcare associated infections and the actions that are being taken to mitigate the risks to patient safety.
Improve staff retention	Consider the impact on staff wellbeing and retention whilst receiving assurance reports.
Deliver the financial plan	Escalate reports which will affect the financial plan to the Finance and Performance Committee.
Reduce average length of stay by 0.5 days per patient	Continue to support the Trust's Covid-recovery plan, focusing on the impact on patient safety whilst awaiting treatment.
Achieve the Access Targets for Patients	Continue to support the Trust's Covid-recovery plan, focusing on the impact on patient safety and health inequalities.
Support a culture of research	Escalate reports which will affect the culture of research to the research and Innovation Committee.

The Quality Assurance Committee Objectives for 2023/24 have been reviewed to reflect the annual commitments and are aligned to the quality goals, building on the objectives that were agreed last year:

- Continue to support delivery of the Trust's clinical services strategy, focusing on implementing and embedding the Patient Safety Incident Response Framework (PSIRF), to support learning and improvement.
- Continue to deliver the national Patient Safety Strategy, focusing on learning from deaths and role of the Medical Examiner.
- Continue to focus on compliance with Fundamental Standards of Care, seeking assurance on preparations for CQC inspection, to support the Trust to achieve an outstanding rating at the next inspection, focusing on maternity services and urgent and emergency care.
- Focus on assurance related to healthcare associated infections and the actions that are being taken to mitigate the risks to patient safety.
- Continue to support the Trust's Covid-recovery plan, focusing on the impact on patient safety and health inequalities.
- Test the Trust's risk appetite statements against the assurances received.

## **7. Work Plan**

The Committee received the following routine reports in line with the Committees workplan:

- Serious Incidents (including Never Events)
- Learning from Deaths report
- Nursing and Midwifery Quality and Safety Staffing report
- Maternity Risk
- Infection Prevention and Control Assurance Reports
- Patient harm – Falls and Pressure Ulcers
- End of life care
- Leadership Walkround Programme
- Quality Account
- Minutes from Quality and Safety Assurance Group

The Quality Assurance Committee has also received the following annual reports;

- Medicines Management and Pharmacy Services (MMPS) Annual Report
- Controlled Drug (CD) Accountable Officer's Report
- Integrated Risk Report (Incidents, Inquests and Claims)
- Infection Prevention and Control Annual Report
- Complaints and PALS annual report
- Safeguarding Annual Report
- Clinical Audit Report
- CQC Annual Assurance
- Palliative and end of life care
- Dementia
- Falls, including hip fractures
- Children's and Young People's core service

## **8. Other Issues Addressed by the Committee in Year**

The Committee reviewed a range of topics that were escalated through routes such as Quality and Safety Assurance Group (QSAG) and related forums, in order to seek further assurance, these included:

**Patient Safety in Emergency Care** - The Committee received two deep-dive presentations throughout the year, which sought to provide assurance on the patient safety elements within Urgent Care (UC). Three key areas of risk contributing to patient safety were identified by the CSU: congested emergency departments (ED) and delayed transfers to inpatient beds; maintaining the safety of patients who wait a prolonged period in the ED; and safe nurse staffing. A detailed overview of the key mitigating actions underpinning each risk was provided and discussed.

Highlights of the reports were the implementation of quality and safety KPIs, which are audited weekly and reported to the weekly Quality Meeting chaired by the Chief Nurse and Chief Medical Officer; significant improvements to the turnaround time of completing visual exploratory triage; and sustained performance against Ambulance Waiting Times (AWT). The Trust had been held as an exemplar for this standard and had been asked to share learning with other Trusts.

The learning processes following patient safety incidents were described and referenced the implementation of the Internal Professional Standards in June 2022, which had provided a set of core principles for clinical and professional teams 'to work together to provide safe, effective and timely care for patients working in a busy, complex and rapidly changing environment'.

