

Joint Quality and Safety Committee Terms of Reference

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Related Documents: Trust Constitution Standing Orders Scheme of Reservation and Delegation Standing Financial Instructions
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1. Constitution

The Committee is established as a Committee of the Group Board of Directors of Wirral University Teaching Hospital NHS Foundation Trust and Wirral Community Health and Care NHS Foundation Trust in order to ensure effective governance in clinical quality and effectiveness, patient safety and patient experience (including complaints and serious incident learning); the effectiveness of the quality governance framework; and learning and quality improvement. The Committee shall also provide assurance concerning clinical Health and Safety arrangements which ensure a safe environment for patients.

2. Authority

The Committee is authorised by the Group 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 co-operate with any request made by the Committee.

Matters for consideration by the Committee may be nominated by any member of the Committee or Executive Director of the Trust.

The Committee is authorised to instruct professional advisers and request the attendance of individuals authorities from outside the Trust with relevant experience and expertise if it considers it necessary or expedient to the exercise of its functions.

In addition, the Committee is authorised to request that another Committee or the Board review, monitor, or approve any item that may be better suited to, or overlap with, their responsibility.

3. Objectives and Duties

The Committee will deliver the following objectives, along with any others that are assigned by the Board of Directors during the course of the year:

3.1 Strategy and Policy

- 3.1.1 To review and approve the Quality Strategy and Patient Experience Strategy for each Trust, recommending them to the Board for final approval, and monitoring implementation and outcomes.
- 3.1.2 To approve WCHC Trust-wide policies associated with quality and safety

3.2 Regulation

- 3.2.1 To approve the Annual Quality Account for both Trusts
- 3.2.2 To approve the patient-related elements of the Equality Duty Standard reports, prior to recommendation to the Board.
- 3.2.3 To receive relevant reports as required by guidance or regulation and any other matters referred by the Committee's sub-Committees
- 3.2.4 To provide to the Board such assurances as it may reasonably require regarding compliance by the Trusts with CQC and other quality regulations or legal obligations to which they are subject. This will include assurance on the outcomes of CQC and other quality related inspections.

3.3 Risk and Assurance

- 3.3.1 To receive assurance on key quality and safety metrics (for onward reporting to the Board of Directors through the Integrated Performance Report)
- 3.3.2 To monitor the BAF risks and other high level risks related to the quality, safety, and patient experience, along with the mitigations and controls in place
- 3.3.3 To monitor the implementation of the annual clinical audit programmes in both Trusts
- 3.3.4 To monitor the progress against internal audit report recommendations as are deemed relevant to this Committee
- 3.3.5 To consider and seek further assurance regarding any potential quality impact arising from Trust activities, as referred by other Committees
- 3.3.6 To consider any findings of major investigations of internal control over safety critical matters, clinical effectiveness, patient concerns, or clinical health and safety matters and agree subsequent actions required to keep residual risk under prudent control.

3.4 Patients

- 3.4.1 To receive assurance and provide scrutiny, where necessary, on the controls, processes, and practices that relate to patient safety and experience, clinical health and safety, and quality governance.
- 3.4.2 To receive assurance on the Patient Safety Incident Response Framework
- 3.4.3 To provide scrutiny of the Trust's patient safety record, clinical outcomes, patient experience ratings, compliance with fundamental standards of care, and learning effectiveness.
- 3.4.4 To provide scrutiny of the frameworks and processes in place for managing patient safety and quality governance. This may include reviewing operational challenges, resourcing, clinical audit programmes, and other key areas of quality control.
- 3.4.5 To consider and review the Trust's compliance with the statutory duty of candour, and to be satisfied that the Trust is being open, honest, and effectively engaging and supporting with patient's and relatives who have been victims of moderate or serious harm.

4. Equality and Diversity

The Committee will seek to promote and enhance equality, diversity, and inclusion across the Trust, both in the discharge of its duties and decision making processes, and in representing these values in all areas it touches.

The Committee will also have regard for the NHS Constitution and ensure that it complies with relevant legislation and best practice in the conduct of its duties.

5. Membership

The Committee shall consist of:

- 3 Non-Executive Directors (to include the Chair of the Committee)
- Joint Chief Nursing Officer (Lead Executive)
- Joint Chief Medical Officer
- Joint Executive Managing Director
- Joint Chief Finance Officer

All members should aim to attend all scheduled meetings with attendance being reviewed annually. Attendance below 80% may result in discussions with the Committee Chair.

Where Executive members are unable to attend, they should send a designated nominated deputy.

6. Attendance

Meetings of the Committee may, at the request of the Chair, be attended by:

- Directors of Nursing (WUTH and WCHC)
- Medical Director
- Joint Director of Corporate Affairs and Communications
- Caldicott Guardian
- Deputy Director of Quality Governance
- Governor Representative

The Committee may invite other persons to attend a meeting as required.

7. Conflicts of Interest

Notwithstanding the definition of material interests applicable to Directors as set out in the constitution, due consideration of interests will be regularly monitored and recorded in the minutes.

8. Quorum and Frequency

A quorum shall be at least four members, including 2 Non Executive Directors and 2 Executive Directors.

Meetings shall be held as necessary and at least 4 times annually. Meetings may be added, stood down, or rescheduled with the approval of the Chair.

9. Reporting

The minutes of all meetings shall be formally recorded and the Committee will report to the Board following each meeting via a Chair's report.

The Committee will also update the Council of Governors on recent Committee activity.

10. Conduct of Committee Meetings

The agenda and supporting papers will be sent out at least four working days prior to the Committee, unless there are exceptional circumstances authorised by the Chair.

Presenters of papers can expect all committee members to have read the papers and should keep to a verbal summary outlining the purpose of the report and its recommendations. Committee members may question the presenter.

Any disputes will be escalated to the Board of Directors where votes may be taken.

11. Performance Evaluation

As part of the board's annual performance review process, the committee shall review its collective performance each year.

12. Review

The terms of reference of the committee shall be reviewed by the board when requested but at least annually.