

Council of Governors: Summary Sheet

Title of Paper: Quality Objectives 2018/19 and Completion of 2017/18

Presented By: Tania Baxter, Head of Clinical Governance

Action Required:

For Information	<input type="checkbox"/>	For Ratification	<input type="checkbox"/>	For a decision	<input checked="" type="checkbox"/>
For Feedback	<input type="checkbox"/>	Vote required	<input type="checkbox"/>	For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	<input type="checkbox"/>
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	<input type="checkbox"/>
Determining the remuneration of the Chair and non-executive directors	<input type="checkbox"/>
Appointing or removing the trust's auditor	<input type="checkbox"/>
Approving or not the appointment of the trust's chief executive	<input type="checkbox"/>
Receiving the annual report and accounts and auditor's report	<input type="checkbox"/>
Representing the interests of members and the public	<input checked="" type="checkbox"/>
Approving or not increases to non-NHS income of more than 5% of total income	<input type="checkbox"/>
Approving or not acquisitions, mergers, separations and dissolutions	<input type="checkbox"/>
Jointly approving changes to the trust's constitution with the Board	<input type="checkbox"/>
Expressing a view on the Trust's forward plans	<input checked="" type="checkbox"/>
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	<input type="checkbox"/>
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	<input type="checkbox"/>
Monitoring the Trust's performance against its targets and strategic aims	<input type="checkbox"/>

How does this item support the functioning of the Council of Governors?
The Trust is required to seek governors' views on its quality objectives and forward plans.

Author of Report: Tania Baxter

Designation of Author: Head of Clinical Governance

Date: 8th December 2017

SUMMARY REPORT

Report to: Council of Governors

Date: 14th December 2017

Subject: Quality Objectives 2018/19 and Completion of 2017/18

From: Tania Baxter, Head of Clinical Governance

Prepared by: Tania Baxter, Head of Clinical Governance

1. Purpose

For the CoG to provide input into the setting of Quality Objectives for 2018/19 and to agree which quality indicator from 2017/18 should be used for External Audit to test as part of their annual audit of the Trust's Quality Report.

2. Summary

As part of NHS Improvement's requirements of NHS Foundation Trust requirements, SHSC must identify and set Quality Objectives on an annual basis. These are reported in the Annual Quality Report and progress on the achievement of them is monitored through the Trust's Quality Assurance Committee.

During 2017/18, SHSC set three Quality Objectives:

- Improving access to services and treatment;
- Improving service user experience, involvement and engagement;
- Improving physical, mental and social wellbeing outcomes for all service users

Underneath these overarching goals, clinical directorates set their individual priorities, which are reported and monitored via their business plans.

Setting Goals for 2018/19

We are currently in the business planning cycle, and as such, we need to gain consensus on what our quality priorities are going forward during 2018/19.

Given that the current objectives appear to still be very relevant for the Trust, it is suggested that CoG may wish to recommend the current 3 goals remain the same for 2018/19.

Work is planned over the next two weeks with the clinical directorate leads to establish meaningful, local quality objectives to sit underneath the strategic quality

goals, which are measurable and can be used to demonstrate progress against the overarching goals.

Identifying Quality Indicator for Internal Audit Testing

As part of the required audit processes, External Audit have to test two mandated indicators that form part of the Trust's Quality Report. A third indicator is a locally set indicator that External Audit will undertake testing on, or will utilise Internal Audit to do the detailed testing.

CoG is asked to discuss their preferences of the locally agreed indicator that can be tested through audit processes.

3. Next Steps

- a) The suggestions for Quality Objectives will be discussed further and ultimately signed off by the Board of Directors.
- b) The local indicator will be chosen by CoG and provided to the auditors for testing at year end.

4. Required Actions

CoG is asked to:

- a) Discuss the current and proposed Quality Objectives and provide suggestions for 2018/19;
- b) Discuss and agree the local quality indicator for audit testing.

5. Monitoring Arrangements

Progress on the achievement of Quality Objectives is monitored on a quarterly basis through the Quality Assurance Committee and reported in the Annual Quality Report, which is approved by CoG.

6. Contact Details

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