Title:	Chief Executive Officer's Report
Report to the:	Trust Board
Meeting date:	20 March 2024
Agenda item:	7
Report author:	Sarah Feal, Trust Secretary and Freedom to Speak-up Guardian Lea Fountain, Associate Director of Communications
Executive sponsor:	Matthew Winn, Chief Executive Officer

Assurance level:	Not applicable
Rationale:	Not applicable
Assurance action:	Not applicable

1.0 Executive Summary

This paper provides information on national, regional, and local issues impacting on the organisation. The King's Fund has published a report that calls for radical refocusing of the health and care system to put primary and community services at its core (**see section 8.0**). A new board-level competency framework has been published to support NHS organisations to recruit, appraise and develop board members (**see section 9.0**). There are recommendations to the Board on minor alterations to the corporate governance in the Trust (**see section 10.0**), and a new policy to meet the requirements of the Fit and Proper Person Test Framework which need Trust Board approval.

2.0 Recommendation

Trust Board members are asked to:
- **Approve**:
    a. The revised Terms of Reference document amendments for the Trust Board Committees (Appendix A).
    b. The Fit and Proper Person Test Framework Policy (Appendix B).
    c. Delegation of the Annual Report to the Trust's Chair and Chief Executive.
- **Note and discuss** other element within the report.

3.0 How the report supports achievement of the Strategic Objectives:

Provide outstanding care:	Section 11 set out a range of great examples of our staff providing outstanding care to residents.
Be collaborative:	Section 11 also sets out some of the great campaigns we are involved in with system partners.
Be an excellent employer:	Alignment of our leaders to the new competency framework will help us to improve the diversity and skills of our leadership teams.
Be sustainable:	Not explicitly covered in this report.

4.0 How the report supports tackling Health Inequalities

The NHS Leadership Competency Framework considers other NHS England frameworks and strategies:

- NHS England Operating Framework.
- NHS National Patient Safety Strategy.
- NHS Long Term Workforce Plan.
- NHS Equality, Diversity, and Inclusion Improvement Plan.
- National Quality Board Shared Commitment to Quality.
- NHS Well Led Framework.
- The statutory framework of the Health and Care Act 2022.

5.0 Links to Board Assurance Framework / Trust Risk Register

There are none identified.

6.0 Legal and Regulatory requirements

The following codes are applicable:
- NHS England Code of Governance for NHS Provider Trusts.
- NHS England Fit and Proper Person Test Framework.

7.0 Previous report

23 January 2023, Chief Executive Officer's Report.

National issues:

8.0   The King's Fund report

8.1   The King's Fund have published an important **report** that calls for radical refocusing of health and care system to put primary and community services at its core. The report rightly identifies that there has been 30 years of policy and implementation failure in moving 'care closer to home'. There is a need for clear vision, with funding, staff and political energy directed at general practice, pharmacy, community services and social care.

Many interactions with the NHS are through primary and community services – such as general practice (GPs), community pharmacy and district nursing. On average there are more than 876,164 GP appointments in the NHS every day, an increase of 34,219 appointments a day since 2018/19. Despite this rise in demand, and despite repeated pledges to boost out-of-hospital care, the proportion of Department of Health and Social Care (DHSC) spending on primary care has fallen (8.9% in 2015/16 to 8.1% in 2021/22). In 2021/22 the largest proportion of DHSC spending, £83.1 billion, went to acute hospitals, compared to £14.9 billion spent on primary care.

The NHS has received additional funding in recent years, but while acute hospital trusts saw 27% funding growth since 2016/17, community trusts saw just half that level of growth, at 14%. In their assessment of the key reasons for this longstanding policy failure, the researchers found that progress has been hampered by an incorrect belief that moving care into the community will result in short-term cash savings. Other factors include a lack of data about primary and community services leading to a 'cycle of invisibility', funding flows that prioritise hospitals, and urgent challenges such as A&E waiting times and planned care backlogs becoming the priority for politicians tempted by quick fixes instead of fundamental improvement.

The report proposes several steps to begin the shift:

- **Vision**: A clear vision for bolstering primary and community services, with all policies aligned to achieving that vision, and the political will to stick to the vision over the long term.
- **Funding**: Future growth in health and care funding needs to be targeted at primary and community services.
- **Workforce**: Incentivise more staff to work in primary and community services through pay, status, career progression, and by considering mandatory primary and community training placements for clinicians and leaders.
- **Estate**: Prioritise investment in primary and community care buildings and equipment and cut red tape so organisations can better pool the space they have.
- **Flexibility and accountability**: Give local health and care leaders more flexibility to meet local needs and hold them to account for improving overall patient care, rather than waiting lists.
- **Social care**: Without reform of the ailing social care system, the ambition of 'care closer to home' cannot be fully realised.

