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| Committee Terms of Reference | Leeds Community Healthcare NHS Trust logo |

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| Quality Committee |

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| Executive Summary:The Quality Committee is a sub-committee of Leeds Community Healthcare NHS Trust Board and has delegated authority from the Board to assure high standards of quality, safe and effective care and appropriate quality governance arrangements. |

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# Contents

|  |  |  |
| --- | --- | --- |
| **1** | **Introduction** | **3** |
| **2** | **Constitution** | **3** |
| **3** | **Purpose** | **3** |
| **4** | **Membership** | **4** |
| **5** | **Attendees** | **4** |
| **6** | **Meetings and quorum** | **5** |
| **7** | **Authority** | **5** |
| **8** | **Duties**  | **6** |
| **9** | **Administration arrangements** | **8** |
| **10**  | **Reporting** | **8** |
| **11** | **Review of terms of reference** | **8** |

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| Changes made to this version in March 2025 |
| Amendment to paragraph 3.3:Added specific reference to the Committee providing assurance to the Board on all Board Assurance Framework strategic risks assigned to it.Added an additional bullet in Section 8.1.2:To have oversight of the strategic risks that relate to health equity.Added Section 8.1.7:Further reference to the Committee’s role in relation to the Board Assurance Framework. |

Quality Committee

Terms of Reference

# Introduction

1.1 The Quality Committee is a sub-committee of Leeds Community Healthcare NHS Trust Board and has delegated authority from the Board to assure high standards of quality, safe and effective care and appropriate quality governance arrangements.

# Constitution

2.1 The Board hereby resolves to establish a committee of the Trust Board to be known as the Quality Committee. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

# Purpose

3.1 The Quality Committee is part of the Trust’s integrated governance structure with the specific purpose of enabling the Board to obtain assurance that high standards of care are provided by the Trust and in particular that adequate and appropriate governance structures, processes and controls are in place to:

* Seek assurance on quality, safety and excellence in patient care
* Seek assurance on effective evidence-based clinical practice
* Identify and prioritise quality and clinical risks and issues and assure the Board that risks and issues are being managed in a controlled and timely manner
* When the Trust is entering into new collaborative partnership arrangements, oversee the quality governance and reporting arrangements to assure the Board of the provision of safe, high-quality services
* Oversee development and implementation of the quality strategy
* Review and approve the annual quality account

3.2. The Quality Committee will promote a culture of open and honest reporting of any situation which may threaten the quality of patient care.

3.3. The Committee will provide assurance to the Trust Board on all Board Assurance Framework strategic risks that have been assigned to it by reviewing the evidence (sources of assurance) and indicating to the Board whether those risks are being effectively controlled. This will be reported to the Board in the Chair’s assurance report using standard classification, i.e.

* **Substantial assurance** based on a conclusion that there is a robust system of internal control and governance in place which will deliver the Trust’s corporate objectives (clinical, quality or business) and that controls and management actions are consistently applied
* **Reasonable assurance** based on a conclusion that there is a generally sound system of internal control and governance to deliver the clinical, quality or business objectives and that controls and management actions are generally being applied. Some weakness in the design and/or application of controls and management actions put the achievement of particular objectives at risk. Improvements are required to enhance the controls to mitigate these risks.
* **Limited assurance** based on a conclusion thatthe design and/or application of controls and management actions are insufficient and the weaknesses put the achievement of clinical, quality or business objectives at risk. Significant improvements are required to improve the adequacy and effectiveness of the controls to mitigate these risks.
* **No assurance** based on a conclusion that there is a fundamental breakdown in or absence of controls and management actions which could result (or have resulted) in failure to achieve the clinical, quality or business objectives. Immediate action is required to improve the controls to mitigate these risks.

