



QUALITY COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

- 1.1 The purpose of the Quality Committee is to provide the Trust Board with an objective and independent review of quality, 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
 - Ensure the effective and efficient use of resources through evidence based clinical practice
 - Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality and safety
 - 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 of the Trust shall apply to the conduct of the working of the Quality Committee.

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 working groups to support its function as required.

4. MEMBERSHIP

4.1 Membership of the Committee shall comprise:-

- Non-Executive Director (Quality Committee Chair)
- Non-Executive Director (Quality Committee Deputy Chair)
- Non-Executive Director
- Executive Director of Standards and Compliance
- Executive Medical Director
- Executive Director of People & Engagement
- Executive Director of Operations

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

4.2 The following are also required to be in attendance:

- YAS Expert Patient
- Associate Medical Director (2)
- Associate Director of Quality
- Associate Director of Risk and Safety
- Associate Director of Organisational Effectiveness and Education
- Deputy Director of Operations
- Locality Director - Emergency Operations Centre
- Associate Director - PTS

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 Chair.

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 be taken on a majority basis. The Chairperson shall 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.

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 information governance and to consider current and future risks to quality and safety.

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

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

6.4 To review reports about compliance with external quality standards, including the Essential Standards of Quality and Safety, NHS Trust Litigation Authority requirements, 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 Being Open policy.

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

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

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

6.11 To review the effectiveness of Trust safeguarding arrangements.

6.12 To review the effectiveness of infection, prevention and control arrangements.

- 6.13 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.
- 6.14 To review and monitor implementation of the Trust Workforce Strategy.
- 6.15 To review the effectiveness of workforce policies and procedures.
- 6.16 To review relevant internal and external reports, reviews and enquiries, in order to support the development of quality within the Trust.
- 6.17 To examine any other matter referred to the Committee by the Trust Board of Directors.
- 6.18 To scrutinise key risks relating to the remit of the Committee and mitigations for the organisation. To report to the Audit Committee and provide assurance to the Trust Board on the adequacy of control and mitigation against such risks.
- 6.19 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.
- 7.2 The Executive Director of Standards and Compliance is the Executive Director lead. Other members of the Trust Board shall 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 be three members, which shall include two Non Executive Directors and the Executive Director of Standards and Compliance or Executive Medical Director.

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 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 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 to the Executive Director of Standards and Compliance will support the administrative function of the Committee, including:

- Agreement of the Agenda with the Chair and attendees and collation of papers.
- Tracking of actions and issues to be taken forward.
- Advising the committee on pertinent areas.

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

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. 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 Chair as necessary.

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 be reviewed by the Committee and submitted for approval by the Trust Board of Directors annually.

Author: Executive Director of Standards and Compliance

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Date of next review: June 2015