

The Quality Committee

Annual Report

1 April 2023 to 31 March 2024

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1 PERIOD COVERED BY THIS REPORT

This report covers the work of the Quality Committee for the financial year 1 April 2023 to 31 March 2024.

2 INTRODUCTION¹

The Quality Committee has been formally established by the Board of Directors as one of its sub-committees. It is authorised to investigate and seek assurance on: the effectiveness of the Trust's quality, including patient safety, systems and processes; the quality, including patient safety of the services provided by the Trust; and the control and management of quality, including patient safety, related risks within the Trust. The Committee will monitor and report to the Board of Directors on the effectiveness of these systems and processes, with its key objectives being to seek assurance that:

- systems and processes are effective
- the quality, including patient safety, of services that the Trust provides is good and continuously improving
- the quality of the experience of people using our service is good and continuously improving.

The committee carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality, including patient safety and improvements in services.
- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services.
- Seek assurance on the systems for identifying, reporting, mitigating and managing quality, including patient safety, related risks including the monitoring of incidents, investigations and deaths; and complaints, claims and compliments.
- Review the Board Assurance Framework to seek assurance on behalf of the Board that those strategic risks where it has been listed as an assurance receiver, are being effectively controlled; that the risk score (which has been determined by the executive team) is at the right level; and that any gaps are being addressed appropriately. It may also inform any deep-dive which it may wish to undertake into any area on which is requires further assurance.
- Seek assurance on compliance against the Care Quality Commission's registration and notification requirements and action plans in response to CQC inspection.
- Monitor, scrutinise and provide assurance to the Board of Directors on the Trust's compliance with national standards, including the Care Quality Commission's Fundamental Standards, and the quality elements relating to NHS England's System Oversight Framework, the quality elements within the NHS Standard contract, NICE guidance and CQUIN (Commissioning for Quality and Innovation) schemes.
- Seek assurance on the quality impact assessments for key strategic programs of work.

- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services.
- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality, including patient safety, within the Trust.
- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.
- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising the importance of inclusion and accessibility in delivering quality services.
- Carry out the duties of the Maternity Board Safety Champion, with the chair of the committee being the named champion.
- Carry out the role of Hip Fracture, Falls and Dementia Champion.
- Carry out the role of Learning from Deaths Champion.
- Carry out the role of Children and Young People Champion.
- Carry out the role of Resuscitation Champion.
- Carry out the role of Safeguarding Champion.
- Carry out the role of Palliative and of Life Care Champion.

This report covers the work the committee has undertaken at the meetings held during 2023/24. It seeks to assure the Board on the work it has carried out and the assurances received, and to demonstrate that it has operated within its Terms of Reference.

¹ Information taken from the revised Terms of Reference which were ratified on 28 September 2023.

3 ASSURANCE

The Committee receives assurance from the executive director members of the Committee and from the subject matter experts who attend the meetings as required dependant on the agenda items being discussed. Assurance is provided through written reports, both regular and bespoke, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation; specialist areas of expertise; attending Board of Directors', and Council of Governors' meetings.

The Committee is assured that it has the right membership to provide the right level and calibre of information and challenge and that the right reporting methods, structures and work plans are in place to provide oversight on behalf of the Board in respect of performance in the areas covered by its Terms of Reference.

Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details those key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The BAF lists those committees that are responsible for receiving assurance in respect of the effectiveness of those controls, and the Quality Committee will be asked to note, in particular, those where it is listed as an assurance receiver to ensure that it had received sufficient assurance through the reports that come to the Committee or to commission further information where there was a lack of assurance (actual or perceived). These are:

- SR1. If there is a breakdown of quality including safety assurance processes, we risk not being able to maintain standards of safe practice, meeting population health needs and compliance with regulatory requirements.
- SR2. There is a risk that we fail to make the improvements outlined in the Quality Strategic Plan and that this has an impact on how we understand and act on the care of those who use our services.

The Committee views an extract of the BAF, containing the details for SR1 and SR2, at each meeting.

4 TERMS OF REFERENCE

In September 2023 the Terms of Reference for the Quality Committee were approved by the members. In September 2023, they were ratified by the Board of Directors.

