NHS
South Central
Ambulance Service
NHS Foundation Trust

QUALITY & SAFETY COMMITTEE TERMS OF REFERENCE

1. Constitution

The Board of Directors ("the Board") hereby resolves to establish a formally constituted, standing committee of the Board to be known as the Quality & Safety Committee ("the Committee").

The Committee has no executive powers other than those specifically delegated to it via these terms of reference. The Standing Orders adopted by the Board are applicable to the Committee in as far as they are relevant.

2. Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference and seek any information that is requires from any member of staff. All members of staff are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain legal or other independent professional advice and to secure the attendance of others from outside of the Trust with relevant experience and expertise if it considers this necessary. Any such advice must be commissioned in line with the Trust's Standing Financial Instructions and related procedures.

3. Purpose of the Committee

To provide scrutiny and challenge of the areas outlined in section (9) of these terms of reference and assure the trust board that standards of care provision meet statutory duties and regulatory requirements, that there are robust quality governance structures and processes in place to provide oversight from point of care delivery to the Board and ensure that risk is effectively managed.

4. Membership and Quorum

Membership of the Committee membership shall be appointed by the Board from amongst the Executive and Non-Executive Directors and shall include:

- 3 Non-Executive Directors
- Chief Nursing Officer
- Chief Medical Officer
- Chief Paramedic Officer

4.1 Attendees

Although not members, the following will be in regular attendance at the Committee:

- Chief Digital and Information Officer
- Executive Director of Operations
- Chief Governance Officer

Other executive directors and members of Trust staff will attend the committee at the invitation of the Chair when matters under discussion are relevant to their areas of responsibility.

5. Quorum

The meeting will be quorate when 2 Non-Executive and 1 Executive member are present. The absence of any regular attendee listed in (4.1) will not affect meeting quoracy.

In the absence of a quorum, the meeting shall continue to be held, at the discretion of the Chair but no decisions shall be taken. Lack of quoracy will be reported to the Trust Board in the Committee Chair's report**.**

6. Frequency

The Committee will meet on a bi-monthly basis. Additional meetings will be called as necessary if there is urgent business or the Committee Chair requests a meeting**.**

7. Reporting to the Board

The Committee Chair will report in writing to the Board at the Board meeting that follows the Committee meeting. This report will summarise the main points of discussion and will draw attention to any issues that require Board or Executive action, or to any risks that require escalation to Board.

8. Sub-Groups

The Committee is authorised to establish Groups to support its work subject to terms of reference that shall be approved by the Committee, but shall not delegate the powers conferred upon it by these terms of reference to any other body without the express authorisation of the Board

The following are sub-groups of the Committee, and the Chair shall provide a written report into the next Committee meeting after the Group has met:

- Patient Safety and Experience Group
- Clinical Review Group
- Safeguarding Committee
- Infection Prevention and Control Committee
- Medicines Optimisation and Governance Group

- Health & Safety Group

9. Duties and Responsibilities

Review the following and recommend to the Board for approval:

- Quality Account and annual Quality Priorities prior to submission to the trust board and monitor progress against deliver of the quality priorities
- Annual clinical audit programme ensuring that it is sufficiently risk based
- Patient Safety Plan ensuring that the priorities are data driven and aligned to areas of known risk
- Infection Prevention & Control Annual Report and Plan
- Safeguarding Annual report
- Health & Safety Workplan

Monitor progress against the Fit for the Future Tier 1 programmes under the Clinical Effectiveness strategic theme and the associated Board Assurance Framework risks and significant risks.

Approve policies that fall within the remit of the committee as outlined in the Scheme of Reservation and Delegation

Make recommendations to the Audit Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference

Seek assurance of the trust's compliance with quality and safety standards, through regular reports, including but not limited to:

- Care Quality Commission registration and compliance with essential standards
- Home Office Controlled Drugs Licence
- Safeguarding legislation
- Infection Prevention and Control legislation
- Health & Safety legislation
- External Accreditation/Peer Reviews
- National Confidential Inquiries or national reports relevant to Ambulance Services
- Internal audit reports relating to the Committee's terms of reference

Quality of Care:

Seek assurance that there are effective processes in place to monitor patient safety, patient experience and clinical effectiveness across the organisation. This will be achieved through regular reporting on:

- Patient safety incidents and patient experience feedback; ensuring that themes and trends are identified and that appropriate action is being taken in response

- Clinical Audit activity
- Medicines management and medicines safety
- Evidence based clinical practice including adherence to JRCALC Clinical Practice Guidance and best practice
- Ambulance Care Quality Indicators
- Research & Development activity
- Health and Safety
- Progress against delivery of Quality Priorities
- Progress against delivery of the Patient Safety plan

Quality & Safety Risk

Seek assurance that risks to quality and safety are being effectively managed, mitigated and escalated to the Board where necessary. This will be achieved through regular reporting on:

- Board Assurance Framework risks assigned to the Committee
- Significant operational risk register
- Quality Impact Assessments

Digital

- Ensure that the Trust has a Digital Strategy in place that supports the delivery of care
- Seek assurance in relation to:
    - Data quality and infrastructure
    - Data Management
    - Digital Service Responsiveness
    - Cyber preparedness

10. Delegation

By approval of these terms of reference the Board delegates the duties and responsibilities outlined in section (9) to the Committee.

11. Committee Effectiveness

The committee will review its own performance and these terms of reference on an annual basis and will prepare a report for the Trust Board, describing its work and proposing any changes to these terms of reference.

12. Administration

A member of the Corporate Governance Team will act as Committee Secretary and will agree the agenda for meetings with the Chair and the Clinical Directors.

13. Review

These terms of reference will be reviewed in April 2027 unless there is a requirement to do

so earlier.

Date of Quality & Safety Committee approval	23 April 2026
Date of Trust Board Approval	03 June 2026