

The Quality Committee
Annual Report
Financial Year 1 April 2020 to 31 March 2021

CONTENTS

Section

- 1 Period covered by this report
- 2 Introduction
- 3 Assurance
- 4 Terms of Reference for the Quality Committee
- 5 Meetings of the Committee
- 6 Membership of the Committee and attendance at meetings
- 7 Reports made to the Board of Directors
- 8 Work of the Committee during 2020/21
- 9 Conclusion
- 10 Terms of Reference (appendix one)

1. PERIOD COVERED BY THIS REPORT

This report covers the work of the Quality Committee for the financial year 1 April 2020 to 31 March 2021.

2. INTRODUCTION

The Quality Committee has been formally established by the Board of Directors as one of its sub-committees. It is authorised to investigate and seek assurance on the effectiveness of the Trust's quality systems and processes and the quality of the services provided. This includes seeking assurance on the management of quality related risks at operational and strategic level. The Committee will monitor and report to the Board of Directors on the effectiveness of these systems and processes. With its key objectives being to seek assurance that:

- systems and processes are effective
- the quality of services provided is good and continuously improving
- the experience of people using Trust services is good and continuously improving.

The Committee carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality and improvements in services
- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services
- Seek assurance on the systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments
- Review the Board Assurance Framework to ensure that the Board of Directors receives assurances that effective controls are in place to manage strategic risks related to any area of the Quality Committees' responsibilities relating to key quality and safety indicators
- Seek assurance on the quality impact assessments for key strategic programs of work
- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services

- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality and safety within the Trust.
- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising the importance of inclusion and accessibility in delivering quality services
- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.
- Carry out the role of Perinatal Safety Champion and have assurance oversight of the Trust's Perinatal Service

This report covers the work the Committee has undertaken at the meetings held during 2020/21. It seeks to assure the Board on the work it has carried out and the assurances received, and to demonstrate that it has operated within its Terms of Reference.

Secretariat support is provided by the Corporate Governance Team in relation to agenda planning; minutes; managing cumulative action logs; and general meeting support.

3. ASSURANCE

The Committee receives assurance from the executive director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed. Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings; visiting services; and talking to staff.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plans are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details those key controls in place to ensure that the

risks to achieving the strategic objectives are being well managed. The BAF lists those committees that are responsible for receiving assurance in respect of the effectiveness of those controls, and the Quality Committee will be asked to note, in particular, those where it is listed as an assurance receiver to ensure that it had received sufficient assurance through the reports that come to the Committee or to commission further information where there was a lack of assurance (actual or perceived). These are:

- SR1. If there is a breakdown of quality and safety assurance processes we risk not being able to maintain compliance with regulatory requirements.
- SR2. There is a risk that we fail to make the improvements outlined in the quality strategic plan and that this has an adverse impact on the care of those who use our services.

The Committee reviews the BAF on a quarterly basis prior to it being presented to the Board of Directors.

4. TERMS OF REFERENCE FOR THE QUALITY COMMITTEE

In December 2020 the Terms of Reference for the Quality Committee were approved by the members. In January 2021, they were ratified by the Board of Directors.

5. MEETINGS OF THE COMMITTEE

In 2020/21 the Committee met formally on 11 occasions. It should be noted that the committee continued to meet throughout the Coronavirus pandemic to discuss key quality issues. In 2020/21 all committee meetings were held virtually in order to comply with Government directions, which were included in the UK Coronavirus Act 2020, whereby public meetings of more than two people were deemed unlawful. The dates on which the Committee has met during the year are as follows:

- 14 April 2020
- 12 May 2020
- 9 June 2020

- 14 July 2020
- 8 September 2020
- 13 October 2020
- 10 November 2020
- 8 December 2020
- 12 January 2021
- 9 February 2021
- 9 March 2021

The draft agenda for each meeting is presented to the Chair of the Committee, the Director of Nursing, Professions and Quality, and the Medical Director by the Committee Secretariat.

In line with its Terms of Reference, paperwork for this meeting is circulated to members seven calendar days prior to the meeting taking place. All actions pertaining to the meetings of the Committee are tracked on a cumulative action log and presented to each meeting by the Committee Secretariat for assurance with progress made.

6. MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the Quality Committee is made up of two non-executive directors; the Director of Nursing, Professions and Quality, the Chief Operating Officer, the Medical Director, and the Director of Organisational Development and Workforce. The Chief Financial Officer is also a member of the Committee and attends meetings as appropriate dependant on the agenda items being discussed. The Committee is chaired by a non-executive director (NED), Professor John Baker and Helen Grantham is the other regular NED member of this Committee. Should the NED chair be unable to chair the meeting this role will fall to another NED.

Subject area experts are also invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On this occasion, they are attendees and do not count towards to membership of the meetings as outlined in the Terms of Reference.

The Trust also invites governors to observe Board sub-committee meetings. This opportunity allows governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors

appropriately challenging the executive directors for the operational performance of the Trust.

In addition to the scheduled committee meetings the Quality Committee and the Finance and Performance Committee have agreed to meet at least once a year. By coming together these committee can look matters through the lens of resources and quality and understand the interdependency of these two aspects. In 2020/21 the committees came together on 10 November 2020 and looked at: efficiency planning for 2021/22; the quality impact of out of area placements; the progress made with the Acute Care Excellence programme; and the Gender Identity Service waiting list and times.

The table below shows attendance for substantive members of the committee for the meetings that took place during 2020/21.

Attendance at Quality Committee meetings by substantive members

Key:

- ✓ shows attendance
- shows when apologies had been given by a member for a particular meeting.
- stipulates when the individual was not eligible to attend the meeting
- Part B shows when a private part of the meeting for members only also took place
- * stipulates the Chair of the meeting
- ** shows when the individual was observing the meeting

Name	14 April 2020	12 May 2020	9 June 2020 – PART B	14 July 2020 – PART B	8 September 2020 – PART B	13 October 2020	10 November 2020	8 December 2020 – PART B	12 January 2021 – PART B	9 February 2021	9 March 2021 – PART B
Professor John Baker (Non-Executive Director)	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *	✓ *
Joanna Forster-Adams (Chief Operating Officer)	✓	✓	✓	-	✓	✓	✓	✓	✓	-	✓

Helen Grantham (Non-Executive Director)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dawn Hanwell (Chief Finance Officer/Deputy Chief Executive)											
Claire Holmes (Director of Organisational Development and Workforce)	-	✓	✓	-	✓	✓	✓	-	✓	✓	✓
Dr Claire Kenwood (Medical Director)	✓	✓	-	✓							
Dr Chris Hosker (Medical Director)			✓	✓	✓	✓	✓	✓	-	✓	✓
Cathy Woffendin (Director of Nursing, Quality and Professions)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Attendance at Quality Committee meetings by formal attendees

Key:

- ✓ shows attendance
- shows when apologies had been given for a particular meeting
- stipulates when the individual was not eligible to attend the meeting
- ** shows when the individual was observing the meeting

Name	14 April 2020	12 May 2020	9 June 2020	14 July 2020	8 September 2020	13 October 2020	10 November 2020	8 December 2020	12 January 2021	9 February 2021	9 March 2021
Associate Director for Corporate Governance	✓	✓	✓	✓	-	-	✓	-	✓	✓	-
Head of Performance and Informatics	✓	✓	✓	-	✓	-	✓	✓	-	✓	✓

Head of Quality and Clinical Governance	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Acting Head of Corporate Governance	✓	✓	-	✓	✓	✓	✓	✓	✓	-	✓
Head of Clinical Governance: Quality Assurance and Compliance									✓	✓	✓
Head of Clinical Governance: Patient Safety									✓	-	✓
Clinical Director											✓
Legal Services and Complaints Lead					✓	✓				✓	✓
Chair of the Trust						✓					
Head of Safeguarding				✓							
Interim Deputy Director of Workforce and Head of Learning and Organisational Development								✓			
Head of Nursing and Patient Experience									✓		
Patient Experience and Involvement Lead									✓		
Chief Pharmacist							✓				
Head of Clinical Effectiveness Team					✓			✓			
Safety and Risk Lead							✓				✓
Head of Operations for Community and Wellbeing Services							✓				
Head of Improvement and Knowledge								✓			
Consultant							✓				
Consultant Psychiatrist					✓						

