

<b>TITLE:</b> Sample CHO Mental Health 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]
<b>REVIEW DATE:</b> [insert month/year]	Page 1 of 8

**Sample**

**CHO Mental Health  
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***

## **1. Purpose: Mental Health Quality and Safety Committee**

The purpose of the CHO Mental Health Quality and Safety Committee is to provide a level of assurance that there are effective structures, processes, standards and oversight in place that cover all aspects of quality and safety in services which fall under the remit of the Mental Health Division within the CHO, to the following:

- (i) Mental Health Head of Service;
- (ii) CHO Quality and Safety Committee;
- (iii) CHO Chief Officer;
- (iv) Mental Health Division

## **2. Aim**

The overall aim of the committee is to provide an appropriate structure to oversee quality and safety within CHO Mental Health Services and report accordingly to the Head of Service for Mental Health and the CHO Quality and Safety Committee.

## **3. Roles and responsibilities**

The committee will provide a level of assurance, to the Mental Health Head of Service and CHO Quality and Safety Committee that:

- A comprehensive quality and safety programme is developed and overseen on behalf of the Mental Health Executive Management team
- Known risks are being addressed and managed through risk management processes in line with *HSE Integrated Risk Management Policy (2017)* and actions escalated when necessary. Risk assessments are prepared by the relevant staff and signed off by the committee.
- A process is in place for the implementation of recommendations arising from incident investigations/reviews, clinical and health care audits and external inspections (Mental Health Commission, Health & Safety Authority etc).
- There is a mechanism in place to verify that processes for incident management in line with *HSE Incident Management Framework (2017)* utilising the National Incident Management System (NIMS) are in place and adhered.
- Mental Health Services across the CHO are compliant with PPPGs on safeguarding.
- There is a process in place utilising the HSE Best Practice Guidance for Mental Health Services to verify compliance with the rules, regulations and codes of practice under the Mental Health Act (2001) and amendments (2015).
- There is an annual quality improvement programme and audit plan in place for the Mental Health which is monitored regularly by the committee.
- QPS related mandatory education and training for staff is provided and monitored.

This will be achieved through the following key activities for the committee:

### **➤ Oversight and Reviewing:**

- Monitor the implementation of recommendations from national reports, audit reports, and investigation review reports.
- Monitor mandatory standards and quality indicators (outlined in service plan/operations plan).
- Monitoring coroner's reports relevant to mental health care services.

- Identify, review and approve Mental Health policies procedures, protocols and guidelines (PPPGs) developed for the CHO
- Promote and monitor the implementation of assisted decision making as per HSE national policy requirements
- Ensure there is a communication plan in place for the dissemination of lessons learned from significant incidents (to include Serious Reportable Events (SREs), external alerts and complaints, medical device alerts, legislation changes) which is fully implemented across relevant services..
- Establishing subcommittees / groups to lead on specific elements of quality and safety as required.
- Monitor patient experience of the quality of mental health services in liaison with the CHO Head of Service User Engagement.
- Monitor as appropriate incident analysis, morbidity and mortality data.
- Review quarterly reports form the National Mental Health Incident Support and Learning Team (MHISLT).

➤ **Risk/Incident Management /Safeguarding**

- Seek assurance and verification from managers that risk management processes are followed
- Regular monitoring of the Mental Health Service risk register and risk mitigation plans
- Ensure risk assessments (signed off by the committee) which are for escalation, are sent to Chief Officer / CHO Quality and Safety Committee within the delegated timeframes.
- Monitor processes for incident reporting including SRE's to ensure that agreed processes are being followed i.e. identification, assessment and categorisation, NIMS reporting, investigating and disclosure
- Monitor and verify the implementation of the Safeguarding of Vulnerable Persons at Risk of Abuse Policy
- For more serious incidents including incidents that result in death or serious harm, this committee will review any decision by any local senior manager that no further investigation is warranted. For incidents where investigation is deemed necessary, a Serious Incident Management Team (S.I.M.T.) will be convened.

➤ **Monitoring Quality Improvement Plans (QIP's)**

- Oversee the development of a quality and safety programme for the Mental Health Services within the CHO, vis a vis a Quality Improvement Plan (QIP) and ensure that the QIP:
  - Be driven by the needs of service users and staff whilst also addressing statutory and regulatory requirements and obligations;
  - Provide a framework through which specific actions will be achieved arising from risks, healthcare and clinical audits, compliments, complaints, incidents, case reviews, SRE's, Coroner's reports;
  - Ensure that each service has an assigned accountable person for QIP's at service / local level with timelines and persons responsible identified for all actions;
  - Identify systems and processes, including training and capacity building, to support the implementation of the QIP;

The committee will devise a reporting mechanism utilising the HSE Best Practice Guidance for Mental Health Services GAIT to verify QIPs are implemented.

