Agenda Item 22b

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

QUALITY & ~~SAFETY~~ OPERATIONAL PERFORMANCE COMMITTEE

TERMS OF REFERENCE – ~~June 2017~~May 2018

1. Overall Purpose:

The Quality & ~~Safety~~ Performance Committee is a committee of the Board of Directors (Board), established to support the Board in ensuring that the Trust provides high quality services to its patients.

2. Key Responsibilities:

The Committee's key responsibilities are:

- To ~~M~~monitor~~ing~~ the delivery of the Trust's quality objectives – providing assurance and escalating risk to the Board as appropriate;
- To make and report on ~~D~~detailed enquiries~~y~~ into specific areas of quality and operational performance concern; and
- To ~~D~~develop~~ing~~ the Trust's Quality Strategy

Quality and Safety

The Committee will:

- Develop, agree and periodically review how the Trust measures its quality delivery;
- Monitor the delivery of the Trust's CQUINs on behalf of the Board;
- Ratify Quality policies, under delegated authority from the Board;
- Scrutinise the Trust's self-assessed compliance position with regulatory quality standards (inc. CQC), reporting findings to the Board;
- Monitor the delivery of Trust Quality Improvement Plans~~plans~~, including where quality concerns have been identified by the CQC, or by other internal and external bodies; ~~and~~
- Monitor the management of quality risks identified on the Board Assurance Framework and corporate risk register;
- Review and provide assurance that the Quality Impact Assessments have been undertaken in respect of the Trust's plans, including its cost improvement plans;~~.~~
- Review the summary outcomes of investigations and root cause analysis into serious patient safety incidents, never events and mortality alerts;
- ~~Monitor~~ Consider patient safety related reports and audits including:
  - I. Reported clinical incidents and serious incidents
  - II. Never Events
  - III. Complaints where patient safety issues raised
  - ~~III.~~IV. Mortality reports, including learning from avoidable deaths
  - ~~IV.~~V. National patient safety guidance, recommendations and alerts (NPSA, National Reporting and Learning System, MDA notices and Safer Practice Notices)
  - ~~V.~~VI. Reports/CKIs/minutes from committees where patient safety issues may be raised:
  - ~~VI.~~VII. Other data/reports as appropriate

- On behalf ~~od~~of the Board, to monitor patient experience indicators

OPERATIONAL PERFORMANCE

- To scrutinise operational performance information; utilising relevant benchmarking information;
- To review periodically, the format of the Performance Dashboard (including reported performance indicators) and Performance Report and to recommend proposed changes to the Board;
- To utilise appropriate benchmarking information to develop local targets, trajectories and standards for the Trust, including 'stretch' targets, and to recommend proposals to the Board;
- To ratify policies related to operational performance management, under delegated authority from the Board;
- To provide evidence and assurance to the Board in respect of the Trust's compliance with performance targets, trajectories and standards and/or alert the Board to gaps in compliance, to assist the Board in meeting regulatory, self-assessment and registration requirements;
- To oversee the Trust's recovery plans to address areas for improvement in securing compliance with operational performance targets and standards regimes; and
- To commission and/or consider the results of internal and external / independent operational performance reviews;
- To monitor action plans resulting from internal and external/independent reviews assuring evidence to the Board concerning the delivery and embedding of improved processes or escalating areas of concern.

3. Accountability and Relationships:

- Receive and monitor Chair's Key Issues from each of the groups reporting to it;
- Provide Chair's Key Issues from its meetings to the Board;
- Ensure that issues and risks that fall outside the remit of the committee e.g. finance and workforce issues, are communicated to the appropriate Committee;
- ~~Make its minutes available to the Board for information;~~
- Make a regular Chair's Key Issues ~~report to~~report to the Board, reporting assurance, escalated risks and recommendations where decisions are required, which are outside the delegated authority of the committee;
- Ensure that groups reporting to the Committee operate effectively through:

  - Clear and relevant terms of reference
  - Clear objectives
  - Appropriate work programmes
  - Appropriate membership and skilled leadership
  - Clear lines of reporting and accountability

- Ensure that its reporting groups submit annual reports, using the Trust template; and
- Make an Annual Report to the Board of Directors, incorporating an annual self-assessment of its effectiveness against its terms of reference, submitting the self-assessment and any action/improvement plan resulting from the self-assessment.

