



**Terms of Reference**

<b>Title:</b>	<b>Quality Committee</b>
<b>Approving Body:</b> <b>Date Approved:</b>	Trust Board
<b>Date reviewed:</b>	March 2016
<b>Next review date:</b>	March 2017
<b>Purpose and Aim:</b>	<p>The Quality Committee has the primary stated aim of; providing assurance to the Board that there is continual improvement in the quality of services in line with the Trust's strategic plan. It has delegated responsibility for quality assurance and should 'enable' the Board in executing its constitutional responsibility by providing assurance on controls through thematic analysis, controls testing, strategic planning and innovation.</p> <p>The Quality Committee must also provide direction to the QGG (Quality Governance Group) in the assurance it expects to receive in order to contribute to the above</p> <p>The Committee will refer to a forward programme of assurance and will also challenge exceptions and key risks associated with the work of the QGG. Assurance and key risks (relevant areas of the BAF) will be reported to the Board by the Committee Chair Board meeting</p> <p>The Quality Committee will be rigorous in how it provides assurance to the Board and as a minimum the QC must be charged with the following in relation to quality:</p> <ul style="list-style-type: none"> <li>• Reviewing strategic progress (inc Quality Report and delivery of the Quality Strategy);</li> <li>• Reviewing strategic risk and ensuring exceptions are surfaced effectively, utilising the Board Assurance Framework (BAF) as a key tool for this;</li> <li>• Reviewing clinical audit progress / timeliness;</li> <li>• Reviewing effectiveness on learning from outcomes (SIs, complaints of a serious nature etc.); and</li> <li>• Reviewing the work of the Quality Governance Group</li> </ul> <p>As the key quality observatory the Quality Committee will devise an intelligent forward programme of assurance to 'test out' how the organisation is performing strategically 'in the round' on quality. Therefore it will also require input from workforce as there is heavy crossover with quality; as well as finance in particular relation to the management of CIPs (the detail of the quality impact on CIPs will be scrutinised by the QGG and assurance provided to the Quality Committee).</p>

	<p style="text-align: center;"><b>NEAS Clinical Governance Structure</b></p> <pre> graph TD     Board[Board] --- Workforce[Workforce Committee]     Board --- Quality[Quality Committee]     Board --- Finance[Finance Committee]     Board --- Audit[Audit Committee]     Quality -.-&gt; QGG[Quality Governance Group]     QGG --- SSG[Strategic Safeguarding Group]     QGG --- CEG[Clinical Effectiveness Group]     SSG --- CAG[Clinical Advisory Group]     CAG --- SHSG[Strategic Health &amp; Safety Group]     CEG --- ECLIPS[ECLIPS]     ECLIPS --- PSG[Patient Safety Group] </pre>
<p><b>Membership:</b></p> <p><b>In Attendance</b></p>	<ul style="list-style-type: none"> <li>• Non-Executive Director (Chair),</li> <li>• Non-Executive Director (Vice Chair),</li> <li>• Non-Executive Director,</li> <li>• Director of Clinical Care and Patient Safety,</li> <li>• Medical Director,</li> <li>• Chief Operating Officer,</li> <li>• Director of Strategy, Transformation and Workforce</li> <li>• Director of Finance</li> </ul> <p>• Other relevant personnel will be invited to attend as required by the Committee.</p>
<p><b>Deputies:</b></p>	<p>All members must send a deputy if unable to attend</p>
<p><b>Chair:</b></p>	<p>Non-Executive Director</p>
<p><b>Vice Chair:</b></p>	<p>Non-Executive Director</p>
<p><b>Quoracy:</b></p>	<ul style="list-style-type: none"> <li>• 1 Non-Executive Director, 1 Executive Director (Director of Clinical Care and</li> </ul>

