

**QUALITY AND PERFORMANCE COMMITTEE**

**TERMS OF REFERENCE**

<b>Policy</b>	✓
<b>Review of Policy</b>	✓
<b>Review of Trust Area of Activity</b>	✓
<b>Operations</b>	X
<b>Resource Management</b>	X

**Constitution of the Committee**

The Quality and Performance Committee is a non-statutory committee of the Trust Board established to support the Board in discharging its responsibilities for ensuring the quality of the services which the Trust provides.

**Purpose**

1. To provide assurance to the Trust Board on the effectiveness of the Trust's arrangements for ensuring the quality of services throughout the Trust. Quality is defined across the three domains of:
  - Safety
  - Clinical Effectiveness
  - Patient Experience
2. To shape and influence the Trust's Quality Strategy and associated objectives, including overseeing the development and production of the statutory Quality Account.
3. To ensure that the Trust's services are compliant with the Fundamental Standards set out by the Care Quality Commission and where this is not the case to oversee action which address areas of non-compliance.
4. To ensure the Trust delivers services which consistently meet the nationally defined minimum standards and performance and notably the four key standards required by the Trust's regulator. Where performance is below the standard required the Committee will ensure that robust recovery plans are developed and implemented
  - A&E Four Hour Wait
  - Cancer Waiting Time
  - Referral To Treatment (RTT)
  - 6 Week Diagnostic

**Membership and Responsibilities**

**Chair**

Non-Executive Director

**Vice Chair**

Non-Executive Director

**Members**

One further Non-Executive Director  
 Nursing Director  
 Medical Director  
 Chief Operating Officer  
 CCG Representative  
 Director of Safety  
 Head of Patient Experience

**Governor Representative – Non-voting**

Governor

**Officer**

Trust Secretary

**Quorum**

The Committee shall be quorate when a minimum of 50% of members are present which must include two non-executive members and two executive members (one of whom should have a clinical background) are present

**Frequency**

Monthly

**Accountable To**

Trust Main Board

**Responsible for**

Patient Safety Forum  
 Patient Experience Strategic Group  
 (Under review)

5. To have oversight of the Trust's systems and processes for investigating, responding and learning from incidents and complaints to ensure services develop and improve as a result of these insights.
6. To commission "deep dives" into any area where there is a quality concern & oversee the development and implementation of remedial action plans where these are required. On occasions this may require personnel from the Trust's clinical divisions to attend the committee.
7. To support the Trust's objective to strive for continuous quality improvement through the work of the quality academy and any other ad hoc activities.
8. To ensure that staff effectively involve patients and their carers in the planning and evaluation of services so as to ensure that services meet the needs and preferences of patients, so far as is possible.
9. Work with the Board's Workforce Committee to ensure that staff education, learning and development is aligned with the Trust's quality priorities.
10. Work with the Board's Finance Committee to ensure that the availability of resources does not adversely impact upon the quality of services to the extent that patient safety is compromised or care is delivered that doesn't meet the required mandatory quality standards as defined by the CQC and NHSI.
11. Champion and celebrate high quality care throughout the organisation.

Medicines Optimisation Management Committee  
 Screening Programme Governance Committee  
 Hospital Mortality Indicators Group  
 End of Life Care Steering Group

**Submission/availability of Minutes**  
 Minutes reported to the next available Board meeting.