The Committee commended the synopsis of the ongoing work the ED teams were progressing with and received an update on an engagement visit CQC conducted in August at St James's University Hospital ED. The CQC recognised the impact on the Trust as a consequence of system pressures, which was impacting both ED demand, raised no concerns from their observation of the delivery of care and discharge and had taken the opportunity to speak to staff and hear first-hand some of the daily challenges they were contending with. During the visit the ED areas had experienced relatively low attendances and there was a concern that the CQC were not getting an accurate reflection of the pressures, therefore the Trust had invited them to return. They had also requested some follow-up data which was provided and would work with the Trust in the approach to winter.

**Patients waiting for planned/elective treatment: Harm review** – The Committee received a report of the clinical harm review of patients awaiting treatment. The report confirmed that harm reviews had taken place and no specific harm was identified in patients waiting for cancer treatments or waiting over 104 weeks. The draft clinical harm review procedure was presented, which aimed to provide a clear framework for review and to ensure key questions are considered and potential harm identified.

The Committee noted the assurance received from Quality and Safety Assurance Group and confirmed its support to the proposed procedure for the patient harm review process.

**Maintaining quality during winter 2022/23** - The Committee received a regular report of the winter planning stages and subsequent actions taken to maintain quality during winter 2022/23. Members discussed and recognised the conflict between the Trust's goal to deliver patient centred care whilst addressing significant and sustained operational challenges. The Committee were also updated on a meeting with local system leaders and the Care Quality Commission (CQC) to discuss the challenges being faced in health and social care and to enable CQC to understand actions being taken to address these in each organisation; and more importantly collaboratively.

The Trust implemented a Full Capacity Protocol from 31<sup>st</sup> October 2022 with a clear standard operating procedure to enable staff to respond to increased demand in

emergency and urgent care pathways whilst maintaining quality and safety of care. This included the establishment of Exceptional Surge Areas (ESAs) throughout the Trust and the Committee received regular assurance of the quality of care provided to patients and the patient experience whilst residing in ESAs and frequency that the ESA plan was enacted.

The Committee received reports from October 2022 and confirmed it had received sufficient assurance on the actions and audits to maintain quality of care for patients in ESA's. The Committee will continue to receive reports whilst the ESA's are in operation.

**Patient Harm Review (Patients Medically Optimised for Discharge)** - The Committee received the outcome report of a review of reported harm relating to patients waiting in hospital who have been assessed to be Medically Optimised for Discharge (MoFD), for assurance. The review evidenced that long Length of Stay (LoS) had an impact on patient outcomes and on patient flow across the wider hospital and system.

Members were advised that this was a focus area for the Trust with initiatives, including the Multiagency Discharge Event (MADE), Discharge Collaboratives and a Deconditioning Group that had recently been established. This second review of patient harm demonstrated a reduction in post MoFD incidences of harm across the four key patient safety incident categories, compared to the review carried out in March 2022. The Committee supported the proposal to undertake a further case note review of a selection of patients with a post MoFD stay of 50+ days to identify if there were additional harms, eg deterioration in mental health, deconditioning associated with long LoS that were not currently recorded as patient safety events.

**Maternity Incentive Scheme Compliance** - The Committee received a report providing a summary of the Trusts Compliance with the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme (Maternity Safety Actions) for Year four.

The Committee were provided with an overview of compliance against the safety actions outlined in the scheme. It was confirmed that oversight was provided by the Director of Midwifery and the Deputy Head of Maternity to review and monitor compliance, as well as outline interventions where required.

The Committee received the report and confirmed its recommendation of the approval to sign off the Board Declaration by the Trust Board.

## **9. Risk Management**

The Quality Assurance Committee provides Executive oversight of the Trust's most significant risks related to quality and patient safety, which cover the level 1 risk categories (see summary on front sheet). There were no material changes to the risk appetite statements related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories set by the Board.

## **10. Internal Control Environment**

The Committee have not required to seek further information during the year for assurance.

## **11. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000.



## **12.Recommendation**

Audit Committee are asked to receive the annual report of Quality Assurance Committee and the assurance provided, to inform the Chief Executive's annual governance statement and the Board.

