

## THHFT Quality and Safety Committee

### Terms of Reference

#### 1. Authority

- 1.1 The Quality & Safety Committee is a non-statutory standing sub-committee of the Trust Board established 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.
- 1.2 It has no executive powers other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board. The committee is authorised by the Trust Board to investigate any activity within its terms of reference.
- 1.3 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are required to co-operate with any request made by the Committee.
- 1.4 The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of others with relevant experience and expertise it considers necessary.

#### 2. Purpose of the Committee

- 2.1 The Quality & Safety Committee is responsible for providing the Trust Board with assurance on all aspects of 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. This includes continuous quality improvement and the effectiveness of involvement of patients and the public, staff and other stakeholders in supporting the improvement of quality and safety in the Trust.

#### 3. Membership

- 3.1 Members of the Committee shall be appointed by Trust Board and should include at least three Non- Executive Directors and three Executive Team members:
  - The Chief Executive (with the Deputy CEO attending in their absence)
  - The Medical Director and
  - The Chief Nurse (DIPSI)
- 3.2 One of the Non-Executive Directors will be appointed as the Chair of the Committee and another as the Vice Chair.
- 3.3 The Chair shall have an open invitation to attend all meetings of the Committee.
- 3.4 The Council of Governors may nominate up to two Governors to attend as observers. The Chair of the Committee may, in exceptional circumstances, exclude a Governor from being present for specific items.
- 3.5 The Committee Chair may request attendance by relevant staff at any meeting.

#### **4. Quorum**

- 4.1 The quorum for any meeting of the Committee shall be a minimum of four committee members, including two Non-Executive Directors and two Executive Directors.
- 4.2 If a member of the Committee is unable to attend they should nominate a deputy subject to the agreement of the Chief Executive and the Chair of the Committee. Deputies will be counted for the purposes of the quorum.
- 4.3 An attendance record of attendance will kept and reported in the Annual Report from the Committee to the Board and in the Annual Report.

#### **5. Frequency of meetings**

- 5.1 Meetings of the Committee shall be held a minimum of six times a year, scheduled to support the business cycle of the Trust and at such other times as the Chair of the Committee shall identify.

#### **6. Specific Duties**

- 6.1 The Quality and Safety Committee shall oversee and provide assurance to the Board on the following areas:
  - Monitoring and reviewing the systems in place for Quality Governance, clinical risk management, quality impact assessment and Research and Development Governance ensuring the Board is assured of continued compliance through its annual report and reporting by exception where required.
  - Assuring maintenance of compliance with, and delivery of improvements required, in respect of the Care Quality Commission registration through assurance of the systems of control, with a particular emphasis on the Fundamental standards of quality and safety.
  - Continuous improvement and learning relating to clinical effectiveness, clinical outcomes and performance with a particular focus on ensuring the best possible outcomes of care across the full range of Trust activities
  - Statutory and mandatory requirements relating to Quality and Safety of care.
  - Management of Incident reporting including serious incident monitoring, action and learning.
  - Effectiveness of patient experience, engagement and communication with a particular focus on learning and improvement
  - The Trust's Quality and Clinical Strategies, Quality Account, Infection Prevention and Control and any other related strategies and related delivery plans.
  - Considering any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of its reporting requirements and to report any areas of significant concern to the Audit and Risk Committee, and Trust Board.

- Identify annual objectives of the committee and produce an annual work plan in the agreed Trust format.

## **7. Sub Committees**

7.1 The Committee shall receive regular reports from the Quality Oversight Group (bi-monthly); the Patient Safety Group (monthly and reporting into QOG); the Infection Prevention and Control Committee and any Committees set up to oversee and monitor patient experience and effectiveness

## **8. Administrative support**

8.1 The Committee shall be supported by the Medical Director and Chief Nurse as the Executive Leads and by the Trust Secretary in overseeing management of administrative support, agenda setting, forward planning, minutes and actions.

## **9. Accountability and reporting arrangements**

9.1 The Committee shall be directly accountable to the Trust Board.

9.2 The Committee Chair shall provide a report to the Trust Board after each meeting outlining areas of key discussion and any actions taken or issues for escalation.

9.3 The minutes of the committee meetings shall be formally recorded and submitted to the next meeting of the Board following their approval.

## **10. Monitoring effectiveness and compliance with Terms of reference**

10.1 The Committee shall carry out an annual review of its effectiveness and provide a report to the Trust on its work discharging its responsibilities and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

## **11. Review of the Terms of Reference**

11.1 The Terms of Reference shall be reviewed annually and submitted to the Trust Board for approval.

**Date approved by the Quality and Safety Committee: 22 October 2020**

**Date approved by the Trust Board: 03 Nov 2020**

**Next review date: October 2021**