

QUALITY & SAFETY COMMITTEE

Terms of Reference

1. CONSTITUTION

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the **Quality & Safety** Committee (The Committee). The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. Its terms of reference are set out below and can only be amended with the approval of the Trust Board.

2. AUTHORITY

- 2.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 2.2 The Committee is authorised by the Board to instruct professional advisors and request the attendance of individuals and authorities from outside of the Trust with relevant experience and expertise if it considers this necessary or expedient to carrying out its functions.
- 2.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3. PURPOSE

- 3.1 The purpose of the Committee is to provide the Board with assurance concerning **all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients** and the delivery of **Trust's long term quality goals as set out in the Quality & Safety strategy**. *NOTE: Proposals to establish any material new performance objectives or milestones will be considered by members at Clinical Leadership Executive (CLE) and resolution agreed by the Chair and lead director.*

4 MEMBERSHIP

- 4.1 The Committee will comprise of not less than three Non-Executive Directors, [the Chief Nurse, Medical Director, Chief Operating Officer, Director of Finance & Performance Management and Director of Governance](#).
- 4.2 The Chair of the Committee will be a Non-Executive Director and will be appointed by the Trust Chair. If the Chair is absent from the meeting then another Non-Executive Director shall preside.
- 4.3 A quorum will be 3 members, of which there must be at least one Non-Executive Director and one Executive Director.
- 4.4 Members should make every effort to attend all meetings of the Committee and are mandated to attend 80% as a minimum annually.

5 ATTENDANCE

- 5.1 The [Assistant Director of Governance, Assistant Director of Nursing \(Quality\) and Head of Clinical Effectiveness](#) will attend the meetings.
- 5.2 All other Non-Executive Directors shall be welcome to attend and all members of the Trust Board will receive papers to be considered by the Committee.
- 5.3 The Chairman and Chief Executive will be given a standing invitation to the meetings.
- 5.4 Other Executive Directors or any other individuals deemed appropriate by the Committee may be invited to attend for specific items for which they have responsibility.
- 5.5 The Trust Secretary shall be secretary to the Committee and will provide administrative support and advice.

The duties of the Trust Secretary in this regard are:

- Agreement of the agenda with the Chair of the Committee and attendees with the collation of connected papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Advising the Committee as appropriate

6 FREQUENCY OF MEETINGS

- 6.1 Meetings will be held **monthly** with additional meetings where necessary.

7 REPORTING AND ESCALATION

- 7.1 Following each committee meeting, the minutes shall be drawn up and submitted to the Chair of the committee in draft format. The draft minutes will then be presented at the next Committee meeting where the person presiding at it will sign them. The approved minutes will be presented to the next immediate public Trust Board meeting for information.
- 7.2 The Chair of the Committee will provide an oral report to the next Trust Board after each Committee meeting, highlighting the matters on which future focus will be directed.
- 7.3 The Chair of the Committee shall draw to the attention of the Trust Board and issues that require disclosure to the full Board or require Executive action.
- 7.4 The Committee will provide an annual report to the Trust Board on the effectiveness of its work and its findings, which is to include an indication of its success with delivery of its work plan and key duties.
- 7.5 In the event that the Committee is not assured about the delivery of the work plan within its domain, it may choose to escalate or seek further assurance in one of five ways:
- (i) insisting on an additional special meeting;
 - (ii) escalating a matter directly to the full Board;
 - (iii) requesting a chair's meeting with the Chief Executive and Chairman;
 - (iv) attending the relevant Executive committee to challenge progress directly; and
 - (v) asking the Audit Committee to direct internal, clinical or external audit to review the position

8 REVIEW

- 8.1 The terms of reference should be reviewed by the Committee and approved by the Trust Board annually.