5 MEETINGS OF THE GROUP / COMMITTEE

In 2023/24 the Committee met formally on 8 occasions. All committee meetings were held virtually. The dates on which the Committee has met during the year are as follows:

- 11 May 2023
- 6 June 2023
- 14 September 2023
- 10 October 2023
- 16 November 2023
- 11 January 2024
- 8 February 2024
- 14 March 2024

6 MEMBERSHIP OF THE COMMITTEE AND ATTENDANCE AT MEETINGS

Membership of the Quality Committee is made up of two non-executive directors; the Director of Nursing and Professions, the Chief Operating Officer and the Medical Director. The Chief Financial Officer and the Director of People and Organisational Development are also members of the Committee and attend meetings as appropriate dependant on the agenda items being discussed.

The Committee is chaired by a non-executive director (NED), Dr Frances Healey, and Zoe Burns-Shore is the other regular NED member of this Committee. Should the NED chair be

unable to chair the meeting this role will fall to another NED. Until November 2023, Helen Grantham was a regular NED member of this committee. At its October 2023 meeting, the Committee thanked Ms Grantham for all her hard work and dedication as a member of the Quality Committee.

Subject area experts are invited to attend the meetings as appropriate, to provide expertise and knowledge on the areas that they are responsible for. On these occasions, they are attendees and do not count towards membership of the meetings as outlined in the Terms of Reference.

The Trust also invites governors to observe Board sub-committee meetings. This opportunity allows governors to observe the work of the Committee, rather than to be part of its work as they are not part of the formal membership of the Committee. Governors observe Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

Attendance at Quality Committee meetings by substantive members

- ✓ Shows attendance
- Indicates those members who sent apologies during 2023/24.
- Stipulates when the individual was not required at the meeting.

Name	11 May 2023 – PART B	6 June 2023	14 September 2023 – PART B	10 October 2023 – PART B	16 November 2023 – PART B	11 January 2024 – PART B	8 February 2024 – PART B	14 March 2024 – PART B
Dr Frances Healey (Non-executive Director)	✓	✓	✓	✓	✓	✓	✓	✓
Zoe Burns-Shore (Non-executive Director)	■	■	■	■	-	-	✓	✓
Joanna Forster-Adams (Chief Operating Officer)	✓	✓	✓	✓	-	-	✓	✓
Helen Grantham (Non-Executive Director)	✓	✓	✓	✓	■	■	■	■
Dawn Hanwell (Chief Finance Officer)	■	■	■	■	■	■	✓	■
Dr Chris Hosker (Medical Director)	✓	✓	✓	✓	✓	✓	✓	✓
Darren Skinner (Director of People and Organisational Development)	■	✓	✓	■	✓	✓	■	■
Cathy Woffendin (Director of Nursing, Quality and Professions)	✓	■	■	■	■	■	■	■
Nichola Sanderson (Director of Nursing and Professions)	■	✓	✓	✓	✓	✓	-	✓

Attendance at Quality Committee meetings by formal attendees

- ✓ Shows attendance
- Indicates those attendees who sent apologies during 2023/24.
- █ Stipulates when the individual was not required at the meeting.