Head of Research and Development						✓					
Clinical Director for LD and Older People's Services									✓	✓	
Professional Lead for AHPs – LD and Children and YP Services									✓		
Clinical Lead for Research and Development						✓					
Professional Practice Lead - Reducing Restrictive Practice				✓							
Strategic Lead for Allied Health Professionals				✓							
Director of Improvement					✓			✓			
Deputy Chief Pharmacist and Medicines Safety Officer						✓					
Quality Governance Project Manager							✓				

The Quality Committee also extends an invitation to governors to observe its business. During 2020/21 the following governors attended main business meetings in the capacity of observer.

Key:

■ stipulates when the individual did not attend the meeting

** shows when the individual was observing the meeting

Name	14 April 2020	12 May 2020	9 June 2020	14 July 2020	8 September 2020	13 October 2020	10 November 2020	8 December 2020	12 January 2021	9 February 2021	9 March 2021
Staff: Clinical	■	■	■	■	■	■	**	■	■	■	■
Service User: Leeds	■	■	■	■	■	■	■	**	■	■	■
Public: Rest of UK	■	■	■	■	■	■	■	**	■	■	■

7. REPORTS MADE TO THE BOARD OF DIRECTORS

The Chair of the Quality Committee makes an assurance and escalation report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and should it be necessary to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee.

The below table outlines the dates that the assurance and escalation reports were presented by the Chair of the Quality Committee to the Board of Directors meetings.

Date of meeting	Assurance and escalation report to Board by Chair
14 April 2020	30 April 2020
12 May 2020	21 May 2020
9 June 2020	25 June 2020
14 July 2020	30 July 2020
8 September 2020	24 September 2020
13 October 2020	29 October 2020
10 November 2020	26 November 2020
8 December 2020	28 January 2021
12 January 2021	28 January 2021
9 February 2021	25 March 2021
9 March 2021	25 March 2021

8. THE WORK OF THE COMMITTEE DURING 2020/21

During 2020/21 the Chair of the Quality Committee confirmed that the Committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the Committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2020/21 are as follows:

Assurance on:

- Discussions taken place at the Trustwide Clinical Governance Group, the Safeguarding Committee, the Physical Health Workstream
- Discussions taken place and decisions made by the Ethical Advisory Group with regards to: the Trust's redeployment approach; the waiting list for the Gender Identity Service; service user leave and visiting policies; and policy development for prescribing sodium

valproate to women of childbearing age

- The Trust's incident command arrangements and its response to Covid-19
- Covid-19 cases and outbreaks across the Trust and how these were managed
- The progress made with the Trust's Suicide Prevention Plan
- The progress made with the 2019/20 Quality Improvement Priorities
- Board Assurance Framework
- Infection Prevention and Control Board Assurance Framework
- Claims; incidents; inquests; NHS England independent investigations and joint safeguarding reviews (in the **Part B** private meeting)
- Referrals made to or by the General Medical Council, Nursing and Midwifery Council and the Health and Care Professions Council (in the **Part B** private meeting)

Reports on:

- Quality and workforce data performance
- PALS, Complaints, Compliments, Claims, Central Alert System, Incidents, Serious Incidents and Inquests
- The use of restrictive practice throughout 2020/21
- Safer staffing
- Patient experience and involvement
- The Trust's response to the recommendations from the 'First Do No Harm' report regarding the use of valproate in women of child bearing age.
- The learning from deaths
- The production of the 2020/21 Quality Report & Account and a summary of the progress that had been made against the 2020/21 Quality Improvement Priorities
- The Community Redesign Project
- The key findings from the NHS England and Improvement Learning Disability Mortality Review (LeDeR) Programme: Action from Learning

Presentation of:

- Safeguarding Annual Report 2019/20
- Research and Development Annual Report 2019/20
- Quality Report and Account 2019/20
- Medicines Optimisation Group Annual Report 2019/20
- Improvement and Knowledge Service Annual report for 2019/20

9. Conclusion

The Chair of the Quality Committee would like to assure the Board of Directors that the Committee has fulfilled its Terms of Reference during 2020/21. Throughout the year the Committee has monitored the impact of the pandemic on quality and gained assurance on how quality matters are considered and addressed. It has added value by maintaining an open and professional relationship with officers of the Trust and has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues or risks.

