

## **BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST**

### **QUALITY AND RISK COMMITTEE**

#### **TERMS OF REFERENCE**

##### **1.00 PURPOSE**

- 1.01 The purpose of the Quality and Risk Committee is to support the Board in ensuring that the Trust's management and clinical and non clinical processes and controls are effective in setting and monitoring good standards and continuously improving the quality of services provided by the Trust in line with the principles and values of the Patient First programme.
- 1.02 The Committee shall also provide information to the Audit Committee, when requested, to assist that Committee in ensuring good structures, processes, and outcomes across all areas of governance.

##### **2.00 MEMBERSHIP AND ATTENDANCE AT MEETINGS**

2.01 The membership of the Committee shall be:

- Chair: a nominated Non-executive Director
- Three further nominated Non-executive Directors
- Executive Medical Director (Lead Officer for the Committee)
- Executive Director of Nursing
- Managing Director (BSUH)
- Executive Director of Workforce and Organisation Development

2.02 Those normally in attendance at the Committee meetings shall be:

- One of either the Divisional Director, Director of Operations, or Head of Nursing of each Clinical Division
- Director of Clinical Governance
- Deputy Medical Director

2.03 The Trust Chair shall propose which Non-executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board shall approve the appointment of the Committee Chair, based on the Chair's recommendations.

- 2.04 Any member of the Board of Directors shall have the right to be in attendance at any meeting of the Committee by prior agreement with the Chair.
- 2.05 The executive members of the Committee may exceptionally send a deputy to the meeting but the deputy will not have voting rights at the meeting.
- 2.06 Other Trust managers and clinicians, and patients or members of the public, may be invited to attend for particular items on the agenda that relate to areas for which they are responsible or on which the Committee requires advice or information.
- 2.07 The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

### **3.00 ROLE AND RESPONSIBILITIES**

#### **AUTHORITY**

- 3.01 The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Standing Orders, Standing Financial Instructions, and Scheme of Reservation and Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.
- 3.02 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.
- 3.03 The Committee should challenge and ensure the robustness of information provided.
- 3.04 The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Company Secretary.

#### **DUTIES**

##### **Quality strategy, targets and outcomes**

- 3.04 To review and recommend to the Board the Quality Strategy of the Trust, and to monitor progress against the strategy and other improvement plans such as improvement programmes within Patient First that may impact on clinical quality.
- 3.05 To ensure there are robust systems for monitoring clinical quality performance indicators within Divisions and to receive reports on clinical quality performance measures.

- 3.06 Review and Monitor Quality Impact Assessments (QIA) relating to Efficiency and Transformation programmes to gain assurance that there will be no unforeseen detrimental impact on quality of care for patients.
- 3.07 In response to requests from the Board, or where appropriate as decided by the Committee, monitor the implementation of action/improvement plans in respect of quality of care, particularly in relation to incidents, survey outcomes (including Staff Survey) and similar issues.

### **Regulation and external reporting**

- 3.08 To receive and consider the necessary action in response to external reports, reviews, investigations or audits (from DH, CQC, NHSI, or other NHS bodies) which impact on clinical quality or patient safety and experience.
- 3.09 To monitor the Trust's responses to all relevant external assessment reports and the progress of their implementation, including the reports of the Care Quality Commission.

### **Clinical governance, audit and risk management**

- 3.10 Through reports from the (executive) Quality Board and by other means, monitor and obtain assurance as to the effectiveness of the processes, systems and structures for good clinical governance at the Trust, and to seek their continuous improvement.
- 3.11 To consider reports from Divisional Governance Reviews, to ensure that the reviews are effective and that actions arising from them are addressed in a timely and appropriate manner under the management oversight of the (executive) Quality Board.
- 3.12 To review regularly the themes, trends, management, and improvements relating to serious untoward and other incidents, (both staff and patient) and to receive minutes and recommendations from the Serious Incidents Requiring Investigation Review Panel.
- 3.13 To gain assurance that appropriate feedback mechanisms are in place to those raising incidents and that a culture of openness and transparency in respect of incident reporting is encouraged.
- 3.14 To review and recommend to the Board the Risk Management Strategy, and to monitor progress and improvement against each risk and generally - Clinical and non-clinical.
- 3.15 To review and monitor the annual work plan for the further development of risk management practice throughout the Trust which will be developed by the Executive Director of Nursing. Ensuring this is aligned to risk development work being led by the Audit Committee.