Name	11 May 2023	6 June 2023	14 September 2023	10 October 2023	16 November 2023	11 January 2024	8 February 2024	14 March 2024
Cath Hill, Associate Director for Corporate Governance	-	✓	-					
Clare Edwards, Associate Director for Corporate Governance				✓	✓	✓	✓	✓
Kerry McMann, Head of Corporate Governance	-	✓	✓	✓	✓	✓	✓	✓
Waseem Munir, Head of Clinical Governance & Quality	✓	✓	-	✓				
Cath Wardle, Head of Clinical Governance & Patient Safety	-	✓	✓	-				
Miriam Blackburn, Quality and Patient Safety Lead	✓							
Sam Marshall, Quality and Patient Safety Lead	✓		✓					
Rose Cooper, Corporate Governance Officer	✓							
Fabrizio Girolomini, Senior Improvement Manager	✓							
Louisa Weeks, Patient and Carer Experience and Involvement Lead	✓							
Dr Eli Joubert, Clinical Director for Regional and Specialist, Eating Disorders and Rehab Services	✓			✓				
Sara Munro, Chief Executive Officer	✓							
Alison Quarry, Deputy Director of Nursing	✓						✓	
Nichola Sanderson, Deputy Director of Nursing	✓							
Holly Tetley, Associate Director of Employment	✓							
Sharron Blackburn, Deputy Head of Internal Audit		✓						
Sarah Cooper, Head of Research and Development			✓					
Gugu Ncube, Lead Infection Control Nurse			✓					
Jane Riley, Chief Pharmacist			✓					
Janet Smith, Head of Safeguarding			✓					
Abby Boden, Head of Clinical Governance and Regulation				-				
Laura Wood, Quality & Patient Safety Lead				✓				
Kuldip Nijjar, Improvement Lead				✓				
Dr Claire Kenwood, Director for Collaborative Working					✓			
Mark Dodd, Deputy Director of Operations						✓		
Shereen Robinson, Freedom to Speak Up Guardian						✓		
Jonathan Hodgson, Internal Audit Manager, Audit Yorkshire								✓

Attendance at Quality Committee meetings by governors

** Indicates when the individual was observing the meeting
 ■ Stipulates when the individual did not attend the meeting

Name	11 May 2023	6 June 2023	14 September 2023	10 October 2023	16 November 2023	11 January 2024	8 February 2024	14 March 2024
Peter Ongley, Carer Governor	■	■	**	■	■	**	■	■
Cllr Ian Cuthbertson, Appointed Governor for City of York Council	■	■	**	■	■	■	■	■
Ian Andrews, Non-clinical Staff Governor	■	■	■	■	**	■	■	■
Jon Salway, Carer Governor	■	■	■	■	**	■	■	■

7 REPORTS MADE TO THE BOARD OF DIRECTORS

The Chair of the Quality Committee makes an assurance, escalation and advisory report regarding the most recent meeting of the Committee to the next available Board of Directors' meeting. This report seeks to assure the Board on the main items discussed by the Committee and should it be necessary to escalate to the Board any matters of concern or urgent business which the Committee is unable to conclude. The Board may then decide to give direction to the Committee as to how the matter should be taken forward or it may agree that the Board deals with the matter itself.

Where the Board wants greater assurance on any matters that are within the remit of the Terms of Reference of the Committee the Board may ask for these to be looked at in greater detail by the Committee. The table below outlines the dates that the assurance and escalation reports were presented by the Chair of the Quality Committee to the Board of Directors meetings.

Date of Quality Committee meeting	Date of Board of Directors' meeting
11 May 2023	25 May 2023
6 June 2023	27 July 2023
14 September 2023	28 September 2023
10 October 2023	30 November 2023
16 November 2023	30 November 2023
11 January 2024	25 January 2024
8 February 2024	28 March 2024
14 March 2024	28 March 2024

8 THE WORK OF THE COMMITTEE DURING 2023/24

During 2023/24 the committee has carried out its role in accordance with its Terms of Reference. Further details of all of these areas of work can be found in the minutes and papers of the committee.

A high-level presentation of areas of work on which the Committee has received assurance and during 2023/24 are as follows:

Quality risks, priorities and strategy

- The Committee is the assurance lead for the Board Assurance Framework Strategic Risks 1 and 2. At each meeting in 2023/24 the committee viewed strategic risks one and two so that it could be mindful of its responsibilities to assure that these risks were being adequately controlled through the course of the meetings.
- The Committee received the Quality Account 2022/23 in May 2023, and has received updates on specific quality improvement areas designated as Quality Improvement Priorities. It also received a summary from service users on what they would like to see in future Quality Accounts.
- The Committee received the draft Internal Audit Plan and the Clinical Audit Priority Plan for 2024/25 and was assured that they addressed the appropriate risk areas.
- The Committee reviewed and supported the draft Quality Strategic Plan for 2024-2029, subject to some minor amendments. It welcomed the simple format of the document and the priorities section which provided a clear vision that would be easier to communicate to staff and easier for staff to understand.