➤ **Identifying Trends, in:**

- Incidents, near miss incidents, SRE's, risks, audit results, Mental Health Commission inspection reports and findings so as to inform the annual quality and safety programme and CHO training programmes.
- Analysing staff and service user feedback via compliments and complaints, confidential recipient, surveys or other engagement forums and disseminating the learning.
- Areas of excellence within the service and showcasing best practice accordingly.

#### **4. Membership**

The Mental Health Quality and Safety Committee in each CHO is multidisciplinary and membership of committee may include: [insert local details as required]

- Chairperson; Head of Service Mental Health
- CHO Service Managers for Mental Health Services
- Executive Clinical Director or nominated Clinical Director
- Area Director of Nursing or nominated ADON
- Therapies representative
- Head of Service User Engagement
- CHO Quality and Risk/Safety Manager
- Quality and Safety Manager/ Risk Manager aligned to mental health
- Administration Support
- Chairs of relevant sub-committees.

Consideration may be given to identifying core and standing members of the mental health Quality and Safety Committee. Core members would be expected to attend every meeting. Standing members would be welcome to attend all meetings; however, they are only expected to attend if there are relevant agenda items and / or if requested to attend by the Chair (for example there may be nominated frontline staff members for General Adult, POA, MHID and CAMHS)

The chair may co-opt members temporarily onto the committee as and when necessary, this may include senior accountable persons from various mental health services.

#### **Responsibilities of Committee chairperson:**

- Chairing and overseeing the work of the mental health Quality and Safety Committee.
- Reporting to the Chief Officer and liaising with mental health at national divisional level where necessary.

#### **Responsibilities of Committee members:**

- Champion, promote and advance the importance and value of improving quality, safety and risk management and compliance.
- Core members attend at least 80% of the meetings.

- Present at meetings well prepared, having read the necessary documentation in advance and follow up on actions assigned during meetings.
- Members of the committee are accountable through the Chair to the Chief Officer.

## 5. Accountability / Reporting Relationships

The Mental Health Quality and Safety Committee are accountable to the CHO Chief Officer and the chair provides reports to the CHO Quality and Safety Committee.

The CHO Chief Officer will appoint the Chair of the CHO Mental Health Quality and Safety Committee.

The Committee has the authority, to:

- Make decisions relating to quality and safety for CHO Mental Health Services.
- Define and implement the structures and processes required throughout CHO Mental Health Services to support delivery of person-centred, safe and effective care and support.
- Oversee investigations /reviews as necessary.
- Obtain advice as it considers necessary in accordance with the terms of reference.
- Establish subcommittees as required by the committee.

The following subcommittees will report to the Mental Health Quality and Safety Committee:

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

## 6. Frequency of Meetings

Committee meetings will be held monthly, or more frequently if required. (Insert annual schedule in appendices section). A quorum includes attendance by the Chairperson and a minimum of 50% of the members. Meeting agendas will be circulated a week in advance documenting items and topics to be discussed, along with any related reports or items of information. Minutes of the meetings will be recorded to reflect decisions and action points.

## 7. Reports

It is the responsibility of the Chairperson to ensure that the following reporting process is followed: **The following process will be in place for the committee:**

**Reports issued by the Mental Health Quality and Safety Committee will include:**

- Monthly report (with updated QIP) to the Chief Officer / CHO Quality & Safety Committee
- Annual Report to the Chief Officer / CHO Quality and Safety Committee
- Additional reviews / reports as requested by the Chief Officer / CHO Quality and Safety Committee.

**Reports received by the Committee:**

- Reports from Mental health Quality and Safety Subcommittees.
- Additional reports / reviews requested by the committee.

## 8. Administration of the Committees work

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.

## 9. Performance

Quality indicators and outcomes measures will be established to ensure the Mental Health Quality and Safety Committee is performing effectively.

Performance measures will include:

- Percentage of attendance at meetings by members.
- Completion of actions as agreed by the committee.
- An annual evaluation of committee objectives.

