

## TERMS OF REFERENCE

Name of Group:	<b>QUALITY COMMITTEE</b>
Constitution :	The Board hereby resolves to establish a Sub-Committee of the Board to be known as the Quality Committee.
Composition : - Membership :	Three Non-Executive Directors one of whom shall be nominated as Chair and one as Vice Chair. Executive Medical Director Chief Nurse Chief Operating Officer  The Chair of the Committee shall be appointed by the Board.
Attendance at Meetings:	The following will be in attendance at the Committee:  Head of Regulation and Patient Safety Head of Governance Deputy Chief Nurse; Special Advisor to the Board A representative from the CCG  Other Board members shall attend if invited by the Committee.
Role:	The Committee shall review the establishment and maintenance of an effective system of quality governance, risk management and internal control, across the organisation's activities that support the achievement of the Trust's objectives and that ensure all statutory elements of clinical governance are adhered to.  To enable the Board to obtain assurance that high standards of care are provided by the Trust and in particular that adequate and appropriate governance structure processes and controls are in place throughout the Trust to promote safety and excellence in patient care by: <ul style="list-style-type: none"> <li>• identifying, prioritising and managing risk arising from clinical care;</li> <li>• ensuring the effective and efficient use of resources through evidence based clinical practice.</li> </ul> In particular, the Committee will review the adequacy of quality risk and control and any appropriate independent assurances as necessary.
Duties:	
QCWP22	<ul style="list-style-type: none"> <li>• To review and approve the Trust's annual Quality Account prior to submission to the Board.</li> </ul>
QCWP4a QCWP4b QCWP4c QCWP4d	<ul style="list-style-type: none"> <li>• To receive and scrutinise reports from the Patient Safety Committee, Advancing Quality Programme, Nursing Midwifery and AHP Board and Maternity Assurance Committee seeking assurance that the work of the committee/board's meets the requirements of patient safety, patient experience and clinical effectiveness</li> </ul>

QCWP17	<ul style="list-style-type: none"> <li>Make recommendations to the Audit and Assurance Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these terms of reference.</li> </ul>
QCWP20 QCWP21	<ul style="list-style-type: none"> <li>Review and scrutinise management's and the Internal Auditor's reports on the effectiveness of systems for internal quality control, reporting and risk management.</li> </ul>
QCWP24	<ul style="list-style-type: none"> <li>To foster clinical governance, patient safety links with Primary Care and other stakeholders including members.</li> </ul>
QCWP4b	<ul style="list-style-type: none"> <li>To approve the Annual Quality priorities, relevant KPI's and monitor implementation and progress.</li> </ul>
QCWP16 QCWP4b	<ul style="list-style-type: none"> <li>Ensure the registration criteria of the CQC continue to be met. Receive assurance reports and risk alerts on compliance with the CQC registration</li> </ul>
QCWP4a QCWP8 QCWP9	<ul style="list-style-type: none"> <li>Ensure there is a culture of open and honest reporting of any situation that might threaten the quality of patient care in accordance with the Trust's policy on reporting issues of concern and monitoring the implementation of such policies e.g. Duty of Candour</li> </ul>
QCWP16 QCWP4b	<ul style="list-style-type: none"> <li>Monitor the Trust's compliance with the CQC standards of care that are relevant to the business of the Committee in order to provide relevant assurance to the Board so that Board may approve the Trust's annual declaration of compliance and corporate governance statement.</li> </ul>
QCWP19	<ul style="list-style-type: none"> <li>To review the risks on the Board Assurance Framework allocated to the Committee, to challenge the scoring of such risks through seeking and receiving independent assurances with regard to actions and mitigations. Recommend any changes in scoring to the Risk Committee unless requiring escalation to Board.</li> </ul>
QCWP4b QCWP16	<ul style="list-style-type: none"> <li>The Committee will review any external/inspection recommendations and management's reports on the effectiveness of action plans to secure quality improvements.</li> </ul>
QCWP23	<ul style="list-style-type: none"> <li>The Committee will review and agree the potential impact of any quality impact assessments (QIA) associated with service changes and improvement programmes in the Trust e.g. FIP. The Committee will receive updates and seek assurance of the actual impact of these changes once implemented.</li> </ul>
QCWP4a QCWP17	<ul style="list-style-type: none"> <li>Receive assurance from the Patient Safety Committee (PSC) with regard to the adequacy of the annual clinical audit programme, ensuring it is consistent with the needs of the Trust.</li> </ul>
QCWP22	<ul style="list-style-type: none"> <li>Review the adequacy of the underlying assurance process that indicates the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks to quality and the appropriateness of the quality control environment and statements within the Quality Account.</li> </ul>

