

QUALITY COMMITTEE

Terms of Reference

1. CONSTITUTION

- 1.1 The Board of Directors hereby resolves to establish a Committee of the Board to be known as the Quality Committee (the Committee). The Quality Committee in its workings will be required to adhere to the Constitution of Sandwell & West Birmingham NHS Trust, the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts. As a committee of the Board of Directors, the Standing Orders of the Trust shall apply to the conduct of the working of the Committee. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

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 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 and Governance structures are in place, scrutinising and challenging quality indicators and ensuring that themes and organisation wide learning and improvement are in place

4. RESPONSIBILITIES AND DUTIES

- 4.1 Oversee the development and implementation of the Trust's Quality Framework Fundamentals of Care and Priorities.
- 4.2 Provide oversight of the Board Assurance Framework risks relating to the delivery of Trust strategy relating to Quality and Safety.
- 4.3 Oversee the operation of the Trust's clinical governance systems and processes at a corporate and group level to:
 - (a) Promote safety and excellence in patient care.
 - (b) Identify, prioritise and manage risk arising from clinical care on a continuing basis.
 - (c) Ensure the effective and efficient use of resources through evidence-based clinical practice.
- 4.4 Oversee the processes within the Trust for the effectiveness of actions taken under the Trust's Patient Safety Incident Response Framework (PSIRF).
- 4.5 To approve, challenge and monitor reports relating to the delivery of the Perinatal Improvement Programme, monthly perinatal report, CNST Maternity Incentive Scheme, Ockenden, 3-year delivery plan and the work of the Maternity Safety Champions.
- 4.6 In respect of Patient Experience:
 - (a) Oversee data and trends in patient safety, experience and outcomes to provide assurance to the Board on performance and undertake 'deep dives' as appropriate at the discretion of the Committee.
 - (b) Agree the Annual Patient Experience & Engagement strategy and monitor progress; identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Surveys/PALS and ensure appropriate action is taken.

- (c) monitor trends in complaints received by the Trust and commission actions in response to adverse trends where appropriate.
 - (d) consider ethnicity data in relation to service user groups and their experience of care.
- 4.7 The Quality Committee will assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and that immediate and effective action is taken where there is variation.
- 4.8 Monitor progress against actions to mitigate quality and safety risks on the Corporate Risk Register in line with the Board's risk appetite.
- 4.9 Ensure that risks to patients are minimised through the application of a comprehensive risk management system including, without limitation:
 - (a) To ensure the Trust incorporates the recommendations from external bodies e.g. the National Confidential Enquiry into Patient Outcomes and Learning from Deaths or Care Quality Commission, as well as those made internally.
 - (b) To ensure those areas of risk within the Trust are regularly monitored and that effective disaster recovery plans are in place.
 - (c) To assure that there are processes in place that safeguard children and adults within the Trust.
- 4.10 Approve additions, deletions and changes in risk rating to items on the Corporate Risk Register.
- 4.11 To seek assurance that performance against external metrics, standards and frameworks is robustly monitored.
- 4.12 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.
- 4.13 To receive reports on progress against the Annual Clinical Audit programme
- 4.14 To receive reports on Research and Development activity

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 and Patient Safety Specialists

- 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 Quality Committee 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 Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Committee Chair. The Chairman, Chief Executive or other executive Director may be invited to attend any meeting of the Committee, particularly when the Committee is discussing areas of the Trust's operation that are the responsibility of that director.

In addition to members of the Committee, the following required attendees shall normally attend all meetings and may contribute, but have no voting rights nor contribute to the quorum:

- Group Director or Group Director of Nursing
 - Chief Pharmacist
 - Chief People Officer
 - Board Secretary
 - Chief Governance Officer
 - Deputy Chief Medical Officer – Quality
 - Deputy Chief Nursing Officer Quality & Clinical Governance
- 6.2 The Board Secretary will be responsible for providing secretarial support to the Committee Agendas for forthcoming meetings will be agreed with the Committee Chair and papers distributed to members in advance of the meeting as agreed. Meeting papers will be available to other members of the Board for information.
- 6.3 The Committee will establish a Forward Plan, summarising those items that it expects to consider at forthcoming meetings and that support the Committee discharging its responsibilities.

7. REPORTING FROM GROUPS

7.1 The Quality Committee will approve the Terms of Reference and membership of its reporting groups annually (as may be varied from time-to-time at the discretion of the Quality Committee). It will oversee the work of those groups, receiving reports from them in accordance with their Terms of Reference for scrutiny, challenge, approval and monitoring.

- Patient Experience Group
- Infection Prevention Control Group
- Learning from Deaths
- Maternity Safety Champions Group
- Risk and Assurance Group
- Vulnerable Adults Group
- Research and Development Group
- Quality and Safety Group
- Research & Development Group

7.2 Policies may be received by the Committee as part of the consultation prior to submission for ratification on subjects related to the Committee Terms of Reference.

7.3 The Quality Committee will conduct an annual review of the Committee effectiveness.

7.4 The Quality Committee will upwardly report to the Trust Board matters of concern and any variation gaps in assurance.

8. DECLARATION OF INTERESTS

8.1 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.

9. FREQUENCY OF MEETINGS

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

10. REPORTING AND ESCALATION

10.1 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.

10.2 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.

- 10.3 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.
- 10.4 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.
- 10.5 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:
- (a) insisting on an additional special meeting.
 - (b) escalating a matter directly to the full Board.
 - (c) requesting a chair's meeting with the Chief Executive and Chair.
 - (d) attending the relevant Executive committee to challenge progress directly; and
 - (e) asking the Audit Committee to direct internal, clinical or external audit to review the position

11. REVIEW

- 11.1 The Committee will carry out an annual review of its performance and function is satisfaction of these Terms of Reference and report to the Board on any consequent recommendations for change.
- 11.2 The Board of Directors will review membership of the Committee annually to ensure that it meets the evolving needs of the Trust.

JULY 2025