

QUALITY COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Board of Directors has established a committee of the Board known as the Quality Committee. It is a Non-Executive committee and has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference can only be amended with the approval of the Board of Directors.

2 PURPOSE

- 2.1. The Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, , clinical audit; and the regulatory standards relevant to quality and safety.

3. OBJECTIVES

Strategy and Performance

- 3.1. Oversee the development and implementation of the Quality Strategy with a clear focus on improvement, drawing on and benchmarking against ideas and best practice from external organisations.
- 3.2. Ensure that the Trust's Quality Strategy and performance are consistent with the goals of the NHS Outcomes Framework.
- 3.3. Review trends in patient safety, experience and outcomes (effectiveness) using various means including a review of the quarterly Claims, Incidents and Complaints report to provide assurance to the Board on performance and undertake 'deep dives' as appropriate.
- 3.4. Oversee the development and implementation of action plans arising from both in-patient and other care related surveys with recommendations to the Board as appropriate.



Governance

- 3.8 Monitor the progress against actions to mitigate the quality risks on the corporate risk register and provide assurance to the Board that adequate steps are taken to reduce the risks in line with the Board's risk appetite.
- 3.9 Review the controls and assurance against relevant quality risks on the Board Assurance Framework and provide assurance to the Board that risks to the annual objectives are being managed and facilitate the completion of the Annual Governance Statement at year end.
- 3.10 Obtain assurance that the Trust is compliant with guidance from NICE and other related bodies.
- 3.11 Consider external and internal assurance reports and monitor action plans in relation to clinical governance resulting from improvement reviews / notices from Monitor, the Care Quality Commission, the Health and Safety Executive and other external assessors.

Clinical Audit

- 3.12 Receive the annual clinical audit programme and provide assurance to the Board that clinical audit supports the divisions to provide safe and clinically effective patient care.
- 3.13 Obtain assurance that the clinical divisions deliver against their agreed annual clinical audit programme.

Communication

- 3.14 Oversee the communication of the trust's quality aspirations and objectives throughout the organisation.

4. MEMBERSHIP AND ATTENDANCE

- 4.1 The membership of the Committee shall consist of at least three Non-Executive Directors, together with the Chief Nurse and Director of Quality (Executive Lead), Chief Operating Officer and Medical Director. The committee meetings shall be open to all the members of the Board of Directors.
- 4.2 The Chief Nurse and Director of Quality will act as the lead executive director for the Committee.



Chair

- 4.3 The Chair of the committee will be the Trust chairman or non-executive director as determined by the Nominations Committee of the Board.

Attendees

- 4.4 Associate Medical Director for Patient Safety
Deputy Director of Risk, Governance and Patient Safety
Deputy Director of Nursing and Quality
Director of Infection Prevention and Control
Divisional Medical Directors

Quorum

- 4.5 Business will only be conducted if the meeting is quorate. The committee will be quorate with four members, including at least two Non-Executive Directors, and one Executive Director. If the Trust Chair is in attendance, this will count towards the quorum.
- 4.6 If the meeting is not quorate the meeting can progress if those present determine. However, no business decisions shall be transacted and items requiring approval may be submitted to the next Board of Directors meeting as an urgent item.

Attendance

- 4.7 The Chair and Lead Executive, or their nominated deputy, of the Committee will be expected to attend 100% of the meetings. Other Committee members will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy to one meeting per annum.

Attendance by Officers

- 4.8 The Committee will be open to the Chair, Chief Executive and Trust Secretary to attend.
- 4.9 Other staff may be co-opted to attend meetings as considered appropriate by the Committee on an ad hoc basis.



Voting

- 4.10 When a vote is requested, the question shall be determined by a majority of the votes of the members present. In the event of an equality of votes, the person presiding shall have a second or casting vote.

5. FREQUENCY

- 5.1 Meetings of the Committee shall generally be held monthly. The Chair may call additional meetings to ensure business is undertaken in a timely way.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 6.2 Reference should be made as appropriate, to the Standing Orders and Standing Financial Instructions of the Trust.
- 6.3 The Committee has decision making powers with regard to the approval of clinical procedural documents.
- 6.4 The committee may set up permanent groups or time limited working groups to deal with specific issues. Precise terms of reference for these shall be determined by the committee. However, Board Committees are not entitled to further delegate their powers to other bodies, unless expressly authorised by the Trust Board (Standing Order 5.5 refers).
- 6.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary or advantageous to its work.

7. SERVICING ARRANGEMENTS

- 7.1 A member of the Board Secretariat shall attend meetings and take minutes.
- 7.2 Agendas and papers shall be distributed in accordance with deadlines agreed with the Committee Chair.
- 7.3 Members will be encouraged to comment via correspondence between meetings as appropriate.



- 7.4 The Committee will maintain a rolling annual work plan that will inform its agendas and seek to ensure that all duties are covered over the annual cycle. The planning of the meetings is the responsibility of the Chair.

8. ACCOUNTABILITY AND REPORTING

- 8.1 The Committee is accountable to the Board of Directors.
- 8.2 Chair reports will be provided to the Board of Directors to include: committee activity by exception; decisions made under its own delegated authority; any recommendations for decision; and any issues of significant concern.
- 8.3 Approved minutes will be circulated to the Board of Directors. Requests for copies of the minutes by a member of public or member of staff outside of the Committee membership will be considered in line with the Freedom of Information Act 2000.

9 RELATIONSHIPS WITH OTHER COMMITTEES

- 9.1 The Committee will receive minutes for scrutiny from the following meetings:
- Patient Safety Board
 - Clinical Audit and Effectiveness Committee
 - Patient Experience Group
 - NICE Steering Group
 - Single Oversight Meeting
 - Clinical Support Services Divisional Governance Board
 - Specialist Services Divisional Governance Board
 - Surgical Services Divisional Governance Board
 - Urgent Care and Long Term Conditions Governance Board
- 9.2 The Committee shall refer to the other Board Assurance Committees (the Integrated Audit Committee and the Finance and Investment Committee) matters considered by the Committee deemed relevant to their attention. The Committee, in turn, will consider matters referred to it by those two Assurance Committees.
- 9.3 The annual work plan of the Committee may be reviewed by the Integrated Audit Committee at any given time.
- 9.4 The Committee has links to the Council of Governors Patient and Staff Experience Committee



10. MONITORING EFFECTIVENESS AND REVIEW

- 10.1 The Committee will provide an annual report outlining the activities it has undertaken throughout the year.
- 10.2 A survey will be undertaken by the members on an annual basis to ensure that the terms of reference are being met and where they are not either; consideration and agreement to change the terms of reference is made or an action plan is put in place to ensure the terms of reference are met.
- 10.3 The terms of reference will be reviewed and approved by the Board of Directors on an annual basis.

Approved by the Board of Directors: April 2018

