

## Quality Committee Terms of Reference

### 1.0 Constitution

- 1.1 The Quality Committee (the Committee) is a standing Committee that has been formally constituted by the Board of Directors of Yorkshire Ambulance Service NHS Trust (the Trust) in accordance with its Standing Orders.

### 2.0 Authority

- 2.1 The Committee is authorised by the Board of Directors to act within its terms of reference and will be provided with Trust resources to do so. All members of Trust staff are directed to co-operate with any request made by the Committee.
- 2.2 The Committee has the right of access to all information that it deems relevant to fulfil its duties, which may require any Trust colleague to attend a meeting of the Committee to present information or answer questions on a matter under discussion.
- 2.3 The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 2.4 The Committee has no executive powers other than those set out in these Terms of Reference.
- 2.5 The Committee is authorised to meet via a virtual/remote arrangement if it deems that necessary.
- 2.6 The Committee is authorised, in exceptional circumstances to conduct discrete business outside its scheduled meetings where it is not practicable to convene a full meeting.

### 3.0 Purpose and Duties

- 3.1 The purpose of the Committee is to provide assurance to the Board on the overall delivery of the Trust's strategic objectives in the context of quality of care and services and the effective mitigation of identified risk, specifically in relation to:
- Improving patient safety, experience and outcomes, and reducing health inequalities;
  - Continuous improvement in the quality of services;
  - Embedding an effective quality management system that supports the effective delivery of the Trust's strategic objectives and operational plan including quality priorities and the provision of sustainable, high quality care;
  - Overseeing the delivery of quality performance data, ensuring business intelligence is used to support improvements and sustain best practice;
  - Facilitating and evidencing the identification and sharing of best practice and learning across the Trust; and
  - Demonstrating compliance with statutory and regulatory requirements;

### 3.2 **Effective quality management system including continuous improvement in the quality of services**

- Ensure effective systems and processes are in place to review and monitor the effectiveness of quality of care, delivered across the Trust;
- Gain assurance on the delivery of quality services, through effective work programmes, ensuring capacity, and capability to support and sustain delivery;
- Receive and approve the annual Clinical Audit programme, ensuring it is consistent with the audit needs of the Trust;
- Oversee the Trust's policies and procedures regarding the use of clinical data and patient identifiable information, ensuring it is accordance with relevant legislation and guidance including the Caldicott Guidelines and Data Protection Act;
- Ensure timely and effective use of relevant and robust data to drive improvement in quality performance;
- Ensure annual Quality Report is produced in line with national guidance and timeframes;
- Oversee information governance and Health related IT clinical safety compliance across the Trust's functions;
- Assess the effectiveness of the Patient Experience to ensure opportunities to learn from the lived experience of patients, their families and carers is optimised to its full potential;
- Seek assurance of the management risk arising from clinical care;
- Review relevant data to demonstrate that effective mechanisms are in place to learn from the experience of colleagues across the Trust;
- Facilitate organisational learning and embed improvements in quality of care, experience, and outcomes through an effective framework;
- Receive high quality performance reports on the delivery of key statutory and regulatory requirements in relation to quality and experience of care;
- Recommend to the Audit Committee (as appropriate) on additions to the annual programme of internal Audit work in relation to the scope of this Committee's remit;
- Protect the health and safety of Trust employees, contractors and anyone using the Trust's premises/services;
- Review the effectiveness of systems for reporting, investigation and learning from incidents, complaints and concerns, claims, Coroners' inquests and other adverse events.
- Review the management of and learning from all significant adverse events;
- Review and gain assurance on processes for quality impact assessment of Trust developments and cost improvement schemes;
- Oversee the effectiveness of the Trust's safeguarding arrangements;
- Ensure the effectiveness of infection prevention and control arrangements;
- Ensure the effectiveness of medicines management and optimisation, in particular Controlled Drug management; and
- Ensure the effectiveness of research carried out by the Trust either alone or in partnership with others, is effective and safe

### 3.3 Risk responsibility aligned to the Committee:

- Review the Board Assurance Framework risks delegated to the Committee for review, and make recommendations to the Board for any required changes of risk score or content; and
- Review 12+ risks from the Risk Register relating to the remit of the Committee, as determined by the Trust's Risk Group.

