Agenda Item 1

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Jon Green Chief Executive Officer	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Lou Notley Associate Director of Quality Improvement – Programme Director	Strategic				
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, Effective, Responsive and Well-led				

Meeting Date: 27th November 2018

Report Title: Quality Programme Board - Terms of Reference

PURPOSE:					
To inform the Board of Directors of changes to the Quality Programme Board's Terms of Reference					
SUMMARY:					
The Quality Programme Board (QPB) has established a Quality Improvement Plan Evidence Assurance Group (QIPEAG). The purpose of the QIPEAG is to ensure that the evidence of action progress/completion is documented, fit for purpose, complete and transparent and that the recommendations required by the CQC are achieved and having the desired impact. To reflect this process change, the Terms of Reference for the QPB have been amended detailing delegated authority and responsibility to the QIPEAG.					
FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:					
The QPB is intended to help to ensure the Trust is compliant with its regulatory standards and to support the Trust in improving its rating of Requires Improvement					
RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):					
Strategic / External	**Operational/ Organisational**	**Financial**	**Clinical**	**Legal/ Regulatory**	**Reputational / Patient Experience**
✓	✓		✓	✓	✓
RECOMMENDATIONS:					
To receive and approve the amended ToR					

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

The Quality Programme Board (QPB)

TERMS OF REFERENCE

1 Overall Purpose:

The Quality Programme Board (QPB) is established as a committee of the Trust Board, to:

- Oversee, drive and monitor the delivery of the Trust's Quality Improvement Plan (QIP) and related action plans, including those relating to:
    - The CQC Inspection findings – 'Musts', 'Shoulds' and other recommendations
    - The CQC Section 31 Notice in Maternity Services
    - Other Quality Improvement matters, identified by the Trust and by other quality inspection, accreditation, audit and peer review exercises
    - Ad-hoc concerns raised by the CQC
    - The Trust Board Review Action Plan
- Make regular reports and provide assurance to the Trust Board concerning progress and risks to the successful delivery of the Quality Improvement Plan and related actions
- Make recommendations to the Trust Board in respect of the Trust's readiness for re-inspection, with a view to the lifting of the CQC's Section 31 Notice in Maternity Services
- Oversee and agree the transfer of items discharged from the Action Plan process to the Trust's 'business as usual' management and governance structure to ensure that associated improvements and learning are embedded and support the ongoing development and improvement of the Trust on a longstanding and sustainable basis

It is intended the QPB will continue in operation throughout the period during which the Trust is subject to NHSi Special Measures and the Trust Board will then review the position concerning the ongoing oversight and scrutiny arrangements for quality improvement in the Trust, within the framework of the Trust's 'Quality Matters' Programme.

2 Authority:

The QPB has no executive powers other than those specified in these terms of reference. The QPB may investigate, monitor and review any activity within its terms of reference. It may seek information from officers and officers are directed to co-operate with requests made by the QPB.

The QPB may secure the attendance of any individual with relevant experience and expertise if it considers this necessary. The QPB may seek to commission external specialist advice and/or services within policy and within budget.

The QPB may only approve proposals with financial implications, within its delegated authority and within policy and budget.

Where decisions are required, which fall outside the delegated authority of the QPB, a recommendation for approval shall be made to the Chair of the QPB, or his/her deputy. Decisions taken under delegated authority will be reported to the next meeting of the QPB.

The QPB has authority to establish working groups as it considers appropriate.

The QPB delegates authority and responsibility to the QIP Evidence Assurance Group to review action evidence and provide the necessary level of assurance the action has been completed and can be moved to 'Business as Usual'.

The function of the QPB is primarily one of assurance and its Chair will ensure that it does not operate in such a way as to duplicate or conflict with the responsibilities of other elements of the Trust's management and governance structure, such as the Quality and Performance Committee.

3 Membership:

Membership of the QPB shall comprise:

- Chief Executive (Chair)
- Chief Nurse
- Medical Director
- Chief Operating Officer
- Director of Human Resource and Organisational Development.
- Director of Finance and Resources
- Chief Transformation Officer
- Independent Non-Executive Director x 1

In attendance at the QPB:

- Associate Director of Quality Improvement
- Nominated Quality Improvement Plan Workstream representatives
- Trust Secretary
- Head of Communication & Engagement

Only members and named attendees of the QPB are entitled to be present at its meetings. The QPB may invite non-members to attend its meetings as it considers necessary, at the discretion of the Chair.

Members are expected to attend at least 75% of meetings. Members who are unavailable to attend meetings of the QPB shall, with the agreement of the Chair, nominate a substitute to attend, who is appropriately briefed to present any necessary reports and participate in the meeting.

4 Support Arrangements

The Associate Director of Quality Improvement will arrange for appropriate administrative support to be provided to the QPB.

