

# HEALTHCARE QUALITY ASSURANCE AND IMPROVEMENT COMMITTEE (HQAIC)

## TOOLKIT

Version 1	Implementation Date: Feb 2022
Approval Committee: HQAIC	Review Date: Feb 2023

## INDEX

Section 1. Animated Introduction to the Committee	Page 3
Section 2. Terms of Reference	Pages 4 - 11
Section 3. Meeting etiquette	Pages 12 - 13
Section 4. Annual Report template	Pages 14 - 21
Section 5. Annual Report writing guidance	Pages 22 - 23
Section 6. Committee Checklist	Page 24

### **Produced by The Quality Directorate, January 2022**

Margaret Angus, Management Team Secretary

Karon Cormack, Director of Quality

Elizabeth Currie, Quality Programme Manager, Business Support

Laura Drummond, Head of Assurance

Marjorie McGinty, Head of Improvement

Amanda Minns, Head of Evidence

## **An animated introduction to HQAIC**

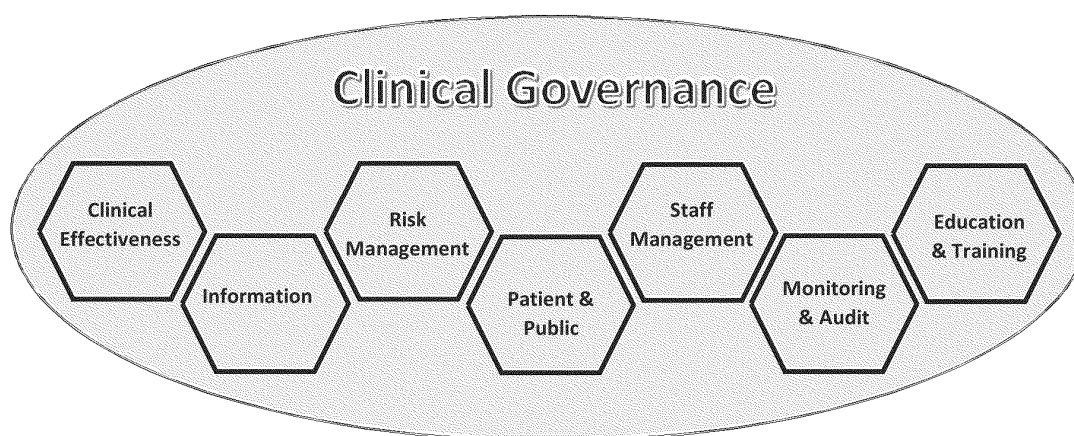
Click on the link below to watch the animation:

[https://nhs.powtoon.com/public-powtoon/?public link token=NI5z1wOUJtB\\_9PToKUuJAJZpj-y\\_XE0T8A0ARGSpao&mode=movie](https://nhs.powtoon.com/public-powtoon/?public_link_token=NI5z1wOUJtB_9PToKUuJAJZpj-y_XE0T8A0ARGSpao&mode=movie)

## 1. Purpose

The Healthcare Quality Assurance and Improvement Committee (HQAIC) was established to support the Board in its responsibilities for overseeing and managing issues relating to Clinical Governance through a process of constructive challenge.

The Committee is responsible for ensuring NHS Lanarkshire operates in accordance with the 7 Pillars of Governance, i.e. Clinical Effectiveness, Risk Management, Patient & Public Involvement, Monitoring & Audit, Staff Management, Education & Training and Information.



NHS Lanarkshire's quality vision is to achieve transformational improvement in the provision of safe, person-centred and effective care for patients, and for patients to be confident that this is what they will receive, regardless of where and when they access services.

