

QUALITY AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE – FEBRUARY 2019

1. Purpose and status

The Quality and Performance Committee (the Committee) has been established by the Board of Directors (the Board) of Gloucestershire Hospitals NHS Foundation Trust (the Trust).

The purpose of the Committee is to enable the Board to obtain assurance that high standards of care are provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- Deliver excellence in patient care (experience, safety and effectiveness).
- Deliver operational performance and the NHS Constitution standards.
- Obtain assurance that risks arising from clinical care are adequately controlled and or mitigated and provide assurance to the Board that risk management arrangements for safety, quality and patient experience risks are in place and operate effectively.
- Ensure compliance with legal, regulatory and other obligations.

2. Authority

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 by the Committee.

The Committee is authorised by the 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.

3. Responsibilities

The Committee will:

General Governance Arrangements:

- Ensure that all statutory elements of quality governance are adhered to within the trust.
- Carry out statutory responsibilities on behalf of the Board (e.g. with regard to learning from deaths, safeguarding and infection control).
- Agree the annual quality priorities and monitor progress and ensure that the Trust has reliable, real time, up-to-date information about what it is like being a patient and experiencing care administered by the Trust, so as to identify areas for improvement and ensure that these improvements are effected.
- Review and approve the Trust's annual quality governance and Quality Account before submission to the Board.
- Approve the terms of reference and membership of its sub-committees (as may be varied from time to time at the discretion of the Committee) and oversee their work, receiving reports for consideration and action as necessary.
- Consider matters referred to the Committee by the Board.

- Consider matters referred to the Committee by its sub-committees.
- Obtain assurance that the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information are compliant with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998.
- Make recommendations to the Audit and Assurance Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference.
- Receive internal audit reports relevant to the remit of the Committee and obtain assurance that findings recommendations are acted on.
- Review outcomes of clinical and internal audits and obtain assurance findings recommendations are acted on.
- Obtain assurance that all quality and performance-related contract performance notices (CPNs) have local recovery plans and that appropriate monitoring arrangements are in place at the Divisional and Trust.
- Obtain assurance that the Trust has effective policies and procedures in the areas covered by the remit of the Committee, e.g.:
 - Infection prevention and control annual report and programme
 - Complaints policy
 - Claims policy
 - Incident reporting policy
 - Consent policy
 - Safeguarding children policy
 - Safeguarding adults policy

Quality and excellence in patient care:

- Shape and influence the Trust's Quality Strategy and framework and associate strategic objectives, including overseeing the development and production of the annual Quality Account.
- Obtain assurance that the registration criteria of the Care Quality Commission continue to be met.
- Support the Trust's objectives to strive for continuous quality improvement through the work for the Gloucestershire Safety and Quality Improvement Academy.
- Promote the Trust's open and honest reporting culture.
- Obtain assurance that robust arrangements are in place for the review of patient safety incidents from within the Trust and wider NHS (including near-misses, complaints, claims reports from HM Coroner, reports from the Healthcare Safety Investigation Branch).
- Identify trends and areas for focused or organisation-wide learning from the review of patient safety incidents and to ensure that actions for improvement identified in incident reports, reports from HM Coroner and other similar documents are addressed.
- Identify areas for improvement in respect of incident themes and complaint themes from the results of national patient survey/PALS and ensure appropriate action is taken.
- Oversee the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the Trust (e.g. licences granted by the Human Tissue Authority or any successor organisation).
- Monitor the Trust's compliance with the fundamental standards of quality of the Care Quality Commission, and monitor licence conditions that are relevant to the Committee's area of responsibility.
- Provide assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement.
- Obtain assurance that risks to patients are minimised through:

- Considering areas of significant risk, setting priorities and agreeing actions using the assurance framework;
- Obtaining assurance that the Trust incorporates the recommendations from external bodies and reports (e.g. the National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission, Care Quality Commission, commissioners) and those made internally (e.g. serious incident reports) into practice and has mechanisms to monitor their delivery; and
- To ensure those areas of risk within the Trust are regularly monitored and that effective disaster recovery plans are in place.
- Obtain assurance that there are processes in place that safeguard children and adults within the Trust.
- Escalate to the Executive Team, Audit and Assurance Committee and/or Board any identified unresolved risks arising within the scope of these terms of reference that require executive action or that pose significant threats to the operation, resources or reputation of the Trust.

