Trust Quality Committee Terms of Reference

Purpose

The quality committee functions as the Trust's umbrella clinical governance committee, providing the Trust Board with assurance that the Trust is delivering a quality service against each of the dimensions of quality set out in *High Quality Care for All* and enshrined in the Health and Social Care Act 2012:

- Clinical effectiveness – consistently achieving good clinical outcomes;
- Safety – achieving high and continually improving levels of patient and staff safety and managing risk from "Ward to Board";
- Patient experience – delivering an excellent experience as measured by direct interaction with, and feedback from, those using the Trust's services.

Duties

Quality impact assessment (QIA) of clinical service redesign

- To ensure that a robust QIA policy is in place across the trusts and that compliance with the policy is regularly audited;
- To provide scrutiny and oversight of the QIAs for all clinical pathway redesign across the group.

Risk management

- Review group-wide quality and patient safety risks
- Co-ordinate the agreement of a group-wide risk appetite for quality and patient safety risks as part of the annual review of the risk management of each trust and/or the group.

Quality priorities and Quality Strategy

- To co-ordinate the development of a group-wide Quality Strategy and quality priorities, ensuring coherence with the strategy and priorities of each trust

Quality and patient safety reporting and information flows

- To develop, implement and regularly review a single consistent reporting methodology in relation to quality and patient safety issues across the group based on identified best practice.

Regulatory compliance and relationship with the regulators

- To develop and regularly review a group-wide approach to regulatory compliance in relation to quality and patient safety, with a particular focus on the Care Quality Commission's regulatory framework;
- To lead the group's response to formal reviews by regulators, working closely with the relevant site leadership team;

- To co-ordinate action across the group to disseminate learning from regulatory interventions;
- To maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and to co-ordinate the dissemination and implementation of these changes across the group.

Group-wide quality, patient safety and workforce performance

- To review the headlines of quality and patient safety performance at the three trusts;
- To act as an escalation point for quality and patient safety issues that relate to more than one trust or where learning and best practice from one or more trust can be applied across the group.

Lead Executives

Chief Nursing Officer, Chief Medical Officer and Managing Directors

Membership

- Three Non-Executives from each site, one of whom would be the Non-Executive Lead for Quality.
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- The Chief Executive;
- The Chief Nursing Officer;
- The Chief Medical Officer;
- The Managing Directors (non-voting)
- The Medical Directors (non-voting)
- The Directors of Nursing (non-voting)

The Chair of the quality committee will be appointed by the Chair of the Trust, ideally he or she will have recent and relevant experience of NHS quality and patient safety.

If not already a member of the quality committee, the audit committee chair may attend any member of the quality committee as an ex officio member.

The Chair of the quality committee will also be a member of the Audit Committee.

Attendance

Members are expected to make every effort to attend all meetings of the quality committee. An attendance register will be taken at each meeting and an annual register of attendance will be included in the Trust's annual report.

In addition to the formal members of the committee listed above, other members of the Joint Executive Group and/or Site Leadership Teams may be invited to particular meetings.

Deputising Arrangements

In the absence of the quality committee chair, another non-executive director will chair that particular meeting.

Only the Managing Directors may formally deputise for any of the executive members.

Accountability and Reporting Arrangements

The quality committees in common comprises the quality committee of each trust meeting in common. As such each quality committee is accountable to its own Trust Board of Directors, by means of the meetings of the Trust Boards in common.

The quality committees in common presider will provide a written report on the work of the committee at each Board of Directors meeting in common (in public session). This report will highlight areas of work since the previous meeting or from the works of the groups reporting to the quality committee. It will highlight risks and issues and progress against the committee work plan.

The committee will receive assurance from a number of sub-groups that focus upon particular topics. These groups will report to the quality committee by means of a written exception report.

Quorum

The quorum for any meeting of the quality committees in common will be a minimum of six Non-Executive Directors, of whom at least two will be non-executive directors from each site plus at least one of the Chief Executive, Chief Nursing Officer, Chief Medical Officer or Managing Director. In this way, each quality committee will be quorate in its right when it meets in common with those of the other trusts

The aim will be for any decisions to be made by consensus, however in the event of a vote being required, each member present will have one vote. The Committee Chair will have one or two casting votes as required in the event of a tie.

Declarations of Interest

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

Meeting Frequency and Duration

The quality committee shall meet on a monthly basis for three hours.

Action Log, Agenda and Minutes

The draft Action Log will be circulated within two working days of the meeting; the complete Agenda pack will be circulated at least five working days before the date of the next meeting and the Minutes of the meeting will be shared with all Committee members, with the final action log,. within five working days of the date of the last meeting.