

Quality and Standards Committee

Appointed by Trust Board

Reports and accountable to the Trust Board

(Statutory)

Approved by the Trust Board on [...]

Overview

The Quality and Standards Committee (the Committee) is a formally constituted committee of the Board of Directors (Trust Board).

Summary of purpose and objectives

The purpose of the Committee is to provide assurance to the Board that the Trust has in place the necessary structures and processes for the effective provision of safe, high quality patient care, and comply with all legislation, regulations and guidance relevant to that aim that apply to the Trust.

Role and duties

Strategy and Planning

Quality

- To be assured that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations (FT4 6(b)) and are driven by a culture of continuous quality improvement.
- To review the Quality Strategy and make recommendations to the Board.

Workforce

- To endorse all workforce, equality and diversity, human resources, redesign and modernisation of the workforce and organisational development strategies, recommending these to the Trust Board for approval and implementation.

Capability and Culture

Quality

- To provide assurance that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided (FT4 6(a))
- To seek assurance that the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources (FT4 6(e))
- To seek assurance that the Trust is and remains compliant with Mental Health Act and Mental Capacity Act, and to approve the Mental Health Act and Mental Capacity Act Policy.

Workforce

- To assure itself of the existence and effective operation of systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the Trust who are sufficient in number and appropriately qualified and competent to ensure compliance with requirements of its regulators, including the Conditions of the Monitor Provider Licence upon commencing operation as a Foundation Trust.

Process and Structures

- To satisfy itself that systems and/or processes are established and effectively implemented to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making. (FT4 5(e))

Quality

- To seek assurance that the Trust has established and effectively implemented systems and/or processes to ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England, commissioners of services and statutory regulators of health care professions (FT4 5(c))
- To be assured that service delivery is driven by continuous quality improvement with a primary focus on improving the experiences of service users and carers.
- To scrutinise the arrangements within the Trust to ensure compliance (upon becoming an NHS Foundation Trust) with the terms of its License and Registrations and with CQC Regulations and Monitor's Governance Framework and receive the Quarterly and Annual Board Statements for recommendation to the Board
- To seek assurance that the Trust's Quality Accounts meet Regulators' requirements and best practice, to monitor performance against agreed indicators and to review the draft Annual Quality Accounts for approval by the Board via the Audit and Risk Committee.
- To seek assurance that processes are in place for the management of significant clinical and quality risks arising out of claims, complaints, incidents, serious incidents, never events and contract and compliance inspections, including Clinical Audit, and that any necessary changes or improvements to practice or procedures are implemented.
- To seek assurance that there are robust processes in place to:
 - scrutinise trends in patient satisfaction
 - identify areas for improvement identified in National Patient Surveys, Trust Surveys, Complaints and PALS reports
 - develop deliverable action plans which are monitored and completed, and
 - share learning Trust-wide.

Workforce

- To seek assurance that the Trust has established and effectively implemented systems and/or processes to ensure it actively engages on quality of care with staff and other relevant stakeholders and takes into account as appropriate views and information from these sources.

Measurement

Quality

- To provide assurance to the Board on the collection of accurate, comprehensive, timely and up to date information on quality of care (FT4 6(b)) and that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care (FT4 6(d)).
- To provide assurance to the Board that evidence via outcome measurements of service quality and service user experience has been received and taken account of.
- a) To monitor that the Trust's priority of delivery of safe, high quality patient centred care is embedded in the organisation, with a focus on innovation and the sharing of best practice; and

Terms of Reference

- b) to promote, model and endorse a culture of open and honest reporting of any incident/situation that may threaten the quality of patient care.
- To obtain assurance from management that compliance with Mental Health Legislation and Policy throughout the Trust is monitored and achieved.
- To seek assurance that Trust management is driving and delivering quality improvement throughout its services.

Workforce

- To assure itself, using defined metrics, of the efficacy of processes and structures in place to manage human resources, workforce planning and development, learning and development and organisational development.

Responsibility/delegated authority

The Committee is authorised by the Board to investigate any activity within its terms of reference.

The Committee is authorised to seek any information it requires from any officer of the Trust, and all officers are directed to co-operate with any request made by the Committee.

Limitations of authority

Save as is expressly provided in the Terms of Reference, the Group shall have no further power or authority to exercise, on behalf of the Board, any of its functions or duties.

Accountability / reporting requirements

- This Committee is accountable to the Trust Board, for the delivery of its duties delegated by the Trust Board within its Standing Orders.
- Minutes will be prepared after each meeting of this Committee and circulated to members of the Committee and others as necessary.
- The key issues of the Committee will be included in the Board of Directors agenda and papers in the Chair's Report. The draft minutes of the Committee meeting will be included in the agenda and papers of the following Board meeting.
- The Chair of the Committee shall draw to the attention of Trust Board any issues that require disclosure to the full Board, or require Executive action, or otherwise require the Board's attention.
- The Committee will report to Trust Board annually on its work.
- The Committee will draw to the attention of any other Committee or the Board, any issues which it believes requires that committee's consideration.
- The Committee will draw to the immediate attention of the Board and/or its individual members any issue which, in its view, requires urgent consideration.

Membership

The membership will comprise 3 Non-Executive Directors, one of whom shall chair the Committee, and 2 Executive Directors being the Medical Director and Director of Nursing and Quality.

The Trust Board will appoint the Chair of the Committee.

Meeting requirements

Quorum

The quorum for meetings of the Committee shall be two Non-Executive members and one Executive member, ensuring compliance with the Trust Standing Orders.

Substitutes/Deputies

Any Non-Executive Director of the Trust may act as nominated substitute / deputy in the unavoidable absence of any Non-Executive and this attendance will count towards the quorum.

Attendees

The Executive Director of Operations is required to attend.

Invitees

The Executive Director of Resources and the Director of Organisational Development will be invited to attend on request of the Committee.

Any Non-Executive Director may attend meetings of the Committee.

Clinical Directors and a representative of the Quality Board will be invited to attend on request of the Committee.

The Committee may require any employee of the Trust or any other person involved in the delivery of clinical or patient care services on behalf of the Trust to attend any meeting and to produce required information for the Committee.

A standing invitation is also made for attendance by two members of the Trust-wide Engagement Group, to include the Involvement Worker for the locality in which the meeting of the Committee is held where possible.

The Committee may invite to attend on a regular or ad hoc basis as it wishes, service users and carers to provide their own perspective into the Committee.

No other party may attend without the specific invitation of the Chair of the Committee.

Frequency of Meetings

The Committee will meet nine times per year with additional meetings as deemed necessary by the Chair of the Committee.

Administration of Committee

The Corporate Affairs directorate shall provide appropriate administrative support, guidance and advice on governance arrangements to the Chair and Committee members

Agendas

The Committee will receive reports for each meeting on activity under the following headings:

- Compliance
- Quality Improvements
- Policies
- Reporting

Lead contact

Executive Director of Nursing and Quality

Monitoring effectiveness

The Company Secretary shall, at least once a year, review the performance, constitution and terms of reference of the Committee to ensure it is operating at maximum effectiveness in order to support the continual improvement of governance standards, committees, sub-committees and groups.

The Company Secretary shall produce an annual report to the Board of Directors detailing the results of the Committee Review and recommend any changes considered necessary for approval by the Board.

Review

The Terms of Reference of this Committee must be reviewed and subsequently approved by the Trust Board at least annually.