South Eastern Health and Social Care Trust

PATIENT SAFETY & QUALITY COMMITTEE

TERMS OF REFERENCE

Date: April 2026
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Contents

1.0 ESTABLISHMENT

Following receipt of the Ministerial Statement dated 19 February 2026, the Trust Board of the South Eastern Health & Social Care Trust (Trust Board) has established the **Patient Safety & Quality Committee as a Committee (the Committee) of Trust Board**, which expands upon and subsumes the remit of the Governance Assurance Committee (GAC).

The Committee has no executive powers other than those specifically delegated and detailed within these Terms of Reference for information purposes.

The Patient Safety & Quality Committee is the Trust Board's principal forum for oversight and assurance on patient safety, quality of care, and continuous learning.

The Committee supports the Trust Board in discharging its statutory and moral responsibilities by providing independent assurance that robust systems are in place to identify risk, learn from harm, and drive improvement across clinical and social care services.

2.0 MEMBERSHIP

The composition of the Committee shall be determined by Trust Board and appointments made from amongst its membership.

The Committee will comprise of Members of Trust Board. A full list of Members as of the date of these Terms of Reference can be found at Page 6 hereto.

A quorum shall be six Members including at least three Non-Executive Members appointed to the Committee and present.

The Chair of the Committee shall be a Non-Executive Director appointed by the Chair of Trust Board and will hold office for a term specified on appointment or until such time as the Chair of Trust Board determines otherwise.

The Chair of the Committee will cease to act as Chair if they are no longer a Non-Executive Director or they notify the Chair of Trust Board in writing that they no longer wish to continue.

If the Chair of the Committee is absent, a Non-Executive Director present may act as Chair for the duration of the meeting.

3.0 ATTENDANCE

The Executive Management Team (or their nominee) should attend Committee meetings as required. The Board Secretary & the Assistant Director, Safe & Effective Care (or their nominees), should also attend Committee meetings.

In the event a Member of the Executive Management Team unavailable to attend, an Assistant Director from their Directorate can be nominated to attend on their behalf.
An apology should be submitted in advance to the Board Secretary, along with confirmation of the nominated substitute no later than three working days prior to the date of a scheduled meeting. Other officers or external advisors may be invited to attend for specific items.

4.0 FREQUENCY OF MEETINGS

The Committee shall meet at least four times annually, i.e. each financial year.

5.0 PURPOSE

5.1 Overall Purpose

The Committee is the Trust Board's principal forum for oversight and assurance on patient safety, quality of care and continuous improvement across clinical and social care services.
In line with the core purpose of Health and Social Care Trusts, the Committee promotes, develops and sustains a culture where patient safety and quality are embedded as the Trust's highest priorities. In discharging its role, the Committee supports the Trust Board in meeting its statutory, regulatory and moral responsibilities for safe, effective and person-centred care.

For the purposes of these Terms of Reference, the term patient includes all service users, clients and carers in receipt of Trust services.

5.2 Assurance Role

The Committee provides independent and objective assurance to the Trust Board that robust and effective systems are in place to:

- Identify, assess and manage risks to patient safety and quality.
- Learn systematically from incidents, complaints, claims, inquests and feedback.
- Embed learning and improvement across services; and
- Monitor the effectiveness of actions taken to reduce harm and improve outcomes.

In fulfilling this role, the Committee promotes openness, learning and continuous improvement, and seeks assurance that governance, assurance and learning systems are operating effectively and are embedded throughout the organisation.

5.3 Core Assurance Responsibilities

The Committee supports the Trust Board by assuring that:

- Robust governance arrangements are in place to monitor, assure and continuously improve safe and effective care across all services;
- Clinical and social care governance systems comply with relevant legislation, statutory duties and Departmental policies, supported by proportionate audit, scrutiny and professional oversight;
- Effective systems exist to capture, respond to and escalate patient, service user and staff feedback that impacts safety, quality and experience;

- A whole-system approach is taken to analysing intelligence from incidents, complaints, claims, feedback and performance data, ensuring that trends, emerging risks and areas for improvement are identified and addressed;
- A culture of openness, learning and improvement is embedded, supporting timely reporting, reflection and improvement;
- Learning from harm, near misses, complaints and positive practice is implemented effectively, shared widely and supported by clear feedback loops demonstrating improvement; and
- High-quality reporting, analytics and assurance mechanisms support timely risk identification, mitigation and continuous improvement in patient safety and quality.

5.4 Assurance and Oversight Arrangements
The Committee obtains assurance through a structured line of sight from operational services, directorates, sub-committees and independent sources. This enables triangulation of performance, risk and learning, ensuring that assurance provided to the Trust Board is comprehensive, proportionate and evidence-based.

