

TERMS OF REFERENCE	
Name of committee	QUALITY & RISK COMMITTEE (Q&R)]
Purpose	The purpose of this Committee is to assure the Board that all reasonable steps are being taken to manage risk and drive continuous improvement in quality and patient safety.
Duties	<ol style="list-style-type: none"> 1. On behalf of the Board of Directors, to ensure there is a sound system of risk management in place, with appropriate delegation of the operational management of risk to key committees and directorates 2. Using the Assurance Framework, to provide the Board with assurance that the Trust has arrangements in place that are linked to the delivery of the Trust key strategic objectives. 3. To receive and review any risk or quality issues of concern to the Board, the Audit Committee or the Clinical Cabinet. 4. Regularly to review risks on the risk register that are rated at 12 and over, ensuring that appropriate actions to mitigate the risk have been put in place 5. To monitor compliance with relevant regulatory standards, in particular Care Quality Commission, and Hygiene & Infection Control. 6. To ensure that appropriate plans and management arrangements are in place for emergencies. 7. To ensure that appropriate business continuity risks are identified and contingency plans in place. 8. To provide the Audit Committee with the Risk Register and Assurance Framework. 9. To receive regular reports from Trust committees and groups in line with the reporting framework. 10. To commission small task groups as appropriate 11. To ratify, on behalf of the Board, relevant Trust wide procedural documents. 12. To review and monitor progress against the QVH Quality Accounts.
Level of authority	The Committee will have delegated authority from the Board of Directors for risk management and quality and safety, including the approval of risk management and quality and safety related policies and procedures.
Membership	<ul style="list-style-type: none"> • 2 x Non-Executive Directors (Chair and 1 other) • Chief Executive • Director of Nursing & Quality (Executive Lead for Clinical Governance & Risk, DIPC, and Deputy Chair) • Medical Director • Director of Finance & Commerce • Programme Director • Chair - Clinical Outcomes Group • Director for Clinical Outcomes & Audit • Lead for Clinical Outcomes & Audit • Lead for Pharmacy & Allied Health Professionals • Head of Corporate Affairs/Trust Secretary • Head of Human Resources

Agreed by the Quality & Risk Committee at its meeting held on 10th February 2011.

- Patient Safety & Governance Manager
- Head of Internal Audit
- Governor (Observer)
- West Sussex PCT Representative (Observer)

Secretariat support is provided by the PA to the Director of Nursing & Quality.

Quorum

8 members, including at least 2 Executive Directors. Either the Chair or Deputy Chair must be present.

Frequency of meetings

Meetings will be held quarterly, commencing at 9.00am, February, May, August, November each year. 75% of individual or substitute attendance (nominated representative by individual).

Reporting committees / groups

Detailed in committee reporting structure chart appendix B and in Sub Committee Reporting Schedule appendix F of Risk Strategy.

Reporting arrangements

The Committee will report quarterly to the Board of Directors. Minutes sent to Clinical Cabinet.

Review Date

February 2012.