

## **Perinatal Improvement Assurance Committee Terms of Reference**

### **1. Purpose**

The purpose of the Committee is to lead on behalf of the Board of Directors on the oversight and scrutiny of assurances on relation to high-quality care in Perinatal services with specific attention to:

- Regulatory compliance and risk:
- Patient safety, clinical effectiveness, and patient experience:
- The effectiveness of quality governance frameworks:
- Learning and quality improvement:

### **2. Objective**

The Committee will provide oversight and assurance against the Trust's vision to provide the highest quality perinatal care and to focus on care quality, effectiveness and patient experience and will do so through its duties as stated at section 7 of these Terms of Reference.

The Committee will receive configured data, review progress, advise on improvements and will assess and determine assurance on the improvement journey in perinatal services. Data sets provided to the Committee will be in a format which allows the Committee to be alerted to areas of variance or escalation and enable it to fulfil its function as an assurance Committee.

### **3. Authority**

The Committee is constituted as a time-limited Committee of the Board of Directors with a specific focus on Perinatal improvement.

The Committee is authorised by the Trust Board to investigate any activity within its Terms of Reference, with adherence to the Trust's scheme of delegation and standing financial instructions (SFIs). The Committee can request information, reports, and assurances from any employee in relation to those areas within these Terms of Reference and all employees are directed to cooperate with any request made by the Committee.

The Committee may invite any Director, Executive, external or internal auditor, or other persons to attend any meetings of the Committee if this is considered beneficial to assist the Committee in the attainment of its objectives.

In consultation with the Board of Directors, the Committee can access independent professional advice and secure the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

The Perinatal Improvement Assurance Committee is a time-limited Committee in that its responsibilities and purpose are time limited for 12-18 months; the Board will formally dissolve the meeting once it has completed its duties.

### **4. Membership and Quoracy**

The Committee Membership shall be disclosed in the Annual Report and shall be a minimum of four independent Non-Executive Directors of the Board. At least one of the members shall have recent and relevant Clinical experience. There shall be no deputies allowed in the absence of a member attending. In the event that the Committee chair is absent, one of the other independent Non-Executive Directors will preside as Chair.

The Director of Quality and Director of Corporate Affairs shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate and agreed with the Committee Chair.

The Chief Nurse, Chief Medical Officer, and Head of Quality Governance & Patient Safety Specialist shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate.

The Director of Midwifery, Women's, and Neonates CSU Triumvirate Team Members, NHSE Maternity Safety Support Programme Representative and NHS Trust Improvement Director shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate.

A quorum shall be three members, comprising two Non-Executive Directors and one Executive Director. In exceptional circumstances, an Executive Director member may send an appropriate nominated deputy in their place, and this will count towards the quorum.

#### **5. Attendance and Secretariat**

Members should make every effort to attend all meetings of the Committee and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year. If a member fails to attend more than three meetings in a financial year, the Chair of the Committee will consider with the Chair of the Trust the appropriate action to be taken. The Director of Corporate Affairs will monitor attendance by members and report this to the Chair of the Committee annually.

Other Executive Directors and other Trust staff will be invited to attend for specific agenda items with the agreement of the Chair of the Committee.

The Director of Corporate Affairs will ensure that the Trust Secretariat Team provides a Secretary to the Committee and appropriate administrative support to the Chair and Committee members. This will include agreement of the agenda with the Chair and Executive leads, collation and circulation of papers, producing the minutes of the meetings, keeping a record of agreed actions and follow up, and advising the Chair and members of the Committee as appropriate.

#### **6. Frequency of meetings**

The Committee shall meet with such frequency and at such times as it may determine, and the Chair may convene additional meetings of the Committee if necessary to consider business that requires urgent attention.

It is expected that the Committee shall meet a minimum of six per year with normal practice of meetings to be held bi-monthly.

#### **7. Duties of the Committee**

The primary duties of the Committee will be (but not limited to):

### **Regulatory, Governance and Strategy**

- To consider the scope of the Perinatal Improvement Plan and be satisfied that the breadth and depth of the planned work is sufficient to meet the Board's assurance needs, and that there is sufficient resource, capacity, and capability to deliver the plan.
- To provide oversight of regulatory inspections within Perinatal services and receive assurance on progress of any associated action plans or findings.
- To consider any findings of major investigations or reviews (internal or external to the Trust) relevant to perinatal services that includes patient safety, clinical effectiveness, or patient experience, as delegated by the Board or on the Committee's initiative and consider management's response.
- To consider and review, where required by the Board or its Committees, the treatment of specific matters concerning patient safety, clinical effectiveness, or patient experience, within Perinatal services and evaluate the appropriateness and effectiveness of the management response.
- To promote and create a culture of openness, transparency and collaboration including compliance with Duty of Candour.
- To consider national best practice, guidance and learning from other organisations ensuring dissemination of key messages and that appropriate action is taken in response to gaps identified.