## **13.Supporting Information**

The following papers make up this report:

*Appendix A Terms of Reference*

*Appendix B – Work Plan for 2022/23*

*Appendix C – Proposed Work Plan for 2023/24*

<b>Name of author/s</b>	<b>Lucy Atkin</b>
<b>Title/s</b>	<b>Head of Quality Governance</b>
<b>Date</b>	<b>March 2023</b>

## Appendix A

### APPENDIX D - Terms of Reference - Quality Assurance Committee

#### 1. Main Authority / Limitations

- 1.1 The Board has resolved to establish a Committee of the Board to be known as the Quality Assurance Committee ("the Committee"). The Committee is comprised of Non-Executive Directors, accounts to the Board and shall have Non-Executive responsibilities, powers, authorities and discretion as set out in these terms of reference. The purpose of the Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances concerning (i) patient safety, clinical effectiveness and patient experience; (ii) the effectiveness of the quality governance framework including compliance with Fundamental Standards of Care; and (iii) learning and quality improvement.
- 1.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. The Committee may invite any Director, Executive, external or internal auditor, or other person to attend and meeting(s) of the Committee as it may from time to time consider desirable to assist the Committee in the attainment of its objective. The Committee may appoint, employ or retain such professional or legal advisors the Committee consider appropriate. Any such appointment shall be made through the Company Secretary, who shall be responsible for the contractual arrangements and payment of fees by the Trust on behalf of the Committee. All Board Members shall be entitled, should they wish to do so, to see the advice received from the Committee's advisors.
- 1.3 The Committee will report annually on its work in support of the Annual Governance Statement and Quality Account. Reports will specifically comment on: (i) patient safety (ii) clinical outcomes; (iii) patient experience/satisfaction; (iv) the effectiveness of quality governance arrangements; and (v) the appropriateness of any compliance disclosure made or to be made by the Board.
- 1.4 Approved minutes of the Committee are circulated to the Board for information at the first formal meeting of the Board after approval. The minutes are also circulated to those regularly in attendance. The Committee Chair provides the Board with a brief summary of the Committee's work at the first available Board meeting opportunity after each Committee meeting. The Chair of the Committee will escalate matters to the Board as deemed appropriate.
- 1.5 Each Committee of the Board has a formal work plan that is approved by the Board, which will be used by the Committee Chair and respective Executive for preparing agendas for preparation towards the Committee meeting.
- 1.6 Trust Standing Orders and Standing Financial Instructions apply to the operation of this Committee.

#### 2. Objective

The Committee shall be accountable to the Board and shall examine assurances in the following areas: (i) the level of risk to which patients are exposed; (ii) the extent to which clinical outcomes required by corporate strategy are being met; (iii) the extent to which patient and user satisfaction matches that required by corporate strategy; (iv) the extent to which the Trust can demonstrate learning and improvement; and (vi) the level of compliance with Fundamental Standards of Care. The Committee will set annual SMART objectives which will be agreed by the Board.

### 3. Primary Duties and Responsibilities

- 3.1 The Committee will take assurance using three key lines of enquiry; relevant overarching governance structures, the effectiveness of processes in place, and outcomes achieved. The Committee shall:

#### **Governance Structures**

- 3.2 Consider and approve the Trust's Quality Improvement Strategy, and periodically review the adequacy of resources and organisational capability to deliver the Trust's Quality Improvement Strategy.
- 3.3 To be satisfied that the breadth and depth of the Trust's patient safety, clinical effectiveness and patient experience control framework (i.e, policies and procedures) is well designed, effective and embedded in clinical practice.

