QUALITY COMMITTEE

TERMS OF REFERENCE – APRIL 2014

1. Overall Purpose:

The Quality Committee is a committee of the Board of Directors (Board), established to support the Board in its responsibilities for ensuring that the Trust provides high quality services to its patients.

The Quality Committee will achieve this through its:

- Oversight of the Trust's performance in respect of the delivery of Quality Services (Patient Safety, Patient Outcomes and Patient Experience) and related performance targets;
- Identification and appropriate escalation of Quality Risk;
- Oversight of the Trust's compliance with key regulatory and internal standards, particularly the CQC Essential Standards of Quality and Safety; and
- Periodic review of the effectiveness of the Trust's Quality Governance arrangements.

2. Key Responsibilities:

The Committee's key responsibilities are:

Quality

- To scrutinise quality performance information; utilising relevant benchmarking;
- To oversee the implementation of the Trust's Quality Strategy;
    - Oversight and monitoring of the Trust's performance in respect of Patient Safety;
    - Oversight and monitoring of the Trust's performance in respect of Infection Control;
    - Oversight of the Patient Experience of the Trust's services:
        - Complaints, Litigation, Incidents, PALS
        - Patient Satisfaction (Inc. National Surveys)
- To undertake detailed exploratory work in respect of Quality and report findings to the Board;
- To monitor the delivery of Trust plans, where quality concerns have been identified by the CQC, or through other internal and external bodies;
- To provide assurance to the Board that there is adequate evidence in respect of the Trust's compliance with quality governance standards or to alert the Board where there is a lack of evidence of compliance; to assist the Board in meeting regulatory, self-assessment and registration requirements;

Interim Chairman: David Dean Interim Chief Executive: Manjit Obhrai
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- To support the work of the Quality Improvement Delivery Group in overseeing the Trust's plans to address areas for improvement in securing compliance with quality governance standards;
- To review the effectiveness of the Trust's Quality Governance structure and protocols;
- To review the effectiveness of the Trust's Clinical Governance arrangements;
- To ensure that the Board is informed appropriately, concerning clinical and non-clinical matters which may impact on the delivery of the Board's quality objectives for the Trust;
- To develop, agree and periodically review the Trust's Quality metrics;
- To monitor the delivery of the Trust's CQUINs on behalf of the Board;
- To ratify Quality policies, under delegated authority from the Board;
- To recommend key Trust-wide Quality policy and strategy to the Board;
- To utilise appropriate benchmarking information to develop local quality targets and standards for the Trust, including 'stretch' targets, and to recommend proposals to the Board;
- To oversee the Trust's plans to address areas for improvement in securing compliance with quality targets; and

Standards

- To review the Trust's compliance with relevant Care Quality Commission (CQC) and other quality standards, ensuring that compliance and the embedding of learning and standards into the policy and practice of the Trust is evidenced comprehensively and in a timely manner;
- To oversee the Trust's management of external agency visits, inspections and accreditations, escalation of any identified compliance risk and ensuring that adequate remedial action is taken;
- To ratify the CQC Compliance Policy;
- To scrutinise the Trust's self-assessed compliance position with the CQC's Essential Standards every 6 months, reporting findings to the Board;
- To provide evidence to the Board in respect of the Trust's compliance with quality targets and standards and/or alerting the Board to gaps in compliance, to assist the Board in meeting regulatory, self-assessment and registration requirements;
- To undertake detailed exploratory work in respect of Quality standards and reporting findings to the Board;

Risk

- To monitor the Trust's CQC 'Hospital Intelligent Monitoring' profile, seeking a range of relevant information to support assurance for the Board in respect of the quality of the Trust's service provision, or the identification of gaps in assurance;
- To escalate identified risk of non-compliance with CQC and other quality standards regimes to the Board; and
- To monitor the management of quality risks identified on the corporate risk register.

3. Accountability and Relationships:

- Receive and monitor Chair's Key Issues from each of the groups reporting to it;
- Provide Chair's Key Issues from its meetings to the Board;
- 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;
- Make its minutes available to the Board for information;
- Make a regular Chair's Key Issues report to the Board, reporting assurance, escalated risks and recommendations where decisions are required, which are outside the delegated authority of the committee;
- Ensure that groups reporting to the Committee operate effectively through:

- Clear and relevant terms of reference
- Clear objectives
- Appropriate work programmes
- Appropriate membership and skilled leadership
- Clear lines of reporting and accountability

- Ensure that its reporting groups submit annual reports, using the Trust template; and
- 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.

Reporting to the Quality Committee is:

- The Clinical Governance Committee
- The Quality Improvement Delivery Group

The Chair of this Group is a member of the Committee.

Chair's key issues of the reporting group will be a standing agenda item of the Committee.

The Committee will co-operate with the Audit Committee in carrying out its responsibilities for providing assurance to the Board in respect of the Trust's governance systems and processes.

4. Membership:

- **Chair**: Non-Executive Director (NED)
- All NEDs
- The CEO
- The Medical Director
- The Director of Nursing
- The Deputy Medical Director
- The Chief Operating Officer

5. In attendance by invitation:

- Deputy Director of Nursing and Patient Experience
- Deputy Director of Patient Safety
- Corporate Risk Manger
- Complaints Manager
- Clinical Directors and other Directors and Officers of the Trust
- Governors, patients and / or other parties may be invited to attend the meetings of the committee to participate in specific business
- Company Secretary

6. Frequency of meetings and attendance

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

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

Members and invited attendees unable to attend, should notify the Committee Clerk, 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. Substitutes will not be eligible to vote on issues recommended to the Committee.

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

7. Rules:

- Ordinary meetings will be held in accordance with the Trust's Annual Governance timetable and will be arranged 12 months in advance where possible;
- Extraordinary meetings may be called with the agreement of the Chair, where necessary:
- Urgent business within the remit of the Committee, requiring attention between meetings may be conducted using the Urgent Actions Procedure, or escalated to the senior committee;
- 'Any Other Business' to be notified to the Committee Chair prior to the meeting;
- Agendas and papers will be published 5 working days in advance of the meeting, where possible;
- Meetings to be minuted and separate action points recorded and circulated promptly;
- A quorum will consist of 50% of core members;
- The minutes will be approved by the Committee, at its next meeting; and
- 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.

8. Authority

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.

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.

The Committee may only approve proposals with financial implications, within its delegated authority and within policy and budget. Where decisions are required, which fall outside the delegated authority of the Committee, a recommendation for approval shall be made to the Board or relevant committee via the Chair's Key Issues log and submission of supporting papers.

9. 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.

10. Review

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

Author: Company Secretary
Date: April 2014
Ratified by:
Date Ratified:
Review Date: April 2015