

Quality Governance Committee Terms of Reference

1. Constitution

The Board of Directors (“Board”) has established a Committee to the Board to be known as the Quality Governance Committee. The Committee (“Committee”) has no executive powers other than those specifically delegated in these Terms of Reference.

2. Terms of Reference

2.1 Purpose

To provide assurance to the Board that the Trust has a robust framework for the management of key critical clinical systems and processes focussing on the quality of these systems and processes.

2.2 Objectives

- The primary objective of the Committee is to provide assurance to the Board that the key critical clinical systems and processes are effective and robust, and prioritised against the relevant risks on the Board Assurance Framework. These systems will include, but are not limited to:
 - Incident Management and Reporting;
 - Quality Improvement;
 - Quality Care which is safe, effective and focuses on providing a ~~with~~ positive patient experience
 - Compliance with the CQC Essential standards of quality and safety;
 - NHS Resolution Compliance;
 - Quality Account priorities, and production and publication of the Quality Account;
 - Research and Development, as it relates to clinical quality in the Trust
 - Maintaining clinical competence.

In addition the Committee will:

- Consider external and internal assurance reports and monitor action plans, in relation to clinical governance, resulting from improvement reviews/notices from the Care Quality Commission, Health and Safety Executive and other external assessors.
- Consider, at their request, quality and clinical governance related matters at Sulis Hospital.
- Horizon scan for matters for consideration.

3. Membership

Author: <u>Adewale Kadiri, Head of Corporate Governance</u> Board of Directors' Secretary Document Approved by: Board of Directors <u>November 2017</u>	Date: <u>8 August 2022</u> September 2017 Version: 1.0
Page 1 of 3	

The Committee shall be appointed by the Board to ensure representation by Non-Executive and Executive Directors as well as representation of the views of users, carers and Trust services.

The membership of the Committee shall consist of:

- Non-Executive Director (Chair)
- 2 other Non-Executive Directors
- Chief Nurse (Lead Executive)
- Medical Director

Each member will have one vote with the Chair having the casting vote, if required. Should a vote be required a decision will be determined by a simple majority.

The following participants are required to attend meetings of the Quality Governance Committee (mandatory participants):

- Chief Operating Officer (or one of the Deputy Chief Operating Officers)
- Head of Corporate Governance
- Divisional attendance by either the Head of Division or Divisional Governance Lead (or nominated Deputy)
- ~~Other individuals as agreed necessary by the Chair, including the Chief Operating Officer.~~

4. Quorum

Business will only be conducted if the meeting is quorate. The Committee will be quorate with three members, including at least two Non-Executive Directors (of which one may be the Chair) and either the Chief Nurse or the Medical Director (or their formally nominated deputy), being present. All efforts will be made to ensure that both the Chief Nurse and the Medical Director (or their respective deputies) are in attendance at each meeting.

5. Attendance by Members

The effectiveness of the Committee meetings is driven by the quality of the attendance. It is therefore expected that all of those identified in paragraph 3 will attend or be represented by a deputy at every meeting.

6. Attendance by Others

The Chief Executive and Chair of the Board may attend.

The Committee shall co-opt as it deems necessary.

7. Accountability and Reporting Arrangements

The Committee will be accountable to the Board. The Chair of the Committee will as soon as practicable, present a report to the Board of Directors on the activity of the Committee at its last meeting. The report shall draw to the attention of the Board issues that require disclosure to the full Board, or that require executive action.

The Committee shall refer to the other Board Committees (Audit, Non-Clinical Governance, People and Finance and Performance Committees) matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by those other Committees.

The Committee will develop and maintain a work plan which will describe the key reports it will consider during the year.

8. Frequency

The Committee will meet on a bi-monthly basis at least four times a year.

Additional meetings may be arranged when required to support the effective functioning of the Trust.

9. Authority

The Committee is authorised by the Board to investigate any activity within its Terms of Reference

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

10. Monitoring Effectiveness

The Committee will undertake an annual review of its performance against its Terms of Reference and work plan in order to evaluate the achievement of its duties. This review will be presented to the Board in the form of the Committee's annual report.

11. Other Matters

The servicing, administrative and appropriate support to the Chair and Committee will be undertaken by a nominated Executive Assistance who will record minutes of the meeting. The planning of the meetings is the responsibility of the Chair.

12. Review

These terms of reference will be reviewed annually as part of the monitoring effectiveness process.

Terms of Reference reviewed by the Quality Governance Committee on 16 August 2022~~March 2021.~~

Ratified by the Board of Directors on 2 November 2022.

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Document Approved by: Board of Directors <u>November 2017</u>	Page 3 of 3