

Terms of Reference

Quality Committee

1. Accountable to Board of Directors

The Quality Committee is a committee of the Board of Directors. As such it will, on behalf of the board contribute to setting strategy as this relates to quality; oversee arrangements for quality governance and seek assurances on the delivery of high quality care and regulatory compliance.

2. Purpose of the Committee

The Quality Committee is the primary mechanism by which the Board gains assurance regarding the safety and quality of services. Its purpose is to do the following in relation to quality:

- Seek assurance on the systems and processes in place to deliver high quality care on behalf of the Board of Directors;
- Provide scrutiny of the outcomes of these systems and processes in relation to quality on behalf of the Board of Directors;
- Provide direction on behalf of the Board of Directors regarding the delivery of the Trusts quality improvement priorities and strategic objectives in respect of quality.
- Provide oversight and seek assurance on regulatory compliance.

The role of the Audit Committee is to take a view as to whether the arrangements for gaining assurance are effective.

3. Responsibilities

The key responsibilities of the group are to:

- Set annual objectives and a plan of work;
- Report effectiveness against objectives and terms of reference at year end;
- Show leadership in setting a culture of continuous improvement in delivering high quality care;
- Oversee preparation of the Quality Account prior to approval by the Board of Directors and submission to Monitor;
- Review systems, processes and outcomes* in relation to:
 - Delivery of the Trusts objectives in relation to quality and annual quality improvement priorities;
 - Quality performance and outcome measures relating to fundamental care, including the impact of cost improvement plans;
 - Staff metrics that impact on quality i.e. staff vacancies, statutory and mandatory training, induction, appraisal and sickness;
 - CQC registration and compliance with fundamental standards in acute and community services;

- Organisational learning as a result of incidents, SIRIs, complaints, concerns and claims;
- Organisational learning and improvement as a result of patient and staff feedback from national and local surveys including FFT, and patient safety visits;
- Organisational learning and improvement in compliance with best practice and quality standards as a result of audit, NICE publications, national inquiries and reviews relating to quality by DH arms length bodies, regulators and professional bodies, inspections and peer reviews etc.
- Research and development, quality improvement and innovation, including rapid process improvement workshops and delivery of CQUIN.
- Receive key reports for example:
 - Infection prevention and control annual report;
 - Local Supervising Authority audit report;
 - Maternity screening report;
 - Health and Safety annual report;
 - Patient experience including complaints, concerns and compliments annual report;
 - Staff survey as it relates to the quality of care.

*Where possible, the committee will consider assurance in relation to the four domains defined in Monitor's: Well-led framework for governance reviews: guidance for NHS foundation trusts:

- Strategy and planning;
- Capability and culture;
- Process and structures;
- Measurement.

4. Membership

The core membership comprises:

Title <i>List members by title and indicate Chair and Deputy Chair</i>	Deputy <i>Deputies are welcome to attend any meetings</i>	Attendance: <i>Indicate if required for part meetings</i>
Lesley Webster (NED) – Chair		
Laura Robson (NED)		
Neil McLean (NED)		
Chief Nurse	Deputy Chief Nurse	
Deputy Medical Director – Clinical Audit	Medical Director	
Chief Operating Officer	Deputy Director of Performance and Information	
Deputy Director Partnerships and Innovations	Deputy Director of Workforce and Organisational Development	
Deputy Director of Governance		

Head of Risk Management	Patient Safety Manager	
Clinical Director Children's and County Wide Community Care directorate	Head of Safeguarding Children	
Clinical Director Long Term and Unscheduled Care directorate	Deputy Clinical Director Long Term and Unscheduled Care directorate	
Clinical Director Planned and Surgical Care directorate	Deputy Clinical Director Planned and Surgical Care directorate	

Governors will be invited to attend. Attendance by other staff will be requested by the Chair.

At least one member of the Audit Committee will also be a member of the Quality committee to ensure appropriate triangulation.

5. Quorum

The meeting will be quorate when 6 core members are in attendance to include a minimum of two NEDs (including the chair or nominate deputy).

6. Administrative support

The corporate directorate will provide administrative support to arrange meetings, prepare agendas, circulate papers and draft minutes including a register of attendance to be agreed with the chair of the meeting prior to circulation as described below. Papers will be made available a minimum of 5 days prior to scheduled meetings.

An action log will be maintained, and a log of items reviewed throughout each 12 month period.

7. Frequency of meetings

The meeting will be timetabled to take place monthly.

8. Communication

Minutes including a register of attendance will be maintained. The draft minutes will be approved by the chair of the meeting and then shared with the members of the committee and the Board of Directors. The draft minutes will be reviewed and the final record agreed at the next meeting and then uploaded to the intranet.

9. Reporting

The Quality Committee will present an annual report to the Board of Directors outlining its work against its duties set out in the terms of reference. The Quality Committee will make recommendations to the Board of Directors on any area within its remit where action or improvement is required. Member's attendance at Quality Committee meetings will be disclosed in the Trusts Annual Report.



10. Review

The terms of reference will be reviewed annually.

11. Date

November 2017