Safety, Quality, Patient Experience and Performance Committee

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Author(s):	C Mooney		
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Safety, Quality, Patient Experience and Performance Committee

TERMS OF REFERENCE

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1 CONSTITUTION

1.1 The Trust Board (The Board) hereby resolves to establish a Committee of the Board to be known as the Safety, Quality, Patient Experience and Performance Committee (The Committee).

1.2 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 or as may be delegated by the Board on an ad hoc basis.

1.3 All procedural matters in respect of conduct of meetings of the Committee shall be in accordance with the Trust's Standing Orders.

1.4 The Committee will regularly review and reflect on best practice and adopt new learning as part of a commitment to continuous improvement.

2 MEMBERSHIP OF THE COMMITTEE

2.1 Trust Non-Executive Directors that are to be included as members of this Committee will be nominated by the Trust Board Chair.

2.2 A Non-Executive Member of the Committee will be appointed Chair of the Committee by the Trust Board Chair.

2.3 The Trust Board Chair shall not be a member of the Committee but may attend meetings in an ex-officio capacity.

2.4 In the absence of the Committee Chair, another Non-Executive Member may be temporarily appointed to that role by agreement of the Non-Executive Directors.

2.5 One member of the Committee shall be the Chair of the Audit and Risk Assurance Committee.

2.6 Where practicable, one member of the Committee should have a clinical background.

2.7 A quorum shall be two Non-Executive members including the Committee Chair.

3 ATTENDANCE AT MEETINGS

3.1 All Directors shall normally attend meetings (subject to the issues to be considered on the agenda).

3.2 The Trust Board Chair, Chief Executive and other Officers of the Trust may attend and will be particularly expected to do so when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.

3.3 The Board Secretary shall attend to the minutes of the meeting and provide appropriate support to the Committee Chair and Committee members.

4 FREQUENCY OF MEETINGS

4.1 Meetings shall be held not less than three times a year, and where necessary can be conducted remotely using such as teleconference/video conferencing.

3 AUTHORITY

5.1 The Committee will be responsible for assuring the NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of Governance (clinical and non-clinical) and risk management and that such matters are properly considered and communicated to the Board.

5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. However, the Committee does have the delegated authority of the Board, through sufficient membership, authority and resources to perform its role independently and effectively.

5.3 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 employee and all employees are directed to cooperate with any request made by the Committee.

5.4 The Committee is authorised by the Board to obtain external legal, clinical or other independent professional advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary. In particular, the Committee must be satisfied that it is able to provide appropriate clinical assurance.

6 DUTIES

The duties of the Committee can be categorised as follows:

6.1 Governance, Risk Management, Internal Control, Safety, Quality, Patient Experience and Performance - The Committee shall contribute to the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives with a particular focus on safety, quality, patient experience and performance.

6.2 In particular the Committee will:

6.2.1 Provide assurance that adequate systems and processes are in place to support the achievement of the organisation's objectives and strategically manage clinical and non-clinical risks.

6.2.2 Provide assurance that adequate systems and processes are in place for the delivery of high-quality patient care that is safe, effective and patient focused through the review and monitoring of:

- Clinical and operational activities;
- Operational performance;
- Safeguarding;
- Professional self-regulation;
- Development and implementation of national standards of care and practice;
- Clinical audit activity;
- Professional and clinical performance standards;
- Continuing professional development for all staff;
- Adverse incidents and complaints with a clinical component;
- Infection prevention and control arrangements;
- Clinical research and development activity;
- Personal and public involvement (PPI) arrangements and activities;
- Corporate social responsibility;
- Emergency planning and business continuity;
- Information governance;

- Compliance with the relevant DoH controls assurance standards and associated action plans.
- Clinical Effectiveness Audit
- Compliments and Complaints
- Quality Assurance and Annual Quality Report
- Complex Case Team
- Medicines Management
- Clinical Practice and Guidance
- Community First Responders
- Control Room Performance
- Clinical Support Desk
- Voluntary Car Service and Independent Sector Management

6.2.3 Review the Trust's Assurance Framework and the Trust's Risk Register and to make recommendations to Trust Board for action as required to ensure high quality patient care. In reporting to the Trust Board the committee will seek to reach consensus in any decisions made. Where consensus cannot be reached, the issue will be referred to the Trust Board for further discussion and if necessary a decision.

6.2.4 Report and review the outcome of Serious Adverse Incidents (SAI) including Serious Clinical Adverse Incidents in line with DoH guidance and to ensure that appropriate remedial action has been taken including measures to prevent recurrence.

6.2.5 Receive reports from other Committees and Working Groups in relation to areas of risk and governance.

6.2.6 Provide Trust Board with regular reports on the management of risk and quality of patient care, an annual report on clinical governance and an annual quality report.

6.3 [1]In carrying out its work, the Committee will utilise the work of Internal Audit, External Audit, and other assurance functions where appropriate, but will not be limited to these functions. It will also seek reports and assurances from other Trust Committees through their respective Chairs, Directors and managers as appropriate, concentrating on the overarching

[1] Safety First – A framework for sustainable Improvement in the HPSS (March 2006)

[2] Procedure for reporting and follow up of SAI (April 2010)

systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

6.4 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

6.5 Other Assurance Functions - The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

6.6 These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DoH commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges, accreditation bodies, etc.).

6.7 Governance Statement - The Committee shall review the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.

6.8 Consider and approve relevant policies.

7 REPORTING

7.1 The minutes of Committee meetings shall be formally recorded and submitted to the Board following approval by the Committee. After each meeting, the Chair of the Committee shall make a written report to the next Trust Board meeting. At any point, the Chair shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

7.3 The Chair shall liaise with the Chairs of other Committees on any issues or matter which may be relevant to their areas of responsibility.

8 REVIEW

8.1 The Terms of Reference should be reviewed annually.

9 OTHER MATTERS

9.1 The agenda will be sent to members at least five working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but will be dispatched no later than three working days before the meeting, save in an emergency.

9.2 An explanatory cover note will be provided for each agenda item.