

## QUALITY COMMITTEE TERMS OF REFERENCE

### Role

The role of the Quality Committee is to seek assurance on quality and risk issues including the clinical agenda to ensure that appropriate clinical governance structures, systems and processes are in place across the Trust and to provide such assurance to the Board.

### Definitions

“the Trust” means Central London Community Healthcare NHS Trust

“the committee” means the Quality Committee

“the Directors” means the Trust’s Board of Directors.

### 1 Membership

1.1 Members of the committee shall be appointed by the Board of Directors. The committee shall be made up of 5 members. There will be an equal number or majority of Non-Executive Directors. Members may appoint a deputy to represent them at a committee meeting. Members of the Quality Committee are as follows:

- 3 x Non-Executive Directors
- Chief Nurse
- Chief Medical Officer

1.2 The Chief Executive shall attend at least once a year

1.3 Only members of the committee have the right to attend and vote at committee meetings. The committee may require other officers of the Trust and other individuals to attend all or any part of its meetings.

1.4 The chair of the committee will be an independent Non-Executive Director. In the absence of the committee chair and/or an appointed deputy, the remaining members present shall elect another member, who is a Non-Executive Director, to chair the meeting.

### 2 Secretary

2.1 The Head of Corporate Governance or their nominee shall act as the secretary of the committee.

### 3 Quorum

3.1 The quorum necessary for the transaction of business shall be 2 Non-Executive Directors and the Medical Director and Chief Nurse or their nominated deputies. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

### 4 Frequency of meetings and attendance requirements

4.1 The committee will normally meet 4 times a year at appropriate times in the reporting cycle and otherwise as required;

4.2 Committee members should aim to attend all scheduled meetings but must attend a minimum of 3 meetings unless otherwise agreed with the Chair. The

Secretary of the committee shall maintain a register of attendance which will normally be published in the Trust's annual report.

## **5 Notice of meetings**

- 5.1 Meetings of the committee may be called by the secretary of the committee at the request of any of its members.
- 5.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other non-executive directors, no later than four clear working days - before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees as appropriate, at the same time.

## **6 Minutes of meetings**

- 6.1 The Head of Corporate Governance, or nominated deputy, shall minute the proceedings of all meetings of the committee, including recording the names of those present and in attendance.
- 6.2 Members and those present should state any conflicts of interest and the secretary should minute them accordingly.
- 6.3 Minutes of committee meetings will be included with papers for the following meeting and, once confirmed, will be published with Board papers.

## **7 Annual General Meeting**

- 7.1 The Chair of the committee will normally attend the Annual General Meeting prepared to respond to any questions on the committee's activities.

## **8 Duties**

The committee should carry out the following duties for the Trust:

### **8.1 Quality**

- 8.1.1 To review implementation of all elements of the quality strategy, as set out in the underpinning quality campaigns as follows. In particular to obtain assurance, that the measures for success are achieved within appropriate time scales.
- 8.1.2 The four Quality Campaigns<sup>1</sup>:

Campaign	Description
A Positive Patient Experience	Enhancing the experience of our patients and their families
Preventing Harm	Keeping our patients, their families and our staff safe

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<sup>1</sup> June 2020-2025

Smart, Effective Care	Ensuring patients and service users receive the best evidence-based care, every time
Modelling the Way	Providing innovative models of care, education and professional practice

8.1.3 To gain assurance over the full range of quality performance via a quarterly quality report and quality key performance indicator dashboard, including quarterly assurance reports and performance updates from the four campaigns which report to the Quality committee:

- a) A Positive Patient Experience
- b) Preventing Harm
- c) Smart Effective Care
- d) Modelling the Way

8.1.4 To maintain oversight and gain assurance through quarterly reports from the Children's Board<sup>2</sup> that children's services are fully embedded in the place-based structure.

8.1.5 To receive a quarterly quality strategy update on all four campaigns and exception reports as appropriate and as the committee may request from the four working groups which report into the quality campaigns:

- a) Patient Experience
- b) Patient Safety and Risk
- c) Clinical Effectiveness
- d) Modelling the Way

Whilst not reported in the quality report, the committee will receive reports on continuous improvement (via the Strategic Improvement Group as required) (Note – following the move to quarterly meetings in 2018, a monthly note regarding quality performance is circulated to all members – including any exceptions)

8.1.6 To receive updates in relation to co-design initiatives and the plan for the annual co-design event with patients

8.1.7 To monitor the production of the quality account; ensuring it is produced annually and in accordance with the relevant guidance.

