University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Trust Board **public paper S1**					
Date of the meeting:	1 December 2022					
Title:	Trust Board Committee Terms of Reference: Quality Committee					
Report presented by:	Becky Cassidy, Director of Corporate and Legal Affairs					
Report written by:	Becky Cassidy, Director of Corporate and Legal Affairs					
Action – this paper is for:	Decision/Approval	x	Assurance		Update	
Where this report has been discussed previously						

Acronyms used:
QC – Quality Committee

Purpose of the Report

The report seeks Trust Board approval for the updated UHL Quality Committee terms of reference. These were reviewed and supported at the QC meeting on 24 November 2022, and the comments from that meeting have been further reviewed with the Chief Nurse and Medical Director and incorporated accordingly. A supporting work plan has also been developed for QC, based on the Committee's duties as set out in the attached terms of reference.

Recommendation

The Trust Board is asked to:

- approve the Quality Committee terms of reference as attached.

Summary

The Quality Committee terms of reference and work plan have both been reviewed and updated. This has been done to ensure that the Committee remit and functionality remain fit for purpose.

All sub committees of the Board will have their terms of reference and work plans reviewed as part of the recommendations made in the stage 1 Head of Internal Audit Opinion work. In line with good governance we will continue to review the terms of reference and work plan on an annual basis.

Supporting documentation

Appendix 1 – updated terms of reference, for Trust Board approval.

Quality Committee
Terms of Reference

1. Constitution

The University Hospitals of Leicester NHS Trust hereby resolves to establish a Committee of the Board of Directors (hereafter referred to as "the Board") to be known as the Quality Committee (hereafter referred to as "the Committee").

The committee shall have terms of reference conferring delegated authority from the Board and will be subject to conditions such as reporting its activities of the Board, as the Board shall decide and act in accordance with any legislation, regulation or direction issued by regulators or statutory bodies.

2. Purpose

The purpose of the Committee is to seek and receive assurance on the appropriateness and effectiveness of the Trusts overall quality governance arrangements. This committee has delegated authority from the Board to gain assurance on the robustness of quality governance across the Trust to ensure safe care to patients.

3. Membership

The Committee shall comprise:

Core Members

- 3 x Non-Executive Directors (not including the chair of the Audit Committee or the Trust Chair) one of whom will chair the committee
- 2 x Associate Non Executive Directors
- Chief Nurse
- Executive Medical Director
- Chief Operating Officer
- Director of Health, Equality and Inclusion

Additional Attendance

- Colleagues will be asked to attend to present and discuss relevant topics as is appropriate

A standing invitation to attend the Quality Committee will be extended to the following:

- Chief Executive

- Trust Chair
- Other Non-Executive Directors
- Representatives of Internal and External Audit
- ICB
- Director of Corporate and Legal Affairs
- Assistant Director for Quality Governance
- Head of Risk and Assurance
- 1 x Patient Partner

The secretary and administrative support to the committee shall be provided through the Corporate and Committee Services Team.

A deputy shall be nominated to attend a meeting of the Committee when the absence of one of the members (detailed above) would prevent an item of business being addressed. The deputy attending shall count towards meeting quorum, but not to the attendance record of the Committee member him / herself.

All members shall attend a minimum of 75% of meetings of the Committee on a rolling 12 month basis.

4. Quorum

Quorum shall be 4 members to include 2 Non-Executive Directors (one of which will chair if the chair is unable to attend) and 2 Executive Directors.

5. Meetings

The Committee shall meet monthly. Additional ad hoc meetings may be convened as and when required.

6. Duties

Quality and Effectiveness

6.1 Agree the Trust Quality Priorities and receive assurance for the performance against those priorities agreed

6.2 To receive CQC updates in a timely manner and monitor ongoing compliance with CQC fundamental standards and oversight of the implementation of agreed action plans

6.3 To monitor the Trust's compliance with CQC registration requirements and where there are changes

6.4 Receive assurance the Trust has appropriate staffing establishments which are reviewed in a timely manner via the Nursing, Midwifery and AHP committee.

6.5 To receive, review and approve the annual Quality Report prior to formal approval at the Board

6.6 To monitor the impact on the Trust's quality of care of cost improvement programmes

6.7 Receive assurance the Trust's approach to Quality Improvement is robust and embedded across the organisation. Receive updates on the outcomes of Quality Improvement initiatives
6.8 Receive quarterly updates on Quality Transformation
6.9 To receive and approve the clinical audit plan, receive assurance on the progress against the plan and approve the annual report
6.10 To receive quarterly assurance reports from the Patient Involvement and Patient Experience Committee
6.11 Receive all limited assurance internal audit reports pertinent to the remit of this committee seeking assurance on the actions being taken to address the risks identified
6.12 To escalate appropriate concerns to the System Clinical Quality Executive Group

Safety

To gain assurance via quarterly reports on patient safety, particularly focussing on:

6.13 Harms as a result of Cancer performance
6.14 Mortality and Learning from Deaths
6.15 Maternity safety and CNST
6.16 Learning from Claims and Inquests
6.17 Complaints and Serious Incidents
6.18 Deteriorating patient, Resuscitation and End of Life and Palliative Care
6.19 Falls
6.20 Pressure Ulcers
6.21 Safeguarding
6.22 IPC

6.23 Receive themes, trends and learning from serious incidents across the Trust, including application of the Duty of Candour
6.24 Receive assurance on the Trust's oversight of appropriate medicines management, prescribing, administration and safety and medication errors
6.25 Oversee the implementation of the mental health strategy
6.26 Receive the IPC Board Assurance Framework before being presented to the Board

Core responsibilities and sub group reporting

6.23 To review and support the Trust's core strategies associated within the committee's remit
6.24 To monitor, review and assess the level of assurance received on the quality risks, controls and governance processes identified in the Board Assurance Framework delegated to the committee by the Board, providing reports to the Board of Directors and/or Audit Committee when requested
6.25 To review the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required
6.26 To escalate issues of concern requiring Board attention
6.27 To develop and maintain an annual work programme to reflect and enable assurance in relation to the above duties
6.28 Annually review the committee terms of reference to ensure they remain fit for purpose and align with annual work programme

6.29 The committee will produce an annual report incorporating its effectiveness to adhere to the duties placed upon it

6.30 To receive and approve a biannual report re: organ donation

6.31 To receive and approve annual reports from:

- Complaints
- Safeguarding and Learning Disability
- Infection Prevention Control
- Serious incidents
- Patient involvement and experience
- Clinical audit
- Dementia

7 Reporting and Governance Procedures

The Committee shall produce minutes of its meetings which will be formally ratified at the following meeting. A written summary of each meeting shall be submitted to the next scheduled meeting of the Board. The summary will focus on items of escalations, items which have been approved and specific items connected to strategic risks and strategic direction. The Chair of the Committee will present this report.

The Committee will also provide a highlight report to the system Clinical Quality Executive Group which will be presented by the Committee Chair.

An annual report will be produced setting out the Committee's compliance with its terms of reference, performance of its duties and strategic priorities for the next 12 months. This will be informed by an annual self-assessment conducted by the committee, ensuring its work and responsibilities are reflective of the changing environment within which the committee functions. The Board will receive and approve the annual report.

8 Review

The committee will continually review the effectiveness, and where appropriate, revise the committee membership and terms of reference at least annually. Ratification will be by the Board.

9 Ratification:

Updated and reviewed by: Quality Committee
Date: November 2022

Ratified by: Trust Board
Date: December 2022