Airedale NHS Foundation Trust
Quality and Safety Committee
Terms of Reference

Document Control

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Thriving people,
healthy communities

1. Constitution

The Trust Board hereby resolves to establish a committee of the Board to be known as the Quality and Safety Committee (the committee).

The Committee will adhere to and be cognisant of the Trust values at all times.

2. Membership and Quorum

The Committee shall comprise at least three Non-Executive Directors one of which must be the Non-Executive Director Maternity Safety Champion and at least three Executive Director members who will have the roles of Chief Nurse, Chief Operating Officer and Chief Medical Officer.

The Trust Chair will appoint a Non-Executive Director to act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

Deputies may attend the meeting in the absence of a member. However, prior permission must be sought from the Committee Chair before attendance is permitted. Deputies shall not count towards the quorum.

For decisions taken by the Committee to be valid, the meeting must be quorate. The quorum necessary for the transaction of business shall be three members, of which two are Non-Executive Directors and one Executive Director.

The membership shall be disclosed in the Trust's Annual Report.

3. Attendance at meetings

The Chief Pharmacist and the Deputy Chief Nurse, Patient Safety & Head of Safeguarding, will be required to attend each meeting. Others may be invited to attend all or part of any meeting depending upon issues under discussion.

All other members of the Board of Directors shall be entitled to attend and receive papers to be considered by the Committee.

A Governor may attend the Committee in an observer capacity to gain a better understanding of the work of the Trust and to observe Non-Executive Directors in their role of holding the Executive Directors to account for the operational performance of the Trust. The Governor will be required to declare any interest they may have in respect of the items being discussed.

4. Frequency of meetings

The Committee shall meet monthly with the exception of August and December. Additional meetings may be called at the request of the Committee Chair.

To assist in the management of business over the year an annual workplan will be maintained, capturing

the main items of business at each scheduled meeting.

5. Authority

The committee is constituted as a standing committee of the Trust Board. Its constitution and Terms of Reference are subject to amendment by the Trust Board.

The committee is authorised by the Trust Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee, and all employees are directed to cooperate with any request made by the committee. The committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6. Purpose and Responsibilities

The committee's purpose can be detailed as:

To provide assurance to the Trust Board that there is continuous and measurable improvement in the quality of the services provided through review of governance, performance and internal control systems supporting the delivery of safe, high quality patient care

To ensure that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.

It will operate in line with the principles of good governance, financial accountability, internal control and risk management.

The committee will understand and ensure alignment to the work of other committees of the Board and seek to work with them as appropriate. It will also operate in line with the Trust Corporate Governance Framework including Scheme of Delegation and Standing Financial Instructions.

Responsibilities

The committee is responsible for:

- Monitoring the development and implementation of the Quality and Safety Strategy;
- Reviewing proposed quality improvement priorities and monitoring performance and improvement against the Trust's quality priorities and the implementation of the Quality Account.
- Seeking assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified.
- The ongoing monitoring of compliance with national quality standards and local requirements.

Strategy
Oversee the development and monitoring of the Quality and Safety Strategy and seek assurance regarding progress and achievement of quality priorities.

Patient Safety

- Review proposed quality improvement priorities and monitor progress and compliance against

defined quality priorities.

- Maintain a focus on patient experience through a variety of information sources and seek assurance that the Trust is learning from experience.
- Review the Trust's compliance with the Care Quality Commission essential standards of quality and safety and seek assurance regarding progress with action plans in response to quality concerns identified from inspection findings, warning notices and compliance actions.
- Receive, through the reporting schedule, assurance of high-quality care provision and compliance with national and local guidelines, standards and requirements.
- Establish, develop and maintain systems and processes for the regular evaluation and monitoring of compliance against any relevant internal and external assessments, standards or criteria.
- Seek assurance on the process for reviewing and reporting incidents and serious incidents and sharing the learning from these.
- Seek assurance against compliance with NICE guidelines / guidance and any rationale for non or partial compliance

Clinical Effectiveness

- Seek assurance that there are effective systems of governance, performance and internal control in relation to clinical services and research and development through an annual governance review.
- Approve and oversee delivery of the clinical audit plan and a review of its findings.