8.1.8 To receive additional reports on delivery of annual objectives as defined within the quality account.

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<sup>2</sup> It is a group of the trust rather than a board but this term has been used

## A POSITIVE PATIENT EXPERIENCE

### **8.2 Involving and learning from service users**

- 8.2.1 To obtain assurance that the experience of users, carers and voluntary groups are central to the Trust's work.
- 8.2.2 To obtain assurance that the implementation and maintenance of programmes for measuring, monitoring and improving the experience of service users and carers are appropriate and relevant.
- 8.2.3 To obtain assurance that lessons learnt from involving service users are used to improve the quality of service provided.
- 8.2.4 To monitor the delivery of the Trust's patient engagement plans, including a programme of events across our geography.

## PREVENTING HARM

### **8.3 Risk**

- 8.3.1 To scrutinise and review risks rated 15 and above for the following risk categories: clinical and environmental (and any patient data concerns).
- 8.3.2 To receive a regular update on new, removed and changes in scoring of risks on the corporate risk register as they pertain to the above risk categories.
- 8.3.3 To obtain assurance that risks are being managed appropriately and to escalate any particular concerns to the board or relevant directors.
- 8.3.4 To identify any new risks and issues arising during meetings and agree any action required.
- 8.3.5 To obtain assurance that the Trust has effective mechanisms for improving service user safety, learning from incidents, and taking action to reduce risks.
- 8.3.6 To enhance Board oversight<sup>3</sup>
  - By receiving an annual update on the End-of-Life Care Strategy, including quality improvements from complaints
  - By receiving an annual update on the dementia strategy
  - To agree the cardio-pulmonary resuscitation and do not attempt cardio-pulmonary resuscitation policy and to receive an annual update.

### **8.4 Care Quality Commission (CQC) - Fundamental Standards**

- 8.4.1 To monitor compliance against the CQC's Fundamental Standards and obtain assurance that standards are being met and that improvement reviews are implemented<sup>4</sup>.

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<sup>3</sup> Reference Enhancing board oversight [2021](#)

<sup>4</sup> the Audit Committee will consider, annually, the CQC statement of purpose prior to Board approval

## **8.5 Monitoring and improving clinical performance**

- 8.5.1 To approve the annual programme of Trust-wide clinical audits and to monitor performance and seek assurance in relation to clinical audit<sup>5</sup>
- 8.5.2 To obtain assurance that clinical recommendations resulting from complaints investigated by the Parliamentary and Health Service Ombudsman, the implementation of NICE Guidelines and Technology Appraisals and recommendations for improving clinical performance resulting from national reviews and other external inquiries are appropriately managed.
- 8.5.3 To receive, at least annually, the log in relation to Caldicott approval of requests for information.

## **8.6 Clinical Governance**

- 8.6.1 To obtain assurance that appropriate clinical governance structures groups, systems, and processes are in place, and developed in line with national, regional and local system expectations.
- 8.6.2 To obtain assurance on the integrity of clinical information and clinical quality controls (risk and governance).<sup>6</sup>

## **9 System Governance**

- 9.1 To ensure that the quality of healthcare provided supports the objectives of integrated care partnerships and integrated care boards, as well as place-based partnerships<sup>7</sup>.
- 9.2 To ensure that the Trust actively identifies opportunities to work with other providers to tackle shared challenges, for example through provider collaboratives.
- 9.3 To monitor the Trust's contribution to the delivery of the 5-year joint plans for health services.

## **10 Reporting responsibilities**

- 10.1 The committee will report to the Board of Directors on its proceedings after each meeting.
- 10.2 The committee shall make whatever recommendations to the Board of Directors it deems appropriate on any area within its remit where action or improvement is needed.
- 10.3 The committee will produce an annual report to the Board of Directors.
- 10.4 The committee will identify any control issues and bring these to the attention of the Audit Committee.

See also 8.1.3 above.

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<sup>5</sup> Ref Board of Directors 29.03.18

<sup>6</sup> Code of Governance, April 2023, section B, 2.18

<sup>7</sup> Section A, 2.1

## **11 Other matters**

The committee should:

- 11.1 have access to sufficient resources in order to carry out its duties, including access to the Trust secretariat for assistance as required;
- 11.2 be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members;
- 11.3 give due consideration to laws and regulations;
- 11.4 at least once a year, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend to the Board of Directors for approval, any changes it considers necessary.

## **12 Authority**

- 12.1 The committee is a committee of the Board of Directors and has no powers, other than those specifically delegated in these terms of reference. The committee is authorised:
  - to seek any information it requires from any employee of the trust in order to perform its duties
  - to obtain, outside legal or other professional advice on any matter within its terms of reference via the Head of Corporate Governance
  - to call any employee to be questioned at a meeting of the committee as and when required.

## **13 Monitoring and Review:**

- 13.1 The Board will monitor the effectiveness of the committee through receipt of the committee's minutes and such written or verbal reports that the chair of the committee might provide.
- 13.2 The secretary will assess agenda items to confirm they comply with the committee's responsibilities and programme.
- 13.3 Terms of reference agreed by Quality Committee on 17.01.24, and approved by the Board on 25.01.24
- 13.4 Date of next review January 2025.