# Membership

4.1 The Chair of the Quality Committee shall be a non-executive director appointed by the Trust Board.

4.2 Core membership shall consist of:

* Three non-executive directors (one of whom will act as Chair and one of whom will be the Deputy Chair)
* Executive Director of Nursing and Allied Health Professionals
* Executive Medical Director
* Executive Director of Operations

# Attendees

5.1 In addition to the membership, the following participants are required to attend the meetings:

* Chief Executive
* Assistant Director of Nursing and Clinical Governance
* Deputy Medical Director
* Company Secretary

5.2. Other executive directors and senior managers will be invited to attend for discussion when the Chair deems it necessary.

5.3 Where workshops are taking place, the following participants are also required to attend the meeting:

* Clinical Leads of Business Units
* Assistant Director of Allied Health Professionals
* Head of Medicines Management

5.4. Board members who are not core members are able to attend as observers.

# Meetings and quorum

6.1. The Chair will preside at all meetings; in circumstances where the Chair cannot attend the Deputy Chair shall preside.

6.2. A quorum shall be three members of the core Committee, including either the Chair or the Deputy Chair and at least one executive director. If the Committee is not quorate the meeting may be postponed at the discretion of the Chair. If the meeting does take place and is not quorate, no decision shall be made at that meeting and such matters must be deferred until the next quorate meeting. In the case of non-agreement or no decision reached by the majority, the issue may be escalated to the Board for discussion.

6.3 Members are expected to attend all meetings.

6.4 In the absence of any member, he or she will have the right to nominate a suitable person to attend the Committee on behalf of the absent member. The number of deputies who will count towards a quorum shall not exceed two for any meeting.

6.5 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he or she will declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the Committee’s consideration has been completed.

6.6 Meetings will be held normally eight times per year, six business meetings and two joint workshops with Quality and Improvement Group members plus two dates of additional assurance activity throughout the year.

6.7 Special meetings of the Committee can be arranged for specific purposes as necessary.

6.8 The Chair of the Quality Committee in consultation with one other member may also act on urgent matters arising between meetings of the Committee. of the Committee in accordance with the Scheme of delegation and the Procedure for emergency powers and urgent decisions (Chief Executive and Chair’s actions and Committee urgent matters). Any such action will be reported to the next meeting and be recorded in the minutes of that meeting.

6.9Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

# Authority

7.1 The Committee’s delegated decision making will be in accordance with the Trust’s scheme of delegation as approved by the Board.

7.2 The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

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

7.4 The Committee is authorised by the Board to establish such sub-groups (duly constituted and operating within approved terms of reference) as it deems necessary to discharge responsibilities of the Committee. Those sub-groups currently constituted are:

* Quality Assurance & Improvement Group
* Safeguarding Committee

# Duties

8.1 The duties of the Committee are to consider all matters of clinical quality governance including patient care under the Care Quality Commission domains of: safe, effective, caring, responsive and well led and as captured in the Trust’s quality strategy and quality improvement plan.

## 8.1.1 Safety

* To ensure the Board is sighted on key areas of risk, concern and other major issues in respect of patient care, safety and quality.
* To review performance of the Trust’s quality measures, considering the information contained therein, with regard to providing adequate assurance as to the quality and safety of patient care to the Board.
* To receive assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided.
* To assure the Board that structures, policies, systems and processes are effective to deliver the achievement of safe quality care.
* To receive annual reports on safeguarding and infection prevention and control
* Ensure compliance with the Trust’s investment policy.
	1. Consider business cases with cost implications in excess of £100,000 (capital) or £250,000 (revenue) ensuring that outcomes and benefits are clearly defined, are measurable and support the delivery of key objectives for the Trust and that the quality of service received by patients is improved (or at least not adversely affected). Approve those in excess of £100,000 and up to £500,000 (capital) or in excess of £250,000 and up to £500,000 (revenue) and make recommendation to the Board on those over £500,000.
	2. Consider investment decisions concerning the introduction of services of over £100,000. Approve those in excess of £100,000 and up to £250,000 and make recommendations to the Board on any over £250,000.