Performance

Review performance against the quality and safety metrics set out in the Integrated Board Report.

Governance and Risk

- Oversee how all quality risks are managed across the Trust and that appropriate review and assurance mechanisms are in place, receiving and reviewing quality risks on the high-level risk register and Board Assurance Framework.
- Promote a just and open culture in which incident and risk reporting is encouraged and supported as part of the delivery of safe and effective healthcare.
- Undertake an annual review of the quality impact assessment process to gain assurance that the risks to any impact on quality have been identified, managed and mitigated.
- Establish an annual work plan which the Committee will review at each meeting.

Quality and safety reporting

In accordance with the Committee reporting schedule, receive assurance from the Committee's sub-groups, review reports and any associated recommendations, including actions to gain assurance of compliance and quality improvement.

Assurance reporting

- Receive all reports regarding the Trust produced by the Care Quality Commission and other external bodies, e.g. Royal Colleges, and seek assurance on the delivery of actions to address recommendations
- Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions

- Receive reports on significant concerns or adverse findings highlighted by external bodies in relation to quality and safety and the actions being taken to address these.
- Gain assurance from Divisions that they implement the activity required to achieve compliance with service quality and governance standards.
- Gain assurance from the NED Maternity Safety Champion that they have undertaken their role in line with the NHS England guidance 'Enhancing board oversight – A new approach to non-executive director champion roles', including providing updates to the Board of Directors on issues requiring board-level action.
- Remain cognisant of the wider partnership arrangements at System and Place level in relation to quality and safety matters, and ensure appropriate oversight of matters requiring escalation to the Board of Directors and/or onward reporting to partners
- Identify and manage risks within the committee's remit on the high-level risk register and the Board Assurance Framework (BAF) by performing detailed reviews of those risks aligned to the committee and provide the Trust Board with the relevant assurance on mitigations, controls and assurances for those risks.

Where there is a perceived overlap of responsibilities between the Trust's Other Assurance Committees - Finance, Performance and Digital, Securing the Future, and People - the respective Committee Chair shall have the discretion to agree the most appropriate Committee to fulfil any obligation.

7. Behaviours and conduct

Trust values
Members will be expected to conduct business in line with the trust values and objectives.

Members of, and those attending, the committee shall behave in accordance with the trust's constitution, standing orders, standards of business conduct and conflicts of interest policy.

Equality and diversity
Members must demonstrably consider the equality and diversity implications of decisions they make.

8. Accountability and reporting

The committee shall report to the Trust Board on how it discharges its responsibilities.

The Head of Governance has responsibility for ensuring that meetings are formally recorded by the nominated secretariat and available for the Trust Board. The chair of the committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action and a Committee Chair's Report will be presented to the next Trust Board meeting.

The committee will report to the Board at least annually to describe how the committee has fulfilled its Terms of Reference and the delivery against its workplan, reports will specifically comment on assurance of delivery against key timelines set out in the overall project plan, risks, mitigations and deviation from plans.

An annual committee effectiveness evaluation will be undertaken and reported to the committee and the Trust Board.

The Quality and Safety Committee will review these Terms of Reference, at least annually as part of the annual committee effectiveness review and recommend any changes to the Trust Board.

Members unable to attend a committee meeting should inform the Corporate Governance Office as soon as possible in advance of the meeting except in extenuating circumstances.

A register of attendance will be maintained, and the Chair of the committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement

9. Meetings

Items for the agenda must be sent to the Corporate Governance Office a minimum of ten working days prior to the meeting; urgent items may be raised under any other business.

The agenda will be sent out to the committee members at least five working days prior to the meeting date, together with the updated action schedule and other associated papers.

Meetings, other than those regularly scheduled as above, shall be called by the committee secretary at the request of the Chair.

10. Review

The committee will review its effectiveness at least annually.

Noting the nature of the programme of work, the Committee may also take a phased approach to the review of its Terms of Reference to ensure it is aligned and remains effective in delivering its responsibility and duties, in relation to the requirements of the New Hospital Programme.