

<b>TITLE:</b> Sample CHO Quality and Safety Committee Terms of Reference	<b>REFERENCE NO:</b> [insert details]
<b>AUTHOR:</b> [insert details]	<b>REVISION NO:</b> [insert details]
<b>APPROVED BY:</b> [insert details]	<b>DATE APPROVED:</b> [insert date]
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# Sample CHO Quality and Safety Committee Terms of Reference

*Please note that this document has been prepared in a generic manner and can be adapted by each CHO as per specific requirements*

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### 1.0 Purpose

The CHO Quality and Safety Committee is a multidisciplinary team whose roles are directly concerned with establishing, developing and implementing CHO wide quality and safety structures, processes, standards and oversight of quality and safety across the service.

The Committee oversees and develops, where necessary, quality and safety monitoring systems for compliance with regulations and standards, treatment outcomes, service user experience and safety, focusing on community healthcare wide measures and service plans. This will enable the Chief Officer to provide assurance of CHO governance to the national divisions and their respective quality and safety leads/national divisional committees.

### 2.0 Aim

The overall aim of the Quality and Safety Committee is to develop, deliver, champion, implement and evaluate a comprehensive quality and safety programme with associated structures, policies and processes which are the vehicle for promoting a culture of quality improvement across the CHO.

### 3.0 Objectives

- Oversee the development of a quality and safety programme for the CHO to support a culture of continuous quality improvement
- Recommend to the Chief Officer a quality and safety programme, CHO Committee structure, policies and processes that clearly articulate responsibility, authority and accountability for quality, safety, risk management, incident reporting/management and improving quality across the CHO
- Secure assurance from the CHO heads of services on the implementation of the quality and safety programme and the application of appropriate governance structure and processes (e.g. risk escalation) including monitored outcomes through quality indicators and outcome measures for the relevant CHO service division;
- Secure assurance from the CHO heads of services that the services are conforming to regulatory and legal requirements to assure quality, safety and risk management for the relevant CHO service division.

### 4.0 Roles and Responsibilities

It is to provide a level of assurance to the Chief Officer that effective systems are in place for the delivery of person-centred, safe, effective care across all service divisions (Mental Health, Primary Care, Social Care, Health and Wellbeing).

This will involve the following key activities:

#### Providing oversight and reviewing

- Risk management processes to include risk registers (clinical, non-clinical, environmental) , incident and SRE analysis, morbidity and mortality meetings, case reviews, and investigation reports, etc
- The service user experience of the quality of care provided
- Legislation, mandatory standards and quality indicators and outcome measures, coroner's reports to the health service provided by the facility
- The annual plan for clinical audits
- Licencing and credentialing requirements
- Implementation of recommendations from national reports, audit reports, and investigation reports
- Reviewing key quality metrics for each division to include HSE funded services
- Review and approval of CHO PPG's Mandatory education and training and special competency programmes

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**Identifying trends in:**

- Feedback from service users and staff (for example, from surveys, forums, compliments and complaints)
- Areas in need of development and improvement Areas of excellence which can support areas in need of improvement
- Policies, procedures, protocols and guidelines (PPPG's) that need to be developed to support best practice and ensure safety is maximised.

**Monitoring of Quality Improvement Plans (QIPs):**

- The progress of the actions being implemented following an incident, case review, coroner's report, morbidity and mortality meeting, report recommendation or complaint as per agreed timelines.
- Reviewing and approving quality improvement initiatives arising from regulatory inspections, risk registers, clinical audits and assessments against standards (where applicable).

**Providing assurance that:**

- Known risks are being addressed and managed through appropriate risk management process managed internally and escalated where necessary
- Processes for incident reporting including serious reportable events are being followed
- Risk assessments have been undertaken in a manner which facilitates full participation of the relevant staff members and are an accurate reflection of the status of that service at the time of assessment
- Risk assessments (signed off by the committee) are sent to chief officer within the delegated timeframes and that there is ongoing review of the CHO risk register and actions due
- The CHO is in compliance with legislation, national standards and regulations
- Implementation of open disclosure, protected disclosure and assisted decision making is actively promoted as per national policy and requirements.
- Relevant subcommittees are in place to lead on specific elements of quality and safety as required
- The committee has access to and invites clinical expertise to the Quality and Safety Committee as required.
- Dissemination of lessons learned from significant incidents (to include SREs, external alerts and complaints) has taken place.