The QPB will establish a prioritised work programme and reporting schedule, summarising those matters, reports and evidence that it expects to consider at forthcoming meetings and this will be reflected in meeting agendas.

Minutes of meetings will be kept, together with an agreed actions log, for approval in each case at the next meeting of the QPB.

5 Meetings and Quorum

Meetings of the QPB shall be scheduled to take place at least monthly whilst the Trust is in Special

Measures and timed to take place in advance of meetings of the Trust Board and Special Measures Oversight and Assurance Group (OAG).

To be quorate, at least four members of the QPB must be present, two of whom must be Executive Directors.

In the event that the CEO chair is unable to attend, an Executive Director substitute will be nominated and will chair the meeting.

Responsibility for calling meetings of the QPB shall rest with the Chair. Notice of each meeting confirming the venue, time, and date together with the agenda of items for discussion and supporting papers will be circulated to each member of the QPB, in advance of the meeting.

6 Duties

Assurance:

- To monitor the delivery of the Trust's plans to respond to and address the recommendations of the CQC's inspection reports and ad-hoc concerns raised by the CQC
- To triangulate information and evidence derived from policy, systems and processes, KPIs, benchmarking, external reports and patient safety, outcomes and experience, in order to provide an accurate assessment / assurance of the Trust's delivery of its Quality Improvement Plan
- To update the Quality Improvement Plan and provide delivery updates in a format applicable or appropriate for varied recipients
- To commission and receive the reports of peer review/assessment activities to provide assurance in respect of the Trust's delivery of its Quality Improvement Plan
- To ensure that the insights and recommendations from identified internal and/or externally commissioned reports, together with those of any regulator, are appropriately considered and where required, incorporated into the Trust's overall QIP
- To obtain assurance that the QIP is robust, comprehensive and effective as a framework for driving improvement in the quality of care and leadership in the Trust
- To ensure that the QIP is developed and implemented taking full account of the views of staff, public/patients and other stakeholders, to ensure that it is effective in addressing the broad range of concerns and viewpoints
- To maintain an explicit and readily available list of those action plans that fall within the remit of the QPB, so that there is clarity and transparency, and care can be taken to avoid any risk of duplication or confusion with other elements of the reporting and governance structure, such as the Quality & Performance Committee or Workforce Committee
- To ensure that there are effective systems and processes to monitor and drive actions and improvements specified within the QIP
- To keep under review the adequacy of resources and organisational support to deliver the QIP
- To facilitate and promote strong clinical leadership in the development and delivery of the QIP to drive long-lasting and sustainable change and improvement in the Trust
- To delegate authority as appropriate to communicate responsively and proactively with NHSi and the CQC in order to develop and maintain an open and transparent relationship with the regulators

Reporting:

- To ensure that there is accurate, timely and robust data / information about performance in implementing the QIP to enable appropriate reporting to the Trust Board, regulators and other stakeholders, as required
- To make appropriate reports ensuring that the Trust Board is kept appraised of performance against the QIP and risks to its delivery
- To consider relevant elements of the Trust's Risk Register, ensuring that risks to the delivery of relevant action plans are appropriately recognised and monitored

- To review relevant sections of the Board Assurance Framework, making such recommendation for change to the Trust Board as are appropriate

Embedding sustainable improvement:

- To approve 'discharge' from the Quality Improvement Plan, of those of actions that have been completed, ensuring that appropriate arrangements are in place for ongoing monitoring and embedding
- To ensure that there is clear and effective communication to staff, patients/public and stakeholders concerning progress in implementing the QIP, in order to enhance engagement with and confidence in the quality of services provided by the Trust
- To make recommendations to the Trust Board about future monitoring and oversight of the Trust's Quality Improvement Strategy, to foster a culture of continuous quality improvement beyond the period of Special Measures
- To oversee the work of any established working groups, approving their terms of reference and receiving such reports as the QPB considers appropriate

7 Accountability and Relationships (Appendix A):

The QPB is directly accountable to the Trust Board. The QPB will provide regular monitoring reports to the Trust Board.

The QPB will receive regular action delivery updates from the Quality Improvement Workstream Leads, Divisional Representatives, Divisional Boards and Clinical Business Units as appropriate.

The QIP Evidence Assurance Group is accountable and reports to the QPB.

The QPB will provide reports to and commission work from other committees and groups as appropriate to meet its objectives.

The QPB will co-operate with and support the Audit Committee in carrying out its responsibilities for providing assurance to the Trust Board, in respect of the effectiveness of the Trust's governance systems, processes and key controls.

The QPB will support the Trust Board in reporting against the Trust's Quality Improvement objectives, to the Governors' Council.

