

## Quality Committee Terms of reference

### 1. Purpose

- The Quality Committee will provide assurance to the Board of Directors on the quality of healthcare services.
- The Quality Committee will ensure that the Trust has effective systems of healthcare-related quality, governance and risk management in place.

### 2. Duties and responsibilities

- Oversee the work of associated quality governance Executive-Committees and Groups, including their management of quality governance related risks and issues, through the receipt of regular written reports or presentations. The frequency of reporting will be scheduled in a work plan, which will be reviewed and approved at least once a year by the Quality Committee. The associated quality governance Executive Committees that provide assurance to the Quality Committee are included as Appendix 1.
- Receive reports of significant incidents, complaints, claims, coroner's inquests or other adverse events to ensure that appropriate action is being taken to manage the event and to prevent recurrence.
- Receive Learning from Deaths Reports quarterly and mortality data and information through the Mortality Governance Committee Annual Report.
- Receive updates of Quality Surveillance, to include external visits, accreditations and inspections.
- Receive reports of assurance and/or concern about compliance with Care Quality Commission standards and commission additional pieces of work if these are required to ensure continuing compliance.
- Gain assurance in relation to directorate quality governance arrangements and performance.

### 3. Accountable to

This Committee is accountable to the Board of Directors.

### 4. Reports to

Reports to	Reporting methods (e.g. minutes, progress report, assurance report)	Frequency
Board of Directors	A highlight report of key areas of discussion and outcomes from the Committee meeting will be presented to the next Board of Directors meeting held in public.	After each meeting

	Minutes will be circulated to all members of the Board of Directors	After each meeting
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## 5. Reporting structure – Receives Meeting Assurance Reports from

- Quality and Safety Executive Committee
- Mental Health Steering Executive Committee
- Patient Experience and Engagement Executive Committee
- Infection Control Executive Committee
- Health and Safety Executive Committee

## 6. Membership and attendance

### Membership

<b>Designation</b>
Four Non-Executive Directors (including the Committee Chair and Deputy Chair)
Chief Medical Officer (Operations)
Chief Nurse

### Standing invitations

<b>Designation</b>
Chief Executive
Assistant Chief Executive
Quality Director

Deputies can attend on behalf of members. For the Chief Nurse and Chief Medical Officer (Operations) a nominated deputy must attend.

## 7. Quorum

A quorum shall be three members, at least one of whom should be a Non-Executive Director.

At the discretion of the Chair, business may be transacted through a teleconference or videoconference provided that all Board members present are able to hear all other parties and where an Agenda has been issued in advance. Participation in a meeting via electronic means shall constitute presence in person at the meeting.

## Appendix B

### 8. Meeting Roles and Responsibilities

Chair	Ros Roughton, Non-Executive Director
Lead Officer	Jennifer Hill, Chief Medical Officer (Operations)
Meeting Administrator	Business Manager, Chief Executive's Office

### 9. Meeting frequency

Meetings will normally be held once a month, excluding August

### 10. Process for reviewing effectiveness (tick all that apply)

- Annual review of terms of reference
- Annual report including review of work plan delivery and attendance
- Effectiveness questionnaire completed by members
- Internal / external audit review

### 11. Document control

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