8.2   We will use the information and detail in the strategic partnerships across all the systems we operate within.

9.0   New Board-level Leadership Competency Framework

9.1   NHS England published a new NHS leadership competency **framework** for board members 28 February 2024. It is intended to support NHS organisations to recruit, appraise and develop board members. It was published alongside a revised chair appraisal framework, incorporating the new competencies, as part of a planned suite of management and leadership development frameworks, tools, and resources. The framework comes into effect 1 April 2024 and supports the Fit and Proper Person Test Framework.

It is designed to:
- support the appointment of diverse, skilled, and proficient leaders.
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities, and our workforce.
- help organisations to develop and appraise all board members.
- support individual board members to self-assess against the six competency domains and identify development needs.

Local / system issues:

10.0   Corporate Governance Update

10.1   The Committees of the Trust Board have reviewed their Terms of Reference document. Those amendments being recommended to the Trust Board **for approval** are attached in **Appendix A** and include amendments to:

- Clinical Operational Boards
- Infrastructure
- Quality Improvement and Safety
- Appendix 10 – summary of lead roles

10.2   The aim of strengthening the **Fit and Proper Person Test Framework** is to prioritise patient safety and good leadership in NHS organisations. The Framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

A new Trust policy has been developed based on the NHS England prescribed Framework and is recommended to the Trust Board **for approval** in **Appendix B**.

10.3 The **Annual Report** production has commenced, and the Trust Board is asked to **delegate approval** of the Annual Report to the Trust's Chair and Chief Executive in line with the timetable outlined below.

Production stage	Date
Initial draft to Board for comments	Wednesday 3 April
Comments back from Board members	Friday 12 April
Final version to Chair / Chief Executive for Board delegated approval	Thursday 18 April
Submit to Auditors	Wednesday 1 May
Extraordinary Audit Committee	June (exact date to be confirmed)

10.4 The Executive team has reviewed its **Risk Appetite** for working in the Bedford, Luton and Milton Keynes Integrated Care System and would like the Trust Board to note the following has been recommended by partner organisations for approval at the Integrated Care Board in March 2024 having received Chief Executive endorsement. Risk appetite can be described as the amount and type of risk the system is willing to take to meet its strategic objectives.
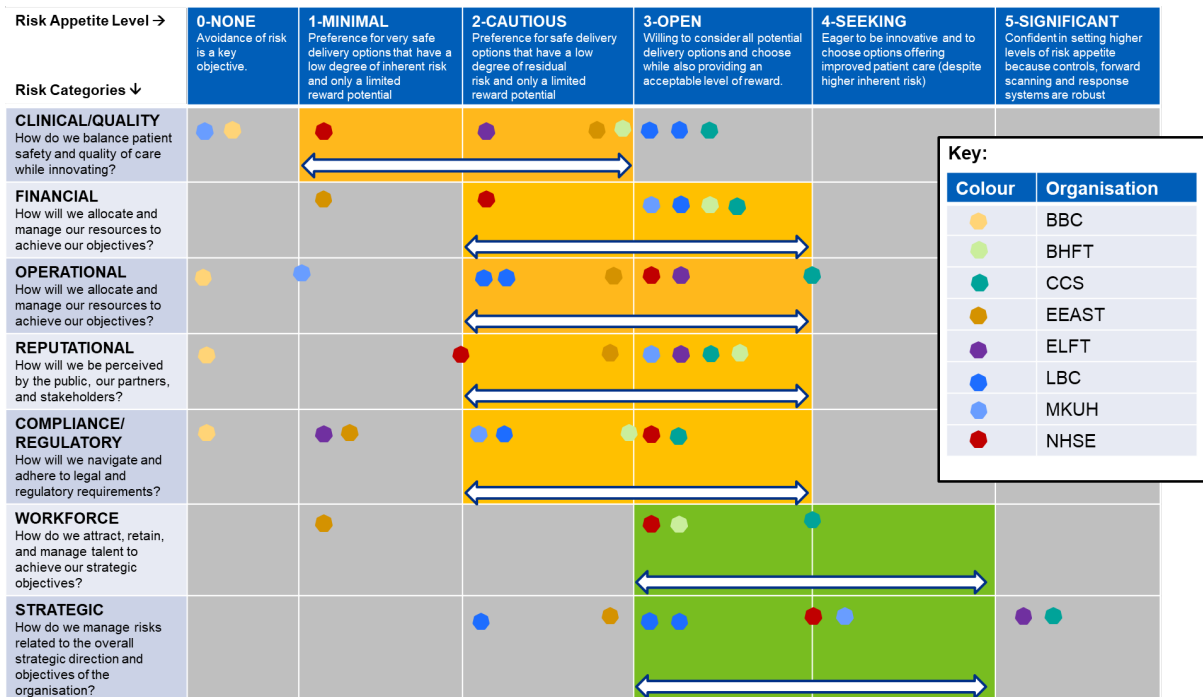
11.0   Communications Update

11.1   A broad range of communications activity has been carried out across the Trust since the last Trust Board meeting, supporting both the Trust's Strategy and business as usual.

