

Quality Governance Assurance Committee Terms of Reference

1. Strategic Statement

The Quality Governance Committee is accountable to the Trust Board. It is established to provide assurance to the Trust Board that appropriate and effective governance mechanisms are in place for all aspects of Quality Governance and risk, In particular ensuring the strategic objectives and trust ambitions are being delivered i.e.

- Ensure Our Patients are Safe
- Ensure that our Patients have the Best Possible Experience
- Ensure that our Treatment is Effective and Compliant
- Be A High Reliability Organisation

2. Constitution

The Quality Governance Committee is formed under formal resolution of the Trust Board as follows:

The Trust Board hereby resolves to establish a committee to be known as the Quality Governance Committee. The Quality Governance Committee holds only those executive powers as delegated in these Terms of Reference.

3. Relationships

The Quality Governance Committee is chaired by a Non-Executive Director of the Board. Subject to such directions as may be given by the Trust Board, it may establish sub-committees as appropriate and determine the membership and terms of reference of such.

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall apply to the Quality Governance Committee and its sub-committees. In which case the term “Chairman” is to be read as a reference to the Chairman of the committee as the context permits, and the term “member” is to be read as a reference to a member of the committee also as the context permits.

4. Membership

The membership of the committee shall comprise the following:

Voting Members

Non-Executive Director (Chair)
Non-Executive Director (Vice Chair)
Non-Executive Director
Director of Nursing
Medical Director (Executive Lead)
Director of Human Resources
Director of Operations

Non voting members

Deputy Medical Directors
Head of Quality Governance
Risk Manager
Patient Representative
Legal Advisor

In attendance

Trust Secretary

If a NED is unable to attend a meeting, any other available NED or Associate NED may attend as an alternate in their place and will have the quoracy and full voting rights of the NEDS on the committee.

If any voting member is unable to attend a meeting, they are to designate another suitable officer to attend as an alternate in their place. These alternates to have the quoracy and voting rights of the member they are attending for.

5. Attendance

A quorum shall be two of the voting members, including the chair or vice chair of the committee and one Executive member. Alternates to count towards a quoracy as described in (4) above. Members will be required to attend at least 60% of all scheduled meetings within each year.

6. Administration

The Trust Secretary will ensure appropriate support is afforded the Committee.

7. Frequency

The Quality Governance Committee will meet monthly.

8. Authority

The Committee shall be accountable to the Trust Board. The minutes of Committee meetings shall be formally recorded by a Secretary and submitted to the Board. The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any

concerns where necessary. It will also advise the Audit Committee on the adequacy of assurances available. It is authorised to seek clarification and further investigation as necessary.

9. Core Duties

The core duties of the committee will be as follows:

9.1 The Committee is authorised by the Board of Directors to ensure that:

- There are robust processes in place for the effective management of Quality Governance and the identification of risks to quality.
- Effective structures are in place to support Quality Governance that these structures operate effectively and that action is taken to address areas of concern.
- Strategic Risks to quality identified in the Board Assurance Framework and corporate risk register are being mitigated

9.2 To oversee and scrutinise the quality strategy, delivery of key priorities and the Trusts quality account for approval by the Board.

9.3 To monitor the implementation of the Quality Governance Development Plan and report progress to the Board.

9.4 To review and monitor Risk issues remitted to the committee by the Trust Board and ensure the Board is kept informed of significant risks identified by the committee.

9.5 Oversee to assure the development of the clinical audit plan, monitor progress against the plan, and implementation of actions arising from clinical audit reports. Providing assurance that the clinical audit process is functioning effectively.

9.6 To be assured that mechanisms are in place to review and monitor the effectiveness and quality of clinical care across the whole Trust and that actions are taken to address issues of poor clinical performance and bring about continuous quality improvement.

9.7 To be assured that the Trust identifies lessons for improvement and implements these in all relevant areas.

9.8 To be assured that National standards, guidance and best practice are systematically reviewed and embedded within the Trust.

9.9 To be assured that the views of users and carers are systematically and effectively engaged in clinical quality activities.

9.10 To be assured of the implementation of agreed action plans in relation to major internal reviews and all external reviews relating to clinical care.

- 9.11** To be assured that arrangements for clinical care with other service providers regarding transfers of care and joint care are arranged appropriately.
- 9.12** To provide assurance that arrangements are in place for the review and approval of clinical policies, procedures and protocols.
- 9.13** To have oversight of the investigations of all serious incidents and seek assurance that action plans have been implemented.
- 9.14** Provide assurance that the trust conforms with health & Safety legislation
- 9.15** Provide assurance that effective security management arrangements are in place.
- 9.16** To receive reports from the medical director and the director on nursing relating to professional responsibilities and staffing issues, including revalidation of doctors.
- 10** Terms of Reference to be reviewed annually by the Committee and approved by the Board. Committee to undertake an annual appraisal and to produce an Annual Report, both of which to be presented to the Board.

11 Committee structure

