

Terms of Reference
Name of governance body
Quality & Safety (Q&S) Committee
Constitution
The Quality and Safety Committee (“the Committee”) is a standing committee of the Board of Directors, established in accordance with the Trust’s standing orders, standing financial instructions and constitution.
Accountability
The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority
<p>The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary. Delegated authority includes:</p> <ul style="list-style-type: none"> • Approval of specific policies and procedures relevant to the Committee’s purpose, responsibilities and duties. • Engagement with Trust auditors in cooperation with the Audit and Risk Committee. • Seeking information from within the Trust and commissioning internal or independent investigations or any activity within its terms of reference if further assurance is required, subject to approval of spend in line with scheme of delegation and reservation of power.
Purpose
<p>The purpose of the Committee is to assure the Board of Directors of:</p> <ul style="list-style-type: none"> • The quality and safety of clinical care delivered by the Trust at either its hub site in East Grinstead or any other of its spoke sites. • Patient, service user, family and carer satisfaction with services • The management and mitigation of clinical risk. • The governance of the Trust’s clinical systems and processes. <p>In order to provide this assurance the Committee will maintain overview of:</p> <ul style="list-style-type: none"> • Health and safety • Clinical Governance • Information Governance (IG) • Management of medicines and clinical devices • Safeguarding • Patient experience • Infection control • Research and development governance • All associated policies and procedures. • Medical devices • Clinical audit • Emergency preparedness resilience and response • Appraisal & revalidation of medical staff • Guardian of Safe Working • CQUIN’s • Patient safety • Learning from deaths <p>To fulfil its purpose, the committee will also:</p> <ul style="list-style-type: none"> • Identify the key issues and risks requiring discussion or decision by the Board of Directors and advise on appropriate mitigating actions.

- Make recommendations to the Board about the amendment or modification of the Trust's strategic initiatives in the light of changing circumstances or issues arising from implementation.
- Work closely with the Audit and Risk and Finance & Performance committees as necessary.

Duties and Responsibilities

Duties

- Support the compilation of the Trust's annual quality accounts and recommend to the Board of Directors its submission to the Care Quality Commission.
- Approve quality priorities recommended by the Clinical Governance Group for the Board of Directors.
- Review the clinical audit programme and confirm to the Audit and risk committee that it adequately addresses issues of relevance and any significant gaps in assurance
- Receive a quarterly report on healthcare acquired infections and resultant actions.
- Receive and review bi-monthly integrated reports encompassing complaints, litigation, incidents and other patient experience activity.
- Refer issues related to workforce to the Finance and Performance committee and seek assurance from that committee that workforce issues which impact or could impact quality of care are being effectively monitored and that robust action plans are in place
- Review bi-monthly quality components of the corporate risk register (patient safety risks) and assurance framework and make recommendations on areas requiring audit attention, to assist in ensuring that the Trust's audit plans are properly focused on relevant aspects of the risk profile and on any significant gaps in the assurance of clinical quality.
- Ensure that management processes are in place which provide assurance that the Trust has taken appropriate action in response to relevant independent reports, government guidance, statutory instruments and ad hoc reports from enquiries and independent reviews and that learning from adverse events is being embedded within the workforce.
- Ensure there are clear lines of accountability for the overall quality and safety of clinical care and risk management.
- Hold to account business units and directorates on all matters relating to quality, risk and governance.

Responsibilities

On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of:

- The Trust's performance against the three domains of quality, safety, effectiveness and patient experience.
- Review all serious incident and never event investigations, (ideally prior to external submission) to ensure assurance about the governance of the process and the appropriateness of actions and improvements identified. If timescales do not allow this, the investigation report may be sent externally provided it has been signed off by the Clinical Governance Group and reviewed by the Chair of the Quality & Governance Committee.
- Compliance with essential professional standards, established good practice and mandatory guidance including but not restricted to:
 - Care Quality Commission national standards of quality and safety
 - National Institute for Care Excellence (NICE) guidance
 - National Audit Office (NAO) recommendations.
 - Relevant professional bodies (e.g. Royal colleges) guidance.
- Delivery of national, regional, local and specialist care quality (CQuIN) targets.

Meetings

Meetings of the committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet formally bi-monthly and hold seminars in the months in between .

The Chair of the committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

Notice of each meeting confirming the venue, time and date together with an Agenda shall be circulated by the Secretary to each member of the Committee at least 5 clear days prior to the date of the meeting.

Chairing

The Committee shall be chaired by a Non-Executive Director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other Non-Executive Director members of the Committee.

Secretariat

The Governance Officer shall be the secretary to the Committee and shall provide administrative support and advice to the Chair and membership. The duties of the Secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the Chair
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the Committee's work programme.
- Prepare and collate the question template and circulate prior to meeting

Membership

Members

The following posts are entitled to membership of the committee with full voting rights:

- Three Non-Executive Directors
- Chief Nursing Officer
- Chief Medical Officer
- Chief Operating Officer

Designated deputies will attend as appropriate

The following posts may be invited to attend routinely meetings of the Committee in full or in part when required but shall not be a member or have voting rights:

- Chief Executive
- Deputy Chief Nurse
- Chief People Officer
- Head of Risk and Patient Safety
- Head of Quality and Compliance
- Clinical Director for Clinical Governance
- Allied Health Professional Lead
- Chief Pharmacist
- The secretary to the Committee (for the purposes described above)
- Director of Communication and Engagement
- Clinical Director of Research & Innovation
- Chief Strategy Officer
- The Trust's internal auditor
- NHS Sussex ICS Quality Representative
- Other invitees as appropriate by prior agreement with the Chair

The Chair and members of the Committee shall commit to work together according to the principles established by the Trust's policy for engagement between the Board of Directors and Council of Governors.

Quorum

For any meeting of the Committee to proceed, the following combination of members must be present:

- Two Non-Executive Directors (incl. chair of committee)
 - Either the Chief Nursing Officer or Chief Medical Officer
- 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.

Attendance

Members are expected to attend all meetings or to send apologies to the Chair and Committee secretary at least five clear days* prior to each meeting. A suitable deputy should be sent to cover any absence. Deputies must be appropriately senior and empowered to act and vote on the behalf of the Committee member. Furthermore, members need to advise the Chair in advance if they have to leave the meeting early or are planning to arrive late.

The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Papers

Meeting papers shall be distributed to members and attendees at least five clear days* prior to the meeting.

Reporting

The Secretary shall minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance. Draft minutes will be submitted for formal agreement at the next committee meeting.

The Committee Chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses.

Papers will be circulated to all Non-Executive Directors to provide additional assurance.

Issues of concern and/or urgency will be reported to the Board of Directors in between formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust Chair. Instances of this nature will be reported to the Board of Directors at its next formal business meeting.

In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible executive director will make an immediate report to the Committee Chair, copied to the Trust Chair and Chief Executive, for urgent discussion at the next meeting of the Committee and escalation to the Trust Board.

Final and approved minutes of Committee meetings shall be circulated to the Committee members and attendees. The Committee Chair shall provide an annual report to the Audit and Risk committee to provide assurance on the governance arrangements.

The Committee Chair shall report at quarterly meetings of the Council of Governors and facilitate the Governor working group for the Committee

Review

On an annual basis, the Committee will review its own performance and terms of reference, to ensure that it is operating effectively and in line with best practice. The outcomes of this review will be reported in writing to the Board.

The next scheduled review of these terms of reference will be undertaken by the Committee in January 2025 in anticipation of approval by the Board of Directors at its meeting in March 2025.

Definitions

In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.