

Quality Committee

Terms of Reference

Purpose	<p>Committee Meetings:</p> <p>To seek assurance, learn and drive improvement in relation to all aspects of quality within the Trust in line with the NHS Patient Safety Strategy and national quality standards.</p> <p>To provide a space for our staff to share insight into the quality of our services and engender a culture of patient centred improvement where peer challenge and support is offered by all members.</p> <p>What do we mean by ‘Quality’?¹</p> <p>Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be:</p> <ul style="list-style-type: none"> • Effective – providing evidence-based healthcare services to those who need them; • Safe – avoiding harm to people for whom the care is intended; and • People-centred – providing care that responds to individual preferences, needs and values. <p>To realize the benefits of quality health care, health services must be:</p> <ul style="list-style-type: none"> • Timely – reducing waiting times and sometimes harmful delays; • Equitable – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status; • Integrated – providing care that makes available the full range of health services throughout the life course; • Efficient – maximizing the benefit of available resources and avoiding waste.
Responsible to	Board of Directors
Delegated authority	The Committee is authorised to commission or receive investigations relating to any activity within its terms of reference. It is further authorised to seek any information it requires from any employee of the Trust and invite them to attend the Committee to contribute to a discussion or to enable the ‘lived experience’ to be captured as part of the debate.

¹ [World Health Organisation definition of Quality of Care](#)

	<p>The Committee may make a request to the Board for legal or independent professional advice.</p> <p>The Committee may request the attendance of external advisers with relevant experience and expertise if it considers this necessary to either contribute to an agenda item or to run development sessions for its members.</p> <p>The Committee will receive mandated highlight reports from the clinical working groups according to the reporting structure and annual work plan.</p>
<p>Duties</p>	<ul style="list-style-type: none"> • Will receive assurance that the quality of the Trust’s services is compliant with national standards and the requirements of NHS regulators and commissioners of services. • Review and provide feedback on quality related submissions required by NHSE or other external organisations, prior to approval through the Trust Board as required. • Make recommendations to the Audit Committee concerning the annual programme of Internal Audit. • Consideration of relevant internal audit reports and commissioning actions in relation to the findings as appropriate. • Oversight of the process for impact assessment (quality and equality) and receive assessments of any Trust developments and cost improvement schemes that are evaluated as high risk. • Oversight of the Trust’s objectives relating to quality priorities for inclusion in the Trust’s Annual Quality Account. • Oversight of the development and delivery of the Trust’s Improvement Strategy. • Oversight of progress towards the Trust’s digital and data related objectives through regular reports from the Digital and Data Transformation Committee, and review and provide feedback on Information Governance related submissions required by legislation prior to approval through the Trust Board as required. • Review, challenge and assess the identification and management of risks within the Committee’s remit on the High Level Risk Register and the BAF, to provide assurance to the Board that all

	<p>relevant risks are appropriately recognised and recorded, and that all appropriate actions are being taken within appropriate timescales where risks are not appropriately controlled.</p> <ul style="list-style-type: none"> • Share learning with partner organisations as appropriate to promote improvement. • Receive highlight reports from the Clinical Outcomes Group about compliance with internal and external quality standards including benchmarking data, learning from deaths and mortality, receive the Trust’s Annual Audit Plan and have oversight of the associated improvement plans. • Receive highlight reports from the Patient Safety Group, identifying learning from patient safety incidents and have oversight of the quality improvement programmes associated with a positive patient safety culture. • Receive highlight reports from the Patient Experience Sub-Committee, identifying learning from complaints and other sources of feedback. • Support and facilitate a culture of safety and improvement in line with the NHS Patient Safety Strategy by adopting the principles of Insight, Involvement and Improvement. • Oversight of the development of a suite of metrics to measure a culture of safety, quality and improvement. • Oversight of the Nursing & Midwifery Leadership Council work programmes to ensure successful accreditation for care excellence.
<p>Sub-Groups</p>	<p>Operational Chief Nurses Meeting Patient Safety Group Clinical Outcomes Group Patient Experience and Engagement Group Integrated Safeguarding Sub-Committee Digital & Data Transformation Committee Infection Prevention Control Committee</p>
<p>Chairing arrangements</p>	<p>The Committee will be chaired by a Non- Executive Director.</p>

Committee Membership	<ul style="list-style-type: none"> • Four Non-Executive Directors • Chief Medical Officer • Chief Nurse <p>Members are normally expected to attend at least 8 meetings during the year.</p>
In attendance	<ul style="list-style-type: none"> • Chief Digital and Information Officer • Deputy Chief Medical Officer • Associate Medical Directors (on rotation) • Operations Directors/Deputy COO (on rotation) • Associate Director of Quality • Head of Education • Deputy Chief Nurse • Director of Midwifery • Head of Midwifery • Directors of Nursing (Operations) • Head of Equality, Diversity & Inclusion • General Manager, Chief Medical Officer's Team • Deputy Director of Estates and Facilities • Lead AHP • Director of Infection Prevention and Control • Director of Pharmacy • Associate Director of Corporate Governance/Board Secretary • CSU Quality and Patient Safety Facilitators (on rotation) • Associate Director of Nursing & Quality, Bradford District and Craven Health and Care Partnership • Head of Corporate Governance <ul style="list-style-type: none"> • <i>Any member of staff seeking development opportunities in relation to their role and portfolio.</i> • <i>Any non-member NED.</i> <ul style="list-style-type: none"> • The Committee may invite other employees or external advisors to attend or observe as appropriate
Secretary	<p>Secretarial support will be provided by the Executive Assistant to the Chief Nurse/Chief Medical Officer.</p>

Quorum	A minimum of three members, including at least two NEDs and at least one Executive Director.
Frequency of meetings	10 times per year. At the request of the Chair, the Committee may hold meetings by telephone, video link or by email exchange. Normal rules relating to quoracy will apply to such meetings. These meetings will be deemed as standard meetings of the Committee.
Circulation of papers	Papers will be distributed a minimum of four clear working days in advance of the meeting.
Reporting	The Chair of the Committee is responsible for reporting to the Trust Board on those matters covered by these terms of reference through a regular written report. The minutes of the Committee shall also be submitted to the Trust Board for information and assurance. The Chair of the Committee shall draw to the attention of the Trust Board any issues that require disclosure, or may require executive action. The Committee will present a written annual report to the Trust Board summarising the work carried out during the financial year and outlining its work plan for the future year.
Date agreed by the Committee:	19 September 2024
Date approved by the Trust Board:	25 September 2024
Review date:	September 2025