

**THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST  
QUALITY COMMITTEE CYCLE OF BUSINESS**

Activity Number	Item	Item Detail	Lead	Jan	Apr	Jul	Oct
QC01	Approve terms of reference and cycle of business	Approve the terms of reference for the Quality and Safety Sub-Committee	Chair	X			
		Approve the terms of reference for the Workforce Sub-Committee					
		Receive and recommend the terms of reference for the Quality Committee to the Trust Board					
		Review and approve the Committee's effectiveness through the development of an Annual Report					
		Receive a report on changes and annual review of effectiveness of the terms of reference for the Quality and Safety Sub-Committee and Workforce Sub-Committee including a review of the meeting attendance by members					
Review the effectiveness of the quality Committee in discharging its responsibility							

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QC02	Board Assurance Framework (BAF)	Monitor the action being taken to mitigate against the risks highlighted on the forecast BAF Risk Register aligned with the Quality Committee and consider any impact on risk scoring prior to recommending to the Board of Director	Chair	X	X	X	X
		Consider where additional assurances should be commissioned to support the mitigation of BAF risks aligned to the business of the Quality Committee					

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Activity Number	Item	Item Detail	Lead	Jan	Apr	Jul	Oct
QC03	Quality governance and patient safety	<p>Receive an assurance from the Quality and Safety Sub-Committee through the Chairs report around quality and safety highlighting any risks for continued monitoring including but not limited to:</p> <ul style="list-style-type: none"> <li>- Patient safety</li> <li>- Clinical governance</li> <li>- Quality governance</li> <li>- Safeguarding</li> <li>- Experiences of people who use services</li> <li>- Emergency preparedness, resilience and response</li> <li>- Medicines Management</li> <li>- Health and safety [by exception only]</li> <li>- Security management</li> <li>- Raising concerns</li> <li>- Professional clinical leadership</li> <li>- CQUIN Targets</li> <li>- NICE Guidance</li> <li>- Coroners Findings</li> <li>- Clinical Audit</li> <li>- Radiation protection (IRR/IR (ME) R)</li> </ul>	Director of Nursing & Quality	X	X	X	X
QC04	Quality governance and patient safety	To receive the Quality Committee Performance Report	Director of Nursing & Quality	X	X	X	X

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QC05	Quality Strategy	Receive a bi-annual report setting out achievement of the quality goals reflected in the quality strategy – exception reporting and key achievements which support the delivery of the quality outcomes	Director of Nursing & Quality		X		X
QC06	Quality Impact Assessments	Receive assurance that the process for Quality Impact Assessments is appropriately embedded and supports the provision of evidenced based improvements. This will be commissioned on a periodic basis by the Committee to conduct deep-dives into specific QIAs	Director of Nursing & Quality	As required			
QC07	Safer Staffing	Receive a bi-annual report on the analysis and trends identified in the monthly safer staffing report including triangulation with bank and agency spend, highlighting any emerging risks			X		X
QC08	Serious incidents	Receive a bi-annual report on the analysis and trends identified in the serious incident report, highlighting any emerging risks			X		X

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		Review any significant serious incident investigation reports or thematic reviews from the last quarter as determined by the Chair to ensure learning and quality improvement				X	
QC09	Raising Concerns	Receive a bi-annual report in relation to the on-going development of an open culture and themes from concerns raised under the Raising Concerns Policy		X		X	
QC10	Appraisal and revalidation	Receive the Statement of Compliance in relation to the revalidation and appraisal of doctors	Medical Director		X		

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QC11	Workforce	<p>Receive an assurance from the Workforce Sub-Committee through the Chairs report highlighting any risks for continued monitoring including but not limited to:</p> <ul style="list-style-type: none"> <li>- Workforce Plan implementation</li> <li>- Staff Survey analysis/improvements</li> <li>- Staff Friends &amp; Family</li> <li>- Compliance with employment law</li> <li>- Bank and agency</li> <li>- Mandatory training compliance</li> <li>- Compliance with HR and OD policies</li> <li>- Equality &amp; Diversity</li> <li>- Staff Side Relations</li> </ul>	Director of HR	X	X	X	X
QC12	Staff Survey	Receive an analysis of the results of the annual Staff Survey and approve any required improvement plans	Director of HR	X			
QC13	Emerging issues Impacting Quality and Safety	<p>Consider Post-Incident Review reports as required.</p> <p>Receive assurance as appropriate, relating to recommendations and learning from external reviews, that these are embedded within the organisation.</p>	Director of Nursing & Quality	X	X	X	X

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QC14	Continuous improvement	Receive areas of good practice or performance that have been recognised across the organisation relevant to the committees remit and actively promote throughout the rest of the organisation		X	X	X	X
QC15	Committee reporting	Identify any topics/issues that members wish to raise/escalate with/to the Trust Board or with other Committees or Sub-committees as appropriate in the Chairs Report					