Improving access through innovation and new ways of working

- **Digital platforms** – The Cambridgeshire and Peterborough children and young people's platform is showing strong signs of growth since launch, with far more users than the previous website. This is a positive sign that more young people and families are finding the information they need, and importantly information that has been through a rigorous clinical assessment process and produced in clear simple language. Development work is now focusing on the Bedfordshire and Luton children and young people's site, which will go live this summer.

- **FYI** - Norfolk and Waveney Children and Young People's Health Services were delighted to launch a new self-care website, FYI (For Your Information). The website was co-designed with young people, many of whom attended the launch event. FYI contains help and advice on health and wellbeing for 11-24-year-olds. It can be found out at www.fyinorfolk.nhs.uk

- **Mental health front door** – Providers in Norfolk are working together to create a single access route for 0–24-year-olds, simplifying access and helping people access support and advice more quickly. The next phase of this project is due to go live in April and partners are working collaboratively to explain the new processes to GPs and other health, education and social care providers who will be using the new service to request support.

- **New staff app** – The trust is starting work to develop a new app to help keep our people informed and supported. The app will help people access useful resources, health and wellbeing information, training, and development opportunities, and understand where to go for everything from reporting concerns to getting involved in equality networks.

Strengthening our profile and celebrating accomplishments:

- **Launch of new podcast "Leadership and Culture in Healthcare"** – This month we launched a new podcast hosted by our Chief Executive Matthew Winn. Series one guests are NHS leaders with a history of developing positive cultures, as demonstrated by their organisation's strong staff survey results, and those working to rebuild cultures in challenging circumstances. The launch coincides with the publication of the latest national survey results on 7 March. The app was promoted in a HSJ blog by Matthew on launch day titled: "National bodies must improve their 'unintelligent' use of staff survey data". It is also being promoted extensively through national health bodies, social media, other provider trusts and our local ICBs.

- **Visit by Andrew Selous MP** - Andrew Selous MP for South West Bedfordshire visited the Edwin Lobo Centre in Luton on 8 February. The visit was an opportunity to show more about the services we offer and followed questions around special educational needs and disabilities provision and funding.

- **Visit by NHS England** - Clare Panniker, Regional Director at NHS England, visited The Poynt in Luton on Friday 8 March. The visit showcased a few of our teams from our children and adult services in Bedfordshire and Luton.

- **National preceptorship interim quality mark** – We've been awarded a national quality mark for our preceptorship programmes providing high-quality support for newly-qualified registered nurses.

- **Shine a Light Award** – Colleagues continue to be celebrated every month and our latest Shine a Light award winner was Kate Brown. Kate, a tissue viability nurse, was nominated for her fantastic work raising awareness of leg ulceration intervention, antimicrobial stewardship and wound care among GPs and primary care nurses. Nominating her, Vicki Brookes said: "Without Kate's passion, persistence, and inside contacts, it is unlikely that these PLT sessions would have taken place. We have been able to share best practice for all our patients and raise awareness of the importance of early intervention and prevention of wounds."

- **Valuing Our Volunteers Award** – Our volunteers make such a difference to the people who use our services, our communities, and our staff. The winner of this quarter's volunteers' award was Fred Beaumont, a welcomer, meet and greet volunteer at North Cambs Hospital in Wisbech. Nominating him Mandy Cuckow said: "Fred has given 190+ hours of time to help patients and visitors with wayfinding and general enquiries, all the time with a smile on his face and a cheerful disposition. He has made an enormous difference to front of house customer service with his welcoming manner, especially during the recent and ongoing renovation works taking place."

Working collaboratively to improve outcomes and support change

- **iCaSH Suffolk** – We've been working closely with Provide to prepare for a smooth transfer of the iCaSH service on 1 May 2024. Regular Q&As are being shared with staff to support them currently.

- **System campaigns** - The Trust's is engaged with all three systems in developing campaigns to promote messages to make best use of NHS services and resources. Recently this included #NHS111 #HelpUsHelpYou #BeWinterWise #NHSApp #QuitSmoking #FeelBrighter #NHSTalkingTherapies #OrganDonation #ScarletFever #ThinkPharmacy #Measles and #MMR.