## 8.1.2. Effectiveness

* To assure the Board that appropriate processes are in place to monitor and promote compliance with national standards and guidance.
* To assure the Board that the Trust is achieving expected standards of evidence-based care and evidencing this through the development of outcome measures
* To approve an annual programme of clinical audit
* To oversee the development and implementation of the Trust’s research and development strategy and embedding positive research-focused outlook
* To have oversight of the strategic risks that relate to health equity

## 8.1.3. Caring

* To assure the Trust Board that reliable, real time and up to date information about patient experience and care is utilised to identify and ensure improvements are effected.
* To obtain assurance that patients are involved in the decision making of their treatment and receive timely treatment.

## 8.1.4. Responsiveness

* To review the underlying quality of data used in compiling quantitative and qualitative clinical information and to provide assurance to the Board that it is accurate and relevant at both services and aggregate level.
* To review incidents, complaints and claims (including action plans to prevent recurrence) which have the potential to adversely affect the reputation of the Trust and that lessons are learnt to improve patient safety and are fully embedded across the Trust.
* To ensure that the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the safety and quality of care.
* To consider and review the adequacy of responses to address potential gaps in quality performance measures.

## 8.1.5. Well led

* To deliver appropriate assurance to the Board that processes are in place to record all incidents; that they are adequately investigated and that lessons learned are disseminated and incorporated in future practice and fully embedded.
* To deliver appropriate assurance on the effectiveness of policies, procedures and practices with regard to identification and management of clinical risks, including the review of the risk register and provide challenge that risks are being appropriately managed in line with identified mitigation.
* To deliver appropriate assurance to the Board that policies, procedures and practices meet the requirements of all relevant regulators and incorporate best practice.
* To review progress and compliance with regulation and accreditation requirements with external agencies including Care Quality Commission, National Institute for Health and Care Excellence (NICE) and National Patient Safety Agency (NPSA).
* To support quality assurance mechanisms, enhance the quality of service provision and address deficiencies in quality.
* To ensure measures are in place to promote a culture of safe practice and innovation.

## 8.1.6. General Governance

* To review systems of governance in relation to quality matters relating to the provision of care.
* To consider governance implications to the Trust of the findings and reports of regulatory, professional and independent bodies such as (but not limited to) Care Quality Commission, NHS England, NICE and Royal Colleges
* To consider and comment on revisions to the Trust’s quality strategy and receive assurance on the implementation of the strategy including matters of quality governance.
* To oversee the progress of quality developments as described in the quality improvement plan.
* To produce the annual quality account and monitor progress
* To receive reports (in full or summary) from internal audits which relate to the responsibilities of the Committee.

**8.1.7 Board Assurance Framework**

The Committee will monitor the strategic risks assigned to it; check that the controls are working by agreeing the sources of assurance needed, reviewing the evidence provided and then it will inform the Board whether those risks are being effectively controlled.

# Administration arrangements

* 1. The Committee will receive appropriate administrative support. Duties will include:
	+ preparing and circulating the agenda and papers
	+ maintaining accurate records of attendance, main discussion points and decisions taken and issue necessary action logs within five working days of the meeting
	+ drafting minutes for circulation to the Chair within five working days of the meeting
	+ maintaining an electronic record of any documents discussed and/or approved and recall them to the Committee when due and filing and maintaining records of the work of the Committee

# Reporting

* 1. Committee will report in writing to the Board through the Committee’s

Chair’s assurance report (produced after each Committee meeting). The report records key issues, actions and decisions and the level of assurance provided to the Board by the Committee’s consideration of the relevant item. Minutes of the Committee's meetings will be produced promptly for approval at the subsequent Committee meeting. Approved minutes will be presented to the next formal Board meeting.

* 1. The Quality Committee will provide the Audit Committee with an annual report of its activities and effectiveness in accordance with the Board’s scheme of delegation.

# Review of terms of reference

11.1 The Committee will review the terms of reference annually. Any amendments required will be put before a meeting of the Trust’s Board for approval.