## 10. Approval and Review Date

The terms of reference are prepared by the CHO Mental Health Quality and Safety Committee, authorised by the Chief Officer, communicated and accepted by each member of the committee by signature below. The terms of reference will be reviewed every 12 months from date of adoption or earlier as deemed necessary

### Signature of Committee Members

Names / Titles of committee members	Signatures	Date

### Signature of Chair

Name / Title of Chair	Signature	Date

### Date of Approval / Review

Date of Approval	Next Date of Review

## Appendix 1: Sample Agenda for Mental Health Quality and Safety Committee

**Meeting.** Below is a sample agenda for a Mental Health Quality and Safety Committee meeting. This is not prescriptive, and not all issues will be covered at each meeting. Each committee can create a schedule for the frequency and the sequence of reports being considered by the committee. The agenda items are linked with the themes of the HSE Best Practice Guidance for Mental Health Services (2017)

Item Number		Discussion		
Introduction		Introductions, sign-in and apologies		
		Minutes of previous meeting and matters arising	Frequency*To be agreed	BPG Theme
Quality Improvement	1	Service User experience		Recovery Oriented Care & Support
	2	Staff experience		Workforce
	3	Quality indicators and outcome measures* Eg: <ul style="list-style-type: none"> <li>• HSE Best Practice Guidance implementation report</li> <li>• Quality and Safety Dashboard</li> <li>• KPIs</li> <li>• Monitoring of Service Level Agreements</li> </ul>		Effective care and support
	4	Audit Plan		
	5	Meeting National Standards and Regulations Eg: Mental Health Commission Reports and ongoing Quality Improvement Plans. Ongoing review of QIP's		
	6	Implementation of Recommendations of Audit Reports, Investigation Reports, and other National Reports		
	7	Implementation of national and local quality and safety initiatives		Safe care and support
	8	Risk management processes		
	9	Incident Management, NIMS reports		
	10	Prevention and Control of Health Care Acquired Infection		
Capacity and Capability	11	Approval of CHO Mental Health PPPGs or other documents		Leadership, governance and management
	12	Reports from Service-level Quality and Safety Teams		
	13	Service specific and mandatory education and training		Workforce
	14	Risk assessment of cost containment plans		Use of resources

\* Note: outcome indicators and measures can be linked to a number of themes their function in terms of monitoring and quality assurance are very much linked to theme two *Effective Care and Support of the National Standards for Safety Better Healthcare (2012)*

## Detailed Sample Agenda

Guidance for each quality and safety agenda items is set out in this section. Suggestions for the issues that might be reported / reviewed / discussed under each agenda item are provided. This is not intended to be prescriptive and will vary depending on the context and services provided by the health service provider:

### Quality Improvement

1. Service user experience
  - Review of compliments, complaints (trends)
  - Review of service user suggestions
  - Feedback from service user forums
  - Any issues arising from service user consent /assisted decision making
  - Update form the Head of Service User Engagement.
2. Staff experience
  - Review of feedback from staff (concerns, suggestions, ideas for improvement)
  - Review of results from safety culture survey
  - Review of absenteeism (trends)
3. Quality indicators and outcome measures
  - Review of reports from HSE Best Practice Guidance GAIT.
  - Review of quality dashboard
  - Review of quality profile
4. Audit Plan
  - Review and approve annual audit plan for the service
  - Receive updates and audit reports
5. Meeting national standards, guidelines, policies, audit and report recommendations
  - Progress on meeting National Standards (self-assessed using GAIT)
  - Compliance with regulatory and legislative requirements
  - Progress on implementation and learning from audits and report recommendations (internal and external)
  - Policy procedure protocol and guideline development
  - Progress on implementation of national clinical programmes models of care
6. Morbidity and mortality review (e.g. learning from case reviews)
6. Implementation of national and local quality and safety initiatives
  - Progress on implementation of initiatives i.e. assisted decision making, CAMHS SOPs.
7. Risk management processes
  - Review of incidents / near misses and trends
  - Review of health and safety incidents and trends
  - Update on systems analysis underway
  - Management and use of medical devices and equipment: reports of planned maintenance and replacements
  - Review of risk register controls (risk related actions for escalation)
  - Integration between secondary, primary and community care
8. Prevention and Control of Health Care Acquired Infection
  - PCHCAI Committee Reports
  - Review of incidents of infection (trends) and learning
9. Capacity and Capability
9. Review of reports of service specific and mandatory education and training
  - Reports on service specific training
  - Reports on health and safety training (fire, moving and handling)
10. Risk assessment of cost containment plans
  - Advice to the CHO on quality and safety issues arising from cost containment plans