**5.0 Authority and Accountability of CHO Quality and Safety Committee**

The committee has the authority, to:

- Make decisions relating to quality and safety.
- Define and implement the structures and processes required throughout the CHO to support delivery of person-centred, safe and effective care and support.
- Oversee investigations /reviews of any quality and safety activity as deemed necessary by the committee.
- Seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee.
- Obtain advice as it considers necessary in accordance with the terms of reference.
- Members of the committee are accountable through the chair to the Chief Officer.
- Establish sub- committees or working groups as required by the Committee.
- Ensure reporting and two-way communication processes are in place between CHO Quality and Safety Committee and divisional Quality and Safety Committees e.g., Primary Care, Mental Health, Social Care, Health and Wellbeing and relevant sub-committees committees within the CHO. In addition to this regular reporting to the National Quality and Safety Committee
- Promote the impact and value of staff and service user engagement in improving quality and safety across the CHO.

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## 6.0 Membership

6.1 The membership of the CHO Level Quality and Safety Committee is multidisciplinary in and representative of the core disciplines within the CHO. The appointment of the Chair / Vice Chair will be agreed locally (**insert local details**).

Membership of Quality and Safety Committee may include: **[insert local details as required]**

- Chief Officer
- Head of Primary Care
- Head of Mental Health
- Head of Health and Wellbeing
- Head of Social Care
- Business Manager
- Human Resources representative (if applicable)
- Quality and Risk Representative
- Head of Finance
- Clinical Lead Representative
- Nursing Lead Representative
- Health and Social Care Professional Representative
- Service User Representative
- Administrative Support

## 6.2 Co-opted members

The Committee shall have the capacity to invite expertise from a variety of sources both internal and external, in order to inform its deliberations, address specific topics and decision-making process.

## 6.3 Responsibilities of Committee members:

- To champion, promote and advance the importance and value of quality safety and risk management.
- Attend at least 80% of the meetings
- Present at meetings well prepared and having read the necessary documentation in advance and follow on actions assigned during meetings

## 7.0 Reporting Relationships **[insert organisation chart here]**.

The Chair of the CHO level Quality and Safety Committee is operationally accountable to **[insert details – to be agreed locally]**. The following subcommittees could report to the CHO Quality and Safety Committee using the summary template in **Appendix I**:

- Infection Prevention and Control Committee
- Drugs & Therapeutics Committee
- Health & Safety Committee

**[insert details additional subcommittees as deemed necessary] and [insert organogram for subcommittees reporting into the CHO Quality and Safety Committee]**

## 8.0 Frequency of Meetings

The Quality and Safety Committee will meet every four weeks at dates and times suitable for committee members. An annual schedule of dates will be agreed. The quorum for the meeting is the Chair or Vice Chair and at least 3 other committee members for a meeting to proceed.

## 9.0 Committee Reports

The following process will be in place for the committee :

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**Reports issued by the Committee will include:**

- Monthly report to the Chief Officer /CHO Management Team
- Annual Report to the Chief Officer/ Management Team
- Additional reviews/reports as requested by the Chief Officer

**Reports received by the Committee:**

- **Monthly / quarterly [insert details – to be agreed locally]** reports from the Divisional Q&S Committees (Social Care, Mental Health, Primary Care, Health and Wellbeing)
- Monthly / Quarterly Reports from Sub Committees
- Additional reports/ reviews requested by the Committee

**10.0 Administrative Support**

Administrative support will be identified by the Chief Officer to support the working of the Quality and Safety committee. The person providing administration support will be responsible on behalf of the Chairperson for:

- Scheduling and organising meetings of the committee
- Consistently using standardised agenda, minutes and action log template
- Circulating the agenda [insert details – to be agreed details] days before the meeting
- Issuing the minutes / action log [insert details – to be agreed locally] days after the meeting has taken place

**11.0 Committee Performance**

Performance measures will include:

- Percentage of attendance at meetings by members
- Completion of follow up actions
- An annual evaluation of committee objectives
- CHO compliance with regulations (overall CHO percentage compliance achieved in inspection reports and by regulators).

**12.0 Approval and Review Date**

The terms of reference are prepared by the Chair of the Committee in consultation with members and authorised by the CHO Chief Officer and reviewed annually or before in the event of changing best practice.

**Names/Signatures of Committee Members:**

<b>Name of Chair:</b>	<b>Date</b>
<b>Signature of Chair:</b>	
<b>Committee member name</b>	<b>Committee member signature</b>

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**References**

1. Quality and Safety Committees Guidance and Resources, Quality Improvement Division, HSE, October 2016. ISBN 978-1-78602-031-4

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## Appendix 1

### Sample - Committee update to CHO Quality and Safety Committee

The following is a sample template which can be used for committees reporting into Quality and Safety Committee. This template can be adapted as necessary in line with the particular committee requirements.