In discharging its responsibilities, the Committee will:

- Receive assurance from, and maintain effective oversight of:
    - the Safety, Quality Improvement and Innovation Sub-Committee (SQIIC) in relation to patient safety, quality improvement, clinical and social care governance, patient involvement, experience and feedback; and
    - the Corporate Governance Sub-Committee (CGC) in relation to corporate governance, risk management and organisational controls;
- Review Sub-Committee programmes of work, consider matters escalated, and receive regular assurance reports on activity, outcomes and the effectiveness of controls;
- Review the adequacy of assurance arrangements supporting delivery of corporate objectives, including the identification of assurance gaps and actions to address them;
- Review and endorse relevant mid-year and end-year governance and risk management statements; and
- Receive reports where significant weaknesses in governance, risk management or internal control are identified.

5.5 Sources of Assurance
The Committee will primarily utilise assurance provided by the Risk Management & Governance and Safe & Effective Care Sub-Directorates. It will also seek assurance from other Board Committees, Sub-Committees, the Executive Management Team and Assistant Directors, focusing on overarching systems of patient safety, quality, integrated governance and internal control.

Assurance will be informed by the Integrated Governance & Assurance Framework (IGAF) and supplemented by internal and external sources, including audit, regulatory reviews and inspections undertaken by bodies such as the Department of Health, RQIA and relevant professional or regulatory organisations.

5.6 Escalation and Advice to the Trust Board - (ALERT & ADVISE)
The Chair will draw to the attention of the Trust Board any matters requiring consideration or action by the Chief Executive, Trust Board and/or Executive Management Team. The Committee is authorised

to formally escalate issues where assurance cannot be provided or where further Trust Board consideration is required, in line with the Trust's Risk Management Strategy.

The Committee will advise the Trust Board on matters within its remit, informed by triangulated intelligence and insight. Members will actively test the information received, demonstrating curiosity and constructive challenge, to assess whether assurance reflects the lived experience of patients, service users and staff at service level.

The Committee will maintain effective links with other Trust Board Committees where matters impacting patient safety and quality are considered, supporting joined-up oversight and advice to the Trust Board.

The Committee will periodically review its own effectiveness and report the outcome of that review to the Trust Board. The Committee will be effective where the Trust Board can take assurance that patient safety risks are identified early, learning is acted upon consistently, and improvements in safety and quality are demonstrable across all services

6.0 AUTHORITY (including Escalation to Trust Board)

The Committee is authorised by the Trust Board to undertake any activity within these Terms of Reference and to secure the attendance of relevant internal or external parties as required to fulfil its remit.

Documents for Trust Board Approval

The Committee shall review and endorse the following for approval by the Trust Board:

- Integrated Governance & Assurance Framework (IGAF);
- Board Assurance Framework Risk Document (including Risk Appetite);
- Complaints & Compliments Annual Report;
- Governance Statement; and the
- Risk Management Strategy

The Committee will report annually to the Trust Board on its work, including assurance on the effectiveness of the IGAF, the completeness and embeddedness of risk management arrangements, the integration of governance systems, and the appropriateness of assurance against Organisational Controls Assurance Standards (or their successor).

Delegated Authority

The Committee holds delegated authority to approve:

- Sub-Committee Terms of Reference, quarterly update reports, end-year reports and Programmes of Work;
- Risk Management Annual Report;
- Information Governance Annual Report; and the

- Coronial & Litigation Services Annual Report

Patient Safety

The Committee will:

- Review and monitor patient safety risks on the Board Assurance Framework, including high-level operational risks impacting patient care, and ensure the Trust Board is kept informed of significant risks and mitigation plans;
- Provide assurance to the Trust Board on patient safety and quality through scrutiny of integrated governance systems, reports and controls;
- Ensure compliance with Departmental and regional patient safety policies (including NIPSO), supported by proportionate clinical and social care audit and compliance with statutory Trust Board and NED responsibilities;
- Use high-quality qualitative and quantitative data to inform discussion, decision-making, timely intervention and escalation;
- Examine and triangulate safety intelligence to understand trends, drivers of harm and areas for improvement, ensuring aggregated data does not mask emerging risks, outliers or site-specific issues;
- Scrutinise trends in patient, clinical and psychological harm, including near misses and learning aimed at preventing harm before it occurs;
- Ensure health inequalities and their drivers are identified and addressed as part of improving patient safety and experience;
- Receive assurance on systems for monitoring morbidity, mortality and learning from deaths, and that learning is effectively implemented and shared; and
- Receive assurance that staff receive appropriate patient safety and quality training in line with legislative and policy requirements, including compliance with professional regulatory obligations such as appraisal and revalidation.