Reports the Committee receives frequently

- The Committee reviewed the Combined Quality and Workforce Performance Report at each meeting. Whilst awaiting the development of a new Quality Dashboard, the report has been adjusted to provide some additional indicators, more timely data, and the titles of some indicators have been amended to make their content clearer.
- The Committee received a quarterly and annual report on Complaints, Concerns, PALS, Compliments and Patient Safety (which includes data on Claims, Central Alert System compliance and compliance with some other types of safety notifications, reported incidents, Serious Incidents and Duty of Candour). It was assured that the Trust had good systems for understanding quality issues raised through these sources and working to improve them.
- The Committee received the Safer Staffing Six Monthly Update Reports, which encompass national requirements for monthly public reporting of levels of nurse staffing in inpatient services.
- The Committee received the Learning from Deaths quarterly and annual reports. It was assured of the work ongoing within the Trust to improve mortality review and subsequent improvement action across the organisation.

- The Committee received verbal monthly updates on the work of the Trust Wide Clinical Governance Group, the Nursing and Professions Council, the Trustwide Safeguarding Committee and the CQC Steering Group.
- The Infection Prevention and Control Group provides monthly updates and annual reports to the Committee. The Committee also reviewed the Infection Prevention Board Assurance Framework. The Committee was assured that the Trust continued to follow all national infection, prevention and control guidance.

Annual reports

- After the end of the past cycle of annual quality reports from teams and departments, the committee agreed that the full reports at team/department level should be reviewed at TWCG, with summary reports at service level brought to committee. The committee reviewed a presentation which provided the highlights of the Learning Disability Annual Quality Report, focusing on how the service had defined STEEEP (Safe, Timely, Effective, Efficient, Equitable and Patient Centred) dimensions to enable the conditions for high quality care to flourish. It was assured that the service had good systems in place for understanding its quality issues and to drive improvements.
- The Patient Experience and Involvement Progress Report which provided an update on the progress made against the Patient and Carer Experience and Involvement Strategy and informed the Committee that an internal audit on the implementation of the Patient and Carer Experience and Involvement Strategy had received an opinion of high assurance. The Committee was assured on the systems and processes in place to involve and collect feedback from the Trust's service users and carers.
- The Committee received the Research and Development Annual Report for 2022/23. It recognised the work carried out throughout the year to raise awareness of the Research Team across the organisation and create a culture of research being core business.
- The Committee received the Restrictive Interventions Annual Report for 2022/23. It noted that there had been an increase in the use of physical restraint in 2022/23 when compared to the previous year but acknowledged that this may have been due to the opening of Red Kite View. It also recalled previous discussions regarding the use of physical restraint at the Yorkshire Centre for Eating Disorders to provide life-saving treatment. The Committee reviewed the data provided and discussed improvements to data on the use of physical restraints and agreed an action related to better understanding of the use of rapid tranquilisation.
- The Committee received the Safeguarding Annual Report for 2022/23. It noted the work undertaken in relation to domestic abuse and welcomed the flexible approach used to deliver the safeguarding training, which included on-site group training, virtual training and the development of a video, and encouraged the team to seek executive support where needed for any outstanding gaps in completion.
- The Committee received the Medicines Optimisation Group Annual Report for 2022/23. It agreed that the Medicines Optimisation Group was fulfilling its Terms of Reference and was assured on the systems for understanding and acting on quality issues involving medication.

- The Committee received a report which provided an overview of the progress made against the 2023/24 CQUIN initiatives pertaining to mental health services.
- The Committee received a report which provided an update on the Trust's CQC readiness work plan and provided assurance on the completion of actions following the 'Preparation for the CQC' internal audit report. The committee also received an update on CQC peer reviews and was assured on the work that was taking place to ensure the Trust met CQC requirements.
- The Committee reviewed a report which provided a summary of the approach taken by the Trust to develop its efficiency and productivity programme and detailed the schemes that had been through a quality impact assessment process. The committee welcomed the report and praised the thoroughness of the quality impact assessment that had been undertaken.

