

Quality Committee (In Common)

1.0 Introduction

- 1.1 The Trust Board hereby resolves to establish a Board Committee to be known as the Quality Committee.
- 1.2 These terms of reference set out the purpose, responsibilities, authority, membership and reporting arrangements of the Quality Committee and may only be changed with the approval of the Trust Board.

2.0 Purpose and Responsibilities

- 2.1 The purpose of the Quality Committee is to obtain assurance that high standards of quality of care are provided by the trust in line with national and system wide priorities, that the trust meets all its responsibilities and duties to its patients, users and staff and that adequate and appropriate governance structures, processes and controls are in place throughout the trust to:

- Ensure patient safety and achieving excellence in patient care is at the heart of service delivery.
- Identify, prioritise and manage risk arising from clinical care.
- Ensure the effective and efficient use of resources through evidence based clinical practice.
- Inform the development of key strategies and monitor their implementation, e.g. strategies covered by the workstreams reporting into the committee.
- Protect the health and safety of trust employees and workers.
- Foster a culture of continuous quality improvement and advise the Group Trust Board on compliance with quality regulatory compliance and accreditation.

- 2.2 The responsibilities of the Quality Committee can be categorised as follows:

Registration Compliance and Accreditation

- To review reports from external agencies e.g., NHS England and the Care Quality Commission etc. and the management response to these with any associated actions.
- To advise the Group Trust Board on the clinical and practice governance consequences of any significant breaches or failure of performance, in accordance with national guidance and ensure that appropriate action is taken.
- To review the Care Quality Commission self-assessments and other accreditation and assessment submissions and identify Trust(s)-wide themes.
- To receive relevant annual reports and identify themes and areas for quality improvement.
- To receive quality and patient safety related thematic reviews and to discuss and agree any improvement actions or recommendations to the Group Trust Board.

Risk Management

- To take cognisance of the work of the Trust(s) Audit and Risk Committee and Health & Safety function, and work with them as necessary to ensure an effective overall risk management system.
- To recommend areas requiring further attention to the Audit Committee(s) and assist it in ensuring that the Trust(s) Internal Audit plans are focused on relevant aspects of the Trust(s) risk profile.
- To review the effectiveness of the Committee's sub-groups and governance arrangements.
- To review NHS Resolution claims scorecards for themes and trends.
- To review and monitor the committee's Risk Register and receive reports from risk owners regarding the proposed actions and ongoing progress.
- To receive assurance that Trust(s) systems are in place and operating effectively for the identification, assessment, prioritisation and management of potential and actual risk and that the trends and significant risks across the organisation are reported and advise on controls for high risks.
- Review of relevant risks.
- Discussion of emerging risks and significant issues.

Quality Improvement

- To assure new methods of working or changes in service delivery meet both national and Trust(s) clinical and practice governance requirements.
- To review the analysis of business intelligence data on incidents, complaints, compliments, case reviews, patient feedback, and clinical audit, assure the Group Trust Board on thematic interpretation and ensure that learning is disseminated across the Trust(s).
- To analyse trends relating to patient safety incident investigations.
- To review and monitor working practices and accountability systems to assure effective clinical governance of the organisation.
- To review lessons learnt and improvement actions agreed relating to learning from deaths in line with Trust(s) policies and the learning from deaths annual reports.
- To assure the Group Trust Board that there is a positive culture from thematic reviews including staff and patient experience reviews and learning from deaths.

Clinical Audit

- To review and assure an annual clinical audit programme and advise the Group Trust Board on learning from the outcomes from audit reports.
- To assure the Group Trust Board that management processes are in place which provide assurance that the Trust(s) have taken appropriate action in response to relevant clinical audit reports, independent reports, government guidance, statutory instruments and ad-hoc reports from inquiries and independent reviews.

Policy and Strategy

- To review appropriate strategies relating to the committee's remit and make recommendations on their adoption to the Group Trust Board.
- To approve relevant policies relating to the committee's remit.
- To approve the annual Quality Account(s).
- To receive an annual update in relation to professional education.

Safety and Excellence in patient care

- To have overview responsibility for the Care Quality Commission's regulatory requirements.
- To ensure that quality and risk standards are set and monitored.
- To promote within the Trust(s) a culture of open and honest reporting of any situation that may threaten or improve the quality of patient care in accordance with the Trust(s) policies on reporting issues of concern and monitoring the implementation of that policy.
- To oversee the system within the Trust(s) for obtaining and maintaining any licences relevant to clinical activity in the Trust.
- To monitor the Trust(s) compliance with those licensing standards of the Care Quality Commission that are relevant to the committee's area of responsibility, to provide relevant assurance to Group Trust Board.
- Infection Prevention and Control.