- 3.16 To review regularly the Board Assurance Framework (including through in-depth reviews of specific risks) and the Risk Register, and promote continuous quality improvement with regard to the management of clinical and non-clinical risk and the control environment throughout the Trust.
- 3.17 To receive and consider the Trust's clinical governance and clinical and non-clinical risk management annual reports, and agree recommendations on actions for improvement.
- 3.18 To ensure there is a comprehensive clinical audit programme in place to support and apply evidence-based practice, implement clinical standards and guidelines, and drive quality improvement, including through approving and monitoring progress against the Clinical Audit Strategy.
- 3.19 To maintain oversight of research and innovation activity, ensuring that it is well governed and is focused on and delivers improvement in respect of the Trust's clinical quality priorities.
- 3.20 To consider reports from the Safeguarding Committee, identifying issues, themes and trends and recommending actions necessary to ensure improvement.
- 3.21 To consider reports from the Quality Standards Group and to gain assurance of the completion of action plans arising from areas of concern.
- 3.22 To consider reports from the Health and Safety Committee and to gain assurance of the completion of action plans arising from areas of concern.
- 3.23 Where appropriate, to consider reports from other operational groups addressing improvement in patient care, and to monitor the completion of action plans arising from areas of concern.

### **Patient experience**

- 3.21 To consider the minutes and recommendations of the Patient Experience & Feedback Committee, in order to maintain oversight of issues, themes and trends arising from all forms of feedback and to gain assurance of the completion of improvement action where necessary.
- 3.22 To consider the results of surveys of in-patients and out-patients and estate surveys such as PLACE that may impact on clinical quality, and to gain assurance of the completion of action taken to address issues raised, where appropriate.

### **Development, education and training**

- 3.23 To consider reports on staff surveys as they relate to clinical quality, and to monitor the implementation of action taken to address issues raised.

- 3.24 To ensure that medical, nursing and other staff education and training strategies and plans are aligned with and support the Trust's quality strategy.
- 3.25 To ensure that other education and training-related issues, themes and trends are addressed, to promote high standards of care quality.

## **REPORTING AND RELATIONSHIPS**

- 3.26 The Committee shall be accountable to the Board of Directors of the Trust.
- 3.27 The Committee shall make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board.
- 3.28 The Committee shall report as required to the Audit Committee and in particular shall report any matters that require the attention or decision of that Committee.
- 3.29 The Committee shall review its own performance, constitution and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any significant changes to the terms of reference must be subject to approval by the Trust Board.

## **4.00 CONDUCT OF BUSINESS**

- 4.01 The Committee shall conduct its business in accordance with the Standing Orders and Scheme of Reservation and Delegation of the Trust.
- 4.02 The Committee shall be deemed quorate if there are at least the Chair, one Non-executive Director, two Executive Directors (one of whom must be the Executive Medical Director or Executive Director of Nursing) and one Divisional Director, Director of Operations or Head of Nursing, from any Division, present. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.
- 4.03 The Committee shall meet at least four times in each financial year. The Chair may request an extraordinary meeting if he/she considers one to be necessary.
- 4.04 At the discretion of the Chair of the Committee business may exceptionally be transacted through other technologies provided all parties are able to hear all other parties and where an agenda has been issued in advance, or through the signing by every member of a written resolution sent in advance to members and recorded in the minutes of the next formal meeting.
- 4.05 Agendas and briefing papers should be prepared and circulated five working days before each meeting, to give sufficient time for Committee Members to give them due consideration.
- 4.06 Minutes of Committee meetings should be formally recorded and distributed to Committee Members within 10 working days of the meetings. The Minutes will be submitted to the Trust

Board at its next meeting and the Chair shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

#### **5.00 STATUS OF THESE TERMS OF REFERENCE**

**Approved by the Board in April 2017**

**The next review of these terms of reference is due in April 2018**