Additional updates

- The Committee reviewed the findings from the NICHE independent investigation into Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's Children and Young People's Mental Health Inpatient Services (CYPMHS).
- The Committee received an update on the position of the organisation in understanding any areas for improvement relating to the NICE guidance 'Self-Harm: Assessment, Management and Preventing Recurrence'. It agreed that it was assured on the future plans relating to the understanding of the Trusts position in meeting the NICE recommendations relating to self-harm assessment, management and preventing recurrence.
- The Committee discussed a report outlining the work completed by the Trust's Risk Assessment Task and Finish Group. It agreed that it was assured on the plans for improvement in relation to risk assessment in the Trust.
- The Committee received an update on the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE). It acknowledged that the Trust had already embedded many elements of PSIRF, noting the existing reporting to committee on service user falls, the thematic review undertaken into inpatient suicides, previous discussions about the need for a self-harm strategy and learning from deaths reports all align with the PSIRF ethos of planning improvement on a broad understanding of data from multiple sources.
- The Committee received an update on the actions taken in response to an internal audit into sexual safety that had received an opinion of limited assurance. The Committee was reassured by the actions taken in response to the report, acknowledging the delivery of these actions would be reported to Audit Committee but that the Quality Committee had an ongoing role in Safeguarding assurance.
- The Committee reviewed and discussed a briefing on the timeliness of the completion of Serious Incident investigations within LYPFT, following concerns raised by coroners regarding delays in completing investigation reports into Serious Incidents at a neighbouring Trust. It was reassured by the information provided.

- The Committee received a report which summarised the findings and recommendations from the Report of the Independent Review into how Data Relating to Deaths is Processed and Reported at Norfolk and Suffolk NHS Foundation Trust (NSFT) and considered whether there were any opportunities for improving the processing and reporting of deaths within the Trust. It was reassured on the work that had taken place, noting that work to make improvements was ongoing.
- The Committee received a report which outlined the findings and recommendations from an observation and engagement audit that had been completed across 28 inpatient areas in the Trust between June 2023 and August 2023. It was assured the work being undertaken to address the issues identified by the audit.
- The Committee received and discussed a report which outlined the progress made, nationally and locally, towards the implementation of the National Partnership Agreement: Right Care, Right Person.

Part B of the Quality Committee

- The Quality Committee holds a private Part B meeting when there is a need to discuss information that is personal to individual staff or patients, or for other limited reasons (e.g. need to protect detail related to methods of self-harm).

9 CONCLUSION

The Chair of the Quality Committee would like to assure the Board of Directors that the Committee has fulfilled its Terms of Reference during 2023/24. Throughout the year the Committee has monitored quality and gained assurance on how quality matters are considered and addressed. It has added value by maintaining an open and professional relationship with officers of the Trust and has carried out its work diligently; discussed issues openly and robustly; and kept the Board of Directors apprised of any possible issues or risks.

Members of the Quality Committee would like to thank all those who have responded to its requests during the year and who have supported it in carrying out its duties.

Dr Frances Healey
Non-executive Director and
Chair of the Quality Committee
April 2024

Quality Committee

Terms of Reference

**(Approved by the committee on 14 September 2023
Ratified by the Board of Directors on 28 September 2023)**

1 NAME OF GROUP

The name of this committee is the Quality Committee.

2 COMPOSITION OF THE COMMITTEE

The members of the committee and those who are required to attend are shown below together with their role in the operation of the committee.

Members

Title	Role in the committee
Non-executive Director	<p>Chair of the meeting. Non-executive directors provide constructive challenge and strategic guidance, and lead in holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented</p> <p>(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>
Non-executive Director	<p>Deputy chair of the meeting. Non-executive directors provide constructive challenge and strategic guidance, and lead in holding the executive to account. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of clinical and other information, and make sure that clinical quality controls, and systems of risk management and governance, are robust and implemented.</p> <p>(Code of Governance for NHS Provider Trusts, NHS England 2022)</p>

