

Quality and Standards COMMITTEE

*Appointed by Trust Board
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).

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 License 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 and Risk 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, including Clinical Audit, 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

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 agreement by the Board.

3. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
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 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 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.
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.

The Medical Director and Director of Nursing must appoint an alternate to attend on their behalf in the event of any unavoidable absence.

Any Non-Executive Director may attend Committee Meetings.

The Local and Specialised Business Unit Clinical Directors, Head of Professional Council and Head of Academy are expected to attend meetings of this 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.

Meeting requirements

1. Quorum – The quorum for meetings of the Committee shall be three members, ensuring compliance with the Trust Standing Orders.
2. 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.
3. 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 XXXX.
2. The Terms of Reference of this Committee must be reviewed and subsequently approved by the Trust Board at least annually.

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