

Terms of Reference
Clinical Quality Committee (CQuaC)

Status: This Committee has a direct reporting line to the Chief Executive and the Integrated Risk and Governance Committee (IRGC) but does not have status as a formal sub-committee of the Board

Chair: Director of Patient Safety/Medical Director

Clerk: Asst Director of Clinical Governance and Risk

Frequency of Meetings:
Bi-monthly

Frequency of attendance:
All members are expected to attend at least 4 meetings during the year.

Quorum: One third of the members, of which one must be the Chair or the Deputy Chair

1. Context

1.1 The Clinical Quality Committee is responsible for assessing the extent to which there is continuous and measurable improvement in the quality of the Trust's services and in patient safety. The role of the Committee is to monitor the quality assurance processes in place to ensure the Trust continues to meet the standards of quality and safety set out in the registration requirements of the Care Quality Commission. The Committee will ensure a focus on all aspects of quality, specifically, clinical effectiveness, patient experience and patient safety. The Committee is responsible for monitoring overall compliance with the registration requirements set out by the Care Quality Commission. The Committee is also responsible for monitoring performance of the quality element of the Acute Commissioning Contract.

2. Remit

2.1 The Committee has authority, on behalf of the Chief Executive, to investigate any activity within its terms of reference. It is also authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee has no executive powers other than those specifically delegated in these terms of reference.

3. Membership:

3.1 Director of Patient Safety, Medical Director (Chair)
Chief Executive
Non-executive Director (Deputy Chair)
Patient Representative
Assistant Director of Clinical Governance & Risk (Clerk)
Director of Nursing
Director of Partnerships
Director of Delivery
Director of Finance

Director of Medical Education
Associate Director of Information Governance
Divisional Director of Surgery & Anaesthetics
Clinical Director of Surgery
Clinical Director of Anaesthetics
Clinical Director Physician / Lead for Clinical Audit
Clinical Director of Pathology
Clinical Director of Obstetrics/Gynaecology/Paediatrics
Deputy Director of Strategy & Infrastructure
Associate Director Hotel Services
Head of Midwifery
Chief Pharmacist
Trust Lead for Cancer

3.2 Chairman

The Chairman of the Committee is the Director of Patient Safety, the Medical Director. In the absence of the Chairman, the Deputy Chair, a Non Executive Director, will chair the meeting.

3.3 Clerk of the Clinical Governance Committee

The Clerk of the Committee will be the Ass't Director of Clinical Governance and Risk.

4. Accountability and Reporting Arrangements

4.1 The Committee will be directly accountable to the Chief Executive.

4.2 The Chairman of the Committee will report on the proceedings of each meeting to the next meeting of the Board. The Chairman of the Committee will draw to the attention of the Chief Executive any matters of concern in relation to the quality of services.

4.3 The minutes of the meeting will be sent to the Trust Board and copied to the Integrated Risk and Governance Committee.

4.4 The Committee will present an Annual Report on Quality to the Board.

4.5 The following Committees will report to the Clinical Quality Committee:

- 4.5.1 Business Integrated Standards Executive
- 4.5.2 Nursing and Midwifery Strategy Group
- 4.5.3 Clinical Audit Strategy Group

Responsibilities

- To review all major issues internally and externally that may or could have an impact on the delivery of care or patient safety. Agree, and monitor action plans in relation to major internal reviews and all external reviews relating to clinical care.
- Monitor compliance with the quality standards required to maintain registration with the Care Quality Commission.

- To consider and make recommendations where there are risks to the achievement of clinical standards.
- To review the implications of external reviews and reports arising from the analysis of serious complaints, Serious Untoward Incidents and serious near misses, ensuring that any recommendations arising from them are implemented accordingly.
- To note the minutes of the groups reporting to CQuaC and receive formal reports at least annually.
- To maintain an overview of the assessment and inter-relationship of risks on divisional and high level risk registers to ensure integration between the risk and quality agenda and the prioritising of resources and reporting to the Integrated Risk and Governance Committee of any significant risks or non-compliance with the Trust's Risk Management processes.

Monitoring and Reivew

Terms of Reference will be reviewed annually

Terms of Reference ratified by:

Date of Ratification:

Date of Review: