West Hertfordshire Hospitals NHS
NHS Trust

ITEM 19/39

SAFETY & QUALITY COMMITTEE

TERMS OF REFERENCE

Status:	Committee of the Trust Board
Chair:	Trust Chair or Deputy Chair
Executive Lead:	Chief Nurse
Clerk:	Executive Assistant to the Chief Nurse
Frequency of meetings:	Bi-Monthly
Quorum:	Two Non-Executive Directors (one of which must be the Chair) and two Executives

1. Constitution

1.1 The Trust Board (the Board) hereby resolves to establish a Committee of the Board to be known as the Safety & Quality Committee. The Committee is a Non Executive Committee and 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.

1.2 The Committee is authorised by the Board to investigate any activities within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

2. Purpose

2.1 The purpose of the Committee is to provide the Board with assurance that high standards of care are provided by the Trust and in particular, that adequate and

appropriate governance structures, processes and controls are in place throughout the Trust to:

- Promote safe and effective patient care;

- Ensure the Trust's responsibilities for health and safety of staff, patients and visitors are effectively fulfilled
- Ensure the Trust has effective processes in place to get feedback from patients and relatives on their experience of care provided by the Trust

- Promote a culture of learning and continuous improvement

3. Membership

3.1 The Committee will be appointed by the Board and its membership will consist of:

3.2

- Non Executive Chair
- Non Executive Director
- Nominated reserve Non Executive Director
- Medical Director
- Chief Nurse
- Chief Operating Officer
- Director of Environment

3.2 The following key staff will attend on a regular basis, however they will not count against the quorum.

- Associate Director of Quality Governance
- Chief Pharmacist
- Associate Medical Director for Clinical Standards
- Representative from Patients' Panel
- Representative from Healthwatch Hertfordshire

3.3 All Non Executive Directors have a standing open invitation to have access to the agenda and papers on request from the Committee Clerk or the Trust Secretary.

4. Duties and Responsibilities

Strategy and Governance

i. To ensure that all statutory elements of quality governance are adhered to within the Trust;

ii. To receive assurance that CQC outcomes for safety and quality are maintained to provide assurance to the Board that the Trust meets the requirements for CQC registration

iii. To agree Trust-wide quality governance priorities and give direction to the quality governance activities of the Trust's services and divisions

iv. To ensure the Trust has a clear view from 'Ward to Board' of the safety and effectiveness of the services it provides through the development and monitoring of appropriate metrics at corporate, divisional and departmental level; ensuring appropriate action where any areas of concern are identified;

v. To approve the Trust's Annual Quality Report following review by the Trust Executive Committee and before submission to the Board;

vi. To receive and approve the annual Clinical Audit Plan, ensuring that it is consistent with the clinical audit needs of the Trust;

vii. To approve the terms of reference and membership of its reporting groups (as may be varied from time to time at the discretion of the Safety & Quality Committee) and oversee the work of those groups by receiving reports from them as specified in the sub-committee terms of reference for consideration and action as necessary;

viii. To consider matters referred to the Safety and Quality sub-committee by the Board;

ix. To consider matters referred to the Safety and Quality sub-committee by the Trust Executive Committee;

x. To consider matters referred to the Safety and Quality sub-committee by its sub-groups;

xi. To make recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference;

xii. To review and approve relevant policies and procedures, including, but not limited to:

- Infection Prevention and Control Annual Report and Programme;
- Health and Safety Policies and Procedures;
- Complaints Policy;
- Claims Policy;
- Incident Reporting Policies;
- Safeguarding Children Policy;
- Safeguarding Adults Policy
- Duty of Candour Policy

Safety

In respect of safety and excellence in patient care, in particular:

xiii. To agree patient safety priorities;

xiv. To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's policies on reporting issues of concern and monitoring the implementation of that policy;

xv. To receive assurance that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that examples of good practice are disseminated across the Trust.

xvi. To promote the Duty of Candour to patients and relatives in the event of serious adverse events and to promote openness in responding to concerns;

xvii. To oversee the system for obtaining and maintaining any licences relevant to clinical activity in the Trust (e.g. licences granted by the Human Tissue Authority or any successor organisation) receiving such report as the Committee considers necessary.

xviii. To ensure that risks to patients are minimised through the application of a comprehensive risk management system including without limitation:

- To receive assurance that the Trust incorporates the recommendations from external bodies e.g. The National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission, as well as those made internally e.g. in connection with serious incident reports and adverse incident reports, into practice and has mechanisms to monitor their delivery.
- To ensure full implementation of the National Patient Safety Agency reporting system (currently National Reporting & Learning System: NRLS)
- To assure that there are processes in place safeguard children and adults
- To escalate to the Integrated Risk and Governance Committee and to the Board any identified unresolved risks arising within the scope of these Term of Reference that require Executive action or that pose significant threats to the operation, resources or reputation of the Trust.
- To receive assurance that appropriate skill mix and establishment reviews have been undertaken.

Patient Experience

xix. To agree the annual patient experience plan and monitor progress.

xx. To assure that the trust has reliable, real time, up-to-date information about what it is like being a patient experiencing care delivered by the Trust, so as to identify areas of improvement and ensure that these improvements are effected and

Effectiveness

xxi. To ensure that care is based on evidence of best practice/national guidance;

xxii. To ensure that the Trust adheres to NICE guidance as relevant to the services it provides;

xxiii. To ensure that there is an appropriate process in place to monitor and promote compliance across the Trust with clinical standards and guidelines including but not limited to NICE guidelines and radiation use and protection regulations e.g. IRMER notifications;

xxiv. To review trends in complaints received by the Trust and receive assurance that recommendations have been considered and where appropriate, taken forward;

xxv. To identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas, in all specialities;

xxvi. To ensure the research governance framework is implemented and monitored;

6. Accountability and Reporting arrangements

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

6.2 The Chair of the Committee shall prepare a summary report to the Board detailing items discussed, actions agreed and issues to be referred to the Board.

6.3 The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance.

6.4 Members of the Committee should act in the interests of the Trust as a whole and should not confine focus to representing or advocating for their respective department, division or service area. This will ensure the focus of the Committee is maintained on Trust-wide governance.

The Committee will report annually to the Audit Committee who will review the work of the Committee to ensure it is working efficiently and meeting the terms of reference.

7. Review and Monitoring

7.1 The Committee will undertake and evidence an annual review of its performance against the agreed Board Committee Assurance template in order to evaluate its effectiveness, the fulfilment of its functions in connection with the terms of reference and achievement of duties. This report will be provided to the Audit Committee as part of the Annual Assurance Report.

7.2 Terms of Reference will be reviewed annually and approved by the Board.

Ratified by Trust Board: June 2016

Date of Review: April 2017