

## 1. Purpose

- 1.1. 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 structures, procedures and controls are in place throughout the Trust to:
  - 1.1.1. Promote assurance of high quality in clinical governance
  - 1.1.2. Assess, and support the development of, culture and leadership on behalf of the Board
  - 1.1.3. Analyse risk mitigation to provide Board assurance
  - 1.1.4. Develop a quality strategy and quality improvement plan
  - 1.1.5. Promote safety and excellence in patient care and experience
  - 1.1.6. Ensure the effective and efficient use of resources through evidence-based clinical practice.

## 2. Authority

- 2.1. The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee (below). The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its inquiries.
- 2.2. The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice will be arranged in consultation with the Company Secretary.

## 3. Membership

- Chair: a nominated Non-Executive Director
- Two further nominated Non-Executive Directors
- Director of Nursing and Patient Experience (or nominated deputy)
- Medical Director (or nominated deputy)
- Director of HR and Business Support
- Chief Executive

\*The Chair of the Trust and the Chair of the Audit Committee should not be members of the Committee, but may attend its meetings.

### 3.1. In attendance

- 3.1.1. Required attendees:
  - Professional Director of Therapeutics
  - Associate Director of Quality Governance and Risk
  - Deputy Medical Director

- 3.1.2. Other members of Trust staff, including other Directors (including Non-Executive Directors), may be invited to attend to present and/or discuss particular items on the Agenda. Patients and/or carers may be invited to attend meetings of the Committee to discuss particular items.

The Company Secretary or his/her nominee shall act as Secretary to the Committee.

### 3.2. Deputies

Members are expected to nominate suitable deputies to attend Committee meetings in their place, should circumstances prevent members' own attendance.

## 4. Quorum

The Committee shall be deemed quorate if there is representation of a minimum of one Non-Executive Director and two Executive Directors (one of whom must be the Medical Director or Director of Nursing and Patient Experience). A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and duties vested in the Committee.

## 5. Appointment of Committee Chair and Members

The Trust Chair shall recommend which Non-Executive Directors will be most suitable for nomination as Chair and/or members of the Committee. The Board of Directors shall approve the appointment of the Committee Chair and Non-Executive members, based on the Chair's recommendations.

## 6. Duties

### 6.1. The Committee has the following specific duties and functions:

#### 6.1.1. Quality Governance:

- To provide assurance that quality and clinical governance arrangements are effective and in line with best practice
- To ensure that the Trust complies with Information Governance (IG) requirements, signing off the IG toolkit
- To approve the annual quality improvement plan
- To agree the Trust's annual quality account before submission to the Board
- To escalate to the Executive Committee and/or Audit Committee and/or Board any identified unresolved risks arising within the scope of these terms of reference that require executive action or that pose significant threats to the operation, resources or reputation of the Trust
- To consider matters referred to the Committee by the Board including, from time to time, the requirement to develop aspects of the quality strategy on behalf of the Board prior to making recommendations to the Board
- To review relevant policies and procedures, including but not limited to:
  1. Risk management strategy

2. Health and safety
3. Complaints
4. Claims
5. Incident reporting
6. Consent
7. Equality and diversity.

### 6.1.2. **Safety & Patient Experience:**

- To review current status against the fundamental standards of care described by the Care Quality Commission and make recommendations to address any gaps
- To ensure that the Trust's policies and procedures with respect to use of clinical data and patient identifiable information are in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998
- To review the Trust's most significant quality risks from the Datix risk system, and commission mitigation where needed
- To seek assurance on processes to ensure the review of patient safety incidents (including near-misses, complaints, claims and Rule 43 coroner reports) from within the Trust and wider NHS, in order to identify similarities or trends and areas for focused or organisation-wide learning
- To review and consider areas for improvement in patient experience
- To receive assurance on areas for improvement derived from analysis of incidents and complaints, or from thematic analysis
- To ensure that risks to patients are minimised through the application of a comprehensive risk management system including, without limitation:
  - to review the Trust's risk management strategy prior to its presentation to the Board of Directors for approval;
  - to ensure that processes are in place to ensure the escalation of risks from local and clinical unit risk registers to the Trust risk register
- To assure the Trust implements the recommendations from external bodies such as the National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission, as well as those made internally, e.g. in connection with serious incident reports and adverse incident reports, and to ensure that the Trust has effective mechanisms to monitor their delivery
- To be assured that there are processes in place that safeguard children and adults within the Trust and that they are effective
- To ensure that the research programme and governance framework are effectively implemented and monitored.

### 6.1.3. **Effectiveness:**

- To ensure that procedures stipulated by professional regulators of chartered practice (eg General Medical Council and National Midwifery Council) are in place and performed to a satisfactory standard
- To ensure that the processes for quality impact assessment are robust and efficient, and do not impact on patient experience and safety

- To agree the annual audit plan linked to the internal audit programme, to monitor the audits' outcomes, and to ensure they are acted upon
- To ensure that there are appropriate processes in place to monitor and promote compliance across the Trust with clinical standards and guidelines including but not limited to NICE guidance, guidelines on radiation use and protection regulations (IR(ME)R)
- To monitor quality indicators throughout the Trust via the quarterly dashboard.

#### 6.1.4. **Culture & Leadership**

- To support the development of an organisational culture that promotes values and behaviours agreed by the Board
- To ensure that the Trust's values drive its workforce programme including recruitment, retention, appraisals and succession planning
- To monitor workforce indicators through a workforce dashboard monitoring recruitment, retention, support and development of the Trustwide workforce
- To promote a culture of innovation and continuous improvement
- To assure the Board of the quality of processes by appropriate workforce audits
- To support the development of a leadership strategy that encourages supervision, mentorship, preceptorship and revalidation reviewing on a regular basis
- To review the adequacy and implementation of recruitment, training and development of the workforce design
- To promote a culture of patient involvement in service planning and delivery
- To promote an open and honest culture ensuring compliance with the Duty of Candour in line with regulatory requirements, to monitor its effectiveness and to report any situation that may threaten the quality of patient care
- To provide required information and reports to the Board in order to provide assurance that quality governance and workforce management systems are embedded
- To monitor appraisal and training data and any actions for improvement
- To monitor equality and diversity data and the use of equality impact assessments and associated improvement plans
- To review the analysis of and response to the staff satisfaction survey.

## 7. Frequency of meeting

The Committee shall meet not less than 6 times per financial year. The Chair may request an extraordinary meeting if he/she considers one to be necessary.

## 8. Minutes and Reporting

Agendas and papers should be prepared and circulated one week in advance of the committee. The agenda will be developed in accordance with the agreed work plan for the committee.

### 9. Conduct of Business

The conduct of business will conform to guidance set out in the Board of Directors Standing Orders, unless alternative arrangements are defined in these Terms of Reference.

### 10. Confidentiality

The minutes of the Committee, unless deemed confidential, should be made available to the public, through Board of Directors papers. Confidential minutes shall be maintained where necessary for reasons including commercial confidentiality. Matters specifically agreed to be confidential by the Committee must be treated as entirely confidential and minuted and reported to the Board of Directors separately. In addition, all Committee business must be kept confidential until reported to the Board of Directors or otherwise concluded, unless the Committee agrees otherwise.