

Quality and Patient Safety Committee

Terms of Reference

1. Committee name and purpose

- 1.1. The Committee is named as the 'Quality and Patient Safety Committee'.
- 1.2. The Committee is formed to-
 - 1.2.1. Have oversight of the Trust's performance on key quality metrics set nationally; and the key performance indicators related to the quality of patient experience set by the Board
 - 1.2.2. Have oversight of the Trust's performance in respect of the safety of services provided to patients
 - 1.2.3. Assess the available assurance regarding the compliance of the Trust with the CQC Fundamental Standards,¹ and to advise the Board accordingly
 - 1.2.4. Oversight of the operation of clinical governance within the Trust, including the assurance available through that process, and advising the Board accordingly
 - 1.2.5. Have oversight of strategic risks within the Board Assurance Framework that are referred to the Committee by the Board.
- 1.3. The *General Orders for Committees* form part of these Terms of Reference.

2. Membership

- 2.1. The Committee is formed of
 - 2.1.1. Three Non-Executive Directors
 - 2.1.2. The Chief Medical Officer
 - 2.1.3. Director of Operations
 - 2.1.4. The Chief Nurse.
- 2.2. The following are expected to regularly attend meetings of the Committee
 - 2.2.1. The Deputy Chief Nurse (Quality)
 - 2.2.2. The Director of Midwifery
 - 2.2.3. The Chief Pharmacist
 - 2.2.4. The Director of Governance
 - 2.2.5. The Director of Estates and Facilities
 - 2.2.6. The Trust Secretary.
- 2.3. The Board may appoint Associate Non-Executive Directors to attend the meeting.
- 2.4. The Chief Medical Officer and Chief Nurse will share being the lead Executive Director for the Committee.

¹ See the *Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*.
070923 Item 6.4(4) Quality and Patient Safety Committee ToR August 2023

- 2.5. The Committee has the right to exclude some or all non-members from its meetings should it judge that to be convenient.

3. Meetings

- 3.1. The Committee shall meet every two months, to a schedule agreed in advance as part of the annual calendar of meetings.

4. Specific duties and responsibilities

- 4.1. Ensuring that the Trust's Quality Strategy has a clear focus on improvement, drawing on and benchmarking against ideas and best practice from external organisations.
- 4.2. Promotion of clinical leadership and wider stakeholder engagement in the development and delivery of the Trust's quality strategy.
- 4.3. Advising the Board on key strategic risks relating to quality and patient safety and considering plans for mitigation as appropriate.
- 4.4. Reviewing the effectiveness and robustness of the Trust's systems and processes for ensuring clinical governance, quality governance and patient safety is embedded from front line services delivery to Board.
- 4.5. Oversight of Trust performance in relation to patient safety, experience and outcomes (effectiveness), with particular focus on assessing the assurance available to the Board through reviewing in detail any major performance variations and providing constructive challenge as appropriate.
- 4.6. Review of the development and implementation of action plans arising from both inpatient and other care related surveys, inspections or peer reviews, with recommendations to the Board as appropriate.
- 4.7. Oversight of the systems and processes in place in the Trust in relation to Infection Control; and reviewing progress in managing identified risks to reducing hospital acquired infections.
- 4.8. Monitoring aggregated analyses of adverse events including Never Events and serious incidents, complaints, claims and litigation to assess the available assurance that appropriate actions are being taken to address them.
- 4.9. Oversight of actions taken to ensure lessons are learnt and implemented across the Trust from patient feedback, including patient safety data and trends, compliments, complaints, patient surveys, national audits/confidential enquiries, and learning from the wider NHS community.
- 4.10. Oversight of actions to maintain compliance with statutory and regulatory standards.
- 4.11. Oversight of reports on significant concerns or adverse findings highlighted by external bodies in relation to clinical quality and safety, including mortality outlier alerts, and the actions being taken by management to address them.
- 4.12. Review of the Trust's Quality Accounts prior to its presentation to the Trust Board, and to report to the Board the level of available assurance in respect to meeting the reporting requirements.
- 4.13. Monitoring compliance with health and safety requirements to protect patients, staff and visitors to the Trust sites.
- 4.14. Oversight of systems within the Trust for obtaining and maintaining licences and accreditations relevant to clinical activity from regulatory bodies.