

Quality, Safety and Experience Assurance Committee Final Terms of Reference

1.0 Authority & Scope

- 1.1 The Quality, Safety and Experience Assurance Committee is a sub-committee of the Trust Board and is chaired by a Non Executive Director.
- 1.2 It has delegated authority from Trust Board to seek assurance of the quality of care and treatment in all services provided by the Trust.
- 1.3 The definition of 'Quality' includes clinical effectiveness and outcomes, safety (patient, public and staff). The committee will also receive reports on patient and carer experience, equality and inclusion.

2.0 Purpose

The purpose of the Committee is:

- 2.1 To review the establishment and maintenance of an effective system of governance, risk management and internal control in relation to clinical services, research and development, education and training and workforce, in order to ensure to ensure the delivery of safe, high quality, patient-centred care.
- 2.2 To provide assurance to the Board and that the necessary structures and processes are in place to deliver safe, high quality, patient-centred care and an excellent patient experience.
- 2.3 To review and seek assurance on any issues identified by the Trust Board (as requiring more detailed review that fall within the remit of the committee) including on any quality, safety or patient experience matters or shortcomings arising from the Trust's operational and quality and safety performance.
- 2.4 To be assured that when an issue occurs which threatens the Trust's ability to deliver safe, high quality, patient-centred care and an excellent patient experience, that this is managed and escalated appropriately and actions are taken and followed through.
- 2.5 To assure the Trust Board that the controls to mitigate risk within the areas of responsibility of the committee are in place and working within a regulatory and legislative framework.
- 2.6 To assure the Board that appropriate action is taken to identify implications for the delivery of safe, high quality, patient-centred care and excellent patient experience arising out of recommendations from external investigations of other organisations/ systems and processes.
- 2.7 To seek assurance on behalf of the Board that services provide safe, high quality, patient-centred care when benchmarked against other appropriate organisations as well as the assessment of patients and families experiences of those services.
- 2.8 To assure the Trust Board that the annual internal audit and annual clinical audit plans are aligned and focused on the appropriate quality focused risks
- 2.9 To be responsible for reviewing, on behalf of the Trust Board, progress with quality improvement priorities set in the Quality Strategy and Quality Report.
- 2.10 To work in partnership with the Audit Committee and the People and Education Assurance Committee and ensure that implications for clinical care of non-clinical risks and incidents people related risks and incidents are identified and adequately controlled. This will include seeking assurance of health and safety across the Trust.

3.0 Duties

Governance, internal control and risk management

- 3.1 To receive and review at each meeting those entries on the Trust's Board Assurance Framework (BAF) which are to be overseen by the Committee.
- 3.2 To receive annual assurance reports in relation to both research and development and education and training governance issues.

Audit

- 3.3 To review the Internal Audit operational plan and more detailed work programme and make recommendations, on the clinical, research and development, and education and training aspects of the Internal Audit annual workplan.
- 3.4 To receive and review the findings of Internal and External Audit reports covering patient safety, quality and experience, research and development, and education and training, and to assure itself that the management of the Trust is implementing the agreed recommendations in a timely and effective way.
- 3.5 To review the annual Clinical Audit programme and receive and review findings of clinical audit reports. This will include (by exception) details of national clinical audits where the Trust is identified as an outlier or a potential outlier.

Quality, safety and experience

- 3.6 To receive regular reporting from the Always Improving Group on compliance with the Care Quality Commission's Standards, including any areas of current concern or focus.
- 3.7 To receive all reports on the Trust produced by the Care Quality Commission and to seek assurance on the actions being taken to address recommendations and other issues identified.
- 3.8 To ensure that via the Closing the Loop Group, the Trust learns from
 - 3.8.1 complaints, incidents, claims
 - 3.8.2 national and local reviews and inspections (on both the systems at GOSH and other organisations)

and on the basis of the findings implements all necessary recommendations to improve the safety and quality of care.

- 3.9 To receive reports on significant concerns or adverse findings highlighted by external bodies (on both the systems at GOSH and other organisations) in relation to clinical quality and safety and patient experience and seek assurance of the actions being taken by management to address these.
- 3.10 To review the Trust's Quality Report and make recommendations.
- 3.11 To receive regular exception reports covering quality outcomes, safety (including health and safety matters) and patient experience issues and themes escalated from the Patient Safety and Outcomes Committee and the Patient Family Experience and Engagement Committee. The use of benchmarked metrics and reporting from external bodies and patient/ service users and staff will provide the necessary assurance of the robustness of the systems and processes in place.
- 3.12 To receive notice of any 'whistleblowing' concerns and freedom to speak up concerns raised on quality or safety matters.
- 3.13 To request 'deep dive' reports on any matters arising from within its terms of reference and receive these presentations at both meetings of the QSAC and separate quality focused development sessions 1-2 times a year (as arranged).

3.14 To require internal audit:

- 3.14.1 to initiate special projects or investigations on any matter arising from within its terms of reference;
- 3.14.2 to monitor the implementation of audit recommendations by management and report progress at every meeting;
- 3.14.3 to consider any other relevant matters, as determined by the Committee.

4.0 Reporting

- 4.1 The Committee will receive reports as outlined in the committee work-plan.
- 4.2 The Quality Safety and Experience Assurance Committee Chair will present a summary report to the Trust Board following every meeting.
- 4.3 A summary of the Quality, Safety and Experience Assurance Committee will be shared with the Audit Committee (and vice versa).
- 4.4 The Committee will provide an annual report to the Trust Board on the effectiveness of its work and its findings, including its review of relevant Board Assurance Framework entries and audit reports covering areas within its terms of reference. This will be presented in the Trust's Annual Report.

4.0 Membership

- 4.1 Three Non-Executive Directors, one of whom shall chair the meeting.
- 4.2 The Board may appoint an independent member in addition to the non-executive director members to bring further experience and expertise. The same independent member would sit on the Audit Committee and Quality, Safety and Experience Assurance Committee.
- 4.3 For a quorum, there must be at least two Non-Executive Directors.
- 4.4 The following shall be expected to attend meetings:
 - Chief Executive
 - Chief Operating Officer
 - Medical Director
 - Chief Nurse
 - Director of Human Resources and Organisational Development
 - Internal Auditor
 - Head of Quality and Safety
 - Head of Patient Experience
 - Company Secretary
- 4.5 Additional members may be added or invited to attend as appropriate. In particular, where appropriate, the Committee will invite clinical teams to attend its meetings to provide assurance on key governance and risk issues.
- 4.6 The Company Secretary will ensure that the Executive Office provides appropriate administrative support to the committee, Chair and committee members.

5.0 Frequency of meetings

- 5.1 The Committee will meet 4 times a year and committee dates will be sent out at the beginning of the year.

5.2 Members are expected to attend a minimum of 3 meetings per year.

5.3 Papers for the meeting will be sent out one week before the meeting.

6.0 Monitoring

6.1 The Committee shall review its terms of reference on an annual basis, including attendance at meetings, coverage of the terms of reference and workplan requirements during the year. The views of members of the committee, staff attending the meeting and receiving requests for reports will be sought as part of the review. Recommendations will be brought to the committee for consideration and approval.

6.2 The Chair of the committee shall draw to the attention of the Board any issue that requires disclosure to the full Board or requires executive action.

6.3 The Chair will give an account of the committee's work in the Trust's annual report.

6.4 The Committee shall undertake an annual review of its effectiveness which will be reported to the Trust Board.

Approved by QESAC in July 2020