Title	Role in the committee
Director of Nursing, Professions and Quality and Director of Infection Prevention and Control	Executive director lead for quality. Chair of the: Patient Experience Group; Trustwide Safeguarding Group; Nursing and Professions Council; and Infection Prevention Control and Medical Devices Group. Assurance and escalation provider to the Quality Committee.
Chief Operating Officer	Executive director with responsibility for oversight and delivery and development of Care Services. Assurance and escalation provider to the Quality Committee.
Medical Director	Joint executive lead for quality. Medical input and Chair of the Trustwide Clinical Governance Group. Assurance and escalation provider to the Quality Committee.
Director of People and Organisational Development	Staff training and development issues related to quality. Assurance and escalation provider to the Quality Committee.
Chief Financial Officer	Executive lead for financial resources including Cost Improvement Programmes. Assurance and escalation provider to the Quality Committee. Attendance at meetings will be dependent on the agenda items being discussed.

While specified board members will be regular members of the Quality Committee any other board member can attend the meeting on an ad-hoc basis if they wish and will be recognised as a member for that particular meeting and if necessary will count towards the quoracy.

Attendees

The Quality Committee may also invite other members of Trust staff to attend to provide advice and support for specific items when these are discussed in the committee's meetings.

These could include, but are not exhaustive to, the following individuals:

- Associate Director for Corporate Governance
- Deputy Director of Nursing
- Clinical Directors
- Head of Nursing and Patient Experience
- Professional and Clinical Leads

2.1 Governor Observers

The role of the governor at Board sub-committee meetings is to observe the work of the committee, rather than to be part of its work as they are not part of the formal membership of the committee. The governor observes Board sub-committee meetings in order to get a better understanding of the work of the Trust and to observe non-executive directors appropriately challenging the executive directors for the operational performance of the Trust.

At the meeting the governor observer will be required to declare any interest they may have in respect of any of the items to be discussed (even-though they are not formally part for the discussion). Governors will receive an information pack prior to the meeting. This will consist of the agenda, the minutes of the previous meeting and summaries of the business to be discussed. Governor observers will be invited to the meeting by the Corporate Governance Team. The chair of the meeting should ensure that there is an opportunity for governor observers to raise any points of clarification at the end of the meeting.

2.2 Associate Non-executive Directors

Associate Non-executive Directors will be invited to attend Board Sub-committee meetings as part of their induction. They will be in attendance at the meeting, in the capacity of observer only, unless invited to contribute by the Chair in circumstances that support the ANEDs development and understanding. This is so the accountability of the substantive members of the committee is maintained.

Associate NEDs will be invited to meetings by the Corporate Governance Team and will be sent copies of the meeting papers.

3 QUORACY

Number: The minimum number of members for a meeting to be quorate is three. This should comprise at least one non-executive director and one executive director. Attendees do not count towards this number. If the chair is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by the deputy chair.

Non-quorate meeting: Non-quorate meetings may go forward unless the chair decides otherwise. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

4 MEETINGS OF THE GROUP

Meetings may be held face-to-face or remotely as is considered appropriate. Remote meetings may involve the use of the telephone and / or electronic conference facilities.

Frequency: The Quality Committee will meet monthly to transact its normal business.

Administrative support: The Corporate Governance Team will provide secretariat support to the committee.

Minutes: Draft minutes will be sent to the chair for review and approval within seven working days of the meeting.

Papers: Papers for the meeting will be distributed electronically by the Corporate Governance Team five working days prior to the meeting. Papers received after this date will only be included if decided upon by the chair.

5 AUTHORITY

Establishment: The Quality Committee is a sub-committee of the Board of Directors and has been formally established by the Board of Directors.

Powers: The Quality Committee is constituted as a standing committee of the Trust Board of Directors. The committee is authorised by the Board to investigate and seek assurance on any activity within its terms of reference.

In consultation with the Board of Directors, the committee is able to access independent professional advice and secure the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

Cessation: The Quality Committee is a standing committee in that its responsibilities and purpose are not time-limited. It will continue to meet in accordance with these terms of reference until the Trust Board determines otherwise.

6 ROLE OF THE GROUP

6.1 Purpose of the Group

The Quality Committee has responsibility for providing assurance to the Board of Directors on the effectiveness of the:

- Trust's quality, including patient safety, systems and processes
- Quality, including patient safety, of the services provided by the Trust
- control and management of quality, including patient safety, related risks within the Trust.