9 DUTIES

- 9.1 The Committee shall draw on the standing data set within the integrated performance report that relates to long term goals, Trust objectives, the annual corporate & financial plans and national requirements to seek assurance through:
- 9.1.1 The receipt of reports at each meeting outlining progress with the long term delivery plan appropriate to the domain in which the Committee is providing assurance, paying attention to the depth and breadth of delivery in the Trust, principally through Group level performance within its domain.
 - 9.1.2 The receipt of reports [on performance against and](#) compliance with key national and local targets relevant to the remit of the Committee
 - 9.1.3 The receipt of reports which focus on improvement or recovery to address areas of material deviation from the long term delivery plan or areas where poor performance against national or local targets is identified
- 9.2 To receive all external reports on the Trust that are deemed to fall within the remit of the Committee, seeking assurance that actions are being taken to address recommendations and other issues identified and that learning is promulgated and acted upon
- 9.3 To seek assurance that the Trust is complying with relevant policies and statutory guidance that falls within the remit of the Committee
- 9.4 To receive reports on key risks to the Trust which fall within the remit of the Committee and seek assurance that sufficiently robust mitigating actions are in place to manage these
- 9.5 [To seek assurance on the Trust's compliance with the Care Quality Commission's Essential Standards of Quality and Safety through the receipt of a rolling programme of reports, evidencing compliance and grouped by key themes. The Committee shall also receive all reports on the Trust produced by the Care Quality Commission and to seek assurance on the actions being taken to address recommendations and other issues identified](#)
- 9.6 [To seek assurance that the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the safety and quality of care](#)
- 9.7 [To seek assurance that the Trust is robustly responding to significant concerns or adverse findings highlighted by external bodies in relation to clinical quality and](#)

safety and the actions being taken by management to address these. This should include but not be limited to mortality outlier alerts.

- 9.8 To seek assurance that the systems and processes in place in the Trust in relation to Infection Control are adequate and that performance against key national and local targets is satisfactory. The Committee will also seek assurance on progress with actions designed to mitigate risks associated with and aimed to reduce hospital acquired infections are delivered as planned.
- 9.9 To seek assurance on the effectiveness of actions to support a safer environment for patients, staff and visitors, including Patient Environment Action Team (PEAT) assessments .
- 9.10 To seek assurance that common themes and trends associated with adverse events (including serious incidents), claims, inquests, Rule 43 notifications and litigation are identified and that appropriate actions are being taken to address these.
- 9.10 To seek assurance on the effectiveness of the Trust's arrangements for complaints handling and that performance against key targets in this respect are met. The Committee will also seek assurance that the learning from themes and trends of complaints is robustly communicated and disseminated, looking for clear evidence that by so doing, improvements to the quality of patient care are delivered.
- 9.11 To seek assurance that that there is a sufficient focus on patient experience in the Trust, reviewing Trust initiatives to learn more about and improve patient experience and spread best practice.
- 9.12 To advise the Trust Board on the appropriate quality and safety indicators and benchmarks for inclusion on the Trust quality & performance dashboard and keep these under regular review.
- 9.13 To seek assurance that performance against external metrics, standards and frameworks set by the Department of Health and National Trust Development Authority is robustly monitored
- 9.14 To seek assurance that performance against a range of internally developed clinical, financial and operational indicators, through routine consideration of the Trust quality & performance dashboard is robustly monitored
- 9.15 To seek assurance that performance in achieving the Trust's long term quality and safety aims is given sufficient oversight and that actions are undertaken in a timely way to address any underperformance against targets.
- 9.16 To review the Trust's annual Quality Account and make recommendations as appropriate for Trust Board approval.
- 9.17 To seek assurance that the pace of progress in delivering Quality Development Plans is sufficient and actions taken to enhance clinical quality and safety,

including in response to the findings of internal and external reviews, audits and inspections are adequate

- 9.18 To review the Internal Audit plan and work programme and to make recommendations, subject to Audit and Risk Committee approval, on the clinical aspects of the Plan.

- 9.19 To seek assurance that management of the Trust is implementing the agreed recommendations from Internal and External Audit in a timely and effective way.

- 9.20 To seek assurance from Internal Audit (including an in-depth review on a three yearly basis) regarding the effectiveness of the Trust's Clinical Audit function. It shall also receive by exception, details of national clinical audits where the Trust is identified as an outlier or potential outlier.

- 9.21 To seek assurance on any additional matter referred to the Committee from the Board