*In response to the publication to redefine the NED Champion roles NHS England » Enhancing board oversight: a new approach to non-executive director champion roles the Committee will consider and review on behalf of the Board the following;*

- *Hip fracture, falls and dementia, Learning from Deaths (noting the duty for the report be in the public domain)*
- *Palliative Care & End of Life*
- *Safeguarding (reporting to Board)*
- *Resuscitation (requiring policy sign off by QAC on behalf of the Board)*
- *Children & Young People (Core Service Inspection Framework for Children and Young People refers to an interview with the NED in the Board with responsibility for CYP, noting oversight – likely to be Chair of QAC)*
- *Health & Safety (aspects include patient safety, employee safety and system leadership)*
- *Safety & Risk (should be integral to all Committees – demonstrating Well-led)*

- 3.4 Consider the scope of the Quality Improvement Plan and be satisfied that the breadth and depth of the planned work is sufficient to meet the Board's assurance needs, and that there is sufficient resource, capacity and capability to deliver the plan.
- 3.5 Be satisfied that there is appropriate co-ordination between clinical, internal and external audit programmes where appropriate (such as in respect of Quality Account indicators).

#### **Processes**

- 3.6 Explore, explain and justify the Trust's patient safety record, clinical outcomes, patient experience ratings, compliance with *Fundamental Standards of Care*<sup>1</sup>, and learning effectiveness. Providing to the Board such assurances as it may reasonably require regarding compliance.
- 3.7 Be satisfied that processes are in place and sufficiently rigorous for assessing the impact of proposed cost improvement schemes on patient safety, clinical effectiveness and patient experience. Where assessment or a review of a scheme suggests a potential or actual adverse impact, which cannot be mitigated in line with the Board's risk appetite, advise the Board accordingly.
- 3.8 To consider and review the Trust's compliance with the statutory Duty of Candour, and to be satisfied that the Trust is being open, honest, and effectively engaging and supporting patients and their relatives who have been involved in a notifiable patient safety incident.

### **Outcomes**

- 3.9 To provide advice to the Board on whether the Quality Account, taken as a whole, is fair, balanced and understandable and provides the information necessary stakeholders need to assess the Trust's performance.
- 3.10 To consider any findings of major investigations or reviews (internal or external to the Trust) relevant to patient safety, clinical effectiveness or patient experience, as delegated by the Board or on the Committee's initiative and consider management's response.
- 3.11 To consider and review, where required by the Board or Audit Committee, the treatment of specific matters concerning patient safety, clinical effectiveness or patient experience, raised in accordance with the Public Interest Disclosure Act (commonly known as "Whistleblowing"), and evaluate the appropriateness and effectiveness of the management response.
- 3.12 To consider and review reports and information relevant to clinical quality, including quality measures, incident reports, mortality data and audit results, and evaluate and consider management's response.

### **Other Duties**

- 3.13 The Committee shall ensure that material issues arising from its work which relate to matters that fall within the purview of the Finance & Performance or Audit Committees, shall be communicated to such Committees and considered within their agendas. The Quality Assurance Committee shall require feedback from these Committees on their review of such referred work.
- 3.14 To provide an annual report to the Chair of Audit Committee confirming the effectiveness of the Committee and fulfilment of its objective, and to the effect that the Committee has disclosed to the Audit Chair all significant deficiencies and material weaknesses in the design or operation of internal controls, of which the Committee is aware, which could adversely affect the Trust's ability to provide safe, high quality and satisfactory care for patients.

- 3.15 To undertake or consider on behalf of the Chairman or the Board such other related task or topics as the Chairman or Board may from time to time entrust to the Committee.
- 3.16 The Committee shall review annually the Committee's terms of reference and its own effectiveness and recommend to the Board any necessary changes arising therefrom.
- 3.17 To report to the Board on the matters set out in these terms of reference and how the Committee has discharged its responsibilities.
- 3.18 Where there is a perceived overlap of assurance responsibilities or gap between the Trust's Audit, Quality Assurance Committee, Finance & Performance Committee, Digital and Informatics Committee, Workforce Committee or the Building Development Committee the respective Committee Chairman shall have the discretion to agree the most appropriate Committee to fulfil any obligation. An obligation under the terms of reference of the relevant Committee, will be deemed by the Board of Leeds Teaching Hospitals NHS Trust to have been fulfilled providing it is dealt with by a Committee of the Board.
- 3.19 Where the Committee's monitoring and review activities reveal cause for concern or scope for improvement, it shall make recommendations to the Board on action needed to address the issue or to make improvements.

