

## Quality and Safety Committee Terms of Reference

### Purpose of Committee

The Quality and Safety Committee ('the Committee') is a Level 1 Committee of the Trust Board and will exercise its delegated authority in line with the Standing Orders of the Trust Board and its approved Terms of Reference. Its principal purpose is the provision of assurance to the Trust Board of effective quality and safety arrangements, with a focus on areas related to the Trust's Step Up To Great Strategy and will work to a plan built around assurance that the Trust delivers services that are safe, effective, caring, responsive and well led and compliant with regulations.

The Committee will assess at each meeting the level of assurance it has received from the reports presented to it and identify if it was assured, partly, or not assured. Any high-risk concerns raised during the meeting will be shared with the Executive Management Board via the highlight report prior to being presented at the public Trust Board. Feedback from the EMB will be provided back into the QSC where relevant.

The Committee shall make whatever recommendations to the Trust Board it deems appropriate on any area within its remit where action or improvement is needed.

The Committee reserves the right to commission further pieces of work to obtain further assurance.

### Duties

The Committee will receive regular highlight reports, and an annual committee review from the level 2 committees which are direct reports;

- Health and Safety Committee
- Quality Forum
- Safeguarding Group
- Mental Health Act Group

It will also receive assurance over;

### Quality

- Receive assurance on the delivery of the quality and safety elements of Step Up To Great
- Receive performance and compliance reports relating to quality and safety measures
- Scrutinise and gain assurances relating to required standards, and the mitigation of risk and substandard quality performance.
- Receive assurance that services are safe, effective, caring, well led and responsive
- Receive assurance on;
  - The draft Quality Account and on-going monitoring of quality priority metrics
  - Serious incidents and never events
  - End of life and Learning from Deaths
  - Privacy and dignity
  - Single sex accommodation
  - Controlled drugs and medicines management
  - Patient Experience, complaints and compliments

### Safety

- Receive assurance on issues of patient safety, patient experience and patient outcomes and promote the involvement of service users, carers and the public;
- Receive assurance on:
  - Health and safety
  - Safeguarding arrangements across the organisation
  - Suicide prevention
  - Sexual Safety
  - Infection Prevention and Control / Flu Plan
  - Mental health act and mental capacity act

### **Governance**

- Review and receive assurance on compliance with regulatory requirements including CQC and NHSE within the remit of the Committee;
- Ensure the effectiveness of the Trust's quality and safety governance arrangements and advise the Trust Board and Audit & Risk Committee; it will also liaise with the Finance and Performance Committee and People and Culture Committee as necessary;
- Ensure the effectiveness of the WelImproveQ and arrangements for research and development within the Trust;
- The Committee will monitor the use of Freedom to Speak Up procedures to oversee the effectiveness of the arrangements in place for allowing staff to raise, in confidence concerns about possible improprieties in clinical and safety matters and ensure that any such concerns are investigated proportionately and independently. This will include;
  - Monitoring the implementation and use of the procedures, including proportionate and independent investigation and follow up action
  - To receive quarterly reports on concerns raised and the outcomes of matters raised in relation to clinical and safety matters.
- Through liaison with the Audit and Risk Committee, be sighted on audit reports rated with no, limited or moderate assurance for quality and safety related audits commissioned as part of the Internal Audit Plan so that the Committee can assess/ seek assurance over the actions instigated to address the recommendations arising from such audits;
- Oversight of the outcomes of clinical audits for key lines of enquiry to gain assurance in relation to quality and safety, utilising the appropriate level 2 committee to escalate where appropriate;
- Disseminate within the organisation learning from assurances and information, including improvement identified through liaison with Northamptonshire Healthcare NHS Foundation Trust.

### **Risk**

- Exercise oversight of and assurance on those ORR risks assigned to it in line with the Trust's Risk Management Strategy;
- Where appropriate, commission a deep dive thematic review to undertake greater analysis where level of risk warrants.

### **Membership**

The membership and attendance membership of the Committee is listed in Appendix 1. Membership of the Committee will be reviewed and agreed annually with the Trust Board.

The Chair of the Committee shall be one of the independent Non-Executive Directors selected by the Chair of the Trust Board. In their absence their place will be taken by another independent Non-Executive Director.

### Secretary

The Committee shall be supported administratively by the PA to the Director of Nursing, AHPs and Quality. This includes production of the Committee information pack to be circulated within 7 days prior to the meeting, attend the meetings to take the minutes, keep a record of matters arising and issues to be carried forward and generally provide support to the Chair and members of the Committee.

The agenda will be agreed with the Chair following consultation with the Director of Nursing, AHPs & Quality.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda and supporting papers will be forwarded to each member of the Committee, and any other person required to attend, no later than 5 working days before the date of the meeting.

The agenda for each meeting will include an item “Declarations of interest in respect of items on the agenda”. Any declarations made will be recorded in the minutes of the meeting.

Minutes of Committee meetings shall be circulated promptly to all members of the Committee.

### Quorum

The quorum necessary for the transaction of business shall be three, and must include a non-executive Director and clinical 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 vested in or exercisable by the Committee.

### Frequency

The Committee shall meet bimonthly (not less than 6 times a year) and at such other times as the Chair of the Committee shall require at the exigency of the business.

The Quality and Safety Committee, People and Culture Committee and the Finance and Performance Committee will hold joint workshops for any key joint agenda items where relevant and will report on recommendations separately.

Members will be expected to attend at least three-quarters (75%) of all meetings.

### Annual Review

The Committee shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

### Appendix 1 – Membership of the Committee

Quality and Assurance Committee	
Membership	<ul style="list-style-type: none"> <li>• NED (<b>chair</b>)</li> <li>• NED x 2 (including one who also attends PPC / FPC)</li> <li>• Director of Nursing, AHP &amp; Quality (<b>Executive Lead</b>)</li> <li>• Medical Director</li> <li>• A Service Director</li> <li>• Director of Corporate Governance</li> </ul>
In attendance	<ul style="list-style-type: none"> <li>• Deputy Director of Nursing, AHP &amp; Quality</li> <li>• Deputy Director of Governance and Risk</li> <li>• Head of Health and Safety</li> <li>• Head of QI</li> <li>• Head of Equality, Diversity and Inclusion</li> <li>• Directorate representation</li> <li>• Clinical Commissioning Group Representative</li> <li>• Other managers will be invited to attend as and when required</li> </ul>
Frequency	Not less than 6 times per 12 months
Day and times	The last Tuesday of every other month / 9am-11:30am to be extended to Midday where required.