

Quality Committee Terms of Reference

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Signature of Chair of Committee:			
Print Name:	Mike Sadler		
Post Held:	Non-Executive Director		
Date:	26 April 2018		

Quality Committee

Terms of Reference

1. Constitution

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Quality Committee. The Committee is a sub-committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference.

2. Aims and objectives

- 2.1 The Committee has been established to explore, scrutinise and gain a deeper understanding of clinical quality in the Trust and provide assurance to the Board on patient safety, patient experience, clinical effectiveness, including access (waiting time) standards and patient outcomes. Its objectives include the following:

- To monitor and ensure that appropriate arrangements are in place for measuring and monitoring clinical quality for patients, service users, visitors and staff.
- To assure the Board that these arrangements are robust and effective, and support the delivery of the Trust strategic objectives and values (patients first, working together and always improving).
- To report on and escalate issues which need to be drawn to the Board's attention.
- To review risks to quality and safety and the effectiveness of associated mitigation.
- To obtain assurance that high standards of care are provided by the Trust and that adequate and appropriate governance structures, processes and controls are in place to:
 - Promote safety and excellence in patient care.
 - Identify, prioritise and manage risk arising from clinical care.
 - Ensure effective and efficient use of resources through evidence-based clinical practice.

3. Membership

- 3.1 The Committee comprises three non-executive directors and three executive directors.
- 3.2 The Committee structure is:

Chair: A nominated non-executive director (preferably with clinical qualification)

Vice Chair: A non-executive director (preferably with clinical qualification)

Executive Directors: Chief Operating Officer
Director of Nursing and Organisational Development
Medical Director

- 3.3 The Chief Executive and Director of Transformation have a standing invitation to attend Committee meetings.
- 3.4 The Medical Director, and Director of Nursing, will act as joint Executive leads for the Committee, and will agree the agenda with the Chair at least 10 days before each meeting.
- 3.5 Divisional Clinical Directors and Senior Clinical Leads may be asked to attend when the Committee is discussing areas that are within their area of responsibility.

4. Quorum

- 4.1 The quorum for the meeting shall be a minimum of three members (with at least one non-executive Director).

5. Frequency of Meetings

- 5.1 The Committee will meet every six weeks for a maximum of 3 hours.
- 5.2 It is expected that members will attend every meeting and at least 6 meetings per annum.
- 5.3 The Committee Chair will follow up poor attendance.

6. “Feeder” Committees to this Committee

- 6.1 There are no feeder committees to this Committee.

7. Administration

- 7.1 The Committee Chair will ensure that:
 - The Administration is managed efficiently and effectively.
 - The Committee undertakes the duties assigned to it.
 - Reports and actions arising from the meetings are completed in a timely manner.
 - The agenda is agreed with the Trust Executive Directors together with a forward planning reporting timetable.
- 7.2 The Committee administrator will ensure that:
 - The agenda is agreed with the Chair.
 - Papers are collated and circulated in advance of the meeting (at least 3 working days).
 - Mailing lists are kept up to date.
 - Minutes and a record of action points are taken.
 - Terms of Reference and records of committee business are retained appropriately.

8. Duties

- 8.1 The Committee is responsible for providing assurance to the Board by:
 - Ensuring that strategic priorities are focused to best support the delivery of the Trust’s objectives in relation to clinical quality.
 - Scrutinising quality and safety assurance in the following areas (not exclusively):
 - Incident reports including serious incidents and Never Events.
 - Clinical complaints and claims.
 - Clinical Effectiveness and patient outcomes.
 - Mortality and HSMR.
 - Key risks in relation to the delivery of clinical quality.
 - Operational issues that have an impact on patient safety, patient experience and patient outcome.
 - Workforce issues that have an impact on patient safety, patient experience and patient outcome.
 - The quarterly patient experience, patient safety and outcome reports.
 - Delivering on NHS Constitutional Standards (access/waiting times).
 - Undertaking a deep dive into a specific subject that has been called for by the Chair of the Trust Board to provide assurance.
 - Overseeing the implementation of the Trust Clinical Strategy.
 - Overseeing the development of the annual Quality Account and the Quality Improvement Framework, and recommending these for approval to the Board.
 - Approving the clinical audit programme.
 - Receiving reports escalated by the Trust Quality Governance Steering Group.
 - Ensuring that all statutory elements of clinical governance are adhered to within the Trust.
 - Overseeing compliance with Care Quality Commission’s standards, including inspection preparedness and the findings of inspection reports.

- Monitoring compliance with agreed clinical standards and the outcomes of national improvement programmes, including Getting It Right First Time (GIRFT).
- Considering the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health (and social care) sector and professional bodies with responsibilities that relate to staff performance and functions.
- Ensuring that risks to patients are minimised through the application of comprehensive risk management systems including the reporting and monitoring of serious incidents.
- Overseeing processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation, including the dissemination of good practice and shared learning.

9. Authority

- 9.1 The Committee is authorised by the Board to take action in respect of any activity within its Terms of Reference. It may seek and secure the information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 9.2 The Committee can seek external advice from any source if necessary, taking into consideration issues of confidentiality and standing financial instruction.

10. Monitoring Compliance and Effectiveness

- 10.1 The minutes of the Committee meetings will be formally submitted to the Board. The Chair will draw to the attention of the Board any issues that require disclosure, escalation or executive action.
- 10.2 The Chair on behalf of the Committee will report annually to the Trust Board in respect of fulfilment of its functions as set out in these Terms of Reference.
- 10.3 In order to support the continual improvement of governance standards, sub-committees of the Board are required, annually, to:
- Complete a self-assessment of the effectiveness of the Committee.
 - Review the Terms of Reference for the Committee, reaffirming the purpose and objectives.
 - Prepare an annual work plan.