The quality committee is committed to improving governance on a continuing basis through evaluation and review.

6.2 Guiding principles for members (and attendees) when carrying out the duties of the Quality Committee

In carrying out their duties members of the committee and any attendees of the committee must ensure that they act in accordance with the values of the Trust, which are:

- we have integrity
- we are caring
- we keep it simple.

6.3 Duties of the Quality Committee

The Quality Committee is seeking assurance that:

- systems and processes are effective
- quality, including patient safety, of services that the Trust provides is good and continuously improving
- quality of the experience of people using our service is good and continuously improving.

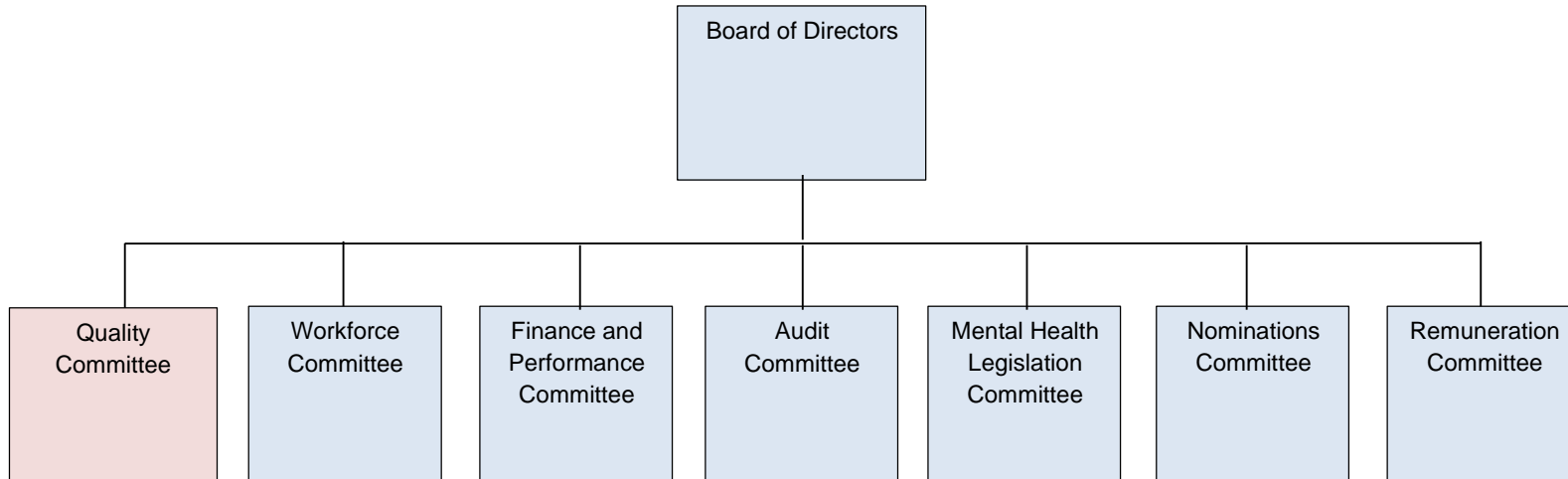
It carries out its duties to provide assurance to the Board of Directors. In addition to this, it is authorised to seek information that will allow it carry out its purpose. It will:

- Seek assurance on systems and processes to ensure monitoring and assessment of the quality, including patient safety, and improvements in services
- Seek assurance on the mechanisms to involve service users, carers, the public and partner organisations in improving services
- Seek assurance on the systems for identifying, reporting, mitigating and managing quality, including patient safety, related risks including the monitoring of incidents, investigations and deaths; and complaints, claims, and compliments
- Review the Board Assurance Framework to seek assurance on behalf of the Board that those strategic risks where it has been listed as an assurance receiver, are being effectively controlled; that the risk score (which has been determined by the executive team) is at the right level; and that any gaps are being addressed appropriately. It may also inform any deep-dive which it may wish to undertake into any area on which it requires further assurance.
- Seek assurance on compliance against the Care Quality Commission's registration and notification requirements and action plans in response to CQC inspection.
- Monitor, scrutinise and provide assurance to the Board of Directors on the Trust's compliance with national standards, including the Care Quality Commission's Fundamental Standards, and the quality elements relating to NHS England's System Oversight Framework, the quality elements within the NHS Standard contract, NICE guidance and CQUIN schemes.