Reporting to the Quality and ~~Safety~~ Operational Performance Committee are:

- The Clinical Governance Committee (CGC)
- The Patient Experience Steering Group
- The Cancer Board

- The Quality ~~Improvement Group~~Matters Group
- ~~Mortality Committee~~The Mortality Surveillance Group

The Chairs of these Groups are members of the Committee.

Chair's key issues of the reporting groups will be standing agenda items of the Committee.

The Committee will co-operate with and support the Audit Committee in carrying out its responsibilities for providing assurance to the Board in respect of the effectiveness of the Trust's governance systems, processes and key controls (Board Assurance Framework).

4. ~~Core~~ Membership:

- **Chair**: Non-Executive Director (NED)
- 3 NEDs (including the Committee Chair)
- The CEO
- The Medical Director
- The ~~Director of Nursing~~Chief Nurse
- The Chief Operating Officer
- The Director of Finance and Resources
- Associate Director for Quality Improvement

Core Attendees:

- Deputy Director of Nursing
- Deputy Chief Operating Officer
- Deputy Director of Patient Experience
- Deputy Director of Patient Safety
- Chairs of reporting committees
- Trust Secretary

In attendance by invitation:

- ~~Deputy Director of Nursing~~
- ~~Deputy Director of Patient Experience – as required~~
- ~~Complaints Manager – as required~~
- Associate Medical Directors, ~~Clinical Directors~~, Associate Chief Nurses, Divisional Directors and other directors and officers of the Trust ~~(as required)~~
- ~~Chairs of reporting committees~~
- ~~Head of Risk & Governance~~
- ~~Governor representative,~~
- ~~Partner organisation representatives~~
- Other parties may be invited to attend the meetings of the committee to participate in specific business

5~~6~~. Frequency of meetings and attendance

Meetings of the Committee will normally be held every month.

Members are expected to attend at least 75% of meetings in a 12 month period.

Members and invited attendees unable to attend, should notify the Committee Chair, 3 days in advance of the meeting and should identify a substitute to attend, who is appropriately briefed

to present any necessary reports and participate in the meeting. Substitutes will not be eligible to vote on issues recommended to the Committee.

A NED will act as Chair of the Committee in the event of the named Chair being unable to attend.

6~~7~~. Rules:

- Ordinary meetings will be held in accordance with the Trust's Annual Governance timetable and will be arranged 12 months in advance where possible;
- Extraordinary meetings may be called with the agreement of the Chair, where necessary:
- Urgent business within the remit of the Committee, requiring attention between meetings may be conducted using the Urgent Actions Procedure, or escalated to the senior committee;
- 'Any Other Business' by agreement with the Chair only.
- Agendas and papers will be published 5 working days in advance of the meeting, where possible;
- Meetings to be minuted and separate action points recorded and circulated promptly;
- A quorum will consist of 50% of core members;
- The minutes will be approved by the Committee, at its next meeting; and
- The Committee will make an Annual Report to the Board of Directors, incorporating an annual self-assessment of its effectiveness against its terms of reference, submitting the self-assessment and any action/improvement plan resulting from the self-assessment.

7~~8~~. Authority

The Committee may investigate, monitor and review any activity within its terms of reference. It may seek information from employees and employees are directed to co-operate with requests made by the Committee.

The Committee may secure the attendance of any individual with relevant experience and expertise if it considers this necessary. The Committee may seek to commission external specialist advice within policy and within budget.

The Committee may only approve proposals with financial implications, within its delegated authority and within policy and budget. Where decisions are required, which fall outside the delegated authority of the Committee, a recommendation for approval shall be made to the Board or relevant committee via the Chair's Key Issues log and submission of supporting papers.

8~~9~~. Monitoring Compliance with these Terms of Reference:

The Committee's Annual Report to the Board of Directors will be used to assess the Committee's compliance with its terms of reference.

9. Review

The Committee's Terms of Reference will be reviewed annually.

Author: Chair
Ratified by: Board of Directors
Date Ratified: May 2018
Review Date: May 2019