

Introduction

The Medical Director and the Director of Nursing and Patient Services have reviewed the structure and processes for the reporting and assurance on the components of Quality within the trust. This review has taken account of the feedback from the board regarding their requirements to:

- align quality reporting with finance and service activity
- adjust the committee timetable to achieve a clear timeline that leads to the Board reports
- reduce the number of committees at the "executive - led" committee level to reduce the demand for attendance at committees by the divisions / service lines thus freeing up time to implement quality developments, delivery and performance monitoring.

Background

The structures and processes for governance within the trust are set out in Governance and Risk Policy which outlines the organisational and individual responsibilities and arrangements for governance and risk within the trust. This policy is subject to annual review (due January 2011).

The trust is continuing to develop its governance systems and this year's review has taken place having evaluated the requirement for quality systems to feed the ongoing compliance of assessment for the CQC Outcomes and to ensure robust systems as the trust moves towards FT status (Applying for FT status, Monitor, July 2010).

Purpose

This paper outlines the proposals for changes to the Executive- level committees and Divisional / Service- line level committees to be included in the update of the Governance and Risk policy.

Reference is made to the following:

Attachment 1 is the proposed update to the relevant part of Section 5 of the Governance and Risk Policy - *"Accountabilities for integrated Governance and Risk Management"*

Attachment 2 : the proposed revision to the diagram - *Appendix 1 Governance and Risk Structure*

Attachment 3 : the proposed revised Terms of Reference of the Quality Committee.

Proposed changes (For clarity changes are highlighted.)

It is proposed that a new Quality Committee is formed to replace the Patient Safety Committee, Improving Patient Experience Committee and the Quality Performance Committee. All aspects of quality formerly overseen by these committees will be reviewed in the course of the new Quality Committee business cycle.

Operational timetabling

The Quality Committee will meet on the third Monday afternoon of the month, allowing quality data from the previous month to be reviewed and signed off alongside the performance data for the same month and in time for the production of the Board Quality report that month. This would require the movement of the EMG from the first and third Monday of the month to the second and fourth Monday.

A revised Divisional / Service line quality and governance meeting agenda and performance reporting template will be agreed for the Divisional and service line reports to the Quality Committee and EMG.

Attachment 1 : Draft update of Governance and Risk Policy Section 5.1 & 5.2

Section 5.1 Committees

| | |
|--------|--|
| 5.1.8 | <p>Executive Management Group (EMG) (<i>For Terms of reference see appendix 7</i>)</p> <p>The Executive Management Group is responsible for executing and communicating the decisions of the Trust Board of Directors. It has overall responsibility for the performance management of the delivery of national and local targets and the management of risks within the Trust. The EMG is chaired by the Chief Executive. It receives assurance on the effectiveness of Trust systems and processes from the Governance Committee and structure of Executive sub committees and their feeder Committees which oversee specialist aspects of service.</p> |
| 5.1.9 | <p>Governance Committee (<i>For Terms of Reference see Appendix 8</i>)</p> <p>The Governance Committee oversees assurance that Trust systems and processes are working. It has oversight of the components of integrated governance (<i>The relevant Health and Social Care Act 2008 Regulation is indicated in brackets</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Corporate Governance <input type="checkbox"/> Clinical Governance (Regulation 12) <input type="checkbox"/> Non clinical governance (Regulation 15 and 16) <input type="checkbox"/> Information Governance (Regulation 21) <input type="checkbox"/> Research Governance (Regulation 16) <input type="checkbox"/> Public health: <input type="checkbox"/> Patient Experience (Regulation 17) <p>Financial governance is the responsibility of the Finance Committee.</p> |
| 5.1.10 | <p>The Governance Committee reviews the progress with the Trust objectives and the risks and associated controls to achieving the objectives. The Committee monitors progress with maintaining performance and compliance with the CQC Registration regulations</p> |
| 5.1.11 | <p>The Governance Committee meets on a quarterly basis, with the following key functions:</p> <ul style="list-style-type: none"> • to prepare and review the Compliance Monitoring Plan which aims to ensure compliance with essential standards and progress towards achieving outcomes required by the regulations. • to receive a report on Ongoing Compliance with the CQC Outcomes. • to ensure there is an annual programme of quality improvement for the clinical care of patients, both in hospital and the community. • to review the Risk Register <ul style="list-style-type: none"> ○ to report exceptions on a regular basis to the EMG and Audit Committee.. |
| 5.1.12 | <p>The Governance Committee has a responsibility to provide an Assurance / Compliance Report on the effectiveness of the Trust systems and any other governance issues to the Audit Committee, together with the Risk Register of high risks and Action Plans to control the risks.</p> |

| | |
|--------|--|
| 5.1.13 | <p>Reports / assurances are received from the following Executive sub committees and groups:</p> <ol style="list-style-type: none"> i. Hospital Infection Prevention and Control Committee ii. Quality Committee iii. Organisational Development Committee iv. Health and Safety Committee v. Planning and Performance Group vi. Information Governance Committee vii. Research and Development Group viii. Emergency Planning Committee |
|--------|--|

| | |
|--|--|
| | <p>5.2 Executive-Led Committees</p> |
| | <p>EXECUTIVE COMMITTEES</p> <p>The Trust has a structure of Executive-led Committees and sub committees which are responsible for the implementation of best practice in a number of Trust functions, for achieving quality of care including compliance with registration standards and targets, and for assurance to the Board that the systems are working effectively.</p> |
| | <p>The Quality Committee is responsible for assurance on the delivery of the components of quality: Patient Safety; Patient Experience and Clinical Effectiveness.</p> <p>This committee is responsible for overseeing the implementation of the trust strategies for <i>Patient Safety Matters, Improving the Patient Experience</i> and the improvements detailed in the <i>Quality Account</i>, and for ensuring Clinical Effectiveness through the implementation of the best practice contained within NICE guidance, NPSA guidance and alerts.</p> <p>The Committee meets monthly with an agenda that comprises a section for generic safety, patient experience and effectiveness items that are reviewed every month including performance against the CQUIN and all quality targets. Trends in the three components of quality are reviewed on a quarterly basis on a rolling programme of patient safety, experience and effectiveness topics. These are then reported to the Board on a quarterly basis.</p> <p>Patient Safety issues will be reported to the Quality Committee by the following sub committees:</p> <ul style="list-style-type: none"> • Drug and Therapeutics (and the Safer Medication Group) • Medical Devices • Human Tissue Act • Resuscitation • Radiation Protection • Transfusion • Safeguarding • Infection Control |

Patient Experience issues will be reviewed including themes from Complaints /PALS, the results of and our trust's response to the National Patients' surveys and will be reported to the Quality Committee by:

- the monthly Patient Experience Report
- the Clinical Divisions / Service lines reports
- Liaison with the LINKS
- Patient Environment Action Group
- Improving Patient Information Group

Clinical Effectiveness will be assured by the approval of trustwide and clinical policies and guidelines; the review of the findings from clinical audits and assessment of the level of assurance these provide, the level of implementation of NICE guidance and the compliance of the trust with the recommendations from national enquiries and reports.

The Quality Committee reports upwards to the EMG and the Governance Committee on exceptions, barriers to implementation, key policies that have been approved and submits a Quality report (Patient Safety, Patient Experience and Clinical Effectiveness) to the Trust Board on a quarterly basis.

A Quarterly Quality report produced for contracting purposes for the PCT is signed off by the Quality Committee prior to submission to NHS Bedfordshire.