NHS
North Bristol
NHS Trust

Terms of Reference for the Quality Committee

Chair:	Non-Executive Director
Other Members:	Membership of the Quality Committee shall include: • Three Non-Executive Directors one of whom will chair the Committee. • Chief Nursing Officer • Chief Medical Director • Chief Operating Officer The members set out above may appoint a named deputy to attend a particular meeting in their place, subject to the Chair's pre-approval. A deputy should be nominated only in exceptional circumstances, for a particular meeting. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.
Other Attendance:	The Quality Committee may invite non-members to attend all or part of its meetings as it considers necessary and appropriate, at the discretion of the Chair. In addition to members of the Quality Committee, the following shall normally attend all meetings and may contribute to discussions, but have no voting rights nor contribute to the quorum: • Chief Allied Healthcare Professional • Associate Director of Quality Governance • Director of Corporate Governance/Trust Secretary The Committee can request the attendance of any other director or senior manager if an agenda item requires it. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Executive Director attendance to be flexible and agenda-specific for non-formal members.
Quorum:	The quorum for the Quality Committee is at least three members of whom two must be Non-Executive Directors (including the chair of the committee) and one of either the Chief Medical Officer or the Chief Nursing Officer.
Declaration of Interests	All members must declare any actual or potential conflicts of interest relevant to the work of the Quality Committee, which shall be recorded in the minutes accordingly. Members should exclude themselves from any part of a meeting in which they have a material conflict of interest. The Chair will decide whether a declared interest represents a material conflict.

Frequency of Meetings:	The Quality Committee will meet each month, except August and December, and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business. Every-other meeting will be a scheduled 'deep-dive' meeting for key risks/topics. Further meetings can be called at the request of the Committee Chair. An agenda of items to be discussed and supporting papers will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.
Notice of Meetings:	Additional meetings shall be called at the request of the Chair. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, shall normally be forwarded to each member, and any other person required to attend, no later than five working days before the date of the meeting. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.
Inputs:	The Quality Committee will receive reports on issues within the remit of the meeting, so as to ensure timely discussion and decision-making. This will include: • Trust-Level Risks and BAF report (Patient Safety, Patient Experience, Statutory Duty/Compliance) • Infection, Prevention & Control • Clinical outcomes by speciality and consultant, including review and response to national clinical audits, national registries etc. • Mortality rates & Learning from Deaths • Regulatory compliance • Safeguarding Children and Adults • Quality assessment of CIP projects • Incident reporting • Medical records • Clinical claims management Individual members may also raise concerns/risks/issues relevant to the meetings remit on an ad hoc basis but will do so with sufficient notice to ensure that meeting agenda can be set and managed effectively. The Quality Committee can request a report on any subject or issue relevant to its terms of reference.

Outputs:	The Quality Committee shall produce a set of minutes and a log of actions arising. The Committee shall issue an upward report to Trust Board following each meeting.
Responsible for the following Strategies and Policies:	Strategies: • Quality Strategy • Patient Safety Strategy Policies: • N/A
Sub-Committees:	• Drugs & Therapeutics Committee • Clinical Audit and Effectiveness • Patient Safety & Clinical Risk Committee • Safeguarding Committee • Control of Infection Committee • Maternity/ Ockenden Board
Committee Secretary:	The Corporate Governance Team is responsible for: • Agreement of agenda and collation of papers. • Taking the minutes and keeping a record of actions arising and issues to be carried forward. • Provision of a highlight report of the key business undertaken to the Trust Board following each meeting

1. Purpose

1.1 The Quality Committee is established to be a sub-Committee of the Trust Board and is the Board assurance committee for all quality and clinical governance matters.

2. Authority

2.1 The Quality Committee is a sub-group of the Trust Board from which it receives its authority. Its constitution and terms of reference shall be as set out in this document, subject to amendment.

2.2 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

3. Duties

3.1 The Committee shall hold the safety of patients, public and staff, as well as the reputation of the Trust, as a core value in assessing assurance, quality governance and risk.

3.2 The primary role and function of the Committee is as follows

3.2.1 Assurance

3.2.1.1 The Committee shall ensure that the Trust Board is adequately assured in relation to all quality, clinical governance and research matters which will include, but is not limited to:

- Infection, Prevention & Control
- Clinical outcomes by speciality and consultant, including review and response to national clinical audits, national registries etc.
- Mortality rates & Learning from Deaths
- Regulatory compliance
- Safeguarding Children and Adults (via Safeguarding Committee Upward Reports)
- Quality assessment of CIP projects
- Incident reporting
- Trust-level patient safety, statutory duty/compliance and reputational (quality-related) risks and risk management
- Medical records
- Clinical claims management

3.2.2 **Quality Strategy and delivery of the quality agenda**

3.2.3 The Committee shall maintain oversight of the delivery of the Quality Strategy and Patient Safety Strategy through the receipt of regular update reports, and shall ensure that the Board is adequately assured in relation to the delivery of these strategies.

3.2.4 The Committee shall maintain oversight of the business of the Drugs and Therapeutics Committee, the Clinical Effectiveness & Audit Committee, the Patient Safety and Clinical Risk Committee and the Safeguarding Committee through the receipt of regular reports. This shall ensure that the Committee maintains oversight of:

- Management systems and structures to ensure that sufficient analysis of incidents, complaints, claims, clinical audits, service reviews etc. is undertaken to reflect, learn and make recommendations for required changes to improve quality of care provided to patients;
- Concerns raised by the Patient Safety & Clinical Risk Committee, in regard to issues of patient safety which require attention and resolution at Executive level;
- the quality work programme and the support required for quality improvement given by Quality & Patient Safety work streams, Clinical Audit, Learning and Development, and Information Management & Technology. This includes the quality improvements relating to national CQUINs.

3.2.5 **Regulatory Compliance**

3.2.5.1 The Committee shall assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and immediate and effective action is taken where this is identified as deficient.

3.2.5.2 The Committee shall monitor and assure itself that it can with confidence, and evidence, assure the Trust Board, patients, public, and other stakeholders (e.g.: Care Quality Commission (CQC), NHS Improvement, Department of Health, commissioners) that the Trust is complying with its regulatory requirements and can evidence this. The Committee shall seek to embed the culture of compliance within the organisation, so that it happens as part of normal business, and not as a separate activity, contributing directly to a well-run organisation and the quality of patient care.

3.2.5.3 The Committee shall ensure compliance with the CQC registration requirements and standards and shall oversee the detailed work plan arising from inspections, alerts or other highlighted concerns raised by the CQC. The Committee shall also monitor key areas of compliance, such as NHS insurance (NHS Resolution General Risk Management Schemes and Clinical Negligence Scheme for Trusts), the NHS Constitution, and other key areas of compliance as they arise.

3.2.6 **Risk Management**

3.2.6.1 The Committee shall ensure the Trust has robust management systems and processes in place for patient safety, statutory duty/compliance and reputational (quality-related) risks.

3.2.6.2 In particular, the Committee will:

- act as the forum for these risks to be discussed, and ensure that where serious concerns are raised, action is taken, and that action plans are carried through to completion, and the reporting loops closed.
- Act in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

4. Monitoring and Effectiveness

4.1 The Quality Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.

4.2 It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.

4.3 It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

4.4 As per NHSE/I requirements the Committee will carry out an annual self-assessment to inform above review of its Terms of Reference.

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Lead for Executive Team Meeting:	Steve Hams, Chief Nursing Officer Tim Whittlestone Chief Medical Officer
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