3.0 Authority

- 3.1 The Quality Committee is authorised by the Trust Board to investigate any activity within its terms of reference.
- 3.2 It is also authorised to seek any information it requires from any employee or worker, and all employees and workers are directed to cooperate with any request made by the Quality Committee.
- 3.3 It may obtain outside legal or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise, if it considers this necessary.
- 3.4 The following items require escalation to the Group Trust Board:
- Patient safety incident investigations where recommendations and actions are overdue.
 - Clinical Audits concluding insufficient assurance.
 - Risks relating to accreditation or clinical registration.
 - Any risks with a rating of 15 or above and / or for which mitigating actions are overdue, insufficient mitigation is identified, or the risk ratings are questioned.
 - To escalate to Service Assurance Committee(s) any unit specific issues from clinical audits and other.
 - Thematic reviews.

4.0 Main Duties

4.1 The following business will be overseen by the Quality Committee:

- Quality Assurance Reports
- Review of Risks (where applicable)
- External agency reports
- Key issues reports
- Relevant annual reports

5.0 Membership and attendance at meetings

5.1 The members will be appointed by Group Trust Board who will appoint **six** members to the group:

- Non-Executive Director (Chair)
- Non-Executive Director (Deputy Chair)
- Non-Executive Director
- Chief Medical Officer
- Chief Nursing and Allied Health Professional Officer
- Chief People Officer and Deputy Chief Executive Officer

5.2 In the absence of the Committee Chair, the remaining members present shall elect one of themselves to chair the meeting.

5.3 The Quality Committee may also have regular attendees who are not members but may be invited to provide subject matter expertise to an agenda item or for their own professional development. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

5.4 The following will be invited to be regular attendees:

- Deputy Directors of members
- Director of Nursing and Quality
- Directors of Services
- Head of Governance
- Patient Safety / Patient Involvement Partners
- **Report authors/ subject matter experts**

6.0 Meeting frequency, quoracy and decisions

6.1 The group will meet at least 4-6 times a year and additional meetings may take place as required at the discretion of the Chair or lead executive.

6.2 For **quoracy**, there must be a minimum of the Chair, or deputising Chair plus at least three other members.

- 6.3 Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf. A nominated deputy will count towards quorum. No person can act in more than one capacity when determining the quorum.
- 6.4 In the event of not being at quorum, the meeting can proceed, and any item for decision will be confirmed by the Chair and lead executive. This must then be formally reported to the next meeting to be ratified and for transparency of decision-making.
- 6.5 In exceptional circumstances the business of the Committee may be considered by either a formal written resolution or the written agreement of all members.
- 6.6 Generally it is expected that decisions will be reached by consensus. When this is not possible the Chair may call a vote. Only members or their nominated deputy may vote, and each allowed one vote. A simple majority will be conclusive on any matter.
- 6.7 If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
- 6.8 Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 6.9 The powers that are reserved or delegated by the Group Trust Board, may for an urgent decision be exercised by the Chair and relevant lead executive subject to every effort having been made to consult with as many members as possible in the given circumstances.
- 7.0 Behaviours, conduct and training**
- 7.1 Members will be expected to conduct business in line with the Nolan principles of public life and the Trust's values and behaviour framework.
- 7.2 Members must promote and demonstrably consider the equality and diversity implications of decisions they make.
- 7.3 All members will receive appropriate and timely training, both in the form of an induction programme for new members and on an ongoing basis, to keep their skills, knowledge and experience up to date.
- 7.4 All members must declare any actual or potential conflicts of interest in relation to any matter under consideration at any meeting. The Chair will decide if a declared interest represents a material conflict. These must be recorded in the minutes alongside the Chair's decision on how to manage the conflict. Members should exclude themselves from any part of the meeting where it is deemed that they have a material conflict of interest. If the Chair has a potential conflict of interest, then they should remove themselves, and the deputy chair or other member should then chair the meeting.

8.0 Accountability and reporting

- 8.1 The Quality Committee is accountable to Group Trust Board. The minutes of meetings shall be formally recorded.
- 8.2 The Chair shall report to the Group Trust Board after each meeting and provide a highlight report, escalating any concerns where necessary.

9.0 Secretariat and administration

- 9.1 The Quality Committee shall be supported with a secretariat function which will include ensuring that:
- An annual work plan will be developed in conjunction with the Chair and relevant lead executive.
 - The agenda and papers are prepared and distributed in accordance with the work plan and Standing Orders before each meeting, having been agreed by the Chair with the support of the relevant lead executive.
 - Attendance of those members invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
 - Minutes are taken and agreed with the Chair.
 - A record of matters arising, action points and issues to be carried forward are kept, and action points are taken forward between meetings and progress against those actions are proactively monitored.
 - The Chair is supported to prepare and deliver reports.
 - The Group Trust Board is updated on pertinent issues / areas of interest / policy developments.
 - The recording of meetings is undertaken with informed consent.
 - Business is transacted as per this Terms of Reference, the Trusts' Standing Orders and documents referred to in them.
 - All papers are published using the available electronic Board paper system.
 - A progress report of outstanding / pending Quality Committee actions will be presented to each meeting of the Quality Committee.

10.0 Review

- 10.1 The Quality Committee will review its effectiveness at least annually.
- 10.2 These terms of reference and work plan will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Group Trust Board for approval.

Date approved: 1 April 2025

Date of review: 24 September 2025