

Trust Board Meeting: Wednesday, 9 January 2013
TB2013.20

Title	Quality Committee Terms of Reference
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Status	This paper contains a proposed revision to the terms of reference of the Quality Committee for approval by the Trust Board.
History	This is a new paper.

Board Lead	Professor Edward Baker, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	The Trust Board recently received a report from RSM Tenon of compliance with the Monitor Quality Governance Framework. One recommendation included in the report was to review the responsibilities and roles of the Clinical Governance Committee and the Quality Committee by reviewing the Terms of Reference for both committees.
2	The Trust Board is required formally to approve the amendments
3	The revised Terms of Reference were reviewed by the Quality Committee on 12 th December 2012.
4	The revised Terms of Reference for the Quality Committee are attached (Appendix 1)
5	The Clinical Governance Committee (CGC) has recently revised its Terms of Reference and these have been approved by the Trust Management Executive.

Recommendation

The Board is asked to approve the revised TORs.

Professor Edward Baker, Medical Director

December 2012

Appendix 1

Oxford University Hospitals NHS Trust Quality Committee Terms of Reference

1. Authority.

The Quality Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as follows, subject to amendment at future meetings of the Trust Board.

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

The Committee is authorised by the Trust Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

2. Purpose of Committee.

The Quality Committee is responsible for providing the Trust Board with assurance on all aspects of quality of clinical care; governance systems; risk issues for clinical, corporate, workforce, information and research & development; and regulatory standards of quality and safety.

3. Responsibilities and Duties.

The Quality Committee shall:

- Review the effectiveness of the Clinical Governance Committee to ensure that there are effective structures and processes in place, to maintain compliance with the Care Quality Commission's Essential Standards of Quality & Safety.
- Oversee an effective system for safety within the Trust, with particular focus on; patient safety, staff safety and wider health & safety requirements.
- Oversee an effective system for delivering a high quality experience for all its patients and users, with particular focus on involvement and engagement for the purposes of learning and making improvement.
- Oversee an effective system for monitoring clinical outcomes and clinical effectiveness; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.

- Assure the Trust's maintenance of compliance with the Care Quality Commission registration through assurance of the systems of control, with particular emphasis on the 16 standards of quality & safety.
- Oversight and assurance of statutory and mandatory requirements, relating to quality of care.
- Oversight and assurance of external assessment systems (such as NHSLA Risk Management Standards), professional bodies' and regulatory bodies' requirements.
- Monitor and review the system for Quality Governance, Information Governance, Workforce Governance, Research & Development Governance, ensuring that the Board is assured of continued compliance through its annual report, reporting by exception where required.
- Identify annual objectives of the Committee, produce an annual work plan in the agreed Trust format, measure performance at the end of the year and produce an annual report. This will also include an assessment of compliance with the Committee's terms of reference.
- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee.
- Undertake any other responsibilities as delegated by the Trust Board.

4. Membership.

The membership of the committee shall be composed of the following core members:

Chairman of Committee (Mr Geoff Salt)
Non-executive Director (Mr Peter Ward) (Vice-Chairman)
Chairman of Trust Board (Dame Fiona Caldicott)
Non-executive Director (Mr Chris Goard)
Non-executive Director (Associate) (Professor David Mant)
Chief Executive (Sir Jonathan Michael)
Medical Director (Professor Edward Baker)
Chief Nurse (Mrs Elaine Strachan-Hall)
Director of Clinical Services (Mr Paul Brennan)
Director of Assurance (Ms Eileen Walsh)
Director of Workforce (Ms Sue Donaldson)

All Board members outside the core membership have an open invitation to attend any meeting if he/she wishes to do so.

5. Attendance.

It is expected that all members will attend 4 out of 6 committee meetings per financial year. If Executive Directors are unable to attend a meeting they should agree a deputy who is authorised to act on their behalf, or their direct reports, with the CEO in consultation with the committee chairman.

An attendance record will be held for each meeting and an annual register of attendance will be included in the annual report.

6. Quorum.

The quorum for any meeting of the Committee shall be attendance of a minimum of six members of which two will be Non-executive Directors and two Executive Directors.

7. Meetings.

Meetings of the Quality Committee shall be held six times per year, scheduled to support the business cycle of the Trust and at such other times as the Chairman of the Committee shall require.

8. Notice of Meetings.

Meetings of the Quality Committee shall be set at the start of the calendar year. The agenda and supporting papers shall be forwarded to each member of the committee not less than five working days before the date of the meeting.

9. Reporting arrangements.

The proceedings of each meeting of the Committee shall be reported to the next meeting of the Board following production of the minutes. The Chairman of the meeting shall draw to the attention of the Board any issues that require disclosure or executive attention. The Chairman will report any specific issues on the risk register to the Audit Committee.

10. Administration

The Quality Committee will be supported by a nominated lead Executive Director who will ensure that the committee is effectively supported by an appropriate administrative function.

The Head of Corporate Governance (in the role of Company Secretary) will provide oversight of the committee administration.

11. Review of Terms of Reference

The Terms of Reference of the committee shall be reviewed at least annually by the Quality Committee and approved by the Trust Board.

12th December 2012

