The Hillingdon Hospitals NHS Foundation Trust

Terms of Reference—Quality & Safety Committee

1 Constitution of the Committee

The Quality & Safety Committee is a non-statutory Committee established by the Trust Board of Directors to monitor, review and report to the Board on the quality of care to the Trust’s patients, specifically in relation to patient safety, clinical effectiveness and patient experience.

2. Purpose and Function

The purpose and function of the Committee is to gain assurance, on behalf of the Board of Directors:

2.1 that the Trust has appropriate quality governance structures, systems, processes and controls in place to achieve consistently high-quality care and to meet the Trust’s legal and regulatory obligations.

2.2 that the delivery of continuous quality improvement is a hallmark of the way the Trust and its people work, recognised by stakeholders, including partners and the public.

2.3 that any shortcomings in the quality of care against agreed standards are being identified and addressed in a systematic and effective manner.

2.4 on the Trust’s approach to continuous quality improvement processes for all Trust services and its clinical practice, acting as a guardian and advocate.

2.5 on the quality impact of changing professional and organisational practices and the demands, including those involved in increased system-based and partnership working (in close collaboration with the People Committee).

2.7 around future statutory and mandatory quality standards and the actions needed to meet them.

2.8 on the effectiveness of mechanisms used for the involvement of patients and the public, staff, partners and other stakeholders in improving quality assurance and patient safety at the Trust, and report on their value and impact to the Board.

3. Authority

3.1 The Committee is:

- a non-statutory Committee of the Trust Board of Directors, reporting directly to the Board of Directors with no executive powers, other than those specifically delegated in these Terms of Reference;

- authorised by the Board of Directors to investigate any activity within its terms of reference and to seek any information it requires from any officer of the Trust, and to call any employee to be questioned at a meeting of the Committee as and when required;
• authorised by the Board of Directors to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for the exercise of its functions, including whatever professional advice it requires (as advised by the Trust Secretary);

3.2 The Committee shall have the power to establish, in exceptional circumstances, task and finish groups for the purpose of addressing specific tasks or areas of responsibility. The Committee may not delegate powers to a task and finish group unless expressly authorised by the Trust Board. The Terms of Reference, including the reporting procedures of any task and finish groups, must be approved by the Trust Board of Directors and reviewed on an annual basis.

3.3 Business and agenda planning will be discussed in advance of each meeting between the Committee Chair, the Medical Director and the Director on Nursing, in collaboration with the Trust Secretary.

3.4 Provision exists for a voting Non-Executive Director or an Executive Board Member to attend the Committee in place of another voting Board Member.

4. Membership

4.1 Members of the Committee shall be appointed by the Board of Directors and shall be made up of least six members drawn from Non-Executive Directors (three members minimum) and members of the Executive team (three members minimum).

4.2 One of the Non-Executive members will be appointed by the Board of Directors as the Chair of the Committee. A further member of the Committee shall be appointed as Vice-Chair.

4.3 The membership shall include:

• the Chief Executive Officer
• the Deputy Chief Executive Officer
• the Medical Director
• the Chief Nurse and Director of Infection Prevention and Control
• two Non-Executive Directors of the Board

4.5 Other than as specified in 4.4 above, only members of the Committee have the right to attend Committee meetings. Other individuals may be invited to attend and assist the Committee from time to time, in relation to specific items of business. The Chair of the Board shall have the right to attend all meetings of the Committee.

4.6 In the absence of the Committee Chair, the Vice-Chair shall chair the meeting. Members are expected to attend all meetings and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year.

4.7 The Medical Director and the Chief Nurse shall act jointly as the Executive leads for the Committee, with at least one attending all meetings.
4.8 The Council of Governors may nominate a Governor to attend each meeting of the Committee to observe proceedings. The observation of Board assurance committees by Governors shall be subject to conditions agreed by the Board of Directors. The Chair of the Committee may, in exceptional circumstances, exclude a Governor from being present for specific items.

4.9 The Trust Secretary, or their designated deputy, shall act as the Committee Secretary. The Trust Secretary, or a suitable alternative agreed in advance with the Chair of the Committee, shall attend all meetings of the Committee.

4.10 All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Board of Directors.

4.11 An attendance record shall be held for each meeting and an annual register of attendance will be included in the annual report of the Committee to the Board.

Quorum

4.12 The quorum necessary for the transaction of business shall be four members as defined in 4.1 above, including two Non-Executive Directors, one of whom shall be the Chair or Vice-Chair.

4.13 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions delegated to the Committee.

5. Duties

Cycle of Business

5.1 The Committee shall:

- set an annual plan for its work to form part of the Board’s Annual Cycle of Business and report to the Board on its progress;

- provide an Annual Report to the Board of Directors to inform and/or accompany the Trust’s Annual Report. This shall include an assessment of compliance with the Committee’s Terms of Reference and a review of the effectiveness of the Committee.

Strategy

- assess the strategic priorities and investments needed to support high-quality clinical outcomes and improve clinical effectiveness in the Trust, and advise the Board accordingly;

- review the Trust’s Quality Strategy, Quality Account and related delivery plans and programmes, providing informed advice to the Board on their robustness, comprehensiveness and relevance to the Trust’s vision, values, strategic objectives and impact;
• review intelligence and research evidence on clinical safety and practice and distil their relevance to the Trust’s strategic priorities (including where necessary commissioning research to inform its work);

• be assured around the monitoring of the Trust’s suite of quality-assurance policies against benchmarks to ensure they are comprehensive, up-to-date and reflect best practice;

• scrutinise and triangulate advice on the development of significant clinical and quality policies prior to their adoption.