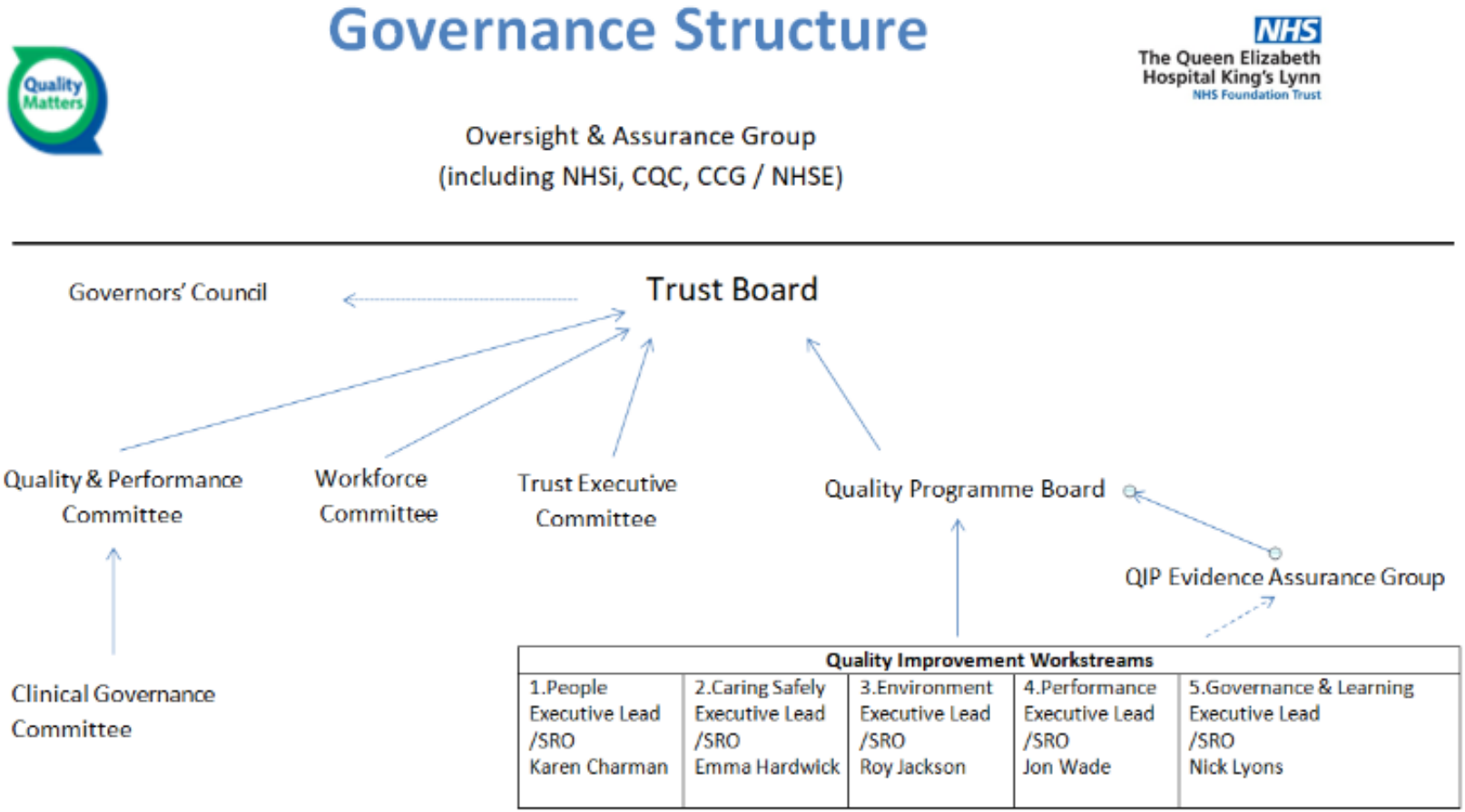
8 Monitoring Compliance with these Terms of Reference:

The QPB will report to the Trust Board annually on the QPB's effectiveness and compliance with these terms of reference and make appropriate recommendations for change to the Trust Board as appropriate.

9 Review

The Group's Terms of Reference will be reviewed annually.

Author: **Trust Secretary**
Date:
Ratified by: **Trust Board**
Date Ratified:
Review Date:


Governance Structure
Quality Matters
NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust
Oversight & Assurance Group
(including NHSi, CQC, CCG / NHSE)
Governors' Council
Trust Board
Quality & Performance Committee
Workforce Committee
Trust Executive Committee
Quality Programme Board
QIP Evidence Assurance Group
Clinical Governance Committee
Quality Improvement Workstreams
1.People Executive Lead /SRO Karen Charman
2.Caring Safely Executive Lead /SRO Emma Hardwick
3.Environment Executive Lead /SRO Roy Jackson
4.Performance Executive Lead /SRO Jon Wade
5.Governance & Learning Executive Lead /SRO Nick Lyons