Members of the Quality Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

Professor John Baker
Non-executive Director and
Chair of the Quality Committee
April 2021

Kerry McMann
Acting Head of Corporate Governance
Secretariat for the Quality Committee
April 2021

Appendix one

Quality Committee

Terms of Reference

(Approved by the Committee on 8 December 2020
Ratified by the Board of Directors on the 28 January 2021)

1 NAME OF GROUP

The name of this committee is the Quality Committee.

2 COMPOSITION OF THE COMMITTEE

The members of the committee and those who are required to attend are shown below together with their role in the operation of the committee.

Members

Title	Role in the committee
Non-executive Director	Committee Chair
Non-executive Director	Deputy Chair
Director of Nursing, Professions and Quality	Joint executive Lead for quality and Chair of the Patient Experience Group. Assurance and escalation provider to the Quality Committee.
Chief Operating Officer	Executive Director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Quality Committee.
Medical Director	Joint executive Lead for quality. Medical input and Chair of the Trustwide Clinical Governance Group. Executive Lead for quality improvement. Assurance and escalation provider to the Quality Committee.
Director of OD and Workforce	Staff training and development issues related to quality. Assurance and escalation provider to the Quality Committee.

Title	Role in the committee
Chief Financial Officer	Executive lead for financial resources including Cost Improvement Programmes. Assurance and escalation provider to the Quality Committee. Attendance at meetings will be dependent on the agenda items being discussed.

While specified non-executive directors will be regular members of the Quality Committee any other non-executive can attend the meeting on an ad-hoc basis if they wish and will be recognised as a member for that particular meeting and if necessary will count towards the quoracy.

Attendees

The Quality Committee may also invite other members of Trust staff to attend to provide advice and support for specific items when these are discussed in the Committee's meetings.

These could include, but are not exhaustive to, the following individuals:

- Clinical Directors
- Deputy Director of Nursing
- Head of Nursing and Patient Experience
- Associate Director for Corporate Governance

2.1 Governor Observers

The role of the governor at Board sub-committee meetings is to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three. This should comprise at least one non-executive director and one executive director. Attendees do not count towards this number. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the deputy chair.

Non-quorate meeting: Non-quorate meetings may go forward unless the chair decides otherwise. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 MEETINGS OF THE GROUP

Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

Frequency: The Quality Committee will meet monthly to transact its normal business.

Administrative support: The Corporate Governance Team will provide secretariat support to the Committee.

Minutes: Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team seven working days prior to the meeting. Papers received after this date will only be included if decided upon by the chair.

5 AUTHORITY

Establishment: The Quality Committee is a sub-committee of the Board of Directors and has been formally established by the Board of Directors.

Powers: The Quality Committee is constituted as a standing committee of the Trust Board of Directors. The Committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference.

Cessation: The Quality Committee is a standing committee in that its responsibilities and purpose are not time-limited. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

The Quality Committee has responsibility for providing assurance to the Board of Directors on the effectiveness of the:

- Trust's quality and safety systems and processes
- quality and safety of the services provided by the Trust
- control and management of quality and safety related risk within the Trust.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Quality Committee

In carrying out their duties members of the committee and any attendees of the committee must ensure that they act in accordance with the values of the Trust, which are:

- we have integrity
- we are caring
- we keep it simple.

6.3 Duties of the Quality Committee

The Quality Committee is seeking assurance that:

- systems and processes are effective
- quality of services that the Trust provides is good and continuously improving
- quality of the experience of people using our service is good and continuously improving.