Operational performance and the NHS Constitution standards:

- Obtain assurance that the Trust delivers services which are consistently meeting nationally defined minimum standards and performance and notably the four key standards required by the Trust's regulator. Where performance is below the standard required, the Committee will ensure that robust recovery plans are developed and implemented (A&E four hour wait, Cancer waiting times, referral to treatment and 6 week diagnostic standards).

Efficient and effective use of resources through evidence-based clinical practice:

- In liaison with the Finance and Digital Committee, obtain assurance the Quality Impact Assessments are completed for proposals for cost improvement programmes and other significant service changes and that the assessment of their impact on the Trust's quality of care determines whether to proceed to implementation.
- Ensure that care is based on evidence of best practice/national guidance.
- Ensure that there is an appropriate process in place to monitor and promote compliance across the Trust with clinical standards and guidelines, including but not limited to NICE guidance and guidelines and radiation use and protection regulations (IR(ME)R).
- Review the implications of confidential enquiry reports for the Trust and to endorse, approve and monitor the internal action plans arising from them.
- Monitor trends in complaints received by the Trust and commission actions in response to adverse trends where appropriate.
- Monitor the development of quality indicators throughout the Trust.
- Identify and monitor any gaps in the delivery of effective clinical care ensuring progress is made to improve these areas, in all specialties.
- Obtain assurance that that where practice is of high quality, that practice is recognised and propagated across the Trust.
- Obtain assurance that the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

The duties of the Committee will include:

- Ensuring that staff effectively involve patients and their carers in the planning and evaluation of services so as to ensure that services meet the needs and preferences of patients, so far as is possible.
- Working with the People and Organisational Development Committee to obtain assurance on safer and optimal staffing and that education, learning and development is aligned with the Trust's quality priorities.
- Working with the Finance and Digital Committee to ensure that the availability of resources does not adversely impact upon the quality of services to the extent that patient safety is compromised or care is delivered that doesn't meet the required mandatory quality standards as defined by the CQC and NHSI.
- Maintaining effective links to Divisions via exception reports (e.g. from the Quality Delivery Group; Planned Care Delivery Group; Cancer Delivery Group; and Emergency Care Delivery Group).
- Triangulating data in support of its purpose.

4. Membership

Members

The Committee shall comprise:

One Non-Executive Director (who shall be the Committee Chair)

Two further Non-Executive Directors

Chief Executive

Director of Quality and Chief Nurse

Medical Director

Chief Operating Officer

Any member who is unable to attend a meeting of the Committee may appoint a substitute. Any substitute appointed for the Non-Executive Director member of the Committee must also be a Non-Executive Director of the Trust.

Attendees

The Committee may decide that any other person must attend one or all of its meetings to contribute to discussions, but they shall form part of the quorum nor have decision-making authority. The following post-holders have a standing invitation to attend the Committee meetings:

CCG Representative

Planned Care Delivery Group Chair (Chief of Service for Medicine)

Cancer Delivery Group Chair (Chief of Service for Surgery)

Director of Planned Care/Deputy Chief Operating Officer

Director of Safety

Director of Unscheduled Care/Deputy Chief Operating Officer

Deputy Director of Quality

Deputy Chief Nurse

One Governor of the Trust may attend any meeting of the Committee as an observer.

5. Accountability and Reporting

Accountability

After each of its meetings the Committee shall report to the Board, via the Chair's report, such issues as it considers should be brought to the Board's attention or require a decision from the Board.

The Committee shall provide such information and other support as the Board requires in order for the non-executive directors of the Trust to give account to the Council of Governors in respect of the Committee's remit.

The Committee will review its effectiveness at least annually.

Reporting in

The following sub-committees shall report to the Committee:

- Infection Control Committee
- Safeguarding Strategy Group

The Committee will receive an exception report at each meeting from the:

- Cancer Delivery Group
- Emergency Care Delivery Group
- Planned Care Delivery Group
- Quality Delivery Group

6. Conduct of business and administrative matters

The Committee shall conduct its meetings in accordance with these Terms of Reference and any other Trust governance requirements that apply to it (subject to below).

Any member who has a conflict of interests in respect of any matter shall not count in the quorum for the Committee's discussions and any decisions in respect of that matter.

