

**THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST
QUALITY & SAFETY SUB COMMITTEE**

Activity Number	Item	Item Detail	Lead											
				Apr	May	Jun	Jul	Sep	Oct	Nov	Dec	Jan	Feb	Mar
QSC01	Terms of reference (ToR) and cycle of business (CoB)	Approve the terms of reference and the cycle of business for the Quality and Safety Sub-Committee	Chair											X
		Receive a report on changes and annual review of effectiveness of the terms of reference including a review of the meeting attendance by members			X									
QSC02	Quality Governance	Receive a report and supporting analysis of the key quality and safety initiatives.	Ass Director of Quality		X		X	X		X		X		X
		Approve the Annual Patient Safety and Quality Governance report	Ass Director of Quality			X								
		Report on significant new or changed reports or guidance relevant to clinical, safety or quality activity as they arise	DoN&Q / Ass Director of Quality	X	X	X	X	X	X	X	X	X	X	X

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		To receive a Quarterly Quality Account Report	DoN&Q	X			X		X			X		
		Develop the policy framework insofar as it relates to clinical issues for approval by the designated Executive and agree mechanisms for the effective communication of new policy or changes to existing policy	DoN&Q		X									
		Receive exception reports on new National Guidance and Reports in relation to Quality and Safety	Committee	By exception										
		Receive assurance from performance reviews that quality governance is embedded in clinical practice.	Head of Performance and Planning			X		X			X			X

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		Identify areas of good practice or performance and actively promote throughout the rest of the organisation	Committee	By exception											
QSC03	Risk Management	Receive an annual report on compliance with the Quality and Risk Management Standards	Risk Management Facilitator											X	
		Identify emerging quality and safety risks from the Executive Risk Registers (ERR) and the Board Assurance Framework (BAF) and receive assurance from the operating directorates regarding improvements in the control environment to effectively mitigate and or manage the risks. Monitor action and improvement plans to address control weaknesses and mitigate risk	DoN&Q	X	X	X	X	X	X	X	X	X	X	X	X

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		Review the outcomes of relevant investigations, audits and reports, including those that highlight good practice, and ensure that appropriate action plans are in place to implement the learning from such reports to improve systems, processes and practice. Monitor the implementation of relevant plans and report outcomes to the Board by exception.	Risk Management Facilitator		X				X					
		Receive the six monthly Serious Incident Report and identify or escalate risks. Including Coroners findings, complex complaints, learning from adverse incidents.	Risk Management Facilitator		X					X				

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QSC04	Compliance	Receive assurance in relation to compliance with Clinical policy	Medical Director		X						X				
		Receive an assurance report on compliance with NICE guidance	Clinical Governance Manager: Audit		X		X	X			X			X	
		Receive assurance that robust plans are in place for emergency preparedness, resilience and response	Health and Safety Advisor (EPRR)						X				X		
		Receive assurance on activity to promote and embed equality & diversity within the organisation, identifying areas of improvement and subsequent learning	DoN&Q					X						X	

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		<p>To provide evidence to inform and support assurance reporting to Quality Committee that:</p> <p>The CQC fundamental standards are being delivered in that patient care is safe, effective, caring, responsive and well led affording the best possible experiences for patients and their carers/families. Ensuring that the key quality priorities are reflected as appropriate.</p> <p>Highlighting examples of good practice /achievements and risks to quality.</p>	Clinical Governance Manager: Regulation	X	X	X	X	X	X	X	X	X	X	X
		Quarterly progress report against Commissioning for Quality and Innovation (CQUIN) priorities and the Commissioner	Head of Performance and Planning	X			X		X			X		

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		Quality Schedules												
		To receive the Health, Safety and Security annual report	Health and Safety Advisor			X								
QSC05	Safety	To receive the annual Safety Climate Survey	DoN&Q									X		
		Receive an annual report (and additionally by exception where necessary) on safeguarding activity across the organisation	Lead Cancer Nurse		X									
		Receive the annual adult safeguarding audit	Lead Cancer Nurse	X										
		Receive the annual children's safeguarding audit	Lead Cancer Nurse						X					
		Receive a report on medicines management and medicines safety. The May report shall	Clinical Governance Manager:		X				X		X			X

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						include the annual report	Medicines Safety							
		Receive the Open and Honest Care reports	Clinical Governance Manager: Patient Safety.	X	X	X	X	X	X	X	X	X	X	X
		Receive the quarterly infection control Matrons Report.	Lead Infection Control Nurse		X			X		X			X	
QSC06	Patient Experience	Receive a biannual report on complaints, concerns and compliments that outlines the key themes and trends identifying areas of concern and subsequent learning 1 x Annual Report (for approval) 1 x 6 Month Update	Patient Experience Manager	X					X					
		Receive a report on the involvement of people	Patient Experience										X	

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		who use our services including carers and progress against the Patient and Public Involvement Strategy.	Manager											
		Receive a report on the involvement of volunteers.	Patient Experience Manager											X
QSC07	Outcomes	Receive an annual report of the Clinical Audit Programme (part of the Annual Patient Safety and Quality Governance Report QSC02)	Clinical Governance Manager: Audit			X								
		Receive a forward plan for the year	Clinical Governance Manager: Audit	X										
		Receive a quarterly clinical audit progress report	Clinical Governance Manager:	X			X		X				X	

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						Audit								
		Receive an annual report on 1 and 5 year survival (part of the Annual Patient Safety and Quality Governance Report QSC02)	Clinical Governance Manager: Audit			X								
		Report on coroners findings by exception and any required improvement plans	Risk Management Facilitator	By exception										
		To receive an annual report from the Mortality Surveillance group	Ass Director of Quality			X								
QSC09	Research and Development	Report on research activity including any required changes to the research programme	Medical Director		X					X				
QSC10	Reports from sub-committees	Receive reports from sub committees. Health and Safety Infection prevention and	Committee leads	X	X	X	X	X	X	X	X	X	X	X

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		control Risk management (inc , Claims, Coroners) Emergency Planning Antimicrobial stewardship Clinical audit Drugs and therapeutics Equality in Action Living with and beyond cancer Mortality surveillance Research governance Safeguarding Volunteer oversight												
		Identify any topics/issues that members wish to raise/escalate with/to other committees as appropriate in the Chairs Report	Committee	X	X	X	X	X	X	X	X	X	X	X