

## **Quality and Standards COMMITTEE**

*Appointed by Trust Board on  
Reports and accountable to the Trust Board  
(Non-Statutory)*

### **TERMS OF REFERENCE**

#### **Overview**

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

This is a non-statutory Committee.

#### **Summary of purpose and objectives**

The purpose of the Committee is to obtain assurance on behalf of the Board that the Trust has in place the necessary structures and processes for the effective direction and control of the organisation so that it can meet all its objectives including specifically the provision of safe high quality patient care and comply with all relevant legislation, regulations and guidance that may from time to time be in place.

The purpose of the Committee is also to exercise statutory duties associated with the Mental Health Act and the Mental Capacity Act.

#### **Role and duties**

1. To scrutinise the arrangements within the Trust to ensure compliance with the terms of its Authorisation (when an FT) and Registrations and with CQC Regulations and Monitor's Governance Framework and to oversee the preparation of Quarterly and Annual Board Statements for approval by the Board
2. 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  
b) to promote a culture of open and honest reporting of any incident/situation that may threaten the quality of patient care.
3. To review the Quality Strategy and make recommendations to the Board.
4. To agree the framework of the Quality Accounts to ensure they meet Regulators' requirements and best practice, to monitor performance against agreed indicators and to oversee the preparation of the Annual Quality Accounts for approval by the Board via the Audit, Risk and Assurance Committee.
5. To assure the Board 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 and that any necessary changes or improvements to practice or procedures are implemented.
6. To scrutinise trends in patient satisfaction and identify areas for improvement identified in National Patient Surveys, Trust Surveys and PALS reports and to review the actions taken.
7. To investigate any risk identified and referred to it by the Audit, Risk and Assurance Committee arising from its reviews of the Trust's various risk registers and to report to the Audit, Risk and Assurance Committee any significant risks identified by the Committee itself.
8. To review Mental Health Act and Mental Capacity Act Policy.
9. To review compliance with Mental Health Act and Mental Capacity Act.

- 10 To oversee Mental Health Act manager appointments.
- 11 To monitor the implementation of the Mental Health Legislation and Policy throughout the Trust.

### **Responsibility / delegated authority**

*(i.e. what decisions is the Committee allowed to make)*

1. To approve any policy or procedural document relating to quality and safety including clinical, safeguarding or patient care matters where there is not a specific requirement for Board approval.
2. To consider any strategy or policy document relating to any quality or safety matter prior to formal ratification by the Board.
3. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

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.

4. The Committee may carry out or request ad-hoc reviews of specific issues of concern.
5. The Committee will receive the minutes of the Audit and Risk Committee electronically after each meeting and may request additional assurances and action plans as appropriate.
6. To engage the services of or take advice from any suitably qualified third party or advisers to assist with any aspects of its responsibilities provided that the financial and other implications of seeking outside advisers have been discussed and agreed by the Chief Executive.

### **Accountability / reporting requirements**

1. This Committee is accountable to the Trust Board.
2. Minutes will be prepared after each meeting of this Committee and circulated to members of the Committee and others as necessary.
3. The key issues of the Committee will be included in the Board of Directors agenda and papers. Once the Committee has approved the full minutes, a copy will be available, for information, to the Board at its next meeting.
4. 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.

The Committee will draw to the attention of any other Committee or the Board, any issues which it believes requires that committee's consideration.

### **Membership**

The membership will comprise three Non-Executive Directors, one of whom shall chair the Committee, together with the Medical Director, Director of Operations and Director of Nursing, Compliance, Assurance and Standards. In the event of any vote having to be taken the Chair will have a second and casting vote. The Chair of this Committee shall also be a member of the Audit and Risk Committee.

The Medical Director and Director of Nursing must appoint an alternate to attend on their behalf if they are unable to do so.

Any Non-Executive Director may attend Committee Meetings.

The ***Local and Specialised Business Unit Clinical Directors, Head of Professional Council and the Deputy Director of Quality and Healthcare Governance*** are expected to attend meetings of this Committee.

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.

### **Meeting requirements**

- (a) Quorum – The quorum for meetings of the Committee shall be two Non-Executive Directors and one Executive Director.
- (b) Voting – For voting purposes there will always be a majority of Non-Executive Directors.
- (c) Attendance – Members should make every effort to attend all meetings of the Committee but as a minimum, three quarters of all meetings each year.
- (d) Frequency of Meetings – The Committee will meet at least twelve times a year with additional meetings as deemed necessary by the Chair of the Committee
- (e) Administration of Committee – Deputy Director of Quality and Healthcare Governance shall attend as Clerk to the Committee and will provide appropriate administrative support, guidance and advice to the Chair and Committee members.

### **Agendas**

The format and content of the agenda will be agreed by the Chair of the Committee.

### **Lead contact for this Meeting**

Chair of the Committee

### **Monitoring Effectiveness**

In order to support the continual improvement of governance standards, committees, sub-committees and groups are required to complete a self-assessment of effectiveness at least annually and advise the appointing body of any suggested amendments to these Terms of Reference which would improve governance arrangements.

### **Review**

1. These Terms of Reference were agreed by Trust Board on xxxxxx
2. The Terms of Reference of this Committee must be reviewed and subsequently approved by the Trust Board at least annually.