The quorum for this Committee is three members, two of whom must be Non-Executive Directors.

The Committee shall determine the frequency of its meetings to allow it to discharge all of its responsibilities. It is expected the Committee shall meet monthly.

The Chair may request an extraordinary meeting at any time if they consider one to be necessary.

The agenda and any papers for the Committee's meetings shall be issued not less than five working days before each meeting.

Minutes shall be taken of each of the Committee's meetings and shall be circulated to the members within timescales agreed by the Committee.

The Committee may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

Administrative support, including retention of meeting papers and other relevant documents, shall be provided by the Corporate Governance Officer.

7. Approval and Review

These ToR were approved by the Board on [...].

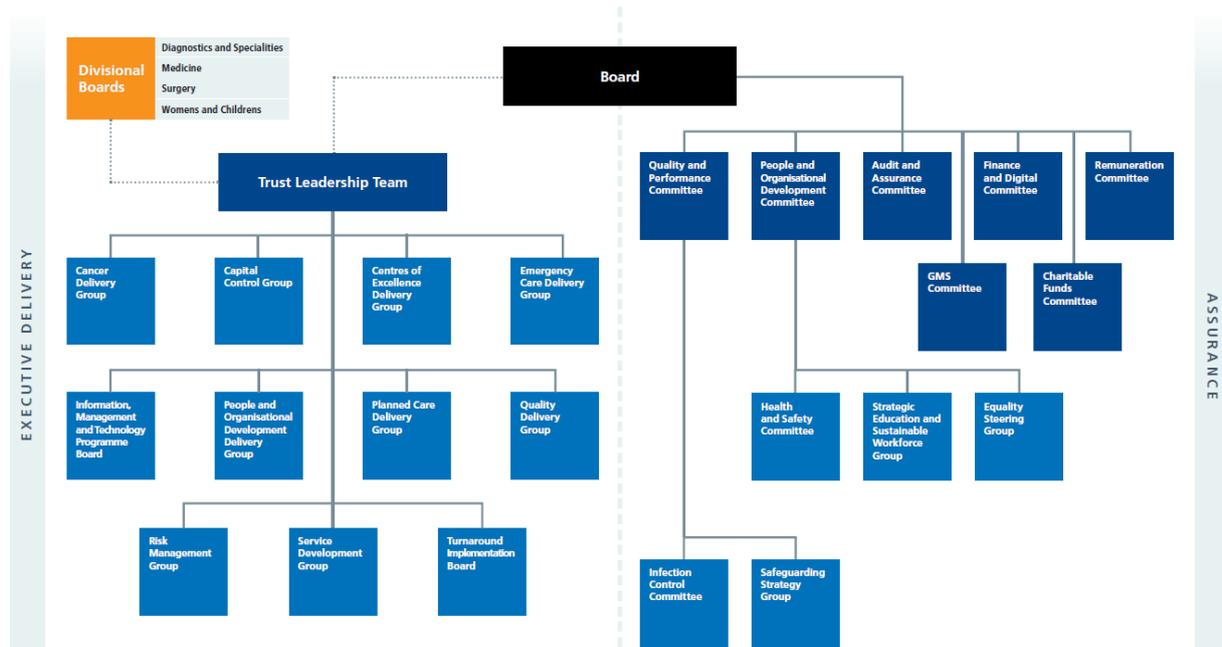
These ToR were adopted by the Committee at its meeting on [...].

These ToR shall be reviewed at least annually.