We've also promoted East of England Cancer Alliances' events, Healthwatch's vaping and smoking survey for 11-25 year olds, HEAR - the new free and confidential mental health support text service in Cambs and Peterborough, advice around common winter illnesses, what people can do whilst waiting for hospital treatment, reminders about A&E being for life or limb-threatening emergencies, ways people can look after their health and wellbeing during the colder months, and how pharmacists can now provide some prescription medicine, if needed, without the need for people to see a GP.

Creating a health culture

- **Staff survey** – Our staff survey results once again demonstrate the fantastic culture we have at CCS. The results have been shared internally and externally. We are also looking at the results to understand where we can keep improving and will be working with our staff networks, local staff side representatives and service leads to develop our plans.

- **Measles -** In response to the nationwide increase in measles cases, we've taken measures to safeguard people within our services. Think Measles posters in English, Bengali, Polish, Romanian and Urdu ask patients not to enter buildings if they have symptoms of measles. Information about the symptoms of measles, precautions and treatment has been shared across the organisation and we have also urged any staff who haven't received the required two doses of the MMR vaccine to contact their GP.

- **Equality and diversity** - We've continued to maintain a strong focus on this area, including celebrating LGBT History Month through events and articles about the contribution of LGBT+ people to medicine, giving guidance within the trust on how to support our Muslim colleagues and service users during Ramadan and completing antiracism pledges across our Wider Executive team.

- **Service visits** – Service visits are continuing to allow our senior leaders to fully understand the daily realities of working in our services and allow them to hear what makes our people proud as well as see the challenges they face and understand how we can continue working together to improve the experiences of both the people who work for us and the people who receive our services. In January, Amanda Browne (Deputy Director of Finance), Fazilet Hadi (Non-Executive Director) and Anna Gill (Non-Executive Director) visited the mental health support team in Peterborough. Anna said: "It was a very informative, interesting and inspiring day!"
Amanda said: "What really shone through was the passion, dedication and positivity of all the team members. We had exposure to all elements of the service, meeting team members and learning about their experiences, hearing about current cases and visiting schools."

APPENDIX 5 – CLINICAL OPERATIONAL BOARDS

1.0   Introduction

1.1   There are two Clinical Operational Boards at Cambridgeshire Community Services NHS Trust:
- Children and Young People's Services
- Adults Services

1.2   Clinical Operational Boards shall meet bi- monthly.

1.3   The Clinical Operational Board have the same responsibilities and these are set out below:

2.0   Purpose of the Clinical Operational Boards

2.1   To support the Trust Board by undertaking integrated governance analysis (reviewing the interrelationships between quality, finance, workforce and performance) for the areas of service and geographic responsibility covered by the Clinical Operational Boards.

2.2   To provide assurance of the achievement of standards relating to quality, finance, performance and workforce and highlight areas of concern and recommendations for change to the Board.

2.3   Areas of specific responsibility, on which assurance is to be given:
   (i)   Achievement of quality standards (patient safety, patient experience and clinical effectiveness).
   (ii)   Financial strategy, budget setting, investment proposals, delivery of cost improvement plans and activity information to support the continuing financial viability of the Trust.
   (iii) Achievement of performance objectives - Key Performance Indicators (KPIs).
   (iv)   Efficiency and Economy, Effectiveness and Efficacy.
   (v)   Progress on the tendering, negotiation and finalisation of contracts with commissioners and suppliers.
   (vi)   Oversight of the implementation of any service specific action plans relating to commissioners, regulatory matters or audits.
   (vii) Review of key service risks and discussion of emerging risks and significant issues.
   (viii) Patient and Staff experience.

3.0   Main Duties

Operational performance:

3.1   To report to the Trust Board on the status of the quality (including safeguarding), financial (including cost and service improvement plans), workforce and operational performance for the service. These areas should be analysed in an integrated matter with a clear understanding on the interdependent issues impacting on patient care.

3.2 At each bi-monthly meeting, assess the potential shortfalls and risks facing services and recommend any Trust Board level actions/decision making that is needed to address these issues.

3.3 To advise the Trust Board on the consequences of any significant breaches or failure of performance in line with the escalation framework.

3.4 To receive reports from project and operational work streams identified within the service's annual plan.

3.5 To review, analyse, assess and validate corrective action plans for any performance and operational metric where the service is not currently achieving, or projected not to achieve the agreed/specified outcome.

3.6 Report on specific workforce initiatives covering all aspects of workforce development, education, training and development including divisional level staff stories or staff experience reports.

Risks & Issues

3.7 To review and monitor the risks and issues in the risk and issues register with regard to quality, financial, workforce and performance issues including emerging risks and significant issues.

