

Quality & Risk Committee Self-Assessment Statement 2022-23

Establishment, scope, composition, independence, objectivity and assurance		Excelling	Meeting standards	Room for improvement	Comments/Evidence
1	The chair is a non-executive Board member and possesses an appropriate level of relevant experience.		X		The Chair is a NED in their second term. His current health related roles include being advisor to a large meta-analysis of the potential adverse effects of statins, and to the 'Behaviour Change By Design' research programme into nudge-type interventions for public health. He is also a board member of the Cambridge-based Winton Centre for Risk and Evidence Communication.
2	The Committee terms of reference clearly, adequately & realistically set out the Committee's role and the scope of its responsibilities and have been approved by the Committee and the Board of Directors.		X		ToR setting out scope & role of Committee approved by Committee February 2022 and on agenda February 2023. Approved at Board in March 22 and on agenda for March 2023. Very broad remit, perhaps too heavy but the Workforce Committee may help. Least well-defined area is year-on-year quality improvement but working towards a more fully developed strategy for QI.
3	The Board was active in its consideration of the Committee composition.		X		Reviewed in relation to the shift in responsibilities in relation to Workforce (WFC). NED membership has links across to Audit, SPC and the new WFC. Composition has good balance, especially with presence of Chief Executive
4	Committee members have a good understanding of what is expected of them in their role and have the skills and expertise to scrutinise the business of the Committee.	X			Suitably experienced NED and Executive members in place supported by subject matter experts across the Trust with oversight from public & staff governors.

					Scrutiny is good. A good example recently has been scrutiny of safety metrics in recent months.
5	The Committee's actions reflect independence, ethical behavior, adherence to good practice guidance and the best interests of the Trust and its stakeholders.	X			Actions based on review of independent reports & best interests of the Trust in recommendations to the Board.
6	The Committee reports to the Board of Directors throughout the year demonstrating compliance with its terms of reference and provides the Board of Directors with assurance on the effective operation of systems and procedures within the remit of the Committee.	X			Minutes and Chair's report are reviewed by the Board with key issues escalated to Board.

Organisation, Resources, Duties		Yes	No	Room for improvement	Comments
7	Are the terms of reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation?	X			Terms of reference are reviewed at least annually. Committee remit/planning processes allow for links with other committees. Remit of Q&R has been revised to reflect new WFC.
8	Are changes to the Committee's current and future workload discussed and approved at Board level?	X			Committee membership and business cycle agreed for Board and Committees. The Board self-assessment considers the overarching work programme across committees. The separation of the workforce agenda had been a key change in this year and this was fully discussed and driven by the Board.
9	Does the Committee have a forward plan for its meetings so it can consider issues at the right time and in the right level of detail?	X			The forward plan could be used more to identify gaps or areas of concern.

10	Does the Committee receive information and papers far enough in advance for them to fully consider before the meeting?	X			Occasionally papers have been circulated late because of workload pressures. Some matters deferred with the agreement of the Chair.																														
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					<p>Developing a shared vision for QI: Sept 2022 Bribery training (EDs): Oct 2022 NHSE Making data count: Dec 2022 Strategic Choices: Jan 2023</p> <p>The Board have an agreed plan for mandatory training and Board development.</p> <p>Some NEDs have also attended the external induction by NHS Providers.</p> <p>This is mostly good. It may be helpful prior to annual internal audit plan all committees could be asked for their specific priorities as internal audit can significantly assist scrutiny.</p>
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Oversight of Trust Processes		Excelling	Meeting standards	Room for improvement	Comments
15	There is appropriate consideration of assurance reports (from a variety of sources). The Board of Directors is clearly sighted on the issues that arise which require action by the Committee.	X			<p>The Committee receives performance reports and presentations from a range of services and subject matter experts across the Trust and these provide the ability to triangulate assurances provided to the Committee.</p> <p>The Committee has received independent assurance reports form a range of sources including:</p> <ul style="list-style-type: none"> • CQC IRMER report and Trust response and action plan. • AMS Trust report included Trust results from English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) Report 2021 to 2022 • Annual Report includes: audit outcomes from NHSBT's Annual Report on Cardiothoracic Transplantation; participation rates for clinical audits and national confidential enquiries; Cardiovascular Outcomes – NICOR report 2017-2020.

					<ul style="list-style-type: none"> Expert advice on water systems and report from the visit from Duke University Hospital, NC, USA <p>NEDs are also able to join visibility rounds at the hospital and that also helps to triangulate information.</p> <p>The Committee is charged oversight of specific elements of the Board Assurance Framework. Committee reporting has been revised in year to provide additional detail on controls and assurance for each BAF risk.</p> <p>Matters that are to be escalated to Board are included in the written Chair's report.</p> <p>We have a very long list of assurance sources, which are by and large well triangulated. Other committees are active in making referrals to us, e.g., on safe staffing.</p>
16	The Committee is appropriately sighted on significant projects and programmes throughout their lifecycle.		X		M.abscessus a good example of a programme of work where the committee has been well informed at every stage of a sensitive and constantly changing problem.
17	The Committee has the skills and expertise to provide effective critical challenge on the financial management, delivery risks and overall progress of projects or programmes.		X		Financial not often a major consideration for us, but progress and risks of programmes are well reported and considered.. e.g. critical care transformation.
18	The Committee assesses whether the assurance received is of sufficient quality to meet the assurance needs of the accounting officer and the Board.		X		- We have a good level of assurance that problems are on the whole capably managed.
19	The Committee understands the key sources of assurance in the organisation, and how and why each of these sources provide assurance to them.	X			

Overall evaluation of effectiveness		Excelling	Meeting standards	Room for improvement	Comments
20	What is the overall assessment of the performance of the Performance Committee?		X		<p>We do what we need to do well given the time and resources we have.</p> <p>Some time to think about committee development and set some objectives would be useful.</p>

Additional Comments:

Issues for focus 2023/24:

- To continue work on more standardised reporting in quarterly reports.
- To consider how we hear from mid-level staff to understand the life behind the data.
- To consider how we best contribute to planning of internal audit.
- To consider Committee development and how we best support the safety & quality agenda.
- To continue to extend the use of SPC charts in our reporting.
- Further guidance to be provided to NEDs on development opportunities.

Updates on areas for Committee focus for 2022/23:

The Committee noted that one of its roles was to gain reassurance that the Trust had not only to look at its own performance carefully but to benchmark this to ensure that current practices were as high quality and effective as they should be. Benchmarking is used in a number of areas (including PIPR reporting of FFT, complaints, SSI dashboard and outcome data included in annual reports), and this will be continued in the coming year to build assurance using the data available to the Trust.

The Committee reiterated the importance of ensuring clearer mapping of the full range of quality and audit initiatives to ensure that the Committee could identify gaps and track progress. The Committee has considered clinical audit plans and how these could be focused to ensure that they deliver the best return in terms of outcomes for our service and practice.