#### **4. Duties and Etiquette**

- 4.1 The duties of the Chairman of the Committee shall be to:
  - keep the Board informed regularly of any material matters which have come to the Committee's attention;
  - ensure that minutes of the Committee are an accurate reflection of discussion;
  - review and approve the proposed wording of the Quality Account Report;
  - attend or designate another member of the Committee to attend public meetings of the Trust to answer any questions related to the work of the Committee;
  - prepare and present an annual report on the work of the Committee to the Board; and
  - ensure that all significant risks are discussed and where necessary escalated in line with LTHT's Risk Management Policy.
- 4.2 The duties of members and attendees shall be to:
  - attend and contribute;
  - have read the papers and materials in advance and be ready to work with them;
  - actively participate in discussions pertaining to Committee business ensuring that solutions and action plans have multidisciplinary perspectives and have considered the impact Trust-wide;
  - disseminate the learning and actions from the meetings;
  - to attend at least 75% of meetings of the Committee.

#### **5. Constitution**

- 5.1 The Committee shall meet with such frequency and at such times as it may determine. It is expected that the Committee shall meet at least four times each year.
- 5.2 The quorum for meetings shall be two Non-Executive Directors, one of whom should be the Committee Chairman, unless he or she is unable to attend due to exceptional circumstances. In the absence of the Committee Chair a decision will be taken in advance of the meeting as to which independent Non-Executive Director who is a member of the Committee shall chair that particular meeting.

## **6. Membership and Attendance**

- 6.1 The Membership and attendance shall be disclosed in the Annual Report and shall be two independent Non-Executive Directors of the Board. Any member of the Committee who is able to speak and be heard by each of the other members shall be deemed to be present in person and shall count towards the quorum. The Members shall be:
  - Laura Stroud (Chair)
  - Phil Corrigan
  - Amanda Stainton
- 6.2 The Chief Nurse, Chief Medical Officer, Medical Director/s of Operations (Planned Care and Unplanned Care) (will attend meetings to provide cover for each other for clinical and operational commitments), Medical Director Governance and Risk, Director of Quality, Chief Digital & Information Officer, Quality Governance Manager and Company Secretary shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate.
- 6.3 The following persons shall be invited to attend at the discretion of the Committee, either for a particular item or for the whole meeting:
  - Executive Directors; and
  - others at the invitation of the Committee.
- 6.4 In order for decisions taken by the Committee to be valid, the meeting must be quorate. This will consist of two members of the Committee being present at the point when any business is transacted. [See 6.1 above].
- 6.5 The Committee is serviced by Board Secretariat which organises meetings. Papers shall be available at least five clear days before each meeting. Papers shall not be tabled unless it is essential and only with the Committee Chair's prior agreement.
- 6.6 Terms of reference are reviewed annually or in light of changes in practice or national/local guidance. The Committee will review annually its own performance, including the extent to which it has operated in satisfaction of its terms of reference, and in particular compliance with reporting arrangements to the Board.

## 7. Version Control

Version Control	Date		Comments
V19	20 2021	May	NED membership - update
V20	30 2021	Sept	Updated NED membership
V21	27 2022	Jan	Addition to reflect scope of Cttee in response to changes in lead NED roles – at section 3.3
V22	24 2022	Nov	Updated to membership between MD Operations & Planned Care Additional of SMART objectives and agenda review process

### Document Owner

The Company Secretary is the owner of this document and of any Board minute authorising amendment.