3.8 Assure the Board that service risks have appropriate mitigation and oversight and issues have actions in place to resolve them.

3.9 To receive assurance that at service level:
- the systems are in place and operating effectively for the identification, assessment, prioritisation and management of potential and actual risk;
- the trends and significant risks across the service(s) are reported and advise on controls for high risks.
- Issues that have arisen have clear and time limited action plans agreed and in place to resolve them.

3.10 To recommend areas requiring further audit (internal and external) attention to the Audit Committee and assist it in ensuring that the Trust's Audit plans are focused on relevant aspects of the Trust's (and service level) risk profile.

Efficiency and Economy, Effectiveness and Efficacy: (to be reviewed in Q1 2024/25)

3.11 As part of the annual planning process (and more frequently if needed)
(i) Advise the Trust Board on whether the service is being run as efficiently, economically and effectively as possible or whether a better approach could be provided utilising benchmarking data.
(ii) To advise the Trust Board on opportunities and challenges of co-operating with local providers and commissioners.
(iii) To monitor delivery of Cost Improvement Plans
(iv) To monitor agency usage in the division, including:
- trends in agency usage and spend (i.e. high agency dependent services);

- use of off framework providers; and
- overrides.

Policies and strategy

3.12   Oversee the development of annual plans for the service and associated supporting strategies to bring the service operational plan into reality.

Developmental issues:

3.13   The Clinical Operational Board will provide a forum to discuss and agree priorities for development of the service(s). Specifically this will include:
(i)   Developing the governance capability of the leadership team.
(ii)   Supporting the service(s) to operate as a quasi-Board – understanding responsibilities, lead roles and accountability for actions and behaviour. Ensure leaders move from reactive to proactive planning over a longer time frame.
(iii)   Development of an appropriate cycle of business – linking into other Committees of the Board

NHS Security Management Measures

3.14   To ensure that staff, visitors and portable assets are secure across the service.

Standing Items

3.15   Regular information and issues to be discussed at appropriate frequency at the Clinical Operational Board shall include (but not be limited to) integrated analysis of service Quality including safeguarding, Finance, Workforce and Performance.

3.16   As set out in the cycle of business approved by the Board.

4.0   Items Requiring Escalation (to be reviewed in Q1 of 2024/25)

4.1   The Clinical Operational Boards will report to the Trust Board the items listed below. All escalation points should make clear if an escalation is for information only or if the Trust Board is being asked to make a decision.

(i)   All Quality Early Warning Trigger Tool (QEWTT) scores of over 16 in any service plus any service which has not submitted a QEWTT form for two consecutive months.
(ii)   Red rated KPIs for 2 consecutive months (including contract, quality, finance and workforce metrics).
(iii)   KPIs not turning green at the planned point on the action plan.
(iv)   KPIs for which there is no green-rated action plan.
(v)   Adverse variance which is higher than £100,000 and 10% of year-to-date target for cost improvement plans.
(vi)   Adverse variance which is higher than £100,000 and 10% of year-to-date budget.
(vii)   Areas of formal concern from CQC and other regulators.
(viii) Commissioning contract queries.
(ix)   Any risks with a rating of 15 or above and/or for which mitigating actions are overdue, insufficient mitigation is identified or the risk ratings are questioned.
(x)   Discussion of emerging risks and significant issues
(xi)   Any themes from staff stories or staff experience reports that may have Trust wide implications

(xii) Outstanding Practice or Innovation

5.0   Membership, Chairship and Quorum

5.1   Each of the Clinical Operational Boards will be comprised of three~~wo~~ Non-Executive Directors and two Executive Directors, but other Board members may choose to attend any meeting.

5.2   The Chair of the Clinical Operational Board shall be a Non-Executive Director.

5.3   The relevant Service Director and supporting corporate staff will also attend. Other members of the service may also attend at the request of the Chair or Service Director.

5.4   The expectation is that clinical leaders within the service will be invited to attend the Clinical Operational Board frequently.

5.5   The quorum of the committee shall consist of 3 members, one of whom shall be a Non-Executive Director and one of whom shall be an Executive Director.

APPENDIX 4 – INFRASTRUCTURE COMMITTEE

1.0   Purpose

1.1   To support the Board by ensuring that the Estates, Digital Strategies and Green Plan along with their supporting one year plans are developed approved by the Board and implemented and that there are effective structures and systems in place to support quality services and safeguard high standards of patient care.

1.2   To advise the Board on Trust compliance with statutory and regulatory requirements and evidenced against best practice where possible, including relevant health and safety, infection control, data and cyber security, as well as sustainability and other Infrastructure matters.

1.3   To provide an effective assurance, reporting, escalation and engagement route for the appropriate subgroups of the Infrastructure Committee and key internal stakeholders.