To achieve our quality vision, the Board is committed to transforming the quality of health care in Lanarkshire through investment in and continuous reliable implementation of patient safety processes. Through this, the Board aims to:

- ▶ provide a safe and effective health and care system
- ▶ have no avoidable deaths and avoidable harm
- ▶ deliver care in partnership with patients that is responsive to their needs
- ▶ meet the highest standards of evidence based best practice
- ▶ be an employer of choice
- ▶ develop a culture of learning and improvement, characterised by our values of Fairness, Respect, Quality and Working Together
- ▶ ensure equity of access so that all individuals, whatever their background, achieve the maximum benefit from services and interventions provided, within available resources

HQAIC is responsible for providing assurance at all levels across the organisation that the health improvement and care we provide fulfils the Quality Ambitions of being Safe, Effective and Person-Centred and that staff at all levels, are given the necessary support to identify areas for quality

improvement and the training and development to implement change. The review by Don Berwick<sup>1</sup> describes this well;

*"Place the quality of patient care, especially patient safety, above all other aims. Engage, empower, and hear patients and carers at all times. Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge"*

## **2. Membership**

Membership of HQAIC will be drawn from the Non-Executive Director component of the NHS Board. There will be a minimum of four Non-Executive Director Members, one of whom will be the Chair of the Area Clinical Forum. One of the Non-Executive Director Members will be designated as Chair of the Committee. The appointment of the Chair of the Committee will be decided by the NHS Board Chair, in discussion with Non-Executive Directors regarding the assignment of Committee portfolios.

## **3. Reporting Arrangements**

The NHS Lanarkshire Quality Planning & Professional Governance Group (QPPGG) is the main sub-group of the Committee. The purpose of the QPPGG is to provide assurance to HQAIC that:

1. There is oversight of the agreed NHS Lanarkshire Quality Strategy and associated Implementation Plans that link to the overall NHS Lanarkshire strategic plan by preparing regular Highlight Reports for HQAIC of achievements and challenges/delays or amendments
2. Effective processes for health care professional practice are in place and implemented and the professional leadership oversees development, support and monitoring of the workforce and compliance with agreed accountability and governance frameworks. This will be captured in a Framework for Professional Governance that includes such core elements as:
  - Codes of conduct
  - Standards of practice
  - Policies and procedures
  - Resource utilisation and stewardship
  - Evidence-based practice and research
  - Use of technology, innovation and new procedures
  - Quality and performance improvement
  - Appraisal and revalidation, supervision and peer review.

HQAIC will report to the NHS Board following each meeting. This will be through a verbal report and the minutes of the meeting. A Summary report on the key issues considered by the Committee will be provided for the Board if there has been insufficient time to produce the minute. The Committee will work closely with other Governance Committees in areas of mutual interest where key responsibilities overlap. The Committee will prepare an Action Log that will be monitored and updated at each meeting.

The Committee will review the Annual Work Programme at every meeting, as part of the process to ensure that the Work Programme is delivered.

---

<sup>1</sup> *A promise to learn - a commitment to act. Improving the Safety of Patients in England. National Advisory Group on the Safety of Patients in England. 2013*

In accordance with Best Value for NHS Board and Committee working, the Committee will submit an Annual Report to the NHS Board in May which will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.

If the Committee reviews and amends the Terms of Reference, the revised Terms of Reference must be submitted to the NHS Board for approval.

#### **4. Key Responsibilities**

To provide assurance that mechanisms to provide healthcare quality assurance and improvement including those relating to clinical risk management are in place and effective throughout NHS Lanarkshire. This remit includes:

- Endorsing the NHS Lanarkshire Quality Strategy 2018-2023, “The Quality Approach to Achieving Excellence” prior to approval from the NHS Board;
- Bringing to the attention of the Lanarkshire NHS Board regular reports on the operation of the system, and specific reports on any problems that emerge and necessary corrective actions being taken;
- Ensuring leadership, strategic direction and implementation of quality improvement as well as demonstrating its impact;
- Ensuring equity in the provision of care, treatment and access to services, which incorporates the diverse needs of individuals and population sub-groups, and is appropriate and sensitive to the delivery of person-centred care;
- As appropriate, critically reviewing reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates, as they relate to assurance on the effectiveness of clinical risk management and quality improvement;
- Ensuring that recommendations made by the Scottish Public Services Ombudsman are implemented;
- Providing oversight on, behalf of the Board, of key governance groups and arrangements responsible for compliance with the Scottish Government Health and Social Care Directorate’s directions, including, Healthcare Associated Infection, Information Governance, Independent Sector Monitoring, Research and Development, Organ Donation, Area Drug & Therapeutics and Significant Adverse Events & Duty of Candour;
- Being assured that NHS Lanarkshire has in place a managed system for clinical policies;
- Ensuring HQAIC discharges its role in relation to assuring best value.