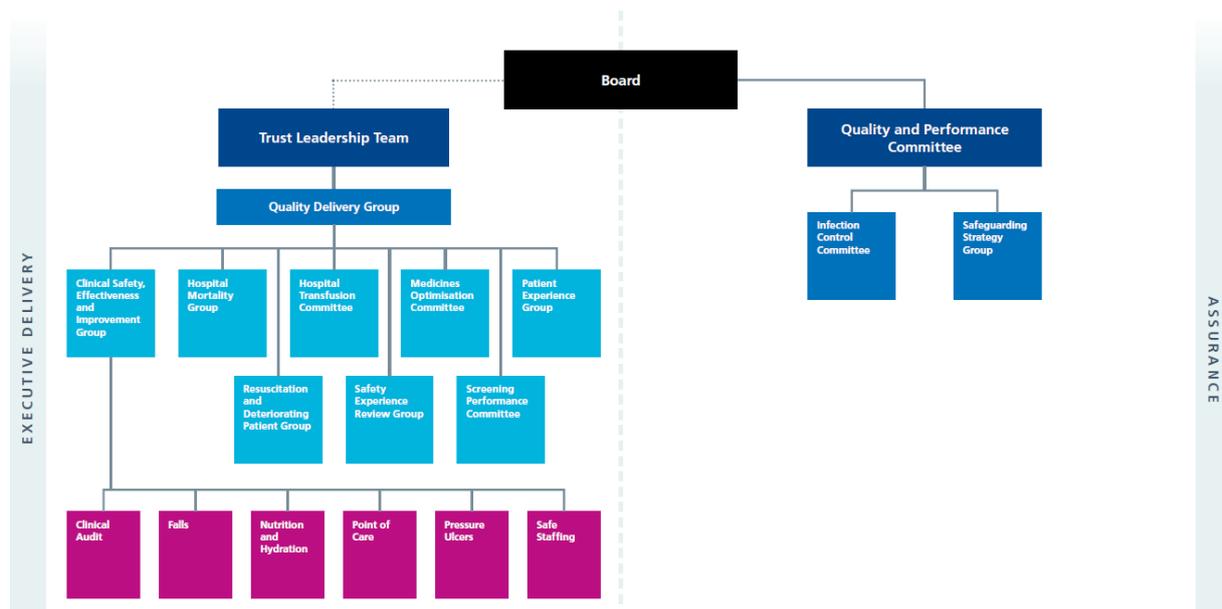
Version Control			
Version	Author	Date	Changes
0.1	Lukasz Bohdan	08-01-2019	First draft
0.2	Lukasz Bohdan	08-02-2019	Edits made following Audit and Assurance Committee

APPENDIX 1

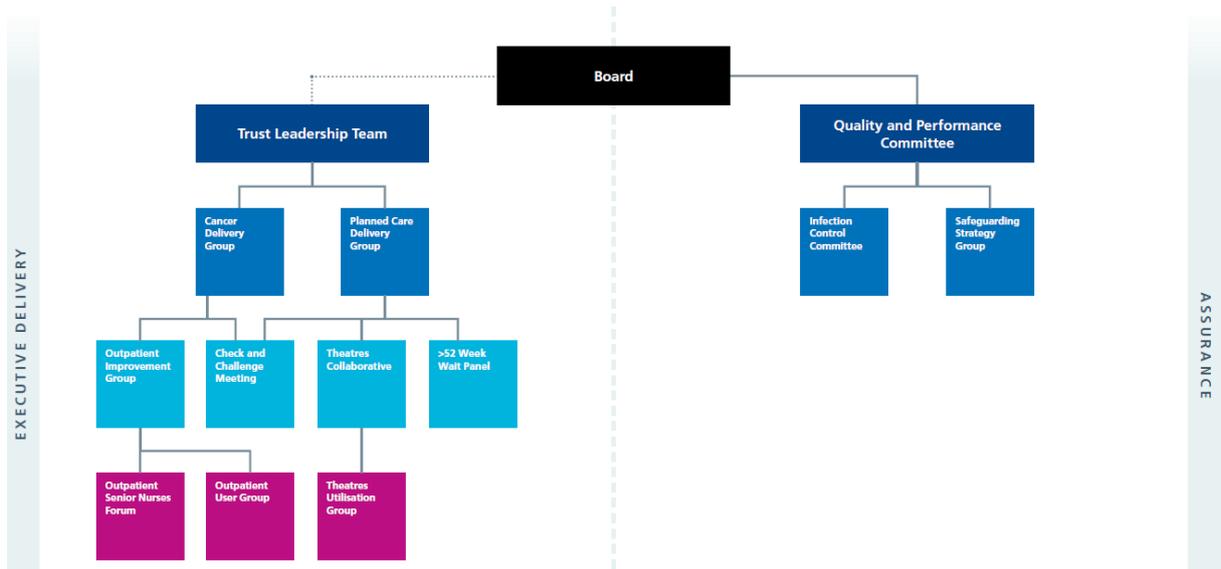
Trust Delivery and Assurance Structure



Quality Governance Structure



Planned Care Governance Structure



Emergency Care Governance Structure

