

Terms of Reference



| Quality Committee | |
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| 1. APPROVING BODY | Board of Directors |
| 2. DATE APPROVED | 12 May 2022 |
| 3. PURPOSE | The purpose of the Quality Committee is to provide the Trust Board with assurance on all aspects of quality of clinical care; quality and clinical governance systems; clinical risk issues, research & development; and regulatory standards of quality, safety and patient experience. It provides detailed scrutiny of clinical and operational performance in order to provide assurance and raise concerns (if appropriate) to the Board of Directors. |
| 4. RESPONSIBILITIES | <p>The Quality Committee shall have the following responsibilities:</p> <p>Quality, Patient Safety and Patient Experience</p> <p>4.1 Review and monitor delivery of the NEAS Strategy as it relates quality and patient safety, quality improvement, clinical audit and effectiveness and patient experience.</p> <p>4.2 Review the effectiveness of systems for the reporting, investigation and learning from incidents, complaints and concerns, claims, Coroners' inquests and other adverse events.</p> <p>4.3 Review the systems, processes and outcomes in relation to organisational learning and improvement as a result of patient and staff feedback from national and local surveys including Friends and Family Test, and patient safety visits.</p> <p>4.4 Review and monitor the effectiveness of the Trust's safeguarding arrangements.</p> <p>4.5 Review and monitor organisational learning and improvement in relation to Learning from Deaths.</p> <p>4.6 Review and monitor quality performance through regular scrutiny of the Quality and Patient Safety Report.</p> <p>4.7 Review and monitor clinical performance through the Medical Directorate report.</p> <p>4.8 Review and monitor the effectiveness of the Trust's Infection Prevention and Control arrangements.</p> <p>4.9 Oversee thematic deep dives into areas where quality and patient safety may be challenged.</p> <p>4.10 Review the draft Trust Quality Account prior to recommendation to the Board of Directors, and to monitor delivery of the Quality Account priorities.</p> <p>Clinical Effectiveness</p> <p>4.11 Oversee an effective system for monitoring clinical outcomes and clinical effectiveness; with particular focus on ensuring patients</p> |

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| | <p>receive the best possible outcomes of care across the full range of Trust activities.</p> <p>4.12 Review the annual clinical audit plan and monitor progress against the plan.</p> <p>Governance Risk and Compliance</p> <p>4.13 Ensure that there are effective structures and processes in place, to maintain compliance with the requirements of the Health and Social Care Act (2014) and the Care Quality Commission’s Fundamental Standards of Quality & Safety.</p> <p>4.14 Oversee and assure statutory and mandatory requirements, relating to quality of care and clinical practice and NICE guidance compliance.</p> <p>4.15 Review the organisational risk register and receive assurance that risks relevant to the remit of the Committee are being adequately managed through robust mitigation, action and improvement plans.</p> <p>4.16 Monitor and review the system for Quality Governance, Clinical Workforce Governance, Research & Development Governance, ensuring that the Board is assured of continued compliance through its annual report, reporting by exception where required.</p> <p>4.17 Undertake any other responsibilities as delegated by the Board of Directors.</p> |
| <p>5. AUTHORITY</p> | <p>The Quality Committee shall have the authority to:</p> <p>5.1 Review and recommend for approval the annual Quality Report;</p> <p>5.2 Review risks within its remit and escalate where necessary;</p> <p>5.3 Obtain information they require from within NEAS or externally;</p> <p>5.4 Obtain independent professional advice as it considers necessary in accordance with these Terms of Reference;</p> <p>5.5 Invite other individuals with relevant skills, experience or expertise to attend meetings as necessary;</p> <p>5.6 Establish sub-committees or working groups which will report to the Quality Committee;</p> <p>5.7 Other authorities as may from time to time be delegated to it by the Board of Directors.</p> |
| <p>6. REPORTING</p> | <p>The Quality Committee will report to the Board of Directors on its proceedings after each meeting on all matters within its responsibilities.</p> |
| <p>7. SUB-COMMITTEES</p> | <p>N/A</p> |
| <p>8. CHAIR</p> | <p>Helen Suddes, Non-Executive Director</p> |
| <p>9. MEMBERSHIP</p> | <p>In addition to the Chair, the Quality Committee shall include:</p> <p>9.1 Vice Chair (Non-Executive Director)</p> <p>9.2 Medical Director</p> <p>9.3 Director of Quality, Patient Safety, Innovation and Improvement (Executive Nurse)</p> <p>9.4 Chief Operating Officer</p> <p>9.5 Director of People and Development</p> |

