Quality and Risk Management Committee Terms of Reference

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Terms of Reference Drafting	Trust Secretary
Review	Quality & Risk Management Committee
Approval and Adoption	Trust Board
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1. Constitution

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

1.2. The Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as set out below; and will be subject to amendments approved by the Trust Board.

2. Authority

2.1. The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.

2.2. The Committee is authorised by the Board to make decisions within its terms of reference, including matters specifically referred to it by the Board.

3. Membership

3.1. The Committee shall comprise:

- Three Non-Executive Directors one of whom will chair the Committee.
- Director of Facilities
- Director of Nursing and Quality
- Medical Director
- Director of People and Transformation
- Chief Operating Officer
- Director of IM&T

3.2. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.

4. Attendance at Meetings

4.1. The following officers are required to attend all meetings but are not members:

- Associate Director of Quality Governance
- Director of Corporate Governance/Trust Secretary

4.2. The Committee can request the attendance of any other director or senior manager if an agenda item requires it.

4.3. Attendance at meetings is essential. In exceptional circumstances when an Executive Director member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.

5. Quorum

5.1. The quorum necessary for the transaction of business shall be five members of whom two must be Non-Executive Directors (including the chair of the committee).

6. Frequency of Meetings and Conduct

6.1. The Committee will meet bi-monthly and will be set in advance as part of the planning of the Trust Board and Committee meetings annual calendar of business.

6.2. Further meetings can be called at the request of the Committee Chair.

6.3. An agenda of items to be discussed and supporting papers 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.

6.4. Decisions may be taken by written resolution upon the agreement of the majority of members of the Committee in attendance, subject to the rules on quorum.

7. Responsibilities

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.

The responsibilities of the Committee can be categorised as follows:

7.1. Assurance

The Committee shall ensure that the Trust Board is adequately assured in relation to all quality, clinical governance and research matters which will include, but is not limited to:

- Infection control
- Clinical outcomes by specialty and consultant, including review and response to national clinical audits, national registries etc.
- Mortality rates & Learning From Deaths
- Regulatory compliance
- Safeguarding Children's and Adults
- Quality assessment of CIP projects
- CQUIN delivery

- Incident reporting
- Risk management
- Medical records
- Clinical claims management

7.2. Quality Strategy and delivery of the quality agenda

7.2.1. The Committee shall maintain oversight of the business of the Quality Strategy Delivery Committee and any associated committee sub-structure through the receipt of regular update reports, and shall ensure that the Board is adequately assured in relation to the delivery of the Trust's quality strategy;

7.2.2. The Committee shall maintain oversight of the business of the Drugs and Therapeutics Committee, the Clinical Effectiveness & Audit Committee, the Patient Safety and Clinical Risk Committee and the Safeguarding Committee through the receipt of regular reports. This shall ensure that the Committee maintains oversight of:

- Management systems and structures to ensure that sufficient analysis of incidents, complaints, claims, clinical audits, service reviews etc. is undertaken to reflect, learn and make recommendations for required changes to improve quality of care provided to patients;
- Concerns raised by the Patient Safety & Clinical Risk Committee, in regard to issues of patient safety which require attention and resolution at Executive level;
- the quality work programme and the support required for quality improvement given by Quality & Patient Safety work streams, Clinical Audit, Learning and Development, and Information Management & Technology. This includes the quality improvements relating to national CQUINs.

7.3. Regulatory Compliance

7.3.1. 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.

7.3.2. 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 (CQC), NHS Improvement, Department of Health, commissioners) that the Trust is complying with its regulatory requirements and can evidence this. 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.

7.3.3. The Committee shall ensure compliance with the CQC registration requirements and standards and shall oversee the detailed work plan arising from inspections, alerts or other highlighted concerns raised by the CQC. The Committee shall also monitor key areas of compliance, such as NHS insurance (NHS Resolution General Risk Management Schemes and Clinical Negligence Scheme for Trusts), the NHS Constitution, and other key areas of compliance as they arise.

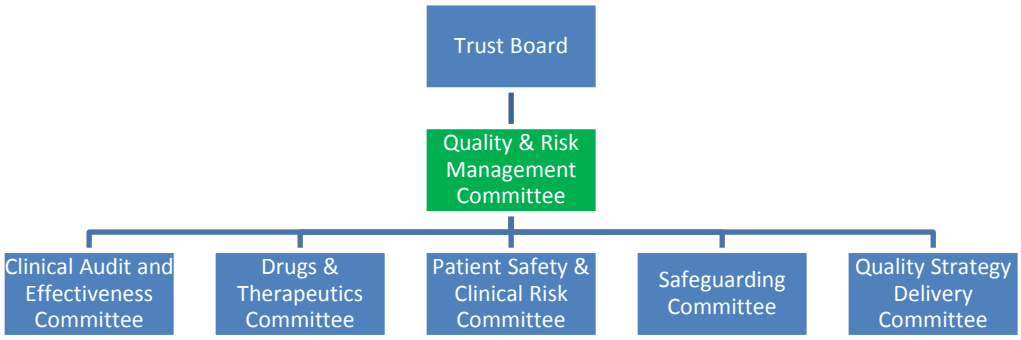
7.4. Risk Management

7.4.1. 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.

7.4.2. In particular, the Committee will:

- ensure that an up to date risk register is maintained, and that relevant 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.
- Act in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

7.5. Sub-committees and Groups reporting to, or responsible to the Committee:



8. Reporting

8.1. Formal minutes of Committee meetings will be recorded.

8.2. Full minutes will be sent in confidence to all members of the Committee and shall be made available on request to NHS Improvement and the Trust's internal and external auditors.

8.3. The Committee shall report to the Trust Board on its proceedings after each meeting to provide assurance and to escalate issues as appropriate.

8.4. The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these terms of reference.

9. Monitoring and Effectiveness

9.1. The Committee shall have access to sufficient resources to carry out its duties, including access to company secretarial assistance as required.

9.2. It shall be provided with appropriate and timely training, both in the form of an induction programme for new members and an on-going basis for all members.

9.3. It will review its own performance, at least annually, review its constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Trust Board for approval.

10. Administrative Support

10.1. Meetings will be supported by the Director of Corporate Governance/Trust Secretary's office, whose duties in this respect will include:

- Agreement of agendas with the Chair and Members.
- Collation and distribution of papers.
- Minute taking.
- Keeping a record of matters arising and issues to be carried forward within an action log.
- Advising the Committee on pertinent issues/areas.
- Provision of a highlight report of the key business undertaken to the Trust Board following each meeting.