<sup>1</sup>The patient safety record, clinical outcomes, patient experience ratings and compliance with *Fundamental Standards of Care* involve a wide range of metrics, which may change from time to time. These metrics reflect the Board's quality ambition as well

**Appendix B – Work Plan for 2022/23**

**THE LEEDS TEACHING HOSPITALS NHS TRUST**  
**QUALITY ASSURANCE COMMITTEE WORK PLAN 2022/23**

The Quality Assurance Committee will provide oversight and seek assurance in line with the Constitutional and Fundamental Standards, the Trust's Quality Priorities and Regulatory Standards. In order to achieve this objective, the Committee will follow the outlined work programme below; where further assurance is required, or specific risks identified these will be included in the work programme as topic reports throughout the year.

Agenda Item	Frequency	Frequency					
		Apr	Jun	Aug	Oct	De c	Feb
<b>1. Quality Improvement</b>							
Quality Goals (as part of Quality Account)	Annual update	✓					
Quality Improvement Programme (including Safety Improvement Plan)	Annually			✓			
<b>2. Quality Governance</b>							
CQC Registration Annual Assurance (and ad hoc reports from in-year inspections, and oversight of action plans)	Annually			✓			
Quality Account	Annually	✓					
External Audit Assurance on Quality Account	Annually		✓				
QAC Annual Report (including review of ToR, objectives, Work Plan for next Calendar year)	Annually for Board						✓
Essential Metrics	Bi-monthly	✓	✓	✓	✓	✓	✓
Leadership Walkround Programme	Annually				✓		
Quality Impact Assessments (waste reduction programme)	Annually	✓					
<b>2.1 Patient Safety</b>							
Mortality Review (Learning from Deaths) Report to Public Board Blue Box item	Quarterly		✓ Q4	✓ Q1	✓ Q2	✓ Q2	✓ Q3
Maintaining Quality during Winter	Six Monthly	✓			✓		
HCAI Action Plan	Annually					✓	
HCAI Update	Monthly	✓	✓	✓	✓	✓	✓
Annual Report on Incidents, Coroners and Claims	Annual				✓		
Serious Incidents, including Never Events and Patient Safety Incident Response Framework (PSIRF)	Quarterly	✓	✓	✓	✓	✓	✓
Review of Major External Inquiries	As required						



Agenda Item	Frequency	Frequency					
		Apr	Jun	Aug	Oct	De c	Feb
Seven Day Services	Annually					✓ Def	✓
Palliative Care and End of life	Annually				✓		
Children and Young People's report	Annually					✓ Def	✓
Resuscitation report	Annually			✓ Def		✓	
Falls, including hip fractures	Annually	✓					
Dementia	Annually			✓ Def		✓ Def	✓
Patient harm review (patients waiting for treatment)	Six monthly			✓			✓
Patients waiting for treatment for cancer	Six monthly		✓			✓	
Maternity Update	Monthly	✓	✓	✓	✓	✓	✓
Public Health (after QSAG before Board)	Six-Monthly						✓
Annual Reports:							
Safeguarding Annual Report	Annually		✓				
MMPS Annual Report	Annually				✓ Def	✓	
Annual Medication Safety Officer Report					✓ Def	✓	
CD Accountable Officer's Report	Annually				✓ Def	✓	
Medical Devices Accountable Officer's Report	Annually	✓					
Maternity service NHS Resolution scheme Sign off at July Board meeting	Annually		✓				
<b>2.2 Clinical Effectiveness &amp; Outcomes</b>							
Annual Clinical Audit Programme - for approval	Annually	✓					
Clinical Audit Annual Report: Including findings from Trust-wide Audits	Annually			✓			
Findings from National Audits	Annually			✓			
External Assurers Report	Six-monthly		✓			✓	✓
<b>2.3 Patient Experience</b>							
Equality and Diversity	Annually	✓					
Complaints and PALS: annual report	Annually		✓				
<b>2.4 Committee Governance</b>							

Agenda Item	Frequency						
		Apr	Jun	Aug	Oct	Dec	Feb
Review of Committee ToR and Work Plan	Annually						✓
Topics for further investigation from QSAG or CEOG	Bi-monthly	✓	✓	✓	✓	✓	✓

NB: Papers are for assurance purposes, not for detailed review

## Appendix C – Proposed Work Plan for 2023/24

### THE LEEDS TEACHING HOSPITALS NHS TRUST QUALITY ASSURANCE COMMITTEE WORK PLAN 2023/24

The Quality Assurance Committee will provide oversight and seek assurance in line with the Constitutional and Fundamental Standards, the Trust's Quality Priorities and Regulatory Standards. In order to achieve this objective, the Committee will follow the outlined work programme below; where further assurance is required, or specific risks identified these will be included in the work programme as topic reports throughout the year.

Agenda Item	Frequency	Frequency					
		Apr	Jun	Aug	Oct	Dec	Feb
<b>1. Quality Improvement</b>							
Quality Goals (as part of Quality Account)	Annual update	✓					
Quality Improvement Programme (including Safety Improvement Plan)	Annually			✓			
<b>2. Quality Governance</b>							
CQC Registration Annual Assurance (and ad hoc reports from in-year inspections, and oversight of action plans)	Annually			✓			
Quality Account	Annually	✓					
External Audit Assurance on Quality Account	Annually		✓				
QAC Annual Report (including review of ToR, objectives, Work Plan for next Calendar year)	Annually for Board						✓
Essential Metrics	Bi-monthly	✓	✓	✓	✓	✓	✓
Leadership Walkround Programme	Annually				✓		
Quality Impact Assessments (waste reduction programme)	Annually	✓					
<b>2.1 Patient Safety</b>							
Mortality Review (Learning from Deaths) Report to Public Board Blue Box item	Quarterly	✓ Q3		✓ Q4	✓ Q1		✓ Q2
Maintaining Quality during Winter	Six Monthly	✓			✓		
HCAI Action Plan	Annually					✓	
Healthcare Associated Infection	Bi-monthly	✓	✓	✓	✓	✓	✓
Annual Report on Incidents, Coroners and Claims	Annual				✓		
Serious Incidents, including Never Events and Patient Safety Incident Response Framework (PSIRF)	Bi-monthly	✓	✓	✓	✓	✓	✓
Review of Major External Inquiries	As required						
Constitutional Standards – quality	Annually			✓			

Agenda Item	Frequency	Frequency					
		Apr	Jun	Aug	Oct	Dec	Feb
(replace Seven Day Services)							
Palliative Care and End of life	Annually				✓		
Children and Young People's report	Annually						✓
Resuscitation report	Annually					✓	
Falls, including hip fractures	Annually	✓					
Dementia	Annually					✓	
Patient harm review (patients waiting for treatment)	Six monthly			✓			✓
Patients waiting for treatment for cancer	Six monthly		✓			✓	
Maternity assurance report	Bi-Monthly	✓	✓	✓	✓	✓	✓
Public Health	Six-Monthly			✓			AR
Nursing & Midwifery Quality & Safe Staffing Workforce Report (to include perfect ward metrics)	Bi-monthly	✓	✓	✓	✓	✓	✓
Annual Reports:							
Safeguarding Annual Report	Annually		✓				
Annual Medication Safety Officer Report (Blue Box)	Annually					✓	
CD Accountable Officer's Report (Blue Box)	Annually					✓	
Medical Devices Accountable Officer's Report	Annually	✓					
Maternity service NHS Resolution scheme Sign off at July Board meeting	Annually						
<b>2.2 Clinical Effectiveness &amp; Outcomes</b>							
Annual Clinical Audit Programme - for approval	Annually	✓					
Clinical Audit Annual Report: Including findings from Trust-wide Audits	Annually			✓			
Findings from National Audits	Annually			✓			
External Agency Visits Report	Six-monthly		✓				✓
<b>2.3 Patient Experience</b>							
Complaints and PALS: annual report	Annually		AR				
<b>2.4 Committee Governance</b>							
Review of Committee ToR and Work Plan	Annually						✓
Topics for further investigation from QSAG or CEOG	Bi-monthly	✓	✓	✓	✓	✓	✓

NB: Papers are for assurance purposes, not for detailed review