

**Quality & Patient Safety Assurance Committee
Terms of Reference**

1. Constitution

The Trust Board hereby resolves to establish an Assurance Committee to be known as Quality & Patient Safety (QPS) Assurance Committee (The Committee). The Committee is an assurance committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.

2. Authority

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to request any information from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain legal advice and to secure the attendance of experts and external representatives or persons with relevant experience / expertise if it considers it necessary.

3. Membership

- Three Non-Executive Directors (one of whom will Chair the committee)
- Chief Medical Officer
- Managing Director/Deputy Chief Executive
- Chief Nurse

In Attendance

- Director of Governance
- Director of Estates and Facilities
- Director of Logistics and Patient Services
- Medical Director (Quality)
- Associate Director of Clinical Governance
- Chief Pharmacist

4. Attendance

The Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter. The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Attendance at meetings is essential. In exceptional circumstances when an Executive member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum 50% of the meetings per year.

5. Quorum

The quorum necessary for the transaction of business shall be three members of whom at least two must be Non-Executive Directors and one Executive Director. 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 invested in, or exercised, by the Committee.

6. Frequency and Conduct

The Committee shall operate as follows:

- The Committee will meet monthly until agreed otherwise
- Items for the agenda should be submitted to the committee secretary a minimum of 6 days prior to the meeting.
- Papers will be sent out by the committee secretary at least 4 days before each meeting
- Membership and terms of reference will only be changed with the approval of the Committee, and ultimately by the Trust Board
- The terms of reference of the Committee will be reviewed and agreed annually

7. Main duties

The QPS is authorised to ensure that the Trust's quality and patient safety strategies and underpinning policies, leadership and behaviours are aligned with the Trust's strategy and vision, with the aim of ensuring that effective governance, risk management and internal control systems are in place to ensure the delivery of safe, high quality, patient-centred care.

The committee will consider all relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements, and to report any areas of significant concern to the audit and risk assurance committee or the board as appropriate. The committee will also recommend changes to the BAF relating to emerging risks and existing entries within its remit for the executive to consider.

8. Key responsibilities

The key responsibilities of the committee shall be to provide assurance to the Board in relation to :

- The Trust's Quality Strategy, ensuring that it has a clear focus on improvement, drawing on and benchmarking against ideas and best practice from external organisations.
- The effectiveness and robustness of the Trust's systems and processes for ensuring clinical governance, quality governance and patient safety is embedded from Ward to Board.
- The Trust meeting its statutory and regulatory standards, particularly in relation to the Care Quality Commission, Clinical Negligence Scheme for Trusts and the Well-Led Framework.
- Trust performance in relation to patient safety, experience and outcomes (effectiveness), with particular focus on providing assurance to the Board on performance against quality KPIs, monitoring trends and reviewing in detail any major performance variations.
- Reports on 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 them. This should include mortality outlier alerts.

- The development and implementation of action plans arising from both in-patient and other care related surveys with recommendations to the Board as appropriate.
- The systems and processes in place in the Trust in relation to Infection Control and to review progress against identified risks to reducing hospital acquired infections.
- Aggregated analyses of adverse events (including serious incidents), complaints, claims and litigation to gain assurance that appropriate actions are being taken to address them.
- The Trust's Quality Account/Report and provide assurance on its declarations of compliance prior to its presentation to the Trust Board.
- The provision of health and safety to protect patients, staff and visitors to the Trust site.
- Key strategic risks relating to quality and patient safety and consider plans for mitigation as appropriate.
- Promotion of clinical leadership and wider stakeholder engagement in the development and delivery of the Trust's clinical strategy, quality strategy and research strategy.
- Ensuring that 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.
- Systems within the Trust for obtaining and maintaining licences and accreditations relevant to clinical activity (eg. Licences granted by the HTA), receiving such reports as required.

9. Reporting and Monitoring Responsibilities

Minutes will be prepared after each meeting of this Committee within 5 working days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee.

There should be a formal report from the committee to the next meeting of the Board of Directors. The Chair of the Committee shall draw to the attention of the Trust Board, in the Chair's Key Issues report any issues that require disclosure to the Board or require executive action. The speed of communication should be proportionate to the seriousness and likely impact of the issue.

The key issues of the Committee will be included in the Board of Directors agenda and papers. Once the Committee has approved the full minutes, a copy will be available, for information, to the Board at its next meeting.

10. Monitoring effectiveness

In order to support the continual improvement of governance standards, this committee is required to complete a self-assessment of effectiveness at least annually and advise the Trust Board of any suggested amendments to these terms of reference which would improve the trust governance arrangements.

11. Approval

These terms of reference were reviewed by the Committee on (TBC) and approved by Trust Board on (TBC).

The Terms of Reference will be reviewed in (TBC).