Risk Assurance

• receive regular reports on the Corporate Risk Register and review the suitability and robustness of risk mitigation plans with regard to their potential impact on patient outcomes and quality of care;

• be assured of the effectiveness of quality impact assessment processes to identify and mitigate risks arising from service change and research programmes at all levels of the organisation, including proposed transformation of services, cost improvement and cost reduction initiatives;

• triangulate and be assured of the robustness of the process of reviewing the trends, themes and patterns emerging from key quality indicators in the Trust that inform and shape risk assessment, priority-setting and development of fit-for-purpose policies and procedures.

Outcomes and Processes

• review the Quality Account to be assured it reflects the integration of clinical quality and patient safety improvement processes;

• be assured that the integrity of Trust’s control systems, processes and procedures ensuring:
  o high quality care (through the Trust’s quality review processes)
  o compliance with fundamental standards of quality and safety
  o patient safety and harm reduction
  o infection prevention and control
  o clinical audit
  o introduction of new clinical pathways and procedures
  o introduction of new clinical roles (in conjunction with the People Committee)
  o dissemination and implementation of statutory guidance
  o escalation and resolution of quality concerns
  o patient and carer involvement and engagement

• ensure the effective operation of processes relating to clinical practice and performance, including early detection of issues and problems, escalation, corrective action and learning.

Learning and Communication

• be assured of the effectiveness of systems and processes used for continuous learning, innovation and quality improvement, establishing ways of gaining assurance that appropriate action is being taken;
be assured that the robustness of procedures ensure that adverse incidents and events are detected, openly investigated, with lessons learned being promptly applied and appropriately disseminated in the best interests of patients, of staff and of the Trust;

review how systematically evidence-based practice, ideas, innovations and statutory and best practice guidance are identified, disseminated and applied within the Trust;

develop and oversee a programme of activities to engage Board members directly in quality assurance processes and to review, distil and implement the learning from these activities, including ‘walk-abouts’, reviews, focus groups and deep-dives;

be assured of the effectiveness of communication, engagement and development activities designed to support patient safety and improve clinical governance.

**Patient and Public Engagement**

be assured of the effectiveness of a credible process for assessing, measuring and reporting on the ‘patient experience’ in a consistent way over time, including the appropriateness and effectiveness of processes for patient engagement in support of the Trust’s strategic goals and programmes of work.

**Research**

triangulate through assurance the robustness of quality-assurance processes relating to all research undertaken in the name of the trust and/or by its staff, in terms of compliance with standards and ethics, and clinical and patient safety improvement processes.

**Progress and Performance Reporting**

review a range of evidence and data from multiple sources, including management and executive committees and groups, on which to arrive at informed opinions on:

- the standards of clinical and service quality in the Trust
- compliance with agreed standards of care and national targets and indicators
- organisational quality performance measured against specified standards and targets

review a succinct set of key performance and progress measures relating to the full purpose and function of the Committee;

review progress against these measures on a regular basis and seek assurance around any performance issues identified, including proposed corrective actions and reporting any significant issues and trends to the Board of Directors;

review and shape the quality-related content of the bi-monthly Integrated Report to the Board of Directors;

agree the programme of benchmarking activities to inform the understanding of the Committee and its work;
• review of Serious Incidents (SI) reporting and monitoring;

• be assured of the credibility of sources of evidence and data used for planning and progress reporting to the Committee and to the Board in relation to the Committee’s purpose and function;

• ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit, People and the Finance & Performance Committees;

• review the following formal reports prior to submission to the Board of Directors as part of the Annual Cycle of Business:
  o an Annual Quality Report to inform and/or accompany the Annual Report. This shall include an assessment of compliance with the Committee’s Terms of Reference and a review of the effectiveness of the Committee
  o Infection Control Annual Report
  o the process for management review of specific service reports

Statutory and Regulatory Compliance

• be assured of the arrangements for ensuring maintenance of the Trust’s compliance standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professionals.

6 Reporting and Accountability

6.1 The Committee Chair shall report formally to the Trust Board of Directors on its proceedings after each meeting on all matters within its duties and responsibilities, summarising areas where action or improvement is needed.

6.2 The Committee shall report to the Trust Board annually on its work in support of the Annual Report. The Annual Quality Report shall:

• set out clearly how the Committee is discharging its responsibilities
• be presented to the Annual Members Meeting/Annual General Meeting, with the Chair of the Committee in attendance to respond to any stakeholder questions on the Committee’s activities

6.3 The Terms of Reference shall be reviewed by the Committee and approved by the Board of Directors on an annual basis.

7 Committee Administration

7.1 The Committee shall meet a minimum of four times a year and at such other times as the Chair of the Committee, in consultation with the Committee Secretary, shall require, allowing the Committee to discharge all of its responsibilities.

7.2 The Chairman may at any time convene additional meetings of the Committee to consider business that requires urgent attention.
The agenda will be set in advance by the Chair, with the Trust Secretary and Executive leads, reflecting an integrated cycle of meetings and business, which is agreed each year for the Board and its Committees, to ensure it fulfils its duties and responsibilities in an open and transparent manner.

Notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Committee, no less than five working days before the date of the meeting in electronic form. Supporting papers shall be made available no later than three working days before the date of the meeting.

Committee papers shall include an outline of their purpose and key points in line with the Trust’s Committee protocol, and make clear what actions are expected of the Committee.

The Chair shall establish, at the beginning of each meeting, the existence of any conflicts of interest and ensure these are recorded in the minutes accordingly.

The Committee Secretary shall minute the proceedings of all Committee meetings, including recording the names of those present, in attendance and absent. Draft minutes of Committee meetings shall be made available promptly to all members of the Committee, normally within one week of the meeting.

The Committee shall, at least once a year, review its own performance, using a process agreed for all Board committees by the Board of Directors.

Approved by the Board: 27 March 2019