

Quality Committee Terms of Reference

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Date	Version	Author Name & Designation	Summary of amendments
June 2021	1.0		
July 2022	2.0	Angela Wendzicha, Director of Corporate Affairs	Full review
January 2024	3.0	Angela Wendzicha, Director of Corporate Affairs	Full review
January 2025	4.0	Alan Wolfe, Deputy Director of Corporate Affairs	Updated authority as delegated by the Board of Directors. Additional duties in Section 3.2 in relation to Risk Management and the Board Assurance Framework

Version Control

Title	Quality Committee Terms of Reference
Constitution	1.1 The Quality Committee (“the Committee”) is constituted as a standing Committee of the Board of Directors (“the Board”) of The Rotherham NHS Foundation Trust (“the Trust”).
Authority	<p>2.1 The Committee is authorised by the Board to consider any matter within its Terms of Reference and be provided with the Trust resources to do so.</p> <p>2.2 The Committee has the right of access to all information that it deems relevant to fulfil its duties which may require any Trust colleague to attend a meeting of the Committee to present information of answer questions on a matter under discussion.</p> <p>2.3 The Committee is authorised to instruct external professional advice and to invite external consultants with relevant experience and expertise to attend if it considers this necessary or expedient to exercise its functions.</p> <p>2.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions. This may include establishing task and finish groups as required to assist in discharging its’ responsibilities.</p> <p>2.5 The Committee is authorised, in exceptional circumstances to conduct discrete business outside of its scheduled meetings where it is not practicable to convene a full meeting. The process to be followed is set out in Section 10.7.</p>

	<p>2.6 The Committee is authorised to meet via a virtual/remote meeting.</p> <p>2.7 The Committee has no executive powers other than those set out in these Terms of Reference.</p> <p>2.8 The Committee has the authority to approve specific policies and procedures relevant to the Committee's purpose, responsibilities and duties as delegated from the Trust Board.</p> <p>2.9 Engage with the Trust auditors in cooperation with the Audit and Risk Committee.</p> <p>2.10 Seek any information it requires from within the Trust and to commission independent reviews and studies if it considers this necessary in order to discharge its function.</p> <p>2.11 The Quality Committee has delegated authority from the Board of Directors for oversight and scrutiny of:</p> <ul style="list-style-type: none"> • Performance against the following domains of quality, safety, effectiveness and patient experience. • Compliance with essential regulatory and professional standards, established good practice and mandatory guidance.
Purpose & Duties	<p>3.1 The Board has approved the establishment of the Committee for the purpose of ensuring the highest standard of care is provided to patients consistently across the organisation, that the Trust continually improves the standard of care delivered whilst achieving good outcomes for our patients.</p> <p>3.2 The Committee will support the timely delivery of the Trust's Strategic Ambitions and relevant section of the Operational Plan giving detailed consideration to the Trust's Quality and safety issues whilst being assured as to compliance with appropriate regulatory and statutory requirements. The Committee will discharge its purpose through the following duties:</p> <ul style="list-style-type: none"> • Seek assurance on the implementation of the Trust's Quality Priorities against agreed milestones; • Seek assurance of the Operational Objectives delegated from the Board; • Seek assurance of the Trust Safeguarding arrangements; • Oversight of the Risk Register and Board Assurance Framework aligned to the Quality Committee, making any recommendations to the Trust Board; • Seek assurance on the implementation of Quality Improvement, in delivery of improvement work and Qi training.; • Seek assurance on the completion of actions required following Regulatory Inspections and the appropriate reporting of evidence to Regulatory Bodies;

	<ul style="list-style-type: none"> • Oversee the production of and make recommendations to the Board for the approval of the Annual Quality Report; • Seek assurance that the registration criteria of the Care Quality Commission continue to be met; • Seek assurance that compliance with the NHS Provider Licence continue to be met; • Seek assurance by way of deep dives on any matters the Committee considers it has not received sufficient information or assurance; • Seek assurance that robust arrangements are in place for the review of patient safety incidents (including near misses), complaints/concerns, claims and reports from HM Coroner and that they remain fit for purpose; • Seek assurance that progress in being made against reviews relating to NICE Guidance; • Seek assurance in relation to management of Health & Safety; • Seek assurance through quarterly reports to the Committee by its sub-committees listed in Section 11.1. <p>In addition to the above, the Committee will:</p> <ul style="list-style-type: none"> • Consider matters referred to the Committee by the Board or other Board Assurance Committees; • Consider matters escalated to the Committee by its own sub-committees; • Support the Board in promoting within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's Freedom to Speak Up Policy. • Review the Board Assurance Framework risks delegated to the Committee, and to make recommendations to the Board for any required changes of risk score or content; • Review risk management information of risks rated 8 and above from the Risk Register relating specifically to the remit of the Committee, as determined by the Risk Management Committee; • Review the Issues Log as identified by the Risk Management Committee; and • Review and consider emerging risks.
Reporting to	<p>4.1 The Committee is accountable to the Board.</p> <p>4.2 The Committee shall report to the Board on how it discharges its responsibilities.</p> <p>4.3 The Chair of the Committee will bring to the attention of the Board any items that the Quality Committee considers the Board should be aware of through the Chair's report to the Board.</p> <p>4.4 The minutes of the Committee's meetings shall be formally recorded and submitted to the Board, once approved by the Chair.</p>