#### **5. Conduct of Business**

##### **Declaration of Interest:**

A Member must consider whether they have an interest to declare in relation to any matter which is to be considered as soon as possible. A Member should consider whether any item on the agenda raises any issue of declaration of interest. The declaration should be made as soon as practicable at the meeting that the interest arises.

##### **Meetings:**

- The Committee will meet at least 6 times a year. This will include an Annual Report meeting in May each year, dedicated to the review of Annual Reports as required from the designated Governance Committees, Groups or service areas. The Chair of the Committee may convene additional meetings as he/she deems necessary.

**Quorum:**

- To be quorate, meetings will require the attendance of 2 Non-Executive Director Members. In the absence of the designated Chair, the appointed Chair will be one of the member Non-Executive Directors. Although not a requirement for quoracy, it is expected that one of the following Executive Directors will be in attendance at meetings: the Executive Medical Director; the Executive Director for Nurses, Midwives and Allied Health Professions.
- In the event of a meeting becoming inquorate once convened, the Chair may elect to continue to receive papers and presentations from those attending, as described in the agenda for the meeting, and to allow the Members present the opportunity to ask questions. The minute of the meeting will clearly state the point at which the meeting became inquorate, but notes of the presentation and discussion will be included with the minute. Every item discussed once the meeting became inquorate will be brought back in summary from matters arising to the next meeting, and ratified, as appropriate.

**Absence of Chair:**

- In the event of the designated Chair being unable to attend, the appointed Chair will be one of the other member Non-Executive Directors. Normally, the Chair of the Committee will arrange this in advance.

**Agenda and Papers:**

- Agenda for meetings of the Committee will be formulated having regard to: Matters Arising from the previous meeting; the Committee Work Programme and reporting schedule; and the Committee Terms of Reference. The agenda will be agreed at an agenda-setting meeting involving the Executive Medical Director and the Chair of the Committee, with other officer input, as appropriate.
- Agenda papers should be submitted to the Quality Directorate Business Manager and Management Team Secretary in sufficient time to enable the agenda and papers for meetings to be issued not later than two weeks before meetings of the Committee.

**Action Minutes:**

- A draft minute of each meeting of the Committee will be produced and formatted to clearly highlight key decisions, actions and risk management. This will be available to the Chair of the Committee and the Executive Medical Director for consideration within three weeks of the meeting date.

Once agreed with the Chair of the Committee and the Executive Medical Director, the minute will be submitted to the next scheduled meeting of the NHS Board for information. Prior to that, the key issues considered by the Committee will, as appropriate, be the subject of reporting to the NHS Board through the submission of a Summary report (when Board meetings occur soon after the HQAIC meeting). Minutes of meetings of the Committee do not need to be approved by the Committee prior to their submission to the NHS Board for information. Agendas and papers for meetings of the Committee will be uploaded to the relevant 'Meetings' section on Firstport and added to the Admin Control system for members who do not have access to Firstport.

