

Quality Governance Committee Terms of Reference

1. Delegation of powers

The Quality Governance Committee is appointed by the Trust Board in line with the powers set out in the Trust Standing Orders.

The Quality Governance Committee holds only those powers as delegated in these Terms of Reference as determined by the Trust Board.

The Standing Orders and Standing Financial Instructions of the Trust, as far as they are applicable, shall apply to the Committee and any of its established groups.

2. Purpose of the Committee

The Quality Governance Committee exists to scrutinise the robustness of and provide assurance to the Trust Board that there is an effective system of quality governance and internal control across the clinical activities of the organisation that supports the United Lincolnshire Hospitals NHS Trust to deliver its strategic objectives and provide high quality care.

The relevant strategic objectives assigned to the Quality Governance Committee for 2018/19 are:

- Objective 1a Delivering harm free care: reduction in pressure ulcers, falls and infection rates
- Objective 1b Improve our safety culture by delivering the quality and safety improvement plan
- Objective 1d Strengthening our clinical governance and risk identification: developing a positive and open reporting culture as a learning organisation
- Objective 1e Patient experience reflects our ambition as a Trust to put patients and safety first

3. Duties and Responsibilities

The Quality Governance Committee will:

1. Be assured that there are robust processes in place for the effective management of Quality Governance
2. Scrutinise structures in place to support Quality Governance, to be assured that the structures operate effectively and action is taken to address areas of concern.
3. Agree the key priorities that are included within the Trust's Quality Strategy
4. Oversee and monitor delivery of the key priorities of the Quality Strategy
5. Oversee and monitor the delivery of the Clinical Strategy
6. Oversee and monitor the implementation of the following 2021 enabling strategies:
 - Research and Improvement Strategy
 - Equalities Strategy (as it applies to patients)
7. Oversee production of the Quality Account and monitor delivery against the quality improvement priorities

8. Review and monitor those risks on the Corporate Risk Register which relate to quality and high risk operational risks which could impact on patient care and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.
9. Oversee and scrutinise the Trust's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies (e.g. Care Quality Commission, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.
10. Oversee and seek assurance on delivery of the Trust's Quality and Safety Improvement Programme.
11. Ensure that mechanisms are in place throughout the organisation to review and monitor the effectiveness of the quality of care.
12. Seek assurance that an appropriate quality impact assessment process is in place and scrutinise and challenge outcomes on behalf of the Board.
13. Receive assurance that the Trust identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded.
14. Receive assurance on performance against all quality standards contained within NHS Standard Contracts and CQUIN.
15. Receive assurance that the Trust has effective and transparent mechanisms in place to monitor mortality.
16. To be assured that the views of users and carers are systematically and effectively engaged in clinical quality activities.
17. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for safeguarding adults and children.
18. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for infection prevention and control.
19. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for equality and diversity as it applies to patients.
20. Scrutinise the robustness of the arrangements for and assure compliance with the Trust's statutory responsibilities for medicines optimisation and safety
21. Have oversight of and approve the terms of reference and work programmes for the Quality and Safety Oversight Group (QSOG), Medicines Optimisation and Safety Group, Safeguarding Group and Infection Prevention and Control Group

4. Membership

The members of Committee are:

- Non-Executive Director (Chair)
- Non-Executive Director (Deputy Chair)
- Non-Executive Director
- Director of Nursing (DIPC) –and lead Director for Quality
- Medical Director (Accountable Officer for Controlled Drugs and lead director for clinical governance)

The following roles will be routine attendees at the committee:

- Associate Director of Clinical Governance
- Deputy Chief Nurse (workforce)
- Trust Secretary

All Board members are able to attend meetings of the Committee but will be recorded as "in attendance".

No other person shall routinely attend the committee unless at the specific invitation of the Chair / Committee members to ensure the Committee has sufficient expertise to enable it to deal with its agenda.

5. Quorum

The Committee will be quorate when four of the membership are present if this includes one non-executive director and one executive director.

Where members are unable to attend they should ensure that a deputy is in attendance who is able to participate on their behalf

6. Frequency

The Committee will meet monthly.

7. Accountability and Reporting

The Committee shall be accountable to the Trust Board. The minutes of meetings shall be formally recorded. 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.

The Committee will advise the Audit and Risk Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

8. Conduct of Business

The Committee will operate using a work plan to inform its core agenda. The agenda will be agreed with the Chair prior to the meeting.

Agendas and supporting papers will be circulated no later than 7 days in advance of meetings. Any items to be placed on the agenda are to be sent to the secretary no later than 8 days in advance of the meeting. Items which miss the deadline for inclusion on the agenda may be exceptionally added on receipt of permission from the Chair.

Minutes will be taken at all meetings, presented according to the corporate style, circulated within 7 days to members and ratified by agreement of members at the following meeting.

8. Review

The Terms of reference for the committee will be reviewed annually by the Committee and submitted to the Trust Board for approval.

The Committee will complete an annual review of its effectiveness and complete an annual report which it will submit to the Board.

The Committee will on an annual basis review and approve the terms of reference and work programmes of all of its reporting groups.

Reviewed and approved by	Date
Quality Governance Committee	
Trust Board	

Next review of ToR Required	April 2019
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Quality Governance Committee

Chair - Non-Executive Director
Executive Lead - Director of Nursing

Quality and Safety Oversight Group

Chair - Medical Director/ Director of Nursing