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**Terms of Reference for the**

# QUALITY SUB-COMMITTEE: WELL LED

**1. Introduction**

The Quality Committee is accountable for :

* ensuring the development and maintenance of the integrated governance framework; reviewing and approving any major change to the governance framework, structures or management taking account of national strategies, priorities and developments concerning governance and risk management.
* critically reviewing and recommend to the Board of Directors the strategies and programmes set out below, and receiving annual progress reports where applicable:
* risk management
* workforce, training and education
* patient and carer experience, including complaints and PALS
* quality, including safety and harm reduction, incident reporting and management, clinical audit
* leadership
* quality improvement
* safety of the physical estate
* compliance with national requirements and standards including CQC, NICE, NHSLA

The Quality Committee has delegated, in accordance with its Standing Orders, responsibility to the Quality Sub-committee: Well Led for:

* ensuring compliance with the CQC domains “well led”
* ensuring that there is an objective and systematic approach to the identification and assessment of risk and delivery of the organisation’s effectiveness priorities in the context of all national standards

The Quality Sub-Committee: Well Led will be a formal sub-committee of the Quality Committee and its terms of reference will be incorporated into the Trust’s Standing Orders.

The Sub-Committee is authorised to obtain outside legal or other independent professional advice and secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust’s Standing Orders.

**2. Membership**

The sub-committee shall be chaired by the Chief Executive

It will be supported by a number of working groups relating to its remit.

The membership of the committee will include

* chief executive (chair)
* Trust secretary
* head of quality and risk
* service director (adult services)
* service director (older people’s services)
* service director (children and young people’s services)
* trust patient experience lead
* head of learning and development
* deputy director of HR

Deputies for the sub-committee members will attend in their absence and attendance at sub-committee meetings will be monitored.

The Quality Committee will review membership of the sub-committee annually.

The sub-committee shall appoint one member to be the vice chair of the sub-committee who shall exercise the powers and functions of the chair of the sub-committee in their absence.

**3. Attendance at meetings**

The quorum for the committee is five members to include the Chief Executive (or the vice chair of the sub-committee in their absence), a service director and a chair of an associated working group. Deputies will count towards the quorum and attendance rates. Attendance will be monitored as part of the Annual Report on the sub-committee’s performance to the Quality Committee and members are expected to attend at least 75 per cent of committee meetings.

The sub-committee may invite other managers and staff of the Trust, NHS professionals, or general auditors to attend meetings.

**4. Frequency of meetings**

Meeting shall be held not less than three times per annum.

The frequency of meetings can be varied at the discretion of the chair of the sub-committee.

An indicative timetable for business to be considered by the sub-committee is set out in an annual work-plan of the sub-committee. However, the agenda is not restricted to those items shown in the work-plan and can be changed at the discretion of the chair of the sub-committee, to deal with any other safety matter.

**5. Calling meetings**

Meetings will be called and conducted in accordance with the Trust’s Standing Orders. The notice period will be a minimum of ten days. Written reports are to be sent to members at least five clear days before the meeting.

**6. Remit**

**Strategy**

* ensuring processes are in place to develop, implement and monitor organisational strategies and change programmes quality, workforce, service remodelling, HR and workforce;
* reviewing risks and issues associated with strategy implementation

**Governance arrangements**

* ensuring that corporately and across directorates governance arrangements and structures are functioning and fit for purpose

**Risk management**

* ensuring that the local, directorate and trust wide process for risk management is functioning and fit for purpose to identify, define, rate, mitigate and manage risks
* reviewing directorate and trust risk register

**Leadership**

* ensuring there are processes to develop and support effective leadership, and mechanisms for promoting trust values;
* reviewing learning and development reports; reports on trust values and strategy programmes; report on implementation of actions relating to staff and patient feedback; whistleblowing concerns

**Patient, staff, and general public feedback**

* ensuring appropriate policies and mechanisms are in place to enable staff and patients to raise concerns
* reviewing staff surveys and whistleblowing reports

**Learning and innovation**

* ensuring processes are in place to ensure innovation is safe and appropriate

The sub-committee shall approve and review, on an annual basis, the terms of reference for standing committees and shall receive an annual report from the committees.

Ensure the development and maintenance of the integrated governance framework; review and approve any major change to the governance framework, structures or management taking account of national strategies, priorities and developments concerning governance and risk management.

The sub-committee is responsible for overseeing the work of the following work streams, associated working groups and committees

* HR and workforce
* Leadership development
* Patient experience group
* Risk management

Approve supporting strategies relating to these key strategies, including resourcing, training and development, and communication.

Ensuring effective interfaces between the quality sub-committees and the co-ordination of risk management processes across the Trust, both clinical and non-clinical.

Ensure the Trust’s readiness for submission to external governance reviews and developing and monitoring action plans to identify shortfalls eg.

* Care Quality Commission
* Health & Safety Executive
* General auditors
* Monitor

Provide an annual report to the Quality Committee of assurance gained throughout the year.

Agree and monitor the work of associated working groups and review, through their annual report, their performance and effectiveness within the integrated governance framework.

Receive reports from the Section 75 JMG(s) as required by the Section 75 agreement(s).

The sub-committee shall receive and review at each of its meetings the minutes of its associated working groups and receive an oral summary of the business transacted being provided by the chair of the relevant committees. More substantive issues arising from the business of the sub-committees will be brought to the Quality Committee through the provision of papers consistent with the guidelines for committee papers.

Receive briefings on legal and key national policy developments.

**7. Reporting**

Minutes of the committee meetings will formally be recorded and circulated to the committee members within ten working days and be formally reviewed at the next appropriate Board of Directors meeting.

The chair of the sub-committee will submit an Annual Report of the work of the sub-committee to the Quality Committee to include reports on frequency of meetings, members’ attendance and any recommendations to address non-attendance or changes to membership, business conducted by the sub-committee (cross referenced to its remit) and consideration of working group(s) business. The purpose of the Annual Report is to ensure that the committee is working to its terms of reference.

**8. Limitations of Authority**

The sub-committee shall be delegated the power of the Board of Directors to require the attendance of any member of the Trust staff.

Save as is expressly provided in the terms of reference, the sub-committee shall have no further power or authority to exercise, on behalf of the Board of Directors, any of its functions or duties.

For the avoidance of doubt, the sub-committee shall not itself be responsible for undertaking any operational involvement in the Trust’s governance (internal control) or risk management systems. Its responsibilities shall be limited to providing strategic leadership and supervision of the work of the quality sub-committees or specific issues referred to the committee, requiring directors and managers of the Trust to undertake certain work, to receiving their reports (both verbal and written), considering such and reporting to the Quality Committee, thereafter.