

## Quality and Risk Management Committee Terms of Reference

**Purpose** - The Committee is established to provide the Trust Board with assurance on the effective management of Quality Governance, Health & Safety and Clinical Risk Management for the Trust.

### Date Adopted

25 May 2017

### Review Frequency

Annual

### Core Accountabilities

Terms of reference drafting	Trust Secretary
Review and approval	Quality and Risk Management Committee
Adoption and ratification	Trust Board

## 1. Authority

1.1. The Board hereby resolves to establish a Committee of the Board to be known as the Quality and Risk Management Committee (the Committee).

- 1.2. The Committee is a standing committee of the Trust's Board of Directors (the Board). Its constitution and terms of reference shall be as set out below, subject to amendment at future Board meetings.
- 1.3. The Committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.
- 1.4. The Committee is authorised by the Board to instruct professional advisers and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers it necessary or expedient to the exercise of its functions.
- 1.5. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

## 2. Membership and attendance at meetings

### Membership

- 2.1. The Committee shall be appointed by the Trust Board and shall consist of:
  - Two Non-Executive Directors
  - Director of Facilities
  - Director of Nursing
  - Medical Director
  - Director of People and Transformation
  - Director of Operations
  - Director of Informatics

- 2.2. A Non-Executive Director shall be appointed Chair of the Committee.
- 2.3. Each member must nominate a deputy to attend in their place when they are unable to. These deputies will have voting rights.

#### *Quorum*

- 2.4. Quorum shall be at least half the members being present, including at least one Non-Executive Director.

#### *Attendance*

- 2.5. Meetings of the Committee shall normally be attended by:
  - the Associate Director of Quality;
  - the Head of Internal Audit;
  - any other person who has been invited to attend a meeting by the Committee so as to assist in deliberations.

### 3. Roles and responsibilities

- 3.1. The duties of the Committee can be categorised as follows:

#### *Assurance*

- 3.2. The Committee shall ensure that the Trust Board is adequately assured in relation to all quality, clinical governance, and Health & Safety and research matters which will include, but is not limited to:
  - Infection control

- Clinical outcomes by specialty and consultant
- Privacy and dignity
- Regulatory compliance
- Safeguarding Children's and Adults
- Nutrition
- Quality assessment of CIP projects
- Medicines management/storage
- CQUIN delivery
- Patient transfer
- Patient information
- Complaints and patient feedback management
- Incident reporting
- Risk management
- Medical records
- Health & Safety – Fire, radioactive material, slips/trips/falls, safety of staff and contractors
- Clinical claims management

#### *Regulatory Compliance*

- 3.3. The Committee shall assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and immediate and effective action is taken where this is identified as deficient.
- 3.4. The Committee shall monitor and assure itself that it can with confidence, and evidence, assure the Trust Board, patients, public, and other stakeholders (e.g.: Care Quality Commission, NHS Improvement, Department of Health, commissioners) that the Trust is complying with its regulatory requirements and can evidence this.
- 3.5. The Committee shall seek to embed the culture of compliance within the organisation, so that it happens as part of normal business, and not as a separate activity, contributing directly to

a well-run organisation and the quality of patient care.

- 3.6. The Committee shall ensure compliance with the Care Quality Commission registration requirements and standards. The Committee shall also monitor key areas of compliance, such as NHS insurance (NHSLA General Risk Management Scheme and Clinical Negligence Scheme for Trusts), the NHS Constitution, and other key areas of compliance as they arise.

#### *Risk Management*

- 3.7. The Committee shall ensure the Trust has robust clinical and Health & Safety risk management systems and processes in place. Appropriate risk management systems and processes will remove, reduce, avoid, prevent or manage risks, whilst enabling innovation, to ensure the best possible patient care.
- 3.8. In particular, the Committee will:
- ensure that an up to date risk register is maintained, and that all staff are able to access the risk register to raise concerns and know that concerns will be reviewed and addressed.
  - act as the forum for risk to be discussed, and ensure that where serious concerns are raised, action is taken, and that action plans are carried through to completion, and the reporting loops closed. In doing so, ensuring that there are robust links with clinical and non-clinical directorates to ensure a culture of quality and risk management is present throughout the organisation.

#### *Safety*

- 3.9. The Committee shall hold the safety of patients, public and staff, as well as the reputation of the Trust, as a core value in assessing assurance, quality governance and risk.

## 4. Conduct of business

- 4.1. The Trust Secretary shall be Secretary to the Committee and the Corporate Services Manager shall attend to take minutes of the meeting and provide appropriate support to the Chairman and Committee members.
- 4.2. The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:
- agreement of agendas with Chair and attendees and collation of papers
  - taking the minutes
  - keeping a record of matters arising and issues to be carried forward
  - advising the Committee on pertinent issues/areas
  - provision of a highlight report of the key business undertaken to the Trust Board following each meeting, in the public session where possible.

#### *Frequency*

- 4.3. The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. Meetings will be held at least four times per year, with additional meetings where necessary.

#### *Notice of meetings*

- 4.4. An agenda of items to be discussed will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers will be sent to Committee members and to other attendees as appropriate, at the same time

4.5. In normal circumstances, a minimum notice period of two weeks must be given for any other meetings of the Committee. Emergency meetings can be arranged, at shorter notice, if this is approved and evidenced as such, by the majority of the members of the Committee.

### 5. Reporting

- 5.1. Formal minutes of Committee meetings will be recorded; and will normally be confirmed as accurate at the next meeting of the Committee.
- 5.2. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board. The Committee shall also raise any significant concerns in relation to the business undertaken directly with the Board in a timely manner.
- 5.3. The Committee will report to the Board annually on the performance of its duties as reflected within its Terms of Reference.

### 6. Review

- 6.1. These terms of reference will be subject to an annual review. The Committee shall conduct an annual self-assessment on the performance of its duties as reflected within its Terms of Reference and report any conclusions and recommendations for change to the Board.
- 6.2. As part of this assessment, the Committee shall consider whether or not it receives adequate and appropriate support in fulfilment of its role and whether or not its current workload is manageable.