

Item 6.1bi

## Quality Committee

## Terms of Reference

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## **1 Constitution and Remit**

This Committee is established as an Assurance Committee of the Board of Directors of Liverpool Heart and Chest Hospital NHS Foundation Trust in order to provide the Board with assurances in respect of quality governance. It is a Non-Executive Committee.

## **2 Authority**

The Quality Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires of any employee (or contractor acting on behalf of the Trust) and all employees (or contractors acting on behalf of the Trust) are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain legal advice or other independent professional advice. The Committee is authorised to request the attendance of individuals and authorities from inside or outside of the Trust with relevant experience and expertise, where it considers this is necessary or expedient to the carrying out of its functions.

Trust Standing Orders and Standing Financial Instructions apply to the operation of the Committee.

## **3 Main Priority and Objective**

The Quality Committee shall provide the Board of Directors with a means of independent and objective review of quality governance. The Committee's main priority is to review and scrutinise assurances that the Trust's strategic priorities for quality improvement are identified, implemented and monitored. In particular, it shall:

- i) Ensure that appropriate quality standards in relation to clinical outcomes, safety and patient and family experience are set and compliance with them is monitored;

## **4 Duties and Responsibilities**

The Committee will promote safety and quality in patient care and experience and help to identify priorities and risks arising from clinical care and treatment on a continuing basis.

Specifically the Committee will:

- i) Receive assurances on the content of the Quality Strategy in relation to the targets set and on the quality of data reported to measure these targets
- ii) Assess the clinical and quality impact of financial decisions e.g. Cost Improvement programmes
- iii) Review and scrutinise in-year quality monitoring reports, ensuring the integrity of data
- iv) Seek assurance that the Trust is compliant with external regulations and standards of quality governance, including but not limited to :
  - CQC Outcomes and standards
  - National targets in relation to quality
  - Contractual requirements – CQUINs
  - Receive the outcome of the ECS assessments from the clinical areas annually
  - Receive the quality account annually

- v) **Patient Safety:** Receive assurance that the patient safety agenda is implemented throughout the Trust including:
- Infection prevention and control via the quality report at each meeting and via the key issues report from Quality and PFEC Committee
  - Safeguarding – via the annual safeguarding report
  - Safety thermometer – via the quality report
  - Incident reporting process and implementation of learning from incidents from the IICC report
  - Annual report from the medications safety group
  - Receive assurances on the management of diabetes across the Trust via the key issues report from Quality and PFEC Committee
  - M Receive an annual assurance report in relation to compliance with the sepsis bundles and improvement works in place and report on performance against the trusts sepsis bundle at each meeting

- vi) **Clinical Effectiveness:** Receive assurance that the clinical effectiveness agenda is implemented throughout the Trust including via quarterly key issues reports from the Quality and Patient and family experience committee meeting and via
- Updates from any clinical effectiveness initiatives
  - Effectiveness of governance processes relating to mortality via an annual mortality assurance paper and via the mortality data presented at each meeting via the quality report and via the key issues report from Quality and PFEC Committee
  - Review of Clinical Audit Strategy and associated operating plans – alignment of work programme to Trust objectives and quality of audit data and receive the clinical audit annual report
  - Receipt and review of benchmarking data relating to outcomes
  - Assurance around adherence to best practice e.g. NICE guidance, Royal College standards etc
  - Receive assurance regarding readmissions and the trusts improvement plan to reduce incidence
  - Receive assurance that the trust is meeting the outcomes for cancer services via the key issues report from Quality and PFEC Committee
  - Receive assurance in relation to compliance with the WHO safety checklist annually
  - Receive assurance in relation to resuscitation standards via the key issues report from Quality and PFEC Committee
  - Receive assurance on the incidence and improvements in preventing falls, and pressure ulcers and via the quality report and via the key issues report from Quality and PFEC Committee
  - Receive assurance on nutritional standards trust wide via the key issues report from the Quality and PFEC committee

- vii) **Patient and Family Experience:** Receive assurance via the quality report that the patient and family experience agenda is implemented throughout the Trust including:
- Receipt of assurance report on action planning in relation to the annual patient survey the key issues report from Quality and PFEC Committee
  - Assurance on quality of data relating to Complaints, Claims and PALS processes – identification of trends and assurance on implementation of learning via the customer care reports
  - Annual assurance report patient and family experience progress

- viii) **Research & Development:** Receive assurance that the R&D agenda is implemented throughout the Trust including:
- Assurance on data demonstrating implementation of research and innovation strategy via assurance reports

~~ix) Receive assurance reports on compliance with the NHS Constitution Pledges~~

- | ~~\*)~~(ix) Receive external assurance reports from the CQC and from regulatory / statutory bodies in relation to the quality and patient safety agenda and ensure that management responses / action plans are robust
- | ~~\*)~~(x) Consider urgent or material matters referred to the Committee by the Operational Board, Audit Committee or Board of Directors

## 5 Risk

The Committee will consider and seek assurances in relation to any risks relating to its remit and will identify and escalate any new or emerging risks arising from its work, through the BAF key issues reporting process.

## 6 Equality and Diversity

Ensure that equality and diversity and due consideration to the Human Rights Act are regarded in all aspects of the committee's work. This will include review of any equity analyses that are commissioned against the Trusts clinical services portfolio. In addition the Committee will have regard for NHS constitution in delivering its objectives.

## 7 Integration

The committee will support the integration of clinical, organisational and financial governance across the Trust

## 8 Membership

Three nominated Non-Executive Directors, one of whom will be the Chair and one the Vice Chair. In attendance at all meetings:

Director of Nursing & Quality

Medical Director

Director of Research & Informatics

*All of the above attendees to appoint a nominated Deputy who will attend in his / her absence*

The Committee may invite other officers to attend meetings as required. All Board Members have a right to attend any meeting of the Committee.

## 9 Quorum and Frequency

In order for decisions taken by the Committee to be valid, the meeting must be quorate. The Chair or Vice Chair plus three other members of the Committee must be present at the point when any business is transacted.

The Committee will meet quarterly (4 times per year).

## 10 Reporting

The Committee Chair will provide a BAF Key Issues Report to the Board of Directors following each meeting, along with approved minutes and an annual report, which will include a review of the Committee's Terms of Reference.

The Chair of the Committee will escalate urgent matters and exceptions to the Board and / or Audit Committee in between meetings as deemed appropriate.

## **11 Conduct of Committee Meetings**

The Chair of the committee will be supported by a lead Executive Director who will ensure that the appropriate processes are followed:

- Minutes and action log are accurate, comprehensive and timely
- The agenda and supporting papers are sent out to committee members 5 working days prior to the meeting, unless authorised by the Chair for exceptional circumstances
- Authors of papers presented must use the required template and adhere to BAF Policy.
- Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues.
- Committee members and those in regular attendance should actively participate in discussions pertaining to the agenda, ensuring that solutions and action plans have multidisciplinary perspectives and consideration of Trust-wide impact