#### Report to the (insert name) Quality and Safety Committee

Report prepared by: \_\_\_\_\_  
 Sub-committee name: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>Identify</b>	<ul style="list-style-type: none"> <li>▪ Aim and objectives of the committee*</li> </ul>
<b>Situation</b>	<ul style="list-style-type: none"> <li>▪ Committees key priorities for the last 6/12 months/Progress made on achieving priorities</li> <li>▪ Please list PPPGs developed and updated by the committee</li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>▪ Progress made on achieving priorities</li> </ul>
<b>Assessment</b>	<ul style="list-style-type: none"> <li>▪ Audits undertaken in the last year by the committee / specialty (please attach results to this update)</li> <li>▪ Quality improvement initiatives currently in progress</li> <li>▪ Quality indicators developed and monitored by the committee</li> <li>▪ Risks identified and managed by the committee and recorded on a local risk register and status reviewed and monitored</li> </ul>
<b>Recommendation (to the CHO Quality and Safety Committee)</b>	<ul style="list-style-type: none"> <li>▪ Risks/issues identified for escalation to the CHO Quality and Safety Committee</li> <li>▪ Other recommendations to the committee</li> </ul>

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\*If you have updated your committee Terms of Reference, please attach the changes to the Terms of Reference /Committees most recent Terms of Reference to your report submission

## Appendix 2

### Sample Agenda for Quality and Safety Committee Meeting

**\*Note:** This template is not intended to be prescriptive and not all issues will be covered at each monthly meeting, therefore the chair will prioritise agenda items as appropriate.

The agenda items are linked with the National Standards for Safer Better Healthcare (2012).

\*For additional prompts for the agenda Prompts see Quality and Safety Committee Guidance publication (HSE, October 2016).

Item Number	Discussion	HIQA Standards Alignment		Frequency *To be agreed
Introduction	Introductions, sign-in and apologies			
	<i>Minutes of previous meeting and matters arising</i>			
Improving Quality	1 Service User Experience		→ Person Centred Care and Support	
	2 Staff Experience		→ Workforce	
	3 Quality indicators and outcome measures		→ Effective Care and Support	
	4 Audit Plan			
	5 Meeting national standards, guidelines, policies, audit and report recommendations			
	6 Implementation of national and service wide quality and safety initiatives		→ Safe Care and Support	
	7 Risk management processes / risk register/ incidents and SRE's, trend reports			
	8 Prevention and control of Health Care Acquired Infection			
	9 Quality Improvement initiatives/Plans			
	10 Better health and wellbeing for staff, service users and members of the public		→ Better Health and Well Being	
Capacity and Capability	11 Quality and safety reports from committees/directorates/specialty teams		→ Leadership Governance Management	
	12 Leadership for quality & safety		→ Workforce	
	11 Review of reports of service specific and mandatory education and training			
	12 Risk assessment of cost containment plans		→ Use of Resource	
	13 Healthcare records management		→ Use of Information	
	14 Any other business			



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### Appendix 3

#### Sample - Quality and Safety Committee Meeting Minutes

**Date and Time:**

**Venue:**

**Attendees:**

**Apologies:**

**Meeting started at:** [insert details]

#	Item and discussion	Action by
1	Welcome and Apologies	
2	New declaration of interests if relevant [insert details]	
3	Minutes of previous meeting The committee [approved / recommended amendments]: [insert details]	
4	Update on matters arising and review of action points The committee [noted / listened / approved / recommended]: [insert details]	
5	Agenda Items [Insert who provided updates on what] The committee [noted / listened / approved / recommended]: [insert details] Where there is an action insert who to undertake it	
6	[add agenda items as required]	
7	Date of Next Meeting	

**Summary of agreed actions for follow up<sup>1</sup>**

Agreed Action	Who is responsible	Date due for completion	Status <sup>2</sup>

The meeting concluded at: [insert details]

**Signed:**

**Date:**

\_\_\_\_\_

[insert details]

<sup>1</sup> The aim is to complete the loop by reviewing each month that previous decisions and recommendations were acted on (i.e. not lost from month to month)

<sup>2</sup> Status reviewed each month - possible responses include (i) complete (take off the log the following month); (ii) not started; or (iii) ongoing (work being done)

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