	<p>4.5 The Committee will consider matters referred to it for action by the Audit and Risk Committee, People Committee or Finance and Performance Committee.</p> <p>4.6 The Committee will, on an exception basis, report into the Audit and Risk Committee any identified unresolved risks arising within these Terms of Reference.</p> <p>4.7 The Committee will report to the Board annually on its work in support of the Annual Governance Statement. The annual report should also describe how the Committee has fulfilled its terms of reference and provide details of any significant issues that the Committee has considered and how these were addressed.</p> <p>4.8 The Chair of the Committee will provide a quarterly report on the Committee's activities to the Council of Governors.</p>
Membership	<p>5.1 The Committee members shall be appointed by the Board and shall consist of:</p> <ul style="list-style-type: none"> • Three Non-Executive Directors (one of whom must have a relevant clinical background) • Chief Nurse, who will act as Lead Executive; and • Medical Director <p>5.2 Members who are unable to attend the meeting can send a Deputy with the prior approval of the Chair; such Deputy must have the ability and authority to make decisions and contribute fully to the business of the Committee.</p> <p>5.3 The Board shall appoint the Chair and the Vice Chair of the Committee from its Non-Executive Directors.</p>
Attendees	<p>6.1 Attendees to the Committee to include:</p> <ul style="list-style-type: none"> • Director of Corporate Affairs • Deputy Director of Corporate Affairs • Director of Operations/Deputy Chief Operating Officer • Deputy Medical Director • Deputy Chief Nurse • Deputy Chief Nurse • Head of Quality Improvement • Clinical Effectiveness Manager • Chief AHP <p>6.2 Other members of staff will be invited to attend to present for specific agenda items.</p> <p>6.3 The Chief Executive Officer or other Executive Directors may be invited to attend for specific agenda items.</p>

Quorum	<p>7.1 A quorum shall be made up of three members comprising at least two Non-Executive Directors and one Executive Director.</p> <p>7.2 No business shall be transacted by the Committee unless a quorum is present.</p> <p>7.3 Those in attendance or observing so not count towards the quorum.</p>
Observers	<p>8.1 Meetings are not open to the public.</p> <p>8.2 Observers may only attend with the prior approval of the Chair of the Committee.</p>
Frequency of Meetings	<p>9.1 Meetings shall be held monthly.</p> <p>9.2 Additional meetings may be held after consultation with the Chair</p>
Meeting administration	<p>10.1 Notice of meetings will be given at least seven working days in advance, unless members agree otherwise.</p> <p>10.2 The Chair of the Committee, Lead Executive and the Deputy Director of Corporate Affairs will meet to agree the agenda for each meeting.</p> <p>10.3 The Lead Executive Director for the Committee will be supported by the Director of Corporate Affairs in the management of the Committee's business in addition to drawing the Committee's attention to best practice, national guidance and other relevant documents.</p> <p>10.4 Administrative support to the Committee will be provided by the Corporate Governance Department.</p> <p>10.5 The agenda and papers will normally be circulated four working days prior to the meeting to all Committee members and those in attendance. Those individuals presenting papers will be provided with a copy of the final paper.</p> <p>10.6 Draft minutes and action log will be produced by the Corporate Governance Department and provided to the Executive Lead and Chair within 5 working days of the Committee. Draft minutes will be approved by the Chair within 10 working days of the meeting. Action logs will be circulated to all those who have an action to complete.</p> <p>10.7 For business conducted outside of the scheduled meetings, the following must apply:</p> <ul style="list-style-type: none"> • The business to be conducted must be set out in formal papers accompanied by the usual cover sheets clearly setting out the nature of the business to be conducted and the proposal which members are being asked to consider; • The papers will be forwarded to the Committee by the Corporate Governance Department;

	<ul style="list-style-type: none"> • The Committee will be expected to respond, subject to availability, by e-mail to the full distribution list with their views within 3 working days of receipt of the paper; • For a decision to be valid, responses must be received from a quorum. • The Director of Corporate Affairs will summarise the conclusion reached and these will be presented to the next scheduled meeting.
Operational Groups which report into the Committee/Group	<p>11.1 The operational groups which report into the Committee are:</p> <ul style="list-style-type: none"> • Patient Experience Committee • Patient Safety Committee • Safeguarding Committee • Infection Prevention & Control Committee • Medication Safety Committee • Clinical Effectiveness Committee • Health and Safety Committee <p>The Director responsible for each area shall provide a quarterly report to the Committee.</p>
Monitoring and review	<p>12.1 The Committees Terms of Reference will be subject to annual review. Proposed variations will require approval of the Board.</p> <p>12.2 The Committee will undertake and annual review of its performance, via self-assessment by its members and attendees. Any agreed actions will be reported to the Audit and Risk Committee and Trust Board.</p>

