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**Terms of Reference for the**

# QUALITY SUB-COMMITTEE: EFFECTIVENESS

**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: Effectiveness for:

* ensuring compliance with the CQC domain “effective”
* 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: Effectiveness 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 Medical Director

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

The membership of the committee will include

* medical director (chair)
* head of nursing (adult services) (vice chair)
* chair of clinical audit committee (if not already member of committee)
* chair of mental health legislation committee or nominated deputy
* chair of drugs and therapeutics committee or nominated deputy (chief pharmacist)
* chair of psychological and social therapies committee or nominated deputy (one of whom should be a practicing social care practitioner)
* chair of mental health act steering committee or nominated deputy (head of information governance)
* chair of clinical ethics advisory group or nominated deputy
* chair of R&D committee or nominated deputy
* public health lead or nominated deputy
* head of quality and risk
* deputy director of HR or delegate
* head of learning and development
* safer staffing lead
* director of estates and facilities

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 Medical Director (or the vice chair of the sub-committee in their absence), a clinical representative 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**

**Staffing**

* ensuring services are provided by adequate levels of staffing; the Trust operates a safe recruitment and induction process; staff are appropriately skilled and qualified; regular supervision is maintained; annual appraisals and revalidation requirements are met
* ensuring concerns or issues with practice are identified and resolved and action taken where necessary
* reviewing safer staffing reports; learning and development (clinical and mandatory training); LADO cases; reports on performance development review; staff feedback reports; workforce reports

**Practice and innovation**

* ensuring that care is provided in line with best practice eg system to monitor implementation of NICE guidance and overview of external accreditations achieved/ working towards.
* monitoring standards around nutrition and hydration.
* ensuring adequate and up to date policies and procedures are in place;
* reviewing and evaluating innovations in practice to ensure they maintain safety and are evidence based;
* ensuring there are adequate mechanisms for multi-disciplinary and partnership working
* reviewing performance reports on outcome measures; policy database; proposals and evaluations of innovations in practice; research and development reports; audit

**Compliance with national standards and requirements**

* ensuring that processes are in place to assess services against national and local requirements and standards;
* ensuring that timely assessments are made against national and local standards and requirements;
* ensuring that any failure to meet standards is identified and rectified
* reviewing NICE technology and other appraisals; action plans relating to compliance with standards; relevant reports on CQC key lines of enquiry; report on medicines management; clinical audit reports

**Equipment and facilities**

* ensuring that equipment and facilities are fit for purpose and meet legislation;
* ensuring adequate maintenance of medical devices and equipment;
* ensuring adequate training is provided to use medical devices and other equipment; ensuring risks to safety of equipment and facilities are identified and remedial action is taken
* reviewing planned preventative and maintenance programme report; medical devices report; relevant incident reports

**Mental health and mental capacity acts**

* ensuring the organisation is compliant with mental health and mental capacity acts including Community Treatment Orders, the appropriate use of the PoS and the outcome of MHA visit to wards
* reviewing reports on mental health act assessments; CQC and other regulatory visits; mental health act panel reports

**Delivering effective outcomes**

* ensuring that care and treatment provides positive outcomes for patients including setting and monitoring outcomes;
* reviewing service participation in research and development;
* reviewing benchmarking reports against other trusts; performance reports for delivery of outcomes

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

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

* Provision of safe and suitable premises and equipment
* compliance with national requirements and standards including CQC, NICE, NHSLA
* safer staffing and provision of a suitable workforce
* Drugs & Therapeutics Committee
* Psychological and Social Therapies Committee
* Clinical Audit Committee
* Mental Health Act Forum (Mental Health Legislation Committee)
* R&D Committee
* Public Health Steering Group
* Medical devices group

The sub-committee will also promote and oversee the work of the Clinical Ethics Advisory Group.

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.

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.