1.4   To provide assurance of the delivery of trust wide estates, IT, digital and green related projects

1.5   To provide assurance on the delivery of the Trust's agreed capital programme

2.0   Main Duties

2.1   Strategy
   (i)   To provide oversight of the development and implementation of the Trust's three year Estates and Digital Strategies and Green Plan ensuring that they are delivered in a proactive, efficient and incremental fashion, to the benefit of all staff, patients and visitors.
   (ii)   To ensure the estates, digital and green plans are delivered reflecting the needs of services and key stakeholders.
   (iii)   To receive updates from the digital transformation board on digital related innovation opportunities and developments being considered and implemented.
   (iv)   To review estate, IT, digital and green development matters in support of delivering the annual plans .

2.2   Compliance
   (i)   To ensure that there are effective systems in place to provide the Board with assurance of the Trust infrastructure statutory compliance.
   (ii)   To ensure that the Trust complies with data assurance and information governance and security including reviewing the data maturity and the Data Security Protection Toolkit self-assessments
   (iii)   To ensure that the Trust complies with the NHS Premises Assurance Model

2.3   Maintenance
   (i)   To have oversight of any estate or digital service issues requiring further attention or escalation and receive assurance from services on customer satisfaction and issue resolution
   (ii)   To ensure appropriate participation in, and completion of, annual returns.

2.4   Capital Projects
(i)   To approve a rolling capital plan for the Trust.
(ii)   To review progress against the capital plan including:
- Adverse variance which is higher than £100,000 or 10% for each specific project or overall capital plan.
- Adverse variance which is higher than £100,000 or 10% of year to date budget.
- Delivery of projects against agreed timeline.

2.5   Policy & Strategy
(i)   To review all Trust policies relating to the Committee's remit on behalf of the Board.
(ii)   To review all Trust strategies relating to the Committee's remit and make recommendations on their adoption to the Board.

2.6   NHS Security Management Measures
(i)   To ensure that physical assets and people working, visiting or receiving treatment in them are secure.

2.7   Standing Items
(i)   Reports on the performance of the estates and IT management service contracts as set out in Service Level Agreements and contract documents.
(ii)   Issues concerning the delivery of the estates, IT digital and green strategies and service on issues that have not been resolved at the operational / delivery level.
(iii) Ensure that an integrated approach to estates, digital and IT implementation plans.
(iv)   Review of Risks and Issues assigned to the Committee
(v)   Standardised reports on progress of relating to Freehold Property, Leasehold Property Management and Capital Projects
(vi)   Estate, IT, digital and green related cost improvement schemes.

2.8   Risks
(i)   Review of relevant risks
(ii)   Discussion of emerging risks and significant issues

3.0   Items Requiring Escalation
(i)   Variances against programme/plan desired outcomes/timelines/milestones, or where milestones/timelines are not defined.
(ii)   Any assurance items that require escalation to the Board in line with the agreed escalation framework.
(iii) Adverse variance which is higher than £250,000 and 15% of year-to-date targetfor cost improvement plans.
(iv)   Adverse variance which is higher than £250,000 and 15% for each specificproject or overall capital plan.
(v)   Any risk with a rating of 15 or above and/or for which mitigating actions are overdue, insufficient mitigation is identified or the risk ratings are questioned.
(vi)   Any non-compliance with statutory or regulatory and legal requirements
(vii) Any action three months or more beyond its due date

4.0   Receipt of Key Issue Reports
(i)   Health and Safety Group
(ii)   Infection Prevention and Control Group (relevant elements to estates)
(iii) Sustainability Group
(iv)   Digital Transformation Board
(v)   Information Governance Steering Group

5.0   Membership, Chairship and quorum

5.1   The Infrastructure committee shall be comprised of two Non-Executive Directors and two Executive Directors, but other Board members may attend if required.

5.2   The Chair of the Infrastructure Committee shall be a Non-Executive Director.

5.3   In attendance

- The Assistant Director of Estates & Facilities.
- The Assistant Director of ICT.
- Service Directors and other staff members may also attend at the request of the committee.

5.4   The quorum of the committee shall consist of 3 members, one of whom shall be a Non-Executive Director and one of whom shall be an Executive Director.

