

# TERMS OF REFERENCE

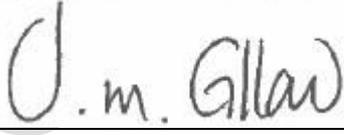
for the

University Hospitals Dorset  
NHS Foundation Trust

Quality Committee

## DOCUMENT DETAILS

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<b>Chair:</b>	Judy Gillow, Interim Chair
<b>Signed:</b>	
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March 2026	1	March 2027	11 March 2026	Director of Corporate Governance	New Terms of Reference template

## TERMS OF REFERENCE

<b>COMMITTEE NAME:</b>	<b>Quality Committee</b>
<b>PURPOSE (1.2):</b>	<p>The purpose of the Quality Committee is to support the Trust in achieving its strategic objectives: <i>Improve patient experience, listen and act</i> and <i>Save lives, improve patient safety</i>.</p> <p>The Committee fulfils this purpose by providing assurance that robust clinical governance systems, structures and processes are in place; promoting a culture of learning and continuous improvement; obtaining assurance on delivery of the Quality Strategy; receiving and reviewing quality performance information; and supporting the Trust in delivering safe, effective, responsive and well-led care across all services.</p> <p>The Committee also contributes input and recommendations to the Board on clinical and quality-related strategies, including Clinical Strategy, Quality Strategy, Risk Management Strategy, Clinical Audit Strategy and End of Life Care Strategy, and acts as an internal assurance mechanism for regulatory compliance, including Care Quality Commission requirements.</p>
<b>RESPONSIBILITIES (2.1):</b>	<p>The Committee is responsible for the following:</p> <p><b>Strategic Quality Oversight</b></p> <ul style="list-style-type: none"> <li>• Monitor delivery of the Trust’s strategic quality objectives and breakthrough initiatives.</li> <li>• Escalate concerns, risks or delays in delivery to the Board when required.</li> </ul> <p><b>Clinical Governance and Risk</b></p> <ul style="list-style-type: none"> <li>• Assure that systems for patient safety, patient outcomes and patient experience are robust and effective.</li> <li>• Review the Board Assurance Framework and ensure key risks are accurately reflected and well managed.</li> <li>• Monitor significant risks and progress against agreed actions.</li> </ul> <p><b>Statutory and Regulatory Reporting</b></p> <ul style="list-style-type: none"> <li>• Review statutory reports, including the annual Quality Report, mortality, safeguarding, infection prevention and control, health and safety and claims.</li> <li>• Consider findings from external regulators and ensure actions are implemented.</li> </ul> <p><b>Patient Safety Assurance</b></p> <ul style="list-style-type: none"> <li>• Review reports on serious incidents, never events, learning from deaths, inquests and other key patient safety areas such as maternity, paediatrics, end-of-life care, dementia, falls, resuscitation and medicines governance.</li> </ul>

	<ul style="list-style-type: none"> <li>Review Quality Impact Assessments for cost improvement and transformation programmes.</li> </ul> <p><b>Clinical Audit and Improvement</b></p> <ul style="list-style-type: none"> <li>Oversee the annual clinical audit programme and delivery against the Clinical Audit Strategy.</li> <li>Monitor implementation of improvement plans arising from incidents, audits and reviews.</li> </ul> <p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>Review themes from complaints, PALS, patient surveys and other feedback sources.</li> <li>Ensure improvement actions are identified, monitored and completed.</li> </ul> <p><b>Compliance and Standards</b></p> <ul style="list-style-type: none"> <li>Monitor compliance with CQC fundamental standards and escalate gaps as needed.</li> <li>Review compliance with clinical standards, NICE guidance and ensure clinical policies are updated.</li> </ul> <p><b>Integrated Care System (ICS)</b></p> <ul style="list-style-type: none"> <li>Review relevant quality-related reports and information from Dorset ICS and provider collaborative.</li> </ul>
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<b>MEMBERS (3.1):</b>	Membership of the Committee comprises: <ul style="list-style-type: none"> <li><b>Three Non-Executive Directors</b> (one of whom is also a member of the Audit Committee)</li> <li><b>Chief Nursing Officer</b></li> <li><b>Chief Medical Officer</b></li> <li><b>Chief Operating Officer</b></li> </ul>		<b>STANDING ATTENDEES (3.2):</b>	<b>Standing attendees:</b> <ul style="list-style-type: none"> <li>The Chief Executive Officer will attend on an ad-hoc basis or as required.</li> </ul>	
<b>CHAIR (3.3):</b>	<b>Non-Executive Director</b> (not the Audit Committee Chair or Finance and Performance Committee Chair)	<b>DEPUTY CHAIR (3.3):</b>	<b>Non-Executive Deputy Chair</b> (not the Audit Committee Chair or Finance and Performance Committee Chair)	<b>SECRETARY (5.5):</b>	The <b>Director of Corporate Governance</b> or their nominee. An <b>Executive Assistant/Business Manager</b> will be responsible for preparing minutes

				and updating action log.
<b>MEETING TIMING (FREQUENCY AND DURATION) (5.1):</b>	Meetings are usually held <b>monthly</b> (not fewer than 10 times per year) with additional meetings scheduled as required.	<b>QUORUM (5.2)</b>	Meetings will be quorate if at least <b>four members</b> are present: <ul style="list-style-type: none"> <li>• Chair (or Deputy Chair)</li> <li>• Non-Executive Director</li> <li>• two Executive Director, one of whom must be either the Chief Medical Officer or Chief Nursing Officer</li> </ul>	
<b>ACCOUNTABLE TO: (the Accountable Group) (6)</b>	The Committee is accountable to the Board of Directors.	<b>REPORTING GROUPS (6.5):</b>	The Committee will receive escalation reports and assurance reports from sub-groups of the Trust Management Group and from other Board Committees with responsibilities that intersect with quality and safety domains. The Committee will also receive reports from other defined groups where required for assurance. These include, but are not limited to: <ul style="list-style-type: none"> <li>• <b>Safeguarding</b></li> <li>• <b>Infection Prevention and Control</b></li> <li>• <b>Radiation Protection</b></li> <li>• <b>Medicine Optimisation</b></li> <li>• <b>Deteriorating Patients</b></li> <li>• <b>Mortality Surveillance</b></li> <li>• <b>Clinical Governance Group.</b></li> </ul>	

## UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

### TERMS OF REFERENCE

#### 1. PURPOSE

- 1.1 The Trust's vision is to positively transform its health and care services as part of the Dorset Integrated Care System. Its mission is to provide excellent healthcare for its patients and wider community and be a great place to work now and for future generations.
- 1.2 The purpose of the Committee and how it will achieve its purpose is as set out above.
- 1.3 The Committee has no executive powers other than those specifically delegated in these terms of reference.

#### 2. RESPONSIBILITIES

- 2.1 The responsibilities of the Committee are set out above.

#### 3. MEMBERSHIP/ ATTENDANCE

- 3.1 Membership of the Committee is set out above.
- 3.2 Standing attendees are set out above. In addition, other individuals may be invited to attend with agreement of the Chair (or in their absence the Deputy Chair).
- 3.3 The Committee will be chaired by the role holder above. A Deputy Chair may be nominated. In the absence of the Chair and/or an appointed Deputy Chair, the remaining members will elect another member present to chair the meeting (which, in the case of a Board Committee will be a Non-Executive Director).
- 3.4 Subject to paragraph 3.2 above, only members of the Committee have the right to attend meetings. If a standing member is unable to attend, they may exceptionally send a deputy to the meeting. (In the case of a Board Committee, a deputy will not have voting rights at the meeting). The Chair or other person chairing the meeting may ask any or all of those who attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 3.5 Committee members should aim to attend all scheduled meetings but in any event are expected to attend a minimum of three quarters of all meetings. For the purposes of calculating attendance, a deputy attending on behalf of a member will not count towards the members' attendance. A record of members' attendance will be maintained.

#### 4. AUTHORITY

- 4.1 The Committee is authorised to approve its governance cycle.

- 4.2 The Committee is authorised by the Board to investigate/review any activity within the Terms of Reference.
- 4.3 The Committee is authorised by the Board to obtain any external advice it requires to discharge its duties and to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 4.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

## **5. CONDUCT OF BUSINESS**

- 5.1 The Committee will normally meet at the frequency set out above and at such other times as the Chair will require.
- 5.2 Meetings of the Committee will be quorate if there are at least the members present set out above for a quorum.
- 5.3 If a meeting of the Committee is inquorate, then the meeting can progress if those present determine. However, no business will be transacted.
- 5.4 Meetings of the Committee will be called by the secretary at the request of the Chair. The secretary of the Committee will be as stated above.
- 5.5 The Secretary (or their nominee) is responsible for preparing the agenda for agreement by the Committee Chair. The secretary (or their nominee) will collate and circulate papers to Committee members. Unless otherwise agreed by the Committee Chair, papers should be provided no less than seven working days before the meeting and the agenda and papers should be circulated no less than five working days before the meeting.
- 5.6 Under exceptional circumstances, in the case of emergency or urgency, items of business may be conducted outside of formal meetings. This should normally be agreed by the Committee in advance and carried out either by: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions made in this manner must be formally ratified by the Committee at the next meeting.
- 5.7 Committee business may be transacted through virtual media (including, but not limited to video conferencing). At the start of each meeting taking place without all parties physically present, the Chair will be responsible for determining that the meeting is quorate.
- 5.8 Proceedings and decisions made will be recorded in the form of minutes or notes (as specified above), which will be submitted to the next meeting of the Committee for approval.

- 5.9 Members will be expected to conduct business in line with the Trust's values and objectives.

## **6. RELATIONSHIPS AND REPORTING**

- 6.1 The Committee will be accountable to the group set out above (the Accountable Group), to whom it will make recommendations in relation to issues that require decision or resolution.
- 6.2 The Committee will present a report summarising the proceedings of each of its meetings at the next meeting of the Accountable Group. For the avoidance of doubt, where practicable, this will be a written report, with a verbal update being provided as necessary.
- 6.4 The Committee may refer to the other groups specified above any matters requiring review or decision in such forum(s).
- 6.5 The Committee will receive reports from the Reporting Groups set out above.

## **7. MONITORING**

- 7.1 Attendance will be monitored at each Committee meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.
- 7.2 The Trust's Annual Report will include attendance of members, frequency of meetings and whether meetings were quorate.
- 7.3 On an annual basis, the Committee will provide a self-assessment report to the Accountable Group detailing how the Committee has discharged its obligations as set out within its terms of reference, specifically incorporating an assessment of its effectiveness and making recommendations for improvement, where appropriate.

## **8. REVIEW**

- 8.1 These Terms of Reference will be reviewed annually or sooner if appropriate.
- 8.2 The position of the Chair of the Committee will be reviewed at least every three years.

**APPENDIX A**

**ATTENDANCE AT COMMITTEEMEETINGS**

<b>NAME OF [Amend as appropriate: COMMITTEE/</b>	<b>[Insert name of Committee/Group]</b>											
<b>Present (include names of members present at the meeting)</b>	<b>Meeting Dates</b>											
<b>In Attendance</b>												
Was the meeting quorate? Y / N  <i>(Please refer to Terms of Reference)</i>												