

Quality Committee

Purpose

The role of the Quality Committee is to provide the Trust Board with assurance on the effective management of quality and risk governance for the Trust to ensure the safety and quality of the services provided by the Trust. This includes ensuring the delivery of associated strategies included but not limited to:

- Quality
- Patient Involvement
- Risk Management
- Infection Control
- Workforce & Organisational Development
- Research Governance

Date Adopted

30th March 2016

Review Frequency

Annual

Core Accountabilities

Terms of reference drafting	
Review and approval	Quality Committee
Adoption and ratification	Trust Board

1. Authority

- 1.1** The Trust Board hereby resolves to establish a Committee of the Board to be known as the Quality Committee (“the Committee”).
- 1.2** The Committee is a standing committee of the Trust’s Board of Directors (“the Board”). Its constitution and terms of reference shall be set out below and will be subject to amendments approved by the Board.
- 1.3** The Committee is authorised by the Board to act and 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.
- 1.4** The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

- 1.5** The Committee is authorised to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers it necessary or expedient to the exercise of its functions.

2. Membership and attendance at meetings

Membership

2.1 The Committee shall be appointed by the Board and shall consist of:

- Three Non-Executive Directors
- Two Executive Directors
 - Director of Nursing and Quality
 - Medical Director
- Director of Workforce and OD

2.2 A Non-Executive Director shall be appointed Chair of the Committee.

Quorum

2.3 The quorum necessary for the transaction of business will be:

- Two Non-Executive Directors
- One Executive Director

Attendance

2.4 Meetings of the Committee shall normally be attended by:

- A Public Governor
- Chief Executive

2.5 The Committee may invite other persons to attend a meeting so as to assist in deliberations (other Executive and Non-Executive Directors can attend meetings as desired but will not form part of the permanent membership of this committee). The Chair shall be notified of any additional attendees prior to the meeting.

2.6 Members will attend at least 75% of meetings.

2.7 If needed, meetings by conference telephone call are acceptable with the approval of the Committee Chair.

3. Roles and responsibilities

3.1 The Board will delegate delivery of Strategic Plan actions to the appropriate Committee in conjunction with any relevant sections of the Board Assurance Framework.

3.2 The Committee will act on any delegated responsibilities allocated by the Board.

3.3 The Committee will delegate actions to appropriate sub-groups as and when required.

Governance

3.4 The Committee will ensure that there are appropriate arrangements in place to deliver the highest standards of quality and risk management including clear responsibilities from 'Board to Ward'.

3.5 The Committee will review the Trusts Quality Accounts prior to its submission to the Trust Board. Undertake any other responsibilities as delegated by the Board.

3.6 Review benchmarked performance against other providers.

3.7 Promote visible leadership with regard to quality and risk management.

Quality Assurance

3.8 The Committee will ensure that the Board is assured in relation to quality (patient experience, safety and outcomes) and workforce.

3.9 This will include but not limited to:

- Infection control
- Appraisal and revalidation
- Clinical outcomes and mortality
- Safeguarding
- Quality Impact Assessment of CIP and service developments. The Committee will scrutinise and challenge relevant Trust plans and developments in respect to the impact on quality.
- Medicines safety
- CQUINS delivery
- Workforce indicators
- Staff engagement
- Clinical and process audit
- CCC Quality and Risk Standards
- Patient harms
- Safety Climate Survey
- Unwarranted variations in clinical practice

Regulatory and other Compliance

3.10 The Committee will ensure that all regulatory and other requirements are complied with proven and demonstrable assurance.

3.11 This will include but not limited to:

- CQC regulatory requirements
- Health and safety legislation
- NHS Constitution
- Equality legislation
- IR(ME)R and IRR
- Contractual quality requirements
- ISO 9001:2008
- NICE guidance
- National audits and NCEPOD enquiries

Risk Management

3.12 The Committee will ensure that there are robust risk management systems in place.

3.13 This will include but not limited to:

- Ensuring that there is an up to date risk register in place
- Monitor progress against actions to mitigate risks to quality and ensure appropriate controls and assurances are in place
- Ensuring a culture of openness and transparency with regard to reporting risk
- Providing a forum for reviewing risk, incidents and concerns (including whistleblowing) and ensure a culture of continuous learning from incidents, claims and complaints
- Ensure that the Trust meets its obligations with regard to the Duty of Candour

Involving and Learning from Patients and Public

3.14 The Committee will ensure there are systems and processes in place to elicit feedback from patients and stakeholders on the quality of services provided by the Trust.

3.15 The Committee will review information on trends and themes from patient experience measures including complaints and PALS.

4. Conduct of business

4.1 A nominated individual from the Executive Secretariat shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

4.2 The Committee Secretary will:

- Provide timely notice of meetings
- Liaise with the Chair and Director of Nursing and Quality to agree meeting agendas and attendees
- Collect and forward agendas and supporting documents to members and attendees in advance of the meetings
- Attend to take minutes of the meeting
- Maintain a record of matters arising and issues to be carried forward

Frequency

4.3 The Committee will meet bi-monthly.

4.4 Meetings will normally last no longer than two and a half hours.

Notice of meetings

4.4 An agenda of items to be discussed will be forwarded to each member of the Committee and other attendees as appropriate no later than four working days before the date of the meeting. Supporting papers will be sent to Committee members and to other attendees as appropriate, at the same time.

5. Reporting

Reporting Arrangements from Quality Committee

- 5.1 Formal minutes of Committee meetings will be recorded; and will normally be confirmed as accurate at the next meeting of the Committee.
- 5.2 The Chair of the Committee will present a report to the next meeting of the Board, summarising the decisions of the Committee.
- 5.3 The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to any regulatory authority eg CQC, NHS Improvement, the Council of Governors, or require executive action and raise any significant concerns in relation to the business undertaken directly with the Board in a timely manner.
- 5.4 On an annual basis the Committee will complete and report to the Board on:
 - the performance of its duties as reflected within its Terms of Reference
 - an annual work plan of activity
 - output of the Committee's self assessment
 - attendance of Committee members
 - make a recommendation as to whether the Committee continues.
- 5.5 Provide assurance as required on its activities to the Board.
- 5.6 The Trust's annual report will include a section describing the work of the Quality Committee in discharging its responsibilities and attendance of members.

Reporting Arrangements into Quality Committee

- 5.7 The Committee will receive information in a variety of formats. These will include:
 - A Quality Committee Performance Report
 - Reports from sub committees
 - Annual Reports
 - Subject reports
 - Ad hoc reports.

These topics will be included in the annual programme for the Committee.

6. Review

- 6.1 These Terms of Reference will be subject to an annual review. This review will include a self-assessment on performance of its duties as set out within the Terms of Reference and delivering against the needs of the Trust. Any conclusions and recommendations for change are to be reported to the Board.
- 6.2 As part of this assessment, the Committee shall consider whether or not it receives adequate and appropriate support in fulfilment of its role and whether or not its current workload is manageable.