Last Reviewed by Board: February 2024

APPENDIX 6 – QUALITY IMPROVEMENT AND SAFETY COMMITTEE

1.0 Purpose

1.1 To foster a culture of continuous improvement To assure the board that there is a culture of~~with regard to the following~~:
   (i) To ensure patient safety is at the heart of the delivery of services within the Trust and to provide assurance that the Trust meets all its duties and responsibilities to its patients, users and staff.
   (ii) To ensure that there are documented evidence of effective structures and systems in place to support the continuous improvement of quality services and safeguard high standards of patient care.
   (iii) To advise the Board on Trust compliance with quality regulatory requirements and accreditation (e.g. NHS Improvement, Care Quality Commission (CQC), NHS Resolution, National Patient Safety Agency (NPSA), National Institute for Health and Clinical Excellence (NICE).
   ~~(iii)~~(iv) To provide assurance to the Trust Board on the delivery of the Quality Strategy and People Strategy.

2.0 Main Duties

2.1 Registration Compliance and Accreditation
   (i) To review reports from external agencies e.g. NHS Resolution and Care Quality Commission ~~etc.~~ etc. and the management response to these.
   (ii) To advise the Board on the clinical and practice governance consequences of any significant breaches or failure of performance, in accordance with national guidance and ensure that appropriate action is taken.
   (iii) To review the Care Quality Commission self-assessments and other accreditation and assessment submissions and identify Trust-wide themes.
   (iv) To receive relevant annual reports and identify themes and areas for improvement.
   (v) To receive quality and patient safety related thematic reviews and to discuss and agree any improvement actions or recommendations to the Trust Board.

2.2 Risk
   (i) To take cognisance of the work of the Trust's Audit and Health & Safety Committee's and work with them as necessary to ensure an effective overall risk management system.
   (ii) To recommend areas requiring further attention to the Audit Committee and assist it in ensuring that the Trust's Audit plans are focused on relevant aspects of the Trust's risk profile.
   (iii) To review the effectiveness of the Committee's sub-groups and governance arrangements in partnership with the Audit Committee.
   (iv) To review NHS Resolution claims scorecards for themes and trends
   (v) To review and monitor the QISCOM Risk Register and receive reports from risk owners regarding the proposed actions and ongoing progress. To receive assurance that:
   - The Trust systems are in place and operating effectively for the identification, assessment, prioritisation and management of potential and actual risk;
   - The trends and significant risks across the organisation are reported and advise on controls for high risks.
   (vi) Review of relevant risks
   (vii) Discussion of emerging risks and significant issues

2.3 Quality Improvement
   (i) To ~~ensure~~ assure new methods of working or changes in service delivery meet both national and Trust clinical and practice governance requirements.~~;~~
   (ii) To review the analysis of ~~data~~ business intelligence data on incidents, complaints, compliments, case reviews, patient feedback, and clinical audit, ~~advise~~ assure the Board on thematic interpretation and ensure that learning is disseminated across the Trust.
   (iii) To analyse trends relating to Serious Incidents
   (iv) To review and monitor working practices and accountability systems to ~~ensure~~ assure effective clinical governance of the organisation.
   (v) To review lessons learnt and improvement actions agreed relating to learning from deaths in line with Trust policies and the learning from deaths annual report.
   (vi) To ~~learn lessons~~assure the board that there is a positive culture from thematic reviews including staff and patient experience reviews and learning from deaths.

2.4 Clinical Audit
   (i) To review and ~~approve~~ assure an annual clinical audit programme and advise the Board on learning from the outcomes from audit reports.
   (ii) To ~~ensure~~ assure the board that management processes are in place which provide assurance that the Trust has taken appropriate action in response to relevant clinical audit reports, independent reports, government guidance, statutory instruments and *ad hoc* reports from inquiries and independent reviews.

2.5 Policy and Strategy
   (i) To review appropriate strategies relating to the Committee's remit and make recommendations on their adoption to the Board.
   (ii) To approve EPRR self-assessment.
   (iii) To approve relevant policies relating to the Committee's remit.
   (iv) To approve the annual Quality Account.
   ~~(iv)~~(v)To receive an annual update in relation to professional education.

2.6 Standing Items
   (i) Quality Report
   (ii) Review of Risks (where applicable)
   (iii) External agency reports
   (iv) Key issues reports
   (v) Relevant annual reports

3.0 Items Requiring Escalation

   (i) Serious Incidents where recommendations and actions are overdue.
   (ii) Clinical Audits concluding insufficient assurance.
   (iii) Risks relating to accreditation or clinical registration.
   (iv) Any risks with a rating of 15 or above and/or for which mitigating actions are overdue, insufficient mitigation is identified or the risk ratings are questioned.
   (v) To escalate to Clinical Operational Boards any service specific issues from clinical audits and other thematic reviews

4.0   Receipt of Key Issue Reports

(i)   Clinical and Professional Committee
(ii)   Emergency Planning and Business Continuity
(iii)   Infection Prevention and Control
(iv)   Medicines Safety & Governance
(v)   Research
(vi)   Clinical Audit and Effectiveness
(vii)   Information Governance
(viii)   Safeguarding Children & Adults and Prevent
(ix)   Learning from Deaths
(x)   Data Quality
(xi)   Health & Safety Committee (*for information*)

5.0   Membership, Chairship and quorum

5.1   The Quality Improvement & Safety Committee shall comprise of 3 Non-Executives, the Medical Director, the Director of Workforce and Chief Nurse.

