



QUALITY COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The purpose of the Quality Committee [\[the Committee\]](#) is to provide the [Audit Committee and the Trust Board of Directors \[the Board\]](#) with an objective and [independent-integrated view and assurances review of-on both](#) quality [and workforce matters, including risks and mitigations,](#) to support the delivery of safety and excellence in patient care. This remit includes a focus on safety, clinical effectiveness, patient experience and workforce issues, and on the effectiveness of quality governance and risk management systems.
- 1.2 The Committee will enable the [Trust](#) Board to obtain assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:
- Promote safety, high quality patient care across all Trust departments;
 - [Identify, prioritise and manage risk arising from clinical care;](#)
 - [Review, prioritise and recommend to the Board risk arising from the Trust's Workforce Plans;](#)
 - Ensure the effective and efficient use of [workforce and other](#) resources; through evidence based clinical practice;
 - Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality, [and safety and the clinical workforce;](#)
 - Ensure effective supervision and education and training of the workforce;
 - Protect the health, safety and wellbeing of Trust employees;
 - Ensure effective information governance across the Trust's functions.

2. CONSTITUTION

- 2.1 The Quality Committee is constituted as a standing committee of the [Trust](#) Board.
- ~~2.2 The Committee in its workings will be required to adhere to the Constitution of Yorkshire Ambulance Service NHS Trust when this is established and to the Terms of Authorisation and Code of Governance issued by the Independent Regulator for NHS Foundation Trusts.~~

2.3 As a committee of the ~~Trust Board of Directors~~, the Standing Orders, including the Scheme of Powers Delegated and Reserved to the Board, Reservation and Delegation of Powers & the Standing Financial Instructions (SO/SFIs) of the Trust ~~shall will~~ apply to the conduct of the working of the Quality Committee.

~~2.4 Following a review of Executive Directors' portfolio responsibilities in Q2, 2015 there may be consideration of a restructure of YAS' Level 2 Committees, i.e. those reporting directly to the Trust Board. This may affect the Committee Membership.~~

3. RELATIONSHIPS

3.1 The Committee will seek the views of Executive Directors, specialist managers, management groups, Internal and external Audit, as required to inform its scrutiny.

3.2 The Committee may establish sub-committees or working groups to support its function as required.

4. MEMBERSHIP

4.1 Membership of the Committee ~~shall will~~ comprise:-

- A minimum of ~~3~~ three Non-Executive Directors, excluding the Audit Committee Chairperson, one of whom will be appointed by the Board as the Committee Chairman, and one being the, ~~including the Quality Committee Chairman and~~ Chairman of the Finance & Investment Committee ~~(one of whom who will Chair the meeting in the absence of the appointed Quality Committee Chairman. will Chair the meeting)~~
- Executive Director of ~~Standards and Compliance~~ Quality, Governance and Performance Assurance
- Executive Medical Director
- Executive Director of ~~People & Engagement~~ Workforce and Organisational Development
- Executive Director of Operations
- Director of Planned and Urgent Care

N.B. The Chairpersons of the Quality and Finance and Investment Committees are ~~each~~ each members of the other Committee, to support alignment and cross-~~reference~~ reference of key business.

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4.2 The following are also required to be in attendance:

- YAS Expert Patient
- ~~Associate Deputy~~ Medical Director
- ~~Deputy Director of Workforce and Organisational Development~~
- ~~Associate Deputy~~ Director of Quality and Nursing
- ~~Associate Director of Risk and Safety~~

• ~~Associate Director of Organisational Effectiveness and Education~~

4.3 Other personnel may be invited to attend as necessary to support the discussion of specific agenda items.

4.4 Members are expected to attend all meetings. If unavailable, a deputy may be nominated with prior agreement of the Committee Chairman.

4.5 Other Board members and senior managers may attend the Committee as observers to support the delivery of their roles.

5. AUTHORITY

5.1 The Committee is authorised by the ~~Trust~~ Board to investigate any activity within its Terms of Reference, and to make decisions on issues and developments within its terms of reference on behalf of the ~~Trust~~ Board, subject to Standing Orders and Standing Financial Instructions. Any decisions of the Committee ~~shall will~~ be taken on a majority basis. The Chairperson Committee Chairman shall will have a casting vote in the event of equality of voting.

5.2 The Committee has delegated authority from the ~~Trust~~ Board for oversight and assurance in relation to key organisational risks as indicated in the Trust Board Assurance Framework and the Corporate Risk Register, and agreed by the Audit Committee.

5.3 The Committee is authorised to seek external legal or professional advice as appropriate to support its function.

6. RESPONSIBILITIES

6.1 To review the structures, systems and processes for clinical governance and ~~quality, workforce development and quality and~~ information governance, and to consider current and future risks to quality and safety.

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For Approval Board of Directors 31 January 2017

~~Terms of Reference of Quality Committee~~
~~Approved Trust Board 28 July 2015~~

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6.2 To review and monitor implementation of the Trust's Workforce Strategy including gaining assurance of the structures, systems and processes for workforce compliance and quality issues, to ensure an integrated view of quality and workforce matters.

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6.23 To review and monitor delivery of the Trust's Clinical Quality Strategy and its supporting implementation plans relating to safety, clinical audit and effectiveness and patient experience.

6.34 To review and agree the draft Trust's Quality Account prior to recommendation to the Trust Board, and to monitor delivery of Quality Account priorities.

6.45 To review reports about compliance with external quality standards, including the Essential Standards of Quality and Safety, ~~NHS Trust Litigation Authority requirements, NHS Improvement,~~ Health and Safety legislation and regulation, and to review the adequacy of the Board Memorandum on Quality Governance and other relevant formal Trust disclosure statements prior to endorsement by the Trust Board.