## **4.0 Membership**

4.1 The Committee membership will be agreed by the Board of Directors and will consist of:

- 3 Non-executive Directors
- The Executive Director of Quality, Governance and Performance, who will be the Lead Director of the Committee
- Executive Medical Director

4.2 The Board will appoint a Chair and Vice Chair of the Committee.

## **5.0 Attendees**

5.1 Attendees will include:

- Associate Non-executive Director
- Company Secretary
- System Partnership Director

5.2 Additional Trust members of staff or external people will be invited as and when required to support the workings of the meeting.

5.3 An attendance record will be held for each meeting.

## **6.0 Quorum**

6.1 The Committee will be deemed quorate with three members, comprising at least two Non-executive Directors and one Executive Director present.

6.2 No business shall be transacted by the Committee unless a quorum is present.

6.3 Members unable to attend a meeting may nominate a deputy to attend on their behalf, agreed with the Committee Chair. (*Nominated deputies shall not count towards the quorum.*)

6.4 Members of the Committee do not represent or advocate for their respective area of the Trust, but act in the interests of the Trust as a whole.

6.5 Members are able to attend Committee meetings in person, by telephone, or by other electronic means.

6.6 Members in attendance by electronic means will count towards the quorum.

6.7 Members must demonstrably consider, and take appropriate positive action in respect to, the equality and diversity implications of decisions taken by the Committee.

## **7.0 Decision Making and Voting**

7.1 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Committee Chair may call a vote.

7.2 Only members present at a meeting of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

7.3. In the case that an equality of votes arises, the Chair of the Committee will hold the casting vote.

## **8.0 Committee Administration**

- 8.1 The Committee will meet at least 10 times a year. The Committee shall meet at any other time that the Chair of the Committee, in consultation with the Director Lead, shall require, in order to allow the Committee to discharge all of its responsibilities.
- 8.2 The Chair of the Committee and the Director Lead will meet to agree the agenda for each meeting. The agenda will be based on the Committee Annual Work Plan and any agreed additional items.
- 8.3 The Director Lead for the Committee will be the Executive Director of Quality, Governance and Performance. The Company Secretary or their nominated designate will support the Chair of the Committee and Lead Director in the management of the Committee's business and for drawing attention to good practice, national guidance and other relevant documents, as appropriate.
- 8.4 Notice of each meeting, shall be made available to each member of the Committee, no less than four working days before the date of the meeting in electronic form unless agreed otherwise by the Chair and Lead Director.
- 8.5 Administrative support to the Committee shall be provided by the secretary. The secretary will take minutes and clearly record actions. Items for inclusion on the agenda shall be submitted to the secretary 10 days prior to the meeting. Agendas can only be amended by the agreement of the Committee Chair and Director Lead.
- 8.6 The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure that these are recorded in the minutes accordingly.
- 8.7 The Committee Secretary shall minute the proceedings of all Committee meetings and provide draft minutes within five working days, reviewed by the Lead Director and then approved by the Committee Chair within 10 working days of the meeting.

## **9.0 Reporting and Accountability**

- 9.1 The Committee is accountable to the Board of Directors.
- 9.2 The Chair will report to the Board of Directors following each meeting on how it has discharged its responsibilities. The Chair of the Committee shall provide the Board with a Chair's Assurance Report following each Committee meeting, providing assurance or highlighting risks or issues that require executive action. The approved minutes of Committee meetings shall be formally recorded and submitted to the Board.
- 9.3 The Committee will report to the Board annually on its work in support of the annual governance statement. The Annual Report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee has considered and how these were addressed.
- 9.4 The Committee Chair shall attend the Annual General Meeting to respond to any stakeholder questions on the Committee's activities.
- 9.5 The Committee shall have the power to establish sub-Committees/Groups and/or task and finish groups for the purpose of addressing specific tasks or areas of responsibility (once agreed by Trust Executive Group any sub-Committees/Groups will be added).
- 9.6 The Chair from each of the operational groups will provide:
  - a report to the next meeting of the Committee; and



- the approved minutes from the group's meeting to the Committee.

## **10.0 Monitoring and Review**

- 10.1 The Terms of Reference of the Committee will be reviewed at least annually and submitted to the Board for approval.
- 10.2 The Committee will undertake an annual review of its performance, via self-assessment by its members and any agreed actions, will be reported to the Board.

**Reviewed and Approved by the Committee: 18 May 2023**

**Approved by the Board of Directors: 25 May 2023**

**Next Planned Annual Review: April 2024**