

South East Coast Ambulance Service NHS Foundation Trust

Quality and Patient Safety Committee

Terms of Reference

1. Constitution

The Board hereby resolves to establish a committee of the Board to be known as the Quality and Patient Safety Committee ('QPS') referred to in this document as 'the committee'.

2. Purpose

The purpose of the committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to quality governance (encompassing patient safety, clinical effectiveness and patient experience) are designed appropriately and operating effectively.

3. Membership

Appointed by the Board, the membership of the committee shall constitute at least three Independent Non-Executive Directors and at least three Executive Directors. Executive Directors shall number no more than the Non-Executive Directors.

The members of the committee shall be:

Lucy Bloem, Independent Non-Executive Director (Chair)

Terry Parkin, Independent Non-Executive Director

David Astley, Chairman

Executive Director of Nursing & Quality (Executive Lead)

Executive Medical Director

Executive Director of Operations

Executive Director of HR & OD

In addition, each Independent Non-Executive Director will be an ex-officio member of the committee.

4. Quorum

The quorum necessary for formal transaction of business by the committee shall be two Independent Non-Executive Director members and one Executive Director.

5. Attendance

5.1. In addition to the members, the following individuals shall regularly attend meetings of the Committee:

- Chief Executive
- Company Secretary
- Deputy Medical Director
- Chief Pharmacist
- Consultant Nurse / Paramedic
- Head of IT
- Senior 999 Operations Manager
- Senior 111 Operations Manager

5.2. Other directors, Trust leads, managers and subject matter experts shall be invited to attend or observe full meetings or specific agenda items when issues relevant to their area of responsibility are to be scrutinised.

5.3. With the agreement of the chair, members of the committee or other Trust managers and officers may participate in a meeting of the committee by means of a tele/video conference. In such instances, it is a requirement that all persons participating in the meeting can hear each other. Participation in the meeting in this manner shall be deemed to constitute the presence in person at such a meeting. A member of the committee joining the meeting in this way shall count towards the quorum.

6. Frequency

The frequency of meetings will be agreed at the start of each financial year, ensuring the committee meets at least six times a year. Extraordinary meetings may be called by the committee chair in addition to those agreed, to discuss and resolve any critical issues arising.

7. Authority

The committee has no executive powers. The committee is authorised to seek and scrutinise assurances that the Trust's system of governance and internal control in relation to the areas with its purview are designed well and operating effectively to:

- Promote safety and excellence in patient care
- Identify, prioritise and manage risk arising from clinical care
- Ensure the effective and efficient use of resources through evidenced-based clinical practice
- Protect the health and safety of trust employee and
- Ensure compliance with legal, regulatory and other obligations

8. Purview

The purview of the committee is set out in the accompanying purview document, which is approved by the Board along with these Terms of Reference. The committee will prioritise the acquisition and scrutiny of assurances according to the Board's requirements, using a risk based approach to prioritisation. The committee will not review all aspects of the system of internal control identified in the purview in every year.

9. Support

The Company Secretary is responsible for ensuring appropriate administrative support is provided to the committee. The support provided by the person(s) identified by the Company Secretary will include the planning of meetings, setting agendas, collating and circulating papers, taking minutes of meetings, and maintaining records of attendance for reporting in the Trust's Annual Report.

10. Reporting

The committee shall be directly accountable to the Trust Board. The Chair of the Committee shall report a summary of the proceedings of each meeting at the next meeting of the Board and draw to the attention of the Board any significant issues that require disclosure.

11. Review

The committee shall reflect upon the effectiveness of its meeting at the end of each meeting. The committee shall review its Terms of Reference at least once a year to ensure that they fit with the Board's overall review of the system of internal control. Any proposed changes shall be submitted to the Board for approval.

VERSION CONTROL SCHEDULE

Version no.	Date approved by committee as fit for purpose	Date ratified by the Board so that it comes into force	Main revisions from previous version.
1.0	5 July 16	26 July 16	Committee established July 16 based on principles set out in Board paper 'governance improvements' at May 16. RMCGC dis-established June 16. Discussed at Board June 16. Ratified 26 July 16.
1.1		23 October 2017	Update to membership Inclusion of additional regular attendees Administrative support provided by the HR Business Support Manager; from the corporate governance dept.
1.2		25 May 2018	Updated membership
2.1		23 May 2019	Updated membership Clarified that frequency of meetings is to be agreed at the start of each year
2.2			Section 7 – Addition of bullet points confirming overall role of the committee Minor revision to section 9 – to remove the specificity of who will provide administrative support.

