

**QUALITY COMMITTEE****Terms of Reference****1. CONSTITUTION**

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Quality Committee (the Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. Its terms of reference are set out below and can only be amended with the approval of the Trust Board.

**2. AUTHORITY**

- 2.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 2.2 The Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions.
- 2.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

**3. PURPOSE**

- 3.1 The purpose of the Committee is to provide the Board with assurance concerning all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients, Safeguarding, Infection Prevention and Patient Safety.
- 3.2 To provide assurance that any potential or actual risks to quality are identified and addressed at an early stage.
- 3.3 The Committee will work with the Audit and Risk Management Committee to ensure that there are adequate and appropriate quality governance structures, processes and controls throughout the Trust to promote safety and excellence in patient care.

- 3.4 Support the delivery of the Trust's long term quality goals as set out in the Fundamentals of Care Framework.
- 3.5 To receive assurance that robust Quality Governance structures are in place, scrutinising and challenging quality indicators and ensuring that themes and organisation wide learning and improvement are in place.
- 3.6 To receive, seek and provide assurance around the Quality and Safety requirements relating to the opening of the Midland Metropolitan University Hospital.

#### **4 RESPONSIBILITIES AND DUTIES**

- Ensure compliance with statutory and regulatory requirements e.g. CQC, Health and Safety and achievement of quality indicators.
- To receive all external reports on the Trust that are deemed to fall within the remit of the Committee, seeking assurance that actions are being taken to address recommendations and other issues identified and that learning is promulgated and acted upon
- To seek assurance that the Trust is robustly responding to significant concerns or adverse findings highlighted by external bodies in relation to clinical quality and safety and the actions being taken by management to address these. This should include but not be limited to mortality outlier alerts.
- To seek assurance that the systems and processes in place in the Trust in relation to Infection Control are adequate and that performance against key national and local targets is satisfactory. This includes review of policies, training, audit and inspection activities.
- To seek assurance that common themes and trends associated with adverse events (including serious incidents), claims, inquests, Rule 43 notifications and litigation are identified and that appropriate actions are being taken to address these.
- To seek assurance on the effectiveness of the Trust's arrangements for complaints handling and performance against key targets. The Committee will also seek assurance that the learning from themes and trends of complaints is disseminated, looking for clear evidence that by so doing, improvements to the quality of patient care are delivered.
- To seek assurance on the Trust's arrangements for actively engaging patients, staff or members and key stakeholders on quality, including their patient experience.
- To seek assurance that performance against external metrics, standards and frameworks is robustly monitored.
- To seek assurance that performance against a range of internally developed clinical, financial and operational indicators, through routine consideration of the Trust quality & performance dashboard is robustly monitored.
- To seek assurance around performance of the Board Level Metrics in the domains of Safe, Caring Effective and Responsive.

- To sign off the Trust's Annual Quality Account as determined by NHSE/I and any other as required and make recommendations as appropriate for Trust Board approval.
- To ensure the delivery of the Trust strategies relating to Clinical Effectiveness, Patient Experience and the agreed priorities published in the Quality Account
- To review the Internal Audit plan and work programme and to make recommendations, subject to Audit and Risk Committee approval, on the clinical aspects of the Plan and to ensure implementation of agreed recommendations.
- To ensure that potential and actual risks to quality and safety are proactively identified and adequate controls are in place for mitigation. To also review the Board Assurance Framework, reporting to the Audit & Risk Management Committee on the strength of the assurances at each meeting.
- To oversee the Trust's policies with respect to the use of clinical data and patient identifiable information, to ensure that this is in accordance with all relevant legislation, including the Caldicott Guidelines.
- Support and hold to account the committees reporting to Q&S in achieving their purpose, responsibilities, and duties.
- To receive reports on progress against the Annual Clinical Audit programme
- To receive reports on Research and Development activity
- In relation to the opening of the Midland Metropolitan University Hospital Q&S shall:
  - Receive assurance on constitutional standards being met in the new model of care and estates environment.
  - Seek assurance that the clinical benefits case is delivered.
  - Seek assurance that the clinical transformation improvements via the Acute Care Model are delivered.
  - Scrutinise red risks and oversee assurance on mitigations and controls and refer red unmitigated risks to the MMUH Trust Board Committee.
  - Confirm assurance on a safe clinical move plan and readiness to move.
  - Scrutinise red risks anticipated at move and refer recommendations on safe move planning to the MMUH Trust Board Committee.
- To seek assurance on any additional matter referred to the Committee from the Board

## **5. MEMBERSHIP**

- 5.1 The Committee will comprise of not less than three Non-Executive Directors, the Chief Nursing Officer, Chief Medical Officer, Chief Operating Officer, Managing Director / Deputy CEO – Core Organisation and Chief Governance Officer.

- 5.2 The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chair. If the Chair is absent from the meeting, then another Non-Executive Director shall preside.
- 5.3 A quorum will be 3 members, of which there must be at least one Non-Executive Director and one Executive Director.
- 5.4 All members will have one vote. In the event of votes being equal the Chair of Q&S will have the casting vote.
- 5.5 Members should make every effort to attend all meetings of the Committee and are mandated to attend 80% as a minimum annually.

## **6. ATTENDANCE**

- 6.1 The Associate Director of Corporate Governance/Company Secretary, Chief Strategy Officer, Deputy Chief Nursing Officer and Deputy Chief Medical Officer, Director of Midwifery and Deputy Chief Integration Officer will attend the meetings.
- 6.2 All other Non-Executive Directors shall be welcome to attend and the Chair and Chief Executive will be given a standing invitation to the meetings.
- 6.3 Other Executive Directors or any other individuals deemed appropriate by the Committee may be invited to attend for specific items for which they have responsibility.
- 6.4 The Associate Director of Corporate Governance/ Company Secretary shall be secretary to the Committee and will provide administrative support and advice.
- 6.5 The duties of the Company Secretary in this regard are:
- Preparation of a draft agenda which the relevant Executive Lead will agree with the Chair of the Committee
  - Collation of papers to support the agenda
  - Taking the minutes and keeping a record of matters arising and issues to be carried forward
  - Advising the Committee as appropriate

## **7. DECLARATION OF INTERESTS**

7.1 All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur.

## **8. FREQUENCY OF MEETINGS**

8.1 Meetings will be held monthly with additional meetings where necessary.

## **9. REPORTING AND ESCALATION**

9.1 Following each committee meeting, the minutes shall be drawn up and be presented the next Committee meeting for approval. The approved minutes will be presented the next public Trust Board meeting for information.

9.2 The Chair of the Committee will provide a summary update report to the next Trust Board meeting after each Committee meeting, highlighting the matters on which future focus will be directed.

9.3 The Chair of the Committee shall draw to the attention of the Trust Board any issues that require escalation to the full Board or require Executive action.

9.4 The Committee will provide an annual report to the Trust Board on the effectiveness of its work and its findings, which is to include an indication of its success with delivery of its work plan and key duties.

9.5 In the event that the Committee is not assured about the delivery of the work plan within its domain, it may choose to escalate or seek further assurance in one of five ways:

- (i) insisting on an additional special meeting;
- (ii) escalating a matter directly to the full Board;
- (iii) requesting a chair's meeting with the Chief Executive and Chairman;
- (iv) attending the relevant Executive committee to challenge progress directly; and
- (v) asking the Audit Committee to direct internal, clinical or external audit to review the position.

## **10. REVIEW**

10.1 The terms of reference should be reviewed by the Committee and approved by the Trust Board annually.