### **Patient Safety, Clinical Effectiveness and Patient Experience**

- To receive information, via the Perinatal Quality Oversight model report on key perinatal quality and safety matters and initiatives that support the Trust to achieve local and national perinatal improvement ambitions. This will include information from a variety of sources including, but not limited to:
  - Perinatal Surveillance Dataset
  - Perinatal Safety including Maternity and Newborn Safety Investigations (MNSI) learning themes, Perinatal Mortality Review Tool (PMRT), Maternity outcomes signal system (MOSS) updates, thematic learning from Patient Safety Incident Response Plans (PSIRP), coroner regulation 28 report to prevent future deaths, claims/incidents/experience triangulation and risk.
  - Perinatal Public Health including Saving Babies Lives care bundle, screening quality.
  - Maternity Incentive Scheme – reviewing and tracking progress against safety actions.
  - Compliance with the Ockenden Immediate and Essential Actions.
  - Perinatal Workforce including safe staffing, training compliance and local staff surveys and feedback.
  - Staff Engagement including thematic learning from cultural surveys, NHS and PULSE staff surveys and progress with perinatal culture and organisational development plan.
- To oversee and monitor clinical outcomes and quality indicators to ensure they remain positive and when necessary, act upon variation or deterioration to understand the reason for change and make relevant adaptations to achieve improvement.
- To review progress against Clinical Quality Improvement including maternity and neonatal improvement plans, national maternity and neonatal three-year delivery plan, and clinical quality improvement metrics in line with maternity services dashboard.
- To review benchmarking information and ensure that, where outcomes identify that the Trust is an outlier, the appropriate actions and improvements are being identified and implemented as part of the maternity & neonatal services improvement plans.

- Facilitate the delivery of evidence-based care and treatment; measures and audits standards of care against national and local guidelines/policies and provide assurance that the systems and processes to enable this and working effectively.
- Receive and review assurance that patients are provided with up to date, relevant and accurate information in a format tailored to meet their individual needs.
- To review via delegated authority from the Board, the evidence and supporting assurance supplied to support the Trust Maternity Incentive Scheme application and advice on progress.
- Ensure patients are placed at the centre of their care and treatment choices, and in partnership with them, respond to any changes in needs. Champion and support the development of multiple mechanisms for patients, carers, service users to feedback on their experiences or raise complaints about their care if expectations are unmet. Where concerns are raised the Committee will seek assurance that feedback is timely, comprehensive and meets the need of the individual.
- Ensure that emerging themes/trends from feedback are acted on and measure the impact of subsequent changes in practice.
- To promote activity to actively seek out, engage with, and listen to people most likely to experience inequality in health outcomes.
- Maintain oversight of Patient Experience and correlate information from a variety of sources including Friends and Family Test (FFT), complaints & compliments, maternity and neonatal voices partnership, independent safety champion walkarounds, Freedom to Speak Up submissions and CQC maternity survey.

#### **Quality Governance**

- To receive performance data on related quality metrics and correlate information with the wider reports received by the Committee.
- 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 patients and their relatives who have been involved in a notifiable patient safety incident.
- To review on behalf of the Audit Committee the findings of Internal and External Audit reports covering matters within the remit of the Perinatal Improvement Assurance Committee, seeking assurance that appropriate actions are identified and implemented in response to recommendations and that learning is shared across the organisation.
- To consider the control and mitigation of quality high-rated risks and provide assurance to the Board that such risks are being effectively controlled and managed.
- To seek assurance and act upon escalations arising from its sub-committee structure.
- Advise and review on any other ad-hoc reports that are required to be submitted and agreed before presentation and discussion at external meetings.

#### **8. Reporting and Assurance**

The Committee will receive a regular report from the Perinatal Quality Assurance Group covering issues escalated from relevant quality governance groups within Perinatal services.

The minutes of the Committee's meetings will be provided to the Trust Board alongside a written Committee Chair's Summary Report highlighting any areas of exception, providing a summary of key assurances, and drawing attention to any matters that require disclosure or escalation to the Board.

The Committee will provide an annual report to the Board of Directors on the effectiveness of its work and findings, including its review of relevant Board Assurance Framework entries and regulatory compliance.

The Committee will report annually to the Audit Committee on its work in support of the Annual Governance Statement and Quality Account with specific comment on the appropriateness of any compliance disclosure made or to be made by the Board.

#### **9. Links to other Board Committees**

The Trust's Audit Committee will retain overall responsibility for monitoring, reviewing, and reporting to the Board of Directors on all aspects of governance, risk management and internal control. It will do so having regard to the assurance provided by the Perinatal Improvement Assurance Committee in undertaking its work programme.

Where there is a perceived overlap of responsibilities between the Trust's Audit Committee, Finance & Performance Committee, People & Cultures Committee and Quality Assurance Committee, usually in consultation with the Director of Quality and Director of Corporate Affairs, the respective Committee Chair shall have the discretion to agree the most appropriate Committee to fulfil any obligation.

#### **10. Monitoring and Review**

These Terms of Reference will be reviewed by the Committee and approved by the Board of Directors.

The Committee will commit to undertaking an annual review of the effectiveness of the Committee to inform the Committee's annual report to the Board of Directors and will submit a formal request to the Board prior to the closure of its time served duties; should it be determined the Committee will run beyond its agreed 12 months the duties of these Terms of Reference will be reviewed.

<b>Version Control</b>	<b>Date of Board Approval</b>	<b>Comments</b>
V1 Draft		New Committee