	<p>Patient Safety or deputy) and 1 other.</p> <ul style="list-style-type: none"> <li>The agenda will be agreed by the Chair in line with the Committee's forward plan of assurance and also in line with priority areas of risk and the BAF.</li> </ul>
<b>Secretary:</b>	PA to the Director of Clinical Care and Patient Safety
<b>Frequency of Meetings:</b>	Bi Monthly, in advance of Trust Board meeting
<b>Rules of the Meetings &amp; Proceedings:</b>	To be called by the Secretary at the request of the Chairman.
<b>Notice of Meetings:</b>	<p>Standing Orders and Standing Financial Instructions of the Trust as they apply to formally constituted Committees. As such, members of this Committee may request a meeting in writing in line with Standing Orders, Section 3.</p> <p>Unless otherwise stated, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, shall be forwarded to each member of the Committee and any other person required to attend, no later than 5 working days before the date of the meeting; save exceptional circumstances.</p>
<b>Minutes:</b>	<p>The Secretary shall ensure the minutes of the proceedings and resolutions, including recording the names of those present and in attendance, are taken and transcribed.</p> <p>A draft copy of the Minutes, approved by the Committee Chair, shall be circulated within 5 working days to all members and, once agreed, to members of the Board.</p> <p>The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require Executive Action</p> <p>The Committee will be supported administratively by the PA to the Director of Clinical Care and Patient Safety who will:</p>
<b>Resources:</b>	<ul style="list-style-type: none"> <li>Agree the agenda with the Committee Chair, collate and distribute papers within time-frames</li> <li>Ensure minutes are taken and keep a record of matters arising and issues to be carried forward</li> </ul>
<b>Attendance at Meetings</b>	<p>Members are expected to attend at least 75% of the meetings in one year. On those occasions when members cannot attend, they shall submit a brief written report on all actions required of them, to be presented by their named deputy.</p> <p>Attendance shall be monitored and recorded by the Secretary. Issues of any continued poor attendance will be raised by the Chair of the Committee with the Chief Executive.</p>
<b>Authority / Tolerances</b>	<ul style="list-style-type: none"> <li>The Quality Committee will ensure the Quality Governance Group reports into it through their aggregated report and minutes.</li> <li>The Quality Committee will report bi-monthly to the Board (via an assurance based 'report-card') and via minutes.</li> <li>The Quality Committee will provide an annual Quality Report to the Trust Board which details how the Trust is performing in relation to the stated strategic aims around patient experience, clinical effectiveness, and patient safety.</li> </ul>
<b>Duties – Decision-making, Direction and Promotion</b>	<ul style="list-style-type: none"> <li>To challenge exceptions and key risks associated with the work of the Quality Governance Group (QGG).</li> <li>To define, agree and monitor the delivery of the Trust's Quality Strategy; in doing so to ensure that risks to quality and exceptions are surfaced effectively from sub- committees and working groups.</li> </ul>

	<ul style="list-style-type: none"> <li>• Interrogating strategic quality improvement through delivery of the Quality Report.</li> <li>• Promoting innovation and inclusion throughout the Trust.</li> </ul>
<b>Duties</b>	<p><b>Strategic Quality Improvement</b></p> <ul style="list-style-type: none"> <li>• To define, agree and monitor the Trust's Quality Strategy; in doing so to ensure that risks to quality and exceptions are surfaced effectively from sub-committees and working groups.</li> <li>• Reporting overall levels of strategic assurance and risk in relation to quality, to the Board.</li> <li>• Providing an annual report describing how strategic objectives have been met.</li> <li>• Undertaking ongoing thematic reviews of complaints, claims, incidents etc. and to ensure that appropriate focus is given to trends which identify poorly performing areas.</li> <li>• Interrogating strategic quality improvement.</li> <li>• Promoting innovation and inclusion throughout the Trust.</li> <li>• To review and ensure the ongoing quality report production schedule.</li> <li>• To monitor the relevance of the strategic KPIs reviewed by the Board.</li> </ul> <p><b>Assurance</b></p> <ul style="list-style-type: none"> <li>• To approve the annual clinical audit plan and monitor overall audit compliance</li> <li>• To seek assurance via regular reporting from QGG over the up-front and quality impact assessment process for CIPs.</li> <li>• Seeking assurance on the effectiveness of shared learning throughout the Trust</li> <li>• To ensure a specific focus on patient experience and new methods of understanding patient experience.</li> <li>• To monitor the completion of relevant quality action plans (Board and sub-Committee)</li> <li>• To ensure that the Trust is continually 'looking to the best' and benchmarking effectively in relation to quality and standards.</li> </ul>
<b>Sub Group(s)</b>	<ul style="list-style-type: none"> <li>• Quality Governance Group</li> </ul>
<b>Accountability:</b>	<ul style="list-style-type: none"> <li>• Trust Board</li> </ul>
<b>Roles, Reporting &amp; Responsibilities:</b>	<ul style="list-style-type: none"> <li>• The Chair of the Committee shall be responsible for its operation and will ensure that key and appropriate issues are discussed in a timely manner.</li> <li>• Following each meeting, the Chair of the Committee shall provide an assurance report to the Board at its next meeting, highlighting salient and significant issues that require disclosure via an assurance based report card</li> <li>• The Chair of the Committee shall be responsible for ensuring that reports to the Board are provided in a timely manner and that any actions, recommendations and outcomes are carried out.</li> <li>• The Minutes of the Committee will be formally presented to the Trust Board. The Chair will provide a summary/exception report to the Trust Board if minutes are not yet approved.</li> <li>• The Committee shall make recommendations to the Audit Committee annually concerning the annual programme of Internal Audit work to the extent that it applies to matters that fall within these Terms of Reference</li> <li>• The Chair will provide a copy of its Annual Report to the Board on the effectiveness of its work and findings. This will assist the Board in discharging its responsibilities for providing assurance to in relation to all aspects of Quality</li> </ul>

<b>Risks:</b>	The Committee shall Identify all emerging risks from the business and be assured that these are being managed through the trusts risk management processes.
<b>Self-Assessment:</b>	The Committee Chair shall review its performance annually against its Terms of Reference and prepare a report for consideration by the Board reflecting on its work and in particular the assurances it has sought, received and then in turn given to the Trust Board in relation to the scope of its Terms of Reference.