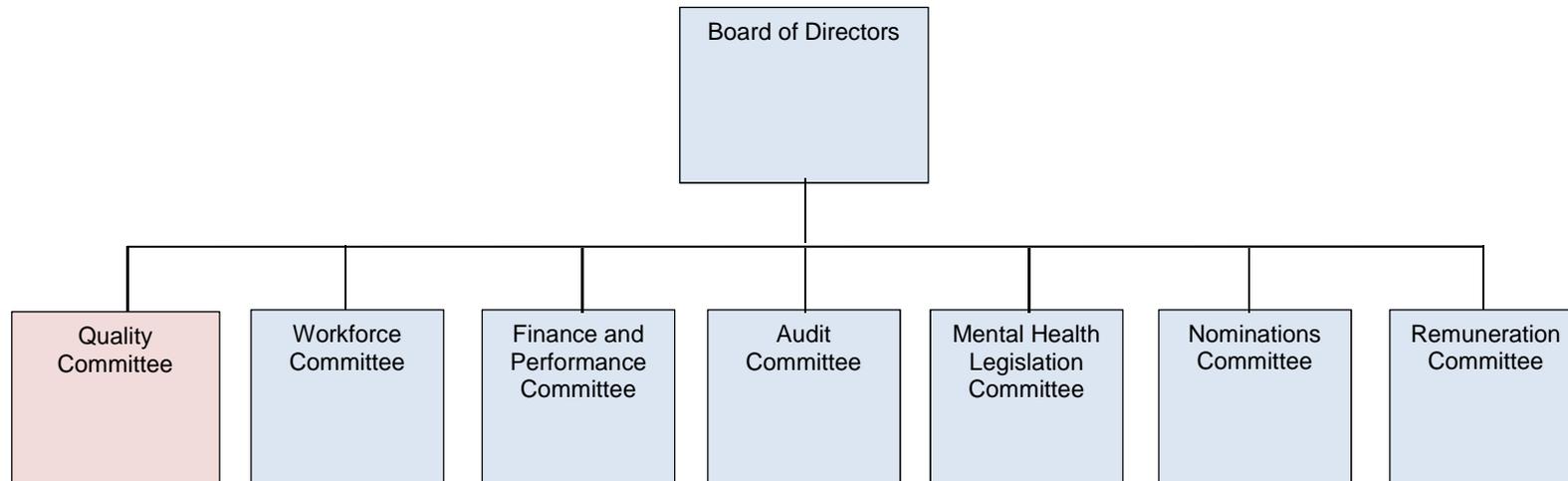
It carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality and improvements in services
- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services
- Seek assurance on the systems for identifying, reporting, mitigating and managing quality and safety related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments
- Review the Board Assurance Framework to ensure that the Board of Directors receives assurances that effective controls are in place to manage strategic risks related to any area of the Quality Committees' responsibilities relating to key quality and safety indicators

- Seek assurance on the quality impact assessments for key strategic programs of work
- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services
- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality and safety within the Trust.
- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising the importance of inclusion and accessibility in delivering quality services
- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.
- Carry out the role of Perinatal Safety Champion and have assurance oversight of the Trust's Perinatal Service

An assurance and escalation report will be made to the Board of Directors by the Chair of the Committee.

7 Links with Other Committees



The Quality Committee does not have any sub-committees. It is linked to the Trustwide Clinical Governance Group as an assurance receiver. The Quality Committee provides a route of escalation for this group to the Board of Directors. Although this does not preclude any other group being asked to provide assurance.

8 DUTIES OF THE CHAIR

The Chair of the Committee shall be responsible for:

- agreeing the agenda with the Director of Nursing, Quality and Professions
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the Committee secretariat
- ensuring all members have an opportunity to contribute to the discussion
- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when a matter requires escalation to the Board of Directors
- checking the minutes
- ensuring key information is presented to the Board of Directors in respect of the work of the Committee.
- ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the Committee at least annually, and then presented to the Board of Directors for ratification. This was also occur throughout the year if a change has been made to them.

In addition to this the chair must ensure the Committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Board of Directors including any recommendations for improvement.

Schedule of Deputies

Committee Member	Deputy
NED Chair	Second NED
NED member	None
Director of Nursing, Quality and Professions	Deputy Director of Nursing
Chief Operating Officer	Deputy Chief Operating Officer
Director of Organisational Development	Deputy Director of Workforce

and Workforce	Development
Medical Director	No deputy available to attend
Chief Financial Officer	Assistant Director of Finance