

DRAFT
Clinical Quality & Safety Committee
Terms of Reference

1. Constitution

The Board hereby resolves to establish a Committee of the Board to be known as the Clinical Quality and Safety Committee. The Committee is a non-executive Committee of the Board and has no executive powers other than those specifically delegated in these Terms of Reference.

2. Membership

The membership of the Committee shall consist of three Non Executive Directors, Medical Director, Director of Quality and Safety, Chief Executive, Director of Compliance & Risk Management and others as appropriate. A quorum will be two Non Executive members and one Executive member.

3. Attendance

The Chief Executive, Medical Director and Director of Quality and Safety would be expected to attend each meeting. The Director of Quality & safety and Medical Director will also normally meet one hour before each meeting to conduct ad hoc patient safety walkabouts with the Chair of the Committee and other NED members of the committee.

Trust Board members who are not members of the committee attend at invitation

4. Frequency of meetings

Not less than six times a year and at alternate hospital sites

5. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference and is expected to make recommendations to the full board. 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 others from outside the Trust with relevant experience and expertise, if it considers it necessary. This authority will only be used in exceptional circumstances and prior approval of the Board is required.

6. Reporting

The Chairman of the Committee will report to the next meeting of the Board following the Committee, summarising the main issues of the discussion and drawing the Board's attention to any issues that require disclosure to the full Board or require Executive action. The approved or draft minutes will also be submitted to that meeting. The draft minutes will be issued to the Chairman within three working days of the meeting

7. Overriding Key responsibilities

- To provide assurance to the Board on Clinical Quality & Safety, (including Clinical Effectiveness, Patient Safety and Patient Experience) utilising best practice metrics that provide robust clinical governance processes to deliver safe, high quality and patient centred care.
- The Committee will drive an improvement culture to promote excellence in patient care across the domains of quality, safety and experience through the introduction, approval and implementation of a Clinical Quality & Safety Improvement Strategy

7.1 Key responsibilities for Patient Safety-

- Ensure the Trust is meeting all regulatory and mandated care standards, with robust response and tracking processes in place to meet national alert requirements, national guidelines and relevant external quality and safety standards with a focus on agreed patient sensitive indicators.
- To receive an agreed level of patient safety and outcomes data which provides trends and themes from care delivery, utilising clinical metrics to uniform and analyse the range of clinical services across the Trust.
- To ensure that the Committee has adequate information on which to advise the Board about the level of assurance or risks on the standards of care provided across the range of services, including actions in place to drive improvements and mitigate risks.
- To ensure that the Committee has adequate information on which to advise/assure the Board on the Care Quality Commission's essential standards of Quality and Safety and to develop a Quality Assurance Framework to support the governance arrangements required for FT.

Incident reporting and investigation

- To monitor the effectiveness of the Trust's systems for reporting and investigating Serious Untoward Incidents (SUIs), near misses and other incidents;
- To review the outcomes of investigations and external inspections, ensuring that the information is presented in sufficient detail to enable systemic failings in patient care to be identified;
- To receive and comment on action plans and progress reports proposed by management in response to SUIs, near misses and other incidents.

7.2 Key responsibilities for Patient Experience

The Committee will ensure that the patient experience is a core focus of its remit and agenda and will seek a patient representative as a formal Committee Member to provide challenge and assurances that the Committee is addressing the required improvement areas.

- To receive the assurances in that all Caldicott principles are being met in relation to patient confidentiality.
- Be able to provide assurances to the Board on the tracking and completion of all agreed actions/improvements required to improve the patient experience.
- To monitor the effectiveness of the Trust's systems for complaints handling, and reviewing complaints for trends and themes monitoring the effectiveness of the Trusts system for advocacy and the encouragement of feedback from patients and relatives;
- To monitor patient complaints.
- To oversee and monitor action plans resulting from patient surveys
- To receive the Complaints Annual report
- Ensure that the Committee receives triangulation on the patient experience data using patient stories/diaries and includes the experience of both the patient and their relative/carer
- Patient survey and action plan to come to the Committee. A patient experience report to be presented quarterly.
- To receive the Complaints Policy once a year
- A verbal patient story or diary to be presented at the beginning of the meeting.

7.3 Key responsibilities for Clinical Effectiveness

- To receive assurances regarding the workforce including education and learning plans, appraisal and overall staff performance.
- To review assurances received on clinical practice e.g. national audits and other external clinical reviews.
- To be updated on outcomes being improved at the Trust including the productive ward and Leading Improvements in Patient Safety (LIPS) programme

- To review the effectiveness of the Trust's arrangements for the systematic monitoring of mortality and other patient outcomes;
- To receive and comment on action plans and progress reports proposed by clinical leads in response to monitoring data on patient outcomes.
- To review clinical audit findings and the action plans proposed by management in response to these;
- To receive the Research and Development Annual Report

8 Committee Governance Arrangements

- Terms of Reference to be reviewed once a year.
- The Committee will review its effectiveness against these terms of reference on at least an annual basis.
- Provide the Audit Committee with an overview of the scope and effectiveness of the Trusts Quality Improvement and risk management systems.
- Provide assurances to the Board (within the scope of the TOR) on a monthly basis using the IPR and BAF.
- The Committee will agree an annual workplan which will be reviewed quarterly.