- Seek assurance on the quality impact assessments for key strategic programs of work
- Receive assurance on the work carried out and reported to the Trustwide Clinical Governance Group, including: Quality Plan; Quality Report; Infection Prevention and Control; Safeguarding; Research and Development; Clinical Audit and NICE; Continuous Improvements; and Measuring outcomes across Trust services
- Receive assurance on activity within operational services that contributes to the understanding and improvement of quality, including patient safety, within the Trust.
- Review the draft Internal Audit Annual work plan so it can be assured on the sufficiency of the work the Auditors will carry out in respect of clinical matters. Assurance on this sufficiency (or comments on any matters that should be included) will be provided to the Audit Committee to allow it to approve the overall plan.
- Have oversight of relevant data and specific initiatives in relation to the Equality and Inclusion Agenda as requested by the Board of Directors, recognising the importance of inclusion and accessibility in delivering quality services
- Carry out the duties of the Maternity Board Safety Champion, with the chair of the committee being the named champion.
- Carry out the role of Hip Fracture, Falls and Dementia Champion
- Carry out the role of Learning from Deaths Champion
- Carry out the role of Children and Young People Champion
- Carry out the role of Resuscitation Champion
- Carry out the role of Safeguarding Champion
- Carry out the role of Palliative and of Life Care Champion

An assurance and escalation report will be made to the Board of Directors by the Chair of the committee.

7 Links with Other Committees



The Quality Committee does not have any sub-committees. It is linked to the Trustwide Clinical Governance Group as an assurance receiver. The Quality Committee provides a route of escalation for this group to the Board of Directors. Although this does not preclude any other group being asked to provide assurance. The committee has a duty to work with other Board sub-committees to ensure matters are not duplicated.

8 DUTIES OF THE CHAIR

The Chair of the committee shall be responsible for:

- agreeing the agenda with the Director of Nursing, Quality and Professions and the Medical Director
- directing the conduct of the meeting ensuring it operates in accordance with the Trust's values
- giving direction to the Committee Secretariat
- ensuring all members have an opportunity to contribute to the discussion
- ensuring the agenda is balanced and discussions are productive, and when they are not productive they are efficiently brought to a conclusion
- deciding when a matter requires escalation to the Board of Directors
- checking the minutes
- ensuring key information is presented to the Board of Directors in respect of the work of the committee
- ensuring that governor observers are offered an opportunity at the end of the meeting to raise any points of clarification.

In the event of there being a dispute between any 'groups' in the hierarchy (in the case of this Board sub-committee, this would be between the Board and the Quality Committee and, in recognition of the nature of matrix working between the work of all Board sub-committees, the Quality Committee and any other Board sub-committee) it will be for the chairs of those groups to ensure there is an agreed process for resolution; that the dispute is reported back to the 'groups' concerned; and that when a resolution is proposed regarding the outcome this is also reported back to the 'groups' concerned for agreement.

The chair of the Quality Committee will also be the named Maternity Board Safety Champion, with the requirements of the role to be discharged through the committee.

9 REVIEW OF THE TERMS OF REFERENCE AND EFFECTIVENESS

The terms of reference shall be reviewed by the committee at least annually, and then presented to the Board of Directors for ratification. This will also occur throughout the year if a change has been made to them.

In addition to this the chair must ensure the committee carries out an annual assessment of how effectively it is carrying out its duties and make a report to the Board of Directors including any recommendations for improvement.

10 SCHEDULE OF DEPUTIES

Committee Member	Deputy
NED Chair	Second NED
NED member	None
Director of Nursing, Professions and Quality / Director of Infection Prevention and Control	Deputy Director of Nursing
Chief Operating Officer	Deputy Chief Operating Officer
Director of People and Organisational Development	Associate Director
Medical Director	Clinical Director