6.5 To review the effectiveness of systems for reporting, investigation and learning from incidents, complaints and concerns, claims, Coroners' inquests and other adverse events.

6.6 To review the management of and learning from all significant adverse events.

6.7 To promote a culture of openness and honest reporting and to gain assurance on implementation of the Trust's ~~Freedom to Speak - Being Open policy~~ Up Policy.

6.8 To review progress and mitigation of key risks in relation to delivery of ~~the Trust CQUIN schemes and other~~ the Trust's CQUIN and other contractual quality requirements.

6.9 To review and gain assurance on the Trust's Service Transformation Programme.

6.10 To review and gain assurance on processes for quality impact assessment of Trust developments and cost improvement schemes.

6.11 To review Trust quality and workforce indicators to aid continuing improvement of quality.

6.12 To review the effectiveness of Trust safeguarding arrangements.

- 6.13 To review the effectiveness of infection, prevention and control arrangements.
- 6.14 To review the effectiveness of information governance policies and procedures, including the requirements of the Caldicott Guidelines, Data Protection Act 1998, Freedom of Information Act 2000, and compliance with the Information Governance Toolkit.
- 6.15 ~~To review and monitor implementation of the Trust Workforce Strategy. To review the effectiveness of medicines management, in particular Controlled Drug management, or research carried out by the Trust either alone or in partnership with others.~~
- 6.16 To review the effectiveness of workforce policies and procedures.
- 6.17 To review relevant internal and external reports, reviews and enquiries, in order to support the development of quality within the Trust.
- 6.18 To examine any other matter referred to the Committee by the ~~Trust~~ Board of Directors.
- 6.19 To scrutinise and obtain assurance as to the effective management of key risks and mitigations relating to the remit of the Committee ~~and mitigations for the organisation. To to~~ report to the Audit Committee and provide assurance to the ~~Trust~~ Board on the adequacy of control and mitigation against such risks.
- 6.20 To make recommendations to the Audit Committee concerning the annual programme of Internal Audit work and to work with the Audit Committee to ensure effective scrutiny of the risks and systems of internal control related to matters of quality and safety.

7. ATTENDANCE

- 7.1 The members of the Committee are expected to attend each meeting unless prior agreement is obtained from the ~~Chair of the Committee~~ Chairman.
- 7.2 The Executive Director of ~~Standards and Com~~ Quality, Governance and Performance Assurance ~~pliance~~ is the Executive Director lead. Other members of the ~~Trust~~ Board ~~shall will~~ be entitled to attend and to receive papers to be considered by the committee.
- 7.3 Other managers/staff may be invited to attend meetings depending upon issues under discussion.
- 7.4 A quorum ~~shall will~~ be three members, which ~~shall will~~ include ~~two~~ Non-Executive Directors and ~~either of~~ the Executive Director ~~of~~ Quality, Governance and Performance ~~Standards and Compliance or Assurance or the~~ Executive Medical Director.
- 7.5 Committee attendance will recorded by the Committee Services Manager and this information will be passed to the Committee Chairman for review.
- 7.6 In the event of either the Quality or Finance & Investment Committee Chairman being unavailable to chair the Committee, the third Non-Executive Director will deputise.

8. REPORTING

- 8.1 The Quality Committee will report to the ~~Trust~~ Board ~~of Directors~~ following each meeting and approved minutes of the Committee will be circulated to all ~~Trust~~ Board members for information.
- 8.2 The ~~Chair of the~~ Committee Chairman will draw to the attention of the ~~Trust~~ Board any issues which require disclosure to the ~~full Trust~~ Board, including those that affect the financial strategy of the Trust or require executive action.
- 8.3 The ~~Chair of the~~ Committee Chairman will also provide a report to each meeting of the Audit Committee, focused on the management of key risks within its terms of reference.

9. ADMINISTRATION

9.1 The ~~Personal Assistant~~PA to the Executive Director of Quality, Governance and Performance Standards and Compliance ~~will~~Assurance will support the administrative function of the Committee, including:

- Agreement of the Agenda with the Committee Chairman, and attendees and collation of papers.
- Tracking of actions and issues to be taken forward.
- ~~Advising the Ce~~ommittee on pertinent areas in matters of an administrative nature.

- ~~9.2~~—The Trust Secretary shall will, upon request, provide advice and support to the Chairman and Committee members.

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9.3 The Committee Services Manager will take minutes of the meetings.

10. FREQUENCY

10.1 The Quality Committee will meet ~~5 times a year~~quarterly. ~~In addition there will be 2 additional joint meetings with the Finance and Investment Committee and an annual Service Line Quality Review.~~

10.2 Additional meetings will be convened by the Committee Chairman or Trust Chairman as necessary.

10.3 The Committee Chairman will ensure that, if an additional meeting(s) are held virtually, these must be recorded and the minutes reviewed and approved by the Trust Board.

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11. MONITORING AND REVIEW

11.1 The Committee will review its compliance with these terms of reference through its annual report to the Trust Board and annual self-evaluation workshop.

11.2 The Terms of Reference of the Committee shall will be reviewed by the Committee and submitted for approval by the Trust Board of Directors at least annually.

Author: ~~Executive Director of Trust Secretary/SP~~ Standards and Compliance

Date: ~~July 2015~~ January 2017

Reviewed: ~~July 2015~~ TEG, ~~12 December 2016~~ 9 January 2017

Date approved at Trust Board meeting: ~~28 July 2015~~ 31 January 2017

Date of next review: Quality Committee, ~~14 July 2016~~ 8 January 2018

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