Quality & Patient Safety Committee	Executive Lead	21 May 2020	09 July 2020	17 Sept 2020	19 Nov 2020	07 Jan 2021	18 March 2021
ADMINISTRATION							
Apologies	Chair	√	√	√	√	√	√
Declarations of Interests	Chair	√	√	√	√	√	√
Minutes	Chair	√	√	√	√	√	√
Action Log	Chair	√	√	√	√	√	√
Next Meeting Agenda / Forward Look	Chair	√	√	√	√	√	√
Meeting Effectiveness	Chair	√	√	√	√	√	√
SCRUTINY							
111							
111 / CAS Clinical effectiveness	Executive Director of Operations		√			√	
111/CAS Clinical Model (added from Nov 2019, monthly for 6mths) to include: Key performance stats, Complaints, incidents, SI's with any themes, Staffing levels - call side as well as CAS (point is to see if we have sufficient coverage across disciplines), Ambulance disposition levels, Any other key issues or concerns	Executive Director of Operations				√	√	√
111/CAS multi-disciplinary teams: performance dashboard	Executive Director of Operations						
EOC							
EOC clinical safety	Executive Director of Operations	√		√		√	
999							
Consent to Treatment (is it being sought in line with legislation and guidance)	Executive Medical Director	√					
Surge (application of the SMP / Clinical Harm Review)	Executive Director of Operations				√		
Bariatric Care (vehicle equipment and response) Are they located correctly, Policy, equipment, analysis of performance, tasking, training	Executive Director of Operations						
Private Ambulance Providers: to include governance, policies and procedures in place, system for planning, compliance data to include complaints, risks, issues, serious incidents. Plus clinical effectiveness	Executive Director of Operations			√			
Clinical Outcomes - deep dive in to specific areas, e.g. cardiac survival	Executive Medical Director	√	√	√	√	√	√
Medical Equipment: Full review of Medical Devices IAP including all equipment, pre implementation checks	Executive Director of Operations						
Obstetrics: effective care and treatment	Executive Medical Director	√	√				
RTC's - Emergency, non-emergency, Collisions not involving public, and safety. Assurance of learning from incidents	Executive Director of Operations						
Co-Responders: Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning. To include recruitment & retention. To include tasking	Executive Director of Operations						
Paediatrics: effective care and treatment	Executive Medical Director		√				
Frequent Callers - Review of Strategy/Plan and resources	Executive Medical Director						
Section 136 / Mental Health transfers	Executive Director of Nursing & Quality				√		
Specialist							
HART: Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning. To include recruitment & retention. To include tasking. NARU Audit readiness assessment	Executive Director of Operations				√		

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Specialist Paramedics (PP) Scope of Practice - Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning. To include recruitment & retention	Executive Medical Director		√		√		
Specialist Paramedics (CCP) Scope of Practice - Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning. To include recruitment & retention	Executive Medical Director		√	√			
Clinical Governance / Standards / Compliance							
Non Registered Clinicians - Scope of Practice - Organisation and reporting lines, governance, assurance on skills, knowledge and experience to deliver effective care and treatment. Thematic incident analysis and learning. To include recruitment & retention	Executive Medical Director						
Medicines Governance Incl. QAVs	Executive Medical Director		√		√		
Infection Prevention and Control - internal controls / effectiveness	Executive Director of Nursing & Quality						
Learning from Serious Incidents, complaints, incidents.	Executive Director of Nursing & Quality						
Serious Incident Q Thematic Review / Learning from Deaths	Executive Director of Nursing & Quality / Executive Medical Director	√			√		√
Duty of Candour - compliance with legislation and staff impact	Executive Director of Nursing & Quality						
Patient Records / ECPR	Executive Director of Operations						
Complaints Management - design and effectiveness of controls	Executive Director of Nursing & Quality					√	
Safeguarding	Executive Director of Nursing & Quality						
Key Skills Annual Programme	Executive Medical Director						
CIP QIAs	Executive Director of Nursing & Quality	√					
QIA mid year review	Executive Director of Nursing & Quality						
CFR Governance & Effectiveness	Executive Director of Operations						
Clinical Supervision	Executive Medical Director						
CAS Alerts: Monitoring management and oversight of Trust policy and procedures	Executive Director of Nursing & Quality						
NHS Pathways Compliance 999 & 111	Executive Director of Operations						
Compliance with Modern Slavery Act	Executive Director of Nursing & Quality						
Safety of Discharge (from 09/07/20)	Executive Medical Director			√			
MONITORING PERFORMANCE & QUALITY							
Quality & Safety Dashboard / Report	Executive Director of Nursing & Quality	√	√	√	√	√	√
Safeguarding Mid-Year Review	Executive Director of Nursing & Quality						
Quality Account Development*/Sign Off**/Mid Year Review***	Executive Director of Nursing & Quality	√**		√*	√**		√*
Incident / SI Annual Report	Executive Director of Nursing & Quality			√			
Infection Prevention and Control Annual Report	Executive Director of Nursing & Quality						
Clinical Audit Annual Report / Plan	Executive Medical Director	√	√				
Annual Safeguarding Report	Executive Director of Nursing & Quality	√					
Accountable Officer for Controlled Drugs Annual Report (Medicines Governance)	Executive Medical Director	√		√			
Cardiac Arrest Annual Report / Plan	Executive Medical Director		√			√	
Freedom to Speak Themes / *Annual Report	Executive Director of Nursing & Quality						
Quality Assurance Visits / Patient Safety Leadership Visit	Executive Director of Nursing & Quality						
Complaints Annual Report	Executive Director of Nursing & Quality			√			
Learning from Deaths Annual Report	Executive Medical Director						
ENABLING STRATEGIES							
Volunteers	Executive Director of Operations						
Freedom to Speak Up	Executive Director of Nursing & Quality						

