The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

QUALITY COMMITTEE

TERMS OF REFERENCE - April 2021

1. Purpose

The Quality Committee is established to advise the Trust Board on all aspects of quality and patient safety. The role of the committee is to provide assurance to the Trust Board on the quality of care provided to patients, this is undertaken by:

- Ensuring there are appropriate quality governance arrangements in place to ensure the Trust meets its statutory and regulatory obligations
- Reviewing quality priorities and quality improvement initiatives as set out in the Quality Account and Quality Strategy
- Analysing and identifying themes and trends in key quality indicators and ensuring actions are in place to respond and learn from these
- Seeking assurance that appropriate progress is being made with regard to implementing recovery action plans where quality shortfalls have been identified.

The Committee has a key role in promoting the Trust vision and Values "We *Listen, We Care, We Act*", and in developing the culture of a learning organisation and embedding best practice

2. Key Duties

The Quality Committee will agree an annual work programme in order to discharge its duties, as set out below.

Quality

2.1 To receive and consider reports outlining key issues with regard to patient safety, clinical effectiveness and patient experience

2.2 To review the systems, processes and structures in place in relation to patient safety, clinical effectiveness and patient experience with a focus on key objectives as set out in the Trust Quality Account, seeking assurance with regard to their effectiveness

2.3 To scrutinise the Trust's self-assessment of compliance with regulatory quality standards and seek assurance on the effectiveness of remedial action plans

2.4 Receive and review those risks identified on the Board Assurance Framework and Corporate Risk Register, which are to be overseen by the Quality Committee and ensure that they are captured within the Committee work programme in order to seek assurance on the controls and mitigations in place to manage the risks

2.5 Seek assurance on the effectiveness of arrangements in place to oversee quality impact assessments of all cost improvement plans and Trust plans

2.6 Receive and seek assurance on the effectiveness of the implementation of the Integrated Quality Improvement Plan highlighting key risks to delivery and mitigations to remedy

2.7 To receive and review the draft Quality Account ahead of presentation to the Trust Board

2.8 To receive and review any quality issues referred to the committee by The Trust Board or any other committee of the Trust Board

2.9 Seek assurance that the Trust has effective systems in place to respond to any clinical issues identified within national or local reports such as; patients surveys, coroners reports and inquests; confidential enquiries; patient safety incidents, CQC reports, reports published by the various Royal Colleges for Medicine., Nursing and Midwifery

2.10 To receive and scrutinise performance against quality standards, targets and trajectories and improvement plans ; utilising relevant benchmarking information

3. Relationships:

The Quality Committee will:

3.1 Ensure that issues and risks that fall outside the remit of the committee e.g. finance and workforce issues, are communicated to the appropriate Committee

3.2 Make a regular Chair's Assurance Report to the Board, reporting assurance, escalated risks and recommendations where decisions are required.

4. Membership:

- **Chair**: Non-Executive Director (NED)
- 3 NEDs (including the Committee Chair)
- ~~Deputy CEO~~
- The Medical Director
- The Chief Nurse
- The Director of Patient Safety

Core Attendees:

- The Deputy Chief Operating Officer
- Associate Director of Quality Improvement
- Trust Secretary

In attendance by invitation:

- Deputy Medical Director
- Deputy Chief Nurse
- Divisional Directors, Heads of Nursing, General Managers and other directors and officers of the Trust
- Other parties may be invited to attend the meetings of the committee to participate in specific business

Whilst not members, the Trust Chairman and CEO may attend any meeting of the Committee.

5. Frequency of meetings and attendance

5.1 Meetings of the Committee will normally be held every month.

5.2 Members are expected to attend at least 75% of meetings in a 12 month period

5.3 Members and invited attendees unable to attend, should notify the Committee Chair, 3 days in advance of the meeting and should identify a substitute to attend, who is appropriately briefed to present any necessary reports and participate in the meeting.

5.4 A NED will act as Chair of the Committee in the event of the named Chair being unable to attend.

6. Rules

6.1 Ordinary meetings will be held in accordance with the Trust's Annual Governance timetable and will be arranged 12 months in advance where possible

6.2 Extraordinary meetings may be called with the agreement of the Chair, where necessary

6.3 Urgent business within the remit of the Committee, requiring attention between meetings may be conducted using the Urgent Actions Procedure, or escalated to the Board

6.4 'Any Other Business' by agreement with the Chair only

6.5 Agendas and papers will be published 5 working days in advance of the meeting, where possible

6.7 Meetings to be minuted and separate action points recorded and circulated promptly

6.8 A quorum will consist of 50% of core members, including at least 1 NED and 1 Executive Director

6.9 The minutes will be approved by the Committee, at its next meeting

6.10 The Committee will make an Annual Report to the Board of Directors, incorporating an annual self-assessment of its effectiveness against its terms of reference, submitting the self-assessment and any action/improvement plan resulting from the self-assessment.

7. Authority

7.1 The Quality Committee is constituted as a standing committee of the Board of Directors. Its Terms of Reference can only be amended with the approval of the Board of Directors.

7.2 The Committee is directly accountable to the Board of Directors and it is authorised by the Board to investigate any activity within it Terms of Reference

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

7.4 The Committee may investigate, monitor and review any activity within its terms of reference. It may seek information from employees and employees are directed to co-operate with requests made by the Committee.

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

7.6 Where decisions are required, recommendations for approval shall be made to the Board or relevant committee via the Chair's Assurance Report and submission of supporting papers.

8. Monitoring Compliance with these Terms of Reference:

The Committee's Annual Report to the Board of Directors will be used to assess the Committee's compliance with its terms of reference.

9. Review

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

Author:	Committee Chair
Reviewed by:	Quality Committee
Date:	April 2021
Ratified by:	Board of Directors
Date Ratified:	~~February 2020~~ May 2021
Review Date:	~~January 2021~~ April 2022