5.2   The Chair of the committee shall be a Non-Executive Director.

5.3   The quorum of the committee shall consist of 3 members, one of whom shall be a Non-Executive Director and one of whom shall be an Executive Director.

Last Reviewed by Committee: March 2023
Next review: March 2024

APPENDIX 10 - SUMMARY OF LEAD ROLES

	Trust wide management leads	Director Lead	Non-Executive Director Lead
Accountable Officer	-	Matthew Winn	-
Accountable Officer for Finance	-	Mark Robbins	-
End of Life Lead	-	Dr David Vickers	-
Security Management	Jon Lamb	Mark Robbins	Catherine Dugmore~~Oliver Judges~~
Safeguarding Adults and Children	Debbie Shulver ~~/ Vijay Patel~~	Kate Howard	Dr Richard~~s~~ Iles
Caldicott Guardian	-	Dr David Vickers	-
Infection, Prevention and Control	Chris Sharp	Kate ~~Howard (Howard (Director of Infection, Prevention and Control)~~	Dr Richard Iles~~s~~
Counter Fraud and Bribery	Becci Goodchild~~Julie McCarthy~~	Mark Robbins	Catherine Dugmore
Accountable ~~Officer -~~Officer - Controlled Drugs	Anne Darvill	Dr David Vickers	-
Responsible Officer ~~-~~– G~~eneral M~~edical C~~ouncil~~	-	Dr David Vickers	-
Senior Information Risk O~~wner~~fficer	Monty Keuneman	Mark Robbins	-
Freedom to Speak-up~~Whistleblowing/Raising Concerns~~ Guardian	Sarah Feal~~Mercy Kusotera~~	Anita Pisani	Catherine Dugmore
Guardian of Safe Working Hours	Dr Jorge Zimbron	Dr David Vickers	-
Senior Independent Director	-	-	~~Oliver Judges~~Catherine Dugmore
B~~aby Friendly~~reastfeeding Champions ~~TBC by Kate~~	~~Sian Larrington / Glenda Hall / Jacqui Wynn~~ -	Kate Howard	Anna Gill (Guardian)
Risk: Strategic / System-wide	Sarah Feal~~Mercy Kusotera~~	Rachel Hawkins	Catherine Dugmore
Risk: Operational	Sarah Feal~~Mercy Kusotera~~	Rachel Hawkins	Catherine Dugmore
Health & Safety	Chris Leonard	Mark Robbins	Gary Tubb~~Oliver Judges~~
Emergency Planning	Alex~~andra~~ Perry	Rachel Hawkins	Dr Richard Iles
Prevent	Kate Howard	Kate Howard	-
Freedom of Information	Monty Keuneman	Mark Robbins	-
Data Protection Officer~~Champion~~	Monty Keuneman ~~(Data Protection Officer)~~	Mark Robbins	-
Patient Experience	Claire D'Agostino	Kate Howard	Dr Richard Iles
People Participation	Claire D'Agostino	Kate Howard	Fazilet Hadi
Patient Safety	Liz Webb	Kate Howard	Dr Richard Iles

Appendix A - TERMS OF REFERENCE Board of Directors and Sub-Committee Structures

	Trust wide management leads	Director Lead	Non-Executive Director Lead
		Dr David Vickers	
Clinical Audit	Heather Howe	Kate Howard	Dr Richard Iles
Internal Audit	Sarah Feal~~Mercy Kusotera~~	Mark Robbins	Catherine Dugmore
Energy and Sustainability Champion	Chris Leonard	Mark Robbins	Gary Tubb~~Oliver Judges~~
External Audit	Paul Spencer	Mark Robbins	Catherine Dugmore
Equality, ~~Diversity~~Diversity, and Inclusion Lead ~~Champion~~	Sarah Feal~~Mercy Kusotera~~	Anita Pisani	Fazilet Hadi
Fire	Chris Leonard	Mark Robbins	~~Oliver Judges~~Gary Tubb
Infrastructure & Property	Mark Robbins	Mark Robbins	~~Oliver Judges~~Gary Tubb
Digital	Mark Crannage	Mark Robbins	Gary Tubb
Suicide Alliance	-	Kate Howard	-
Health ~~and~~& Wellbeing Guardian	Angela Hartley	Anita Pisani	Dr Richard Iles

Last reviewed: March 202~~4~~3