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| **QUALITY AND SAFETY COMMITTEE** | |
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| **Name of Committee:** | Quality and Safety Committee |
| **Chair:** | The Chair of the Committee shall be a Non-Executive Director appointed by the Trust Board.  In the absence of the Chair of the Committee, those Non-Executive Directors present shall appoint one of their number to chair the meeting. |
| **Membership :** | The Committee shall comprise three Non-Executive Directors, one of whom shall be the Chair, and the following Executive Directors:   * Executive Director of Nursing, Quality and Governance * Medical Director * Executive Director of Patient Services * Chief Finance and Investment Officer * Executive Director of Workforce   The Members set out above shall be expected to attend all meetings and such attendance shall be reported in the Committee’s Annual Report to the Trust Board.  The Committee reserves the right to hold discussions in private (Part B). The membership of this shall comprise of 2 Non-Executive Directors and the appropriate Executive Directors relevant to the agenda items |
| **Other Attendance:** | Other members of staff including directors, senior managers, and clinicians, will be invited to attend as appropriate by decision of the Committee or the Committee Chair.  In addition to members of the Committee the following shall normally attend all meetings and may contribute, but have no voting rights nor contribute to the quorum:   * Deputy Director of Nursing and Governance * Deputy Director of Quality |
| **Quorum:** | A quorum shall be four members, including at least 2 Non-Executive Directors. |
| **Deputies:** | A member of the committee may appoint a named deputy to attend a particular meeting in their place. A deputy should be nominated only in exceptional circumstances, for a particular meeting.  On each occasion the member should approach the Committee Chair, cc the Trust Secretary, to ask agreement for the named deputy to attend in their stead, to count towards the quorum and to have full voting rights.  If it appears that the meeting will have a minority of full members, the Chairman will confer with the Trust Secretary as to whether the meeting should be re arranged. |
| **Frequency of Meetings:** | The Quality and Safety Committee shall meet no less than 6 times a year. |
| **Inputs:** | The Quality and Safety Committee shall receive the following reports:   * Performance Improvement Committee (each meeting) * Patient Experience Committee (each meeting) * Service Improvement Committee (quarterly) * Safeguarding (quarterly) * Workforce (quarterly) * Regulatory compliance (each meeting)   The Quality and Safety Committee can request a report on any subject or issue relevant to its terms of reference. |
| **Outputs:** | Meetings of the Quality and Safety Committee shall be formally recorded and once approved, submitted to the Audit Committee and the Trust Board at the next opportunity:   * The Chair of the Committee shall report to the Board after each meeting and draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action including details of any matters in respect of which actions or improvements are needed. * The Chair of the Committee shall draw specific attention to any issues that require notification to the Audit Committee.   The Committee will report to the Board annually on its work in support of the Annual Governance Statement and after each meeting highlighting areas of success in quality improvement and risks to the improvement of quality in any area of the Trust’s services.  The Committee may work with the Audit Committee specifically when issues arise in relation to the Audit Committee’s role in maintaining effective systems of governance, risk management and internal control within the Trust.  The Chair of the Quality and Safety Committee has authority to report to other organisations working in partnership with the Trust any matter the Committee considers impacts on clinical quality.  The Quality and Safety Committee shall submit an Annual Report to the Trust Board, incorporating progress against its work plan, reporting arrangements, frequency of meetings and attendance records.  The Trust Board will also use the minutes submitted to it to assess the Committee’s performance on an on-going basis. |
| **Frequency of Review of the Committee’s terms of reference:** | The Committee shall review its Terms of Reference and performance annually to ensure that it is operating to maximum effectiveness and recommend any necessary changes to the Trust Board. |
| **Committee Secretary:** | The Trust Secretary shall be the Secretary to the Committee whose duties in this respect will include:   * Agreement of agenda with Chairman and attendees, and collation of papers * Taking the minutes and keeping a record of matters arising and issues to be carried forward * Advising the Committee on pertinent areas * Ensuring the agenda, papers, and corresponding minutes reflect confidential items |

**1. Purpose**

1.1 The purpose of the Quality and Safety Committee is to provide the Board with assurance concerning all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients.

1.2 To assure the Board through consultation with the Audit Committee, that the structures, systems and processes are in place and functioning to support an environment for the provision and delivery of excellent quality health and care services.

1.3 To assure the Board that where there are risks and issues that may jeopardise the Trust’s ability to deliver excellent high quality safe care that these are being managed in a controlled and timely way.

**2. Duties**

2.1 The Committee is authorised by the Board to 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 cooperate with any request made by the Committee.

2.2 To scrutinise assurances on the Quality Management System and its fitness to deliver the Trust Quality Strategy and to manage risks to the Trust’s primary objective to deliver safe, quality care.

2.3 To scrutinise assurances on delivery of the Trust Quality Strategy.

2.4 To request reports or information from any employee to seek assurance and to hold people to account for their responsibilities.

2.5 To report to the Trust Board its findings and recommended actions.

2.6 To report to the Audit Committee its findings as regards the system of control in place to manage care risks in line with the role of the Audit Committee to scrutinise the operation of the Trust Risk management system.

2.7 In order to carry out its duties the Committee shall use a variety of methods to include but not be limited to:

* Receiving reports from Trust officers, internal and external audit and inspectorates
* Receiving feedback from service users and carers, staff and stakeholders

2.8 To consider matters referred to it by the Trust Board or its sub committees.

2.9 In order to fulfil its purpose the Committee will review:

* The Trust’s Corporate Risk Register will be scrutinised at alternate meetings.
* Service Line directors will present their annual workplan for addressing quality risks, to the Committee.
* Reports about compliance with external assessment and reporting, e.g. Care Quality Commission’s registration requirements set out in the essential standards of quality and safety, patient safety reporting requirements, assessments or reports from the Medicines and Healthcare Regulatory Authority (MHRA) or the Health and Safety Executive (HSE), the reporting framework for serious incidents and any others that may arise in relation to compliance.
* How the Trust is addressing the requirements of safeguarding for children and vulnerable adults
* Locally-sensitive quality indicators and metrics to aid continual improvement in the quality of services and patient experience
* The meaning, significance and learning from trends in complaints, incidents and Serious Incidents.
* The learning from internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality and safety with the Trust.

2.10 The Committee will also:

* Seek to ensure that the quality agenda leads to improvements in quality, productivity and prevention through innovation and seek to develop a robust process for ensuring patient safety is paramount
* Consider the development and compliance requirements for the NHS outcomes framework, the Trust’s Quality Accounts, other KPIs relating to quality measures and how these impact across the organisation
* Ensure active engagement of patients, staff and other key stakeholders on quality and safety issues.