West Hertfordshire Hospitals NHS
NHS Trust

Agenda item: 14c/30

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:	Any three of the Executive and Non Executive Directors, including at least one Non Executive Director and one Executive Director

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 safety and excellence in patient care;
- On the effective and efficient use of resources through evidence-based clinical practice;

- On health and safety aspects;
- On the effectiveness of information governance arrangements

3. Membership

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

- A minimum of three Non-Executive Directors (one of whom will be the Chair of the Committee)
- Chief Executive
- Medical Director
- Chief Nurse
- Deputy Chief Executive
- Director of Transformation

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

- Director of Workforce
- Director of Communications
- Chief Information Officer
- Associate Director Quality Governance and Risk
- Chief Pharmacist
- Clinical Divisional Directors
- Director of Environment
- 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 attend any meetings of the Committee and to have access to the agenda and papers on request from the Committee Clerk or the Trust Secretary. They will not however count against the quorum.

4. Duties and Responsibilities

Governance

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

ii. To agree Trust-wide quality governance priorities and give direction to the quality governance activities of the Trust's services and divisions, not least by reviewing each service/division's annual Safety and Quality Plan through the Trust Leadership Executive Committee.

iii. Risks that are appropriate to this meeting to be reviewed through this meeting format;

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

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

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

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

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

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

x. To oversee the Trust's policies and procedures with respect to the use of clinical data and patient identifiable data to ensure that this is in accordance with all relevant legislation and guidance, including the Caldicott Principles and the Data Protection Act 1998;

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 and Effectiveness

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

xiii. To agree patient safety priorities;

xiv. To ensure that internal standards are set and monitored, including:

- To ensure the standards outlined in NICE and related guidelines are implemented and monitored or explained
- 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
- To receive assurance that NHSLA standards for general services are being maintained at Level 2 and that plans are in place to progress to Level 3 accreditation
- To receive assurance that CNST maternity standards are being maintained at Level 2.

xv. To promote within the Trust a culture of open and honest reporting of an 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;

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 Risk Management 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.

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 area of improvement and ensure that these improvements are effected and

xxi. To identify areas for improvement in respect of incident themes from the result of National Patient Surveys, local surveys and feedback from matter raised to the Patient Advice and Liaison Service to inform improvement to services.

Effectiveness

xxii. In particular, in respect of efficient and effective use of resources through evidence-based clinical practice:

xxiii. To agree the annual Quality Plan and monitor progress;

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

xxv. To assure that procedures stipulated by professional regulators of chartered practice(i.e. General Medical Council, Nursing & Midwifery Council, Healthcare Professions Council), are in place and performed to a satisfactory standard;

xxvi. 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;

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

xxviii. To review quality indicators and receive assurance as to their utilisation;

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

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

xxxi. 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.

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 minutes of Safety, Quality Committee meetings shall be formally recorded and submitted to the Board.

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

6.5 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.

7. Review and Monitoring

7.1 The committee will undertake and evidence an annual review of its performance against the agreed Board Subcommittee Assurance template (to be agreed) 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 Trust Board.

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

Terms of Reference ratified by Trust Board :

Date of Review: July 2016