Quality Governance

The Committee will:

- Scrutinise quality governance data, including patient feedback, clinical and social care audit results and performance indicators;
- Ensure quality improvement activity is fully aligned with learning from incidents, complaints, audits and learning from deaths;
- Assure that quality improvement work is evidence-based, monitored, and delivers demonstrable improvement, with effective scale and spread of successful initiatives;
- Provide assurance that risks to delivery of quality improvement plans are identified, managed and recorded on the Corporate Risk Register and/or Board Assurance Framework;
- Scrutinise the draft annual Quality Report (or equivalent) prior to submission to the Trust Board; and
- Ensure staff feedback impacting safety and quality is captured, considered and acted upon.

Patient Involvement, Experience and Feedback

The Committee will:

- Ensure compliance with the statutory duty of involvement (PPI), particularly where changes affect service planning, delivery or Trust decision-making;
- Ensure complaints and concerns are investigated robustly, with learning embedded to reduce recurrence;
- Assure that effective systems are in place to capture, integrate and act on patient and service user feedback as part of continuous improvement; and
- Review real-time patient experience data and feedback platforms to ensure patient and public voices inform safety and quality improvement initiatives.

7.0 OPERATIONAL ARRANGEMENTS

Administrative Support to the Committee

The Committee shall be supported administratively by the Board Secretary (or nominees) whose duties in this respect include:

- Preparation and issue of agenda on behalf of the Chair;
- Collation and distribution of papers sufficiently in advance of each meeting to facilitate their full consideration and discussion at the meeting;
- Ensuring appropriate arrangements for the servicing of the Committee including the taking of minutes and keeping a record of matters arising and issues to be carried forward;
- Advising the Committee on pertinent issues;
- Assist the Chair in ensuring the effective operation of the Committee;
- Arranging the attendance of appropriate staff at meetings;
- Ensuring the annual review of these Terms of Reference and the making of recommendations for updating; and
- Development and maintenance of the Committee's Meeting Schedule.

Conduct of Meetings

All questions not agreed by consensus will be decided by a simple majority of the Committee. In the case of equal votes, the Chair will have a casting vote, in accordance with Standing Orders. It is intended meetings will not last more than 2 hours.

Should an item of business need to be raised on the day of the meeting, this can be covered under Any Other Business subject to there being available time for discussion.

Agenda Items and Papers for Meetings

The Board Secretary (or nominee) will issue the agenda and associated papers no later than five days prior to the date of the scheduled meeting.

If separate papers require circulation, these should, wherever possible, be issued with the agenda to enable Members to have sufficient opportunity to read information in advance.

Minutes of Meetings

Minutes shall be formally recorded by the Board Secretary (or nominees) and agreed with the Chair of the Committee prior to issue in advance the next meeting. Minutes will be circulated as soon as possible after the meeting, listing topics discussed, actions agreed and individuals responsible for undertaking those actions. Once approved by the Committee at its subsequent meeting, the minutes will be submitted to Trust Board for note.

8.0 DECLARATIONS OF INTEREST

The Chair of the Committee shall ask Members to declare any action or potential conflict of interest on any matter listed on the agenda for consideration at the outset of each meeting.

Where a conflict arises during the meeting, any Member so conflict should declare their interest immediately and withdraw. It is the responsibility of individual Members to ensure they declare any interest in a timely manner.

All stated declarations of interest made during each meeting shall be formally recorded in the minutes.

List of Members of the Patient Safety and Quality Committee – April 2026

Non-Executive Directors	
Chair of Committee	Mr Norman McKinley
	Ms Sheryl Henderson
	Mr Raymond Havlin
	Ms Siobhan McCauley
	Mr Kevin McMahon
	Ms Anne Quirk
	Mr Kieran Donaghy

Executive Management Team	
Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services (E)	Dr David Robinson
Deputy Chief Executive, Director of Finance, Contracts & Estates (E)	Ms Wendy Thompson
Medical Director (E)	Professor Stephen Kirk
Director of Children's Services & Executive Director of Social Work (E)	Mrs Marie-Louise Sloan
Director of Surgery, Elective Care, Maternity & Paediatrics	Mr Brian McFetridge
Director of Unscheduled Care, Medicine & Cancer	Mr Marc Neil
Director of Adult Services & Healthcare in Prison	Mrs Rachel Gibbs
Director of Planning, Performance & Informatics	Mrs Helen Moore
Interim Director of Primary Care & Older People's Services	Mrs Veronica Clelland
Director of People & Organisational Development	Mrs Claire Smyth
In Attendance	
Chief Executive	Ms Roisin Coulter (attends a minimum of 1 meeting per year)
Chairman	Mr Jonathan Patton attends a minimum of 1 meeting per year)
Board Secretary	Mrs Martine McNally
Assistant director for Safe & Effective Care	Ms Lisa Dullaghan
Head of Internal Audit	Mrs Catherine McKeown (or nominee) (observer twice yearly)

E denotes Executive