QCWP17 QCWP13	<ul style="list-style-type: none"> <li>Receive and scrutinise exception reports of outcomes of internal activity e.g. clinical audit, site visits and other clinical governance activities and capture any risks to patient safety and care outcomes.</li> </ul> <p>Ensure compliance with relevant regulatory, legal and code of conduct requirements.</p>
QCWP4a QCWP4b QCWP9	<ul style="list-style-type: none"> <li>Review the adequacy of internal scrutiny of the quality of care.</li> </ul>
QCWP4a QCWP15	<ul style="list-style-type: none"> <li>Oversee processes to ensure the review of patient safety incidents including near misses, claims, and coroner reports and that such reviews lead to improvements in the quality of care.</li> </ul>
QCWP4a QCWP13	<ul style="list-style-type: none"> <li>Identify areas for improvement in respect of incidents, claims and complaints themes and surveys of patients and ensure actions are progressed.</li> </ul>
QCWP4a QCWP8 QCWP16	<ul style="list-style-type: none"> <li>Ensure the Trust incorporates the recommendations from external bodies as well as those made internally eg serious incident reports into practice, and has mechanisms to monitor their delivery and sustainability.</li> </ul>
QCWP4a QCWP4b	<ul style="list-style-type: none"> <li>Ensure, through assurance from PSC and Advancing Quality Programme (AQP) via exception reporting a reliable process exists to monitor and promote compliance across the Trust with clinical standards and guidelines and for responding to patient safety alerts and to NICE recommendations to ensure care is based on evidence of best practice.</li> </ul>
QCWP4a	<ul style="list-style-type: none"> <li>To review and scrutinise the reports and implications of confidential enquiry for the Trust and to approve the process for monitoring the internal action plans arising from them including the requirement for exception reporting where actions are not achieving deadlines or expected outcomes.</li> </ul>
QCWP4b	<ul style="list-style-type: none"> <li>Receive and review progress against the Quality Strategy and its supporting strategies (eg patient experience) through robust assurance provided by AQP and the reporting of agreed and implemented quality indicators and the priorities outlined in the Quality Accounts.</li> </ul>
QCWP4a	<ul style="list-style-type: none"> <li>Receive by exception and after scrutiny by PSC remedial actions to improve the quality of care in underperforming clinical service units.</li> </ul>
QCWP4b	<ul style="list-style-type: none"> <li>Monitor the extent to which the Trust meets Commissioner Requirements (e.g. CQUINS).</li> </ul>
QCWP6	<ul style="list-style-type: none"> <li>Ensure there are processes in place that safeguard children and adults within the Trust.</li> </ul>
QCWP23	<ul style="list-style-type: none"> <li>Monitor the impact on the Trust's quality of care of cost improvement programmes and any other significant reorganisations.</li> </ul>
QCWP4a QCWP4b QCWP14	<ul style="list-style-type: none"> <li>Ensure where practice is of a high quality that it is recognised and propagated across the Trust.</li> </ul>

	<u>Other Assurance Functions</u>
QCWP4a	<ul style="list-style-type: none"> <li>The Committee will review the work of the Governance Support Unit when relevant, to provide relevant assurance to the Committee's own scope of work and with regard to clinical governance, will wish to satisfy itself on the assurance that can be gained from the clinical audit and clinical effectiveness functions.</li> </ul>
QCWP5 QCWP6 QCWP7 QCWP10 QCWP11 QCWP12 QCWP18	<ul style="list-style-type: none"> <li>To ensure appropriate performance and focus of its sub-groups and to receive an annual report from each.</li> </ul>
	<u>Management</u>
QCWP4a	<ul style="list-style-type: none"> <li>The Committee shall request and scrutinise reports and seek assurances from Directors and Managers on the overall arrangements for clinical governance, risk management and internal control.</li> </ul>
QCWP4a QCWP4b QCWP4c QCWP4d	<ul style="list-style-type: none"> <li>The Committee may also request specific reports from individual functions within the organisation (eg Clinical Audit) as they may be appropriate to the overall arrangements.</li> </ul>
	<u>Quality Reporting</u>
QCWP11	<ul style="list-style-type: none"> <li>The Committee will ensure the Trust's quality reports are accurate and properly reflect the quality of evidence based care and the safety and experience of patients across the Trust's services.</li> </ul>
QCWP22	<ul style="list-style-type: none"> <li>Through the publication of Annual Quality Accounts, the Committee will consider carefully their understanding of the quality of care offered by the Trust and its priorities for quality improvement</li> </ul>
QCWP22	<ul style="list-style-type: none"> <li>The Committee will ensure the quality account provides details of the performance of the Trust and its improvement over time.</li> </ul>
Serviced By :  QCWP1 QCWP2	<p>Corporate Secretariat whose duties will include:</p> <ul style="list-style-type: none"> <li>Agreement of the agenda with the Committee Chair.</li> <li>Advising the Committee on pertinent areas and ensure it is fully informed of activities in its Sub-Committees.</li> </ul> <p>Ensuring minutes and collation of papers are undertaken.</p>
Frequency of Meetings:	Meetings shall be held not less than five times a year and where appropriate should coincide with key dates in the Trust's clinical governance/quality reporting cycle.
Required Attendance:	Members should attend 80% of meetings.
Quorum :	

	Two Non-Executive Member's (one who will be the Committee Chair or the Vice Chair) and one Executive Director.
Reporting Procedures : QCWP3  QCWP26 QCWP27	The Committee Chair shall draw to the attention of the Board any issues that require disclosure to the full Board, or require Executive action.  The Committee's duties and activities during the year shall be disclosed in the Annual Report.  The Chairman of the Committee shall attend the AGM and shall answer questions through the Chairman of the Board, on the Committee's activities and their responsibilities.
Minutes Circulated To :	The Secretary shall circulate minutes of meetings of the Committee to all members and to all members of the Board.
Review Date :	March 2022 Annual Review thereafter (unless earlier requirement)
Date Approved:	
Process For Monitoring The Effectiveness Of The Above : QCWP24 QCWP25 QCWP26	The Committee will undertake an annual review of its performance against its Terms of Reference and Work Plan in order to evaluate the achievement of its duties. This review will be presented to the Board in the form of the Committee's Annual Report