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| | The Quality Committee will review the membership of the Committee annually to ensure that it best reflects the requirements of governance within the Trust. |
| 10. IN ATTENDANCE | <p>The following individuals shall be in attendance:</p> <p>10.1 Deputy Director of Quality and Patient Safety 10.2 Lead Consultant Paramedic 10.3 Trust Secretary</p> |
| 11. SECRETARY | The Secretary will ensure that the Committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues. |
| 12. QUORUM AND ATTENDANCE | <p>12.1 A quorum shall be a minimum of four members, one of which must be a Non-Executive Director and two Executive Directors, one of which must be either the Medical Director or Director of Quality, Safety, Innovation and Improvement (or associated deputies).</p> <p>12.2 Members are expected to attend all meetings unless they are leave, when they may officially delegate their attendance. This delegate counts towards quorum.</p> <p>12.3 Prior notice of absence and the attendance of a delegate must be provided to the Chair and the Secretary no less than 24 hours in advance of the meeting.</p> |
| 13. VOTING | <p>13.1 Decisions of the Committee shall be reached by consensus;</p> <p>13.2 Any action required or permitted to be taken by the Committee may be taken without a meeting if (i)</p> <p>13.2.1 the Chairperson calls for such action to be taken by written consent, which includes email and;</p> <p>13.2.2 the written consents are filed with the records of the meetings of the Committee.</p> |
| 14. MEETING ARRANGEMENTS | <p>The following arrangements shall be observed for meetings of the Committee:</p> <p>14.1 Meetings shall be held on a bi-monthly basis;</p> <p>14.2 Additional meetings may be called at the request of any members of the Committee or the Chair of the Board of Directors.</p> <p>14.3 Written notice of the date, time and place of the meeting shall be provided to each member at least five working days in advance.</p> <p>14.4 Each meeting shall include an agenda and matters not specified on the agenda may be taken up at the meeting at the discretion of the Chair.</p> <p>14.5 The agenda together with the relevant reports and documents will be forwarded to members at least five working days in advance to enable preparation prior to meetings.</p> <p>14.6 The Secretary shall keep minutes of all meetings which will include the following:</p> <ul style="list-style-type: none"> • Persons in attendance • Date and duration of meeting • Expressions of conflicts of interest • Identification of topics discussed • Recommendations made |

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| | <ul style="list-style-type: none"> • Actions taken • Record of voting <p>14.7 Minutes of the meeting shall be reviewed by the Chair and submitted to members for approval at the next meeting, or where urgency exists, by email vote. Once approved, minutes shall be circulated to all members for their records and retained by the Secretary within the meeting records.</p> |
| 15. CONFIDENTIALITY | Members are encouraged to communicate key decisions and issues for the purpose of delivery of the objectives of the Quality Committee, however members are expected to hold confidential deliberations in the strictest of confidence, and when in doubt should consult with the Chair. |
| 16. CONFLICT OF INTEREST | The Secretary shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly. Where it is deemed by the Chairperson that a conflict exists, the member will be excused from deliberations and must abstain from voting on any resolution in which he/she and/or his/her associates have a material interest. |
| 17. TERMS OF REFERENCE | The Quality Committee shall review its Terms of Reference at least annually to ensure it is operating at optimum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval. |
| 18. NEAS VALUES | Members have a collective and individual responsibility to conduct themselves in a manner which reflects the NEAS values of Compassion, Accountability and Responsibility, Respect and Excellence and Innovation. |
| 19. REVIEW OF PERFORMANCE | The Quality Committee shall review its performance annually. |