

Committee Terms of Reference

Quality and Safety Sub-Committee

Purpose

The Quality and Safety Sub Committee is a formal subcommittee of the Trust Board Quality Committee.

The role of the subcommittee is to provide the Trust Board Quality Committee with assurance on the effective management of quality and risk governance within the Trust. This includes ensuring the delivery of associated strategies included but not limited to:

- Quality
- Patient Involvement
- Risk Management
- Infection Control
- Research and Research Governance

Date Adopted	
Review Frequency	

Core Accountabilities

Terms of reference drafting	
Review and approval	Quality and Safety Subcommittee
Adoption and ratification	Trust Board Quality Committee

1. Authority

1.1 The Trust Board hereby resolves to establish a Sub-Committee of the Board to be known as the Quality & Safety Sub-Committee (“the Sub-Committee”).

1.2 The Committee is a standing committee of the Trust’s Board of Directors (“the Board”). Its constitution and terms of reference shall be set out below and will be subject to amendments approved by the Quality Committee.

1.3 The Sub-Committee is authorised by the Trust Board’s Quality Committee to act and investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

1.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

2. Membership and attendance at meetings

Membership

- 2.1** The Committee shall be appointed by the Quality Committee and shall consist of:
- Director of Nursing and Quality
 - Medical Director
 - Associate Director of Quality
 - Head of Administrative Services
 - Chief Pharmacist
- 2.2** The Director of Nursing shall be appointed Chair of the Committee or in their absence another Executive Director.

Quorum

- 2.3** The quorum necessary for the transaction of business will be:
- 2 people, one of which is the Director of Nursing or another Executive Director

Attendance

- 2.4** Meetings of the Committee shall normally be attended by:
- All executive directors will be invited to attend.
 - Other attendees will be co-opted as required.
- 2.5** The Committee may invite other persons to attend a meeting so as to assist in deliberations. The Chair shall be notified of any additional attendees prior to the meeting.
- 2.6** If needed, meetings by conference telephone call are acceptable with the approval of the Committee Chair.

3. Roles and responsibilities

- 3.1** The role of the Quality & Safety Sub-Committee is to provide assurance to the Quality Committee of the robust and appropriate management systems are in place to appropriately control and/or report on governance and assurance matters to include:
- 3.1** The Quality Committee will delegate delivery of Strategic Plan actions to the appropriate Committee in conjunction with any relevant sections of the Quality Committee's Board Assurance Framework.
- 3.2** The Committee will act on any delegated responsibilities allocated by the Quality Committee.
- 3.3** The Committee will delegate actions to appropriate sub-groups as and when required.

Governance

- 3.4** The Committee will ensure that there are appropriate arrangements in place to deliver the highest standards of quality and risk management including clear responsibilities from 'Board to Ward'.
- 3.5** Review benchmarked performance against other providers.
- 3.7** Promote visible leadership with regard to quality and risk management.

Quality Assurance

- 3.8** The subcommittee will ensure that the Quality Committee is assured in relation to quality (patient experience, safety and outcomes).
- 3.9** This will include but not limited to:
- Infection control
 - Clinical outcomes and mortality
 - Safeguarding
 - Quality Impact Assessment of CIP and service developments. The Committee will scrutinise and challenge relevant Trust plans and developments in respect to the impact on quality.
 - Medicines safety
 - CQUINS delivery
 - Clinical and process audit
 - CCC Quality and Risk Standards
 - Patient harms
 - Safety Climate Survey
 - Unwarranted variations in clinical practice
 - Risk management

Regulatory and other Compliance

- 3.10** The subcommittee will ensure that all regulatory and other requirements are complied with proven and demonstrable assurance.
- 3.11** This will include but not limited to:
- CQC regulatory requirements
 - Health and safety legislation
 - NHS Constitution
 - Equality legislation
 - IR(ME)R and IRR
 - Contractual quality requirements
 - NICE guidance
 - National audits and NCEPOD enquiries

Risk Management

- 3.12** The Committee will ensure that there are robust risk management systems in place.
- 3.13** This will include but not limited to:
- Ensuring that there is an up to date risk register in place
 - Monitor progress against actions to mitigate risks to quality and ensure appropriate controls and assurances are in place
 - Ensuring a culture of openness and transparency with regard to reporting risk

- Providing a forum for reviewing risk, incidents and concerns (including whistleblowing) and ensure a culture of continuous learning from incidents, claims and complaints
- Ensure that the Trust meets its obligations with regard to the Duty of Candour

Involving and Learning from Patients and Public

3.14 The Committee will ensure there are systems and processes in place to elicit feedback from patients and stakeholders on the quality of services provides by the Trust.

3.15 The Committee will review information on trends and themes from patient experience measures including complaints and PALS.

In line with the schedule detailed in the cycle of business.

4. Conduct of business

4.1 A nominated individual from the Executive Secretariat shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

4.2 The Committee Secretary will:

- Provide timely notice of meetings
- Liaise with the Chair to agree meeting agendas and attendees
- Collect and forward agendas and supporting documents to members and attendees in advance of the meetings
- Attend to take minutes / notes of the meeting
- Maintain a record of matters arising and issues to be carried forward.

Frequency

4.3 The Committee will meet 11 times a year.

4.4 Additional meetings may be called by the Chair of the meeting.

4.5 Meetings will normally last no longer than 2 hours.

Notice of meetings

4.6 An agenda of items to be discussed will be forwarded to each member of the Committee and other attendees as appropriate no later than 7 working days before the date of the meeting. Supporting papers will be sent to Committee members and to other attendees as appropriate, at the same time.

5. Reporting

5.1 Formal minutes / notes of meetings will be recorded; and will normally be confirmed as accurate at the next meeting of the Committee.

- 5.2** The Chair of the Committee will present a report to the next meeting of the Quality Committee, summarising the decisions of the Committee and the assurances received and provided.
- 5.3** The Chair of the Committee shall draw to the attention of the Quality Committee any issues that require disclosure to any regulatory authority eg CQC, NHS Improvement, the Council of Governors, or require executive action and raise any significant concerns in relation to the business undertaken directly with the Board in a timely manner.
- 5.4** On an annual basis the Committee will review and report to the Quality Committee on:
- the performance of its duties as reflected within its Terms of Reference
 - an annual work plan of activity
 - output of the Committee's self assessment
 - attendance of Committee members
 - make a recommendation as to whether the Committee continues.
- 5.5** Provide assurance as required on its activities to the Quality Committee.

6. Review

- 6.1** These Terms of Reference will be subject to an annual review. This review will include a self-assessment on performance of its duties as set out within the Terms of Reference and delivering against the needs of the Trust. Any conclusions and recommendations for change are to be reported to the Quality Committee.
- 6.2** As part of this assessment, the meeting shall consider whether or not it receives adequate and appropriate support in fulfilment of its role and whether or not its current workload is manageable.