

Quality & Safety Committee

**DRAFT TERMS OF REFERENCE**

<p><b>Purpose</b></p>	<p>The purpose of the Quality &amp; Safety Committee is to coordinate and implement all the responsive actions being taken by the organisation in relation to quality and provide assurance to the Board that the quality agenda is being embedded in line with the quality strategy, and that performance is measured and monitored.</p>
<p><b>Role</b></p>	<p>Key functions of the Quality &amp; Safety Committee are to:</p> <p>Ensure the Trust is providing a high quality service.</p> <p>Be responsive to significant patient safety risks.</p> <p>Oversee, monitor, and review the quality of services provided by the Trust. This will include review of:</p> <ul style="list-style-type: none"> <li>➤ Corporate/Governance and Directorate Level, risk management and internal control systems to ensure that the Trust’s services deliver safe, high quality, patient-centred care.</li> <li>➤ Performance against internal core and specialty dashboards and external quality improvement targets: <ul style="list-style-type: none"> <li>○ Clinical outcomes</li> <li>○ Patient safety</li> <li>○ Patient experience</li> </ul> </li> <li>➤ Key quality and patient safety risks identified from reviewing mortality data and undertaking mortality and morbidity review at both speciality and Trust level.</li> <li>➤ Progress in implementing action plans to address shortcomings in the quality of services, should they be identified.</li> </ul> <p>Advise the Board on the priorities for clinical standards set by National bodies e.g., Department of health, Care Quality Commission and National Institute of Clinical Effectiveness.</p> <p>Provide assurance to the Board that the most efficient and effective systems are in place and the associated assurance processes are optimal.</p>

	<p>Be responsible for setting, monitoring and reviewing, on behalf of the Board of Directors, the quality improvement targets set in the quality account. It will provide assurance to the Trust Board that improvement targets are based on achievable action plans to deliver them and that quality performance issues are followed up and acted on appropriately.</p> <p>Monitor National guidance (e.g. NICE guidance, NCEPOD, CEMACH) ensuring compliance.</p>
<b>Membership</b>	<p>The core members of the Quality Committee are:</p> <p>Medical Director (Chair)  Chief Nurse (Deputy Chair)  Chief Operating officer  Director of Estates and facilities  Deputy Chief Nurse  Associate Chief Nurse - Governance  Associate Director of Human Resources  Head of Performance, Planning and Contracting  Clinical Director, Theatres and critical care  Clinical Director Women’s and Children’s Services  Clinical Director D&amp;T  Clinical Director Surgery  Clinical Director MSK  Clinical Director Medicine  Clinical Director Emergency Department  Head of Clinical Effectiveness</p> <p><b>Co-opted in as required</b>  Chief Executive</p> <p><b>Attendees</b>  At least one Non-Executive Director on the membership of the Quality Assurance Committee  1 member of the Council of Governors or an alternate</p> <p>Other staff that the Quality Committee wishes to invite for relevant items on the meeting agenda</p>
<b>Secretary</b>	<p>A meeting secretary will be appointed by the Executive Team to ensure that an on-going, written record of action points is kept up to date for review and monitoring at each meeting with the Quality Committee.</p>
<b>Quorum</b>	<p>The quorum necessary for the transaction of business shall be:</p> <ul style="list-style-type: none"> <li>- Attendance by at least 3 executive directors – one of whom should be either the Medical Director or Chief Nurse and</li> <li>- Attendance by the Clinical Director of each Directorate or nominated deputy OR a minimum of 4 directorates represented.</li> </ul>
<b>Duties</b>	<p>Each <i>member</i> of the Quality Committee will:</p>

	<ul style="list-style-type: none"> <li>- Attend meetings as required; and</li> <li>- Prepare for the meetings to ensure provision of information required by members of the Quality Committee allows maximum contribution</li> <li>- Demonstrate a commitment to SUHFT values and be role models of the Trust values and beliefs.</li> <li>- Represent the views of their teams but also consider the impact on the wider organisation</li> <li>- Be prepared to debate strategic issues in support of setting the strategic direction of the Trust</li> <li>- Be part of a decision making team for Trust wide issues and then support and implement the decisions made.</li> </ul>
<b>Required frequency of attendance by members</b>	<p>Each member of the Quality Committee will be each expected to attend at least 75% of meetings per year, assuring a quorum is present at each monthly meeting.</p> <p>Sufficient members of the Quality Committee should attend each meeting so that the appropriate engagement and decision making may take place.</p>
<b>Frequency of Meetings</b>	Meetings will be held monthly, at a time to be agreed.
<b>Public admission</b>	Meetings are not open to the public.
<b>Meeting administration</b>	<p>Meetings shall be convened by the Medical Director or in his/her absence the Chief Nurse</p> <p>Unless otherwise agreed, notice (electronic or otherwise) of each meeting confirming the venue, time and date together with details of any items to be discussed, shall be forwarded to the CGC no later than 5 working days before the date of the meeting.</p> <p>The meeting secretary shall minute all agreed actions and the names of those present and in attendance for each of the meetings [to ensure quorum].</p>
<b>Objectives of the meetings</b>	The Quality Committee supports the Chief Executive in the delivery of the Trust's Corporate Objectives.
<b>Review</b>	The Terms of Reference will be reviewed annually.