**Action Log:**

<ul style="list-style-type: none"> <li>An Action Log, setting out the key actions agreed at each meeting of the Committee will be produced, and agreed with the Committee Chair and the Executive Medical Director. The Executive Medical Director, with officer support provided by the Director of Quality, will ensure that actions are followed through timeously to completion. Updated action logs will be provided to each meeting of the Committee.</li> </ul> <p><b>Annual Workplan:</b></p> <ul style="list-style-type: none"> <li>The Committee will produce an Annual Workplan that sets out the business and activities to be covered during the year and will submit this to the Board for approval by March of the preceding financial year. This is then reviewed at each meeting to ensure that all items have been attended to.</li> </ul> <p><b>Terms of Reference</b></p> <ul style="list-style-type: none"> <li>The terms of reference will be reviewed annually to ensure they remain in line with the objectives of the Committee.</li> </ul> <p><b>Annual Report:</b></p> <p>In accordance with Best Value for Board and Committee working, the Committee will prepare, and submit to the Board in May each year, an Annual Report that will include:</p> <ul style="list-style-type: none"> <li>The name of the Committee, the Committee Chair, Membership, Executive Lead and Officer support/attendees;</li> <li>Frequency, dates of meetings and attendance;</li> <li>The activities of the Committee over the year, including confirmation of delivery of the Annual Workplan and review of the Committee Terms of Reference.</li> <li>A summary of improvements overseen by the Committee;</li> <li>A summary of matters of concern to the Committee;</li> <li>Confirmation that the Committee has fulfilled its remit, and of the adequacy and effectiveness of Internal Control;</li> <li>Additionally, the Annual Report will inform the submission of any appropriate assurance to the Chief Executive at the year-end, as part of the Governance Statement.</li> </ul>
<p><b>6. Information Requirements</b></p>
<p>The Committee will consider information, as appropriate, in order to fulfil its remit and deliver its work programme. This will include:</p> <ol style="list-style-type: none"> <li>Consistent, focussed data and risk driven Performance Management Reports.</li> <li>Triangulated data on feedback and complaints, staff feedback, quality improvement, analysis of significant adverse events and duty of candour, and operational performance data.</li> <li>Additional information and requirements that may arise and be required in year, in order to enable the Committee to fulfil its purpose.</li> <li>Highlight reports and annual reports from other committees that provides information that delivers assurance and confidence in the healthcare system.</li> </ol>
<p><b>7. Executive Support and Attendance</b></p>
<p><b>Executive Lead:</b> Executive Medical Director</p> <p><b>Other Support:</b></p>



Executive Director for Nurses, Midwives and the Allied Health Professions  
 Executive Director of Public Health & Health Policy  
 Director of Quality

**Other Attendees:**

Chief Executive  
 Board Chairperson  
 Board Secretary  
 Corporate Risk Manager  
 Chair of the Acute Clinical Governance & Risk Management Group  
 Chair, Support Care and Clinical Governance, North HSCP  
 Chair, Support Care and Clinical Governance, South HSCP  
 Head of Assurance  
 Head of Evidence  
 Head of Improvement  
 Staff Partnership Representative

**External Attendees:**

Expert external representation will be sought from NHS Lanarkshire's academic partners including the University of Strathclyde, the University of West of Scotland and Glasgow Caledonian University from clinical and academic professions.

**Executive Director Lead:**

The designated Executive Lead will support the Chair of HQAIC in ensuring that the Committee operates according to/in fulfillment of, its agreed Terms of Reference. Specifically, they will:

- Support the Chair in ensuring that the Committee Remit is based on the latest guidance and relevant legislation, and the Board's Best Value framework;
- Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
- Oversee the development of an Annual Work Programme for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for endorsement by the Committee and approval by the NHS Board;
- Agree with the Chair an agenda for each meeting, having regard to the Committee's Remit, Work Programme and reporting schedule;
- Lead an annual review of the Committee Terms of Reference and progress against the Annual Work Programme, as part of the process to ensure that the Work Programme is fulfilled;
- Oversee the production of an Annual Report on the delivery of the Committee's Remit and Work Programme, for endorsement by the Committee and submission to the NHS Board.

**8. Access**

The designated Chief Internal Auditor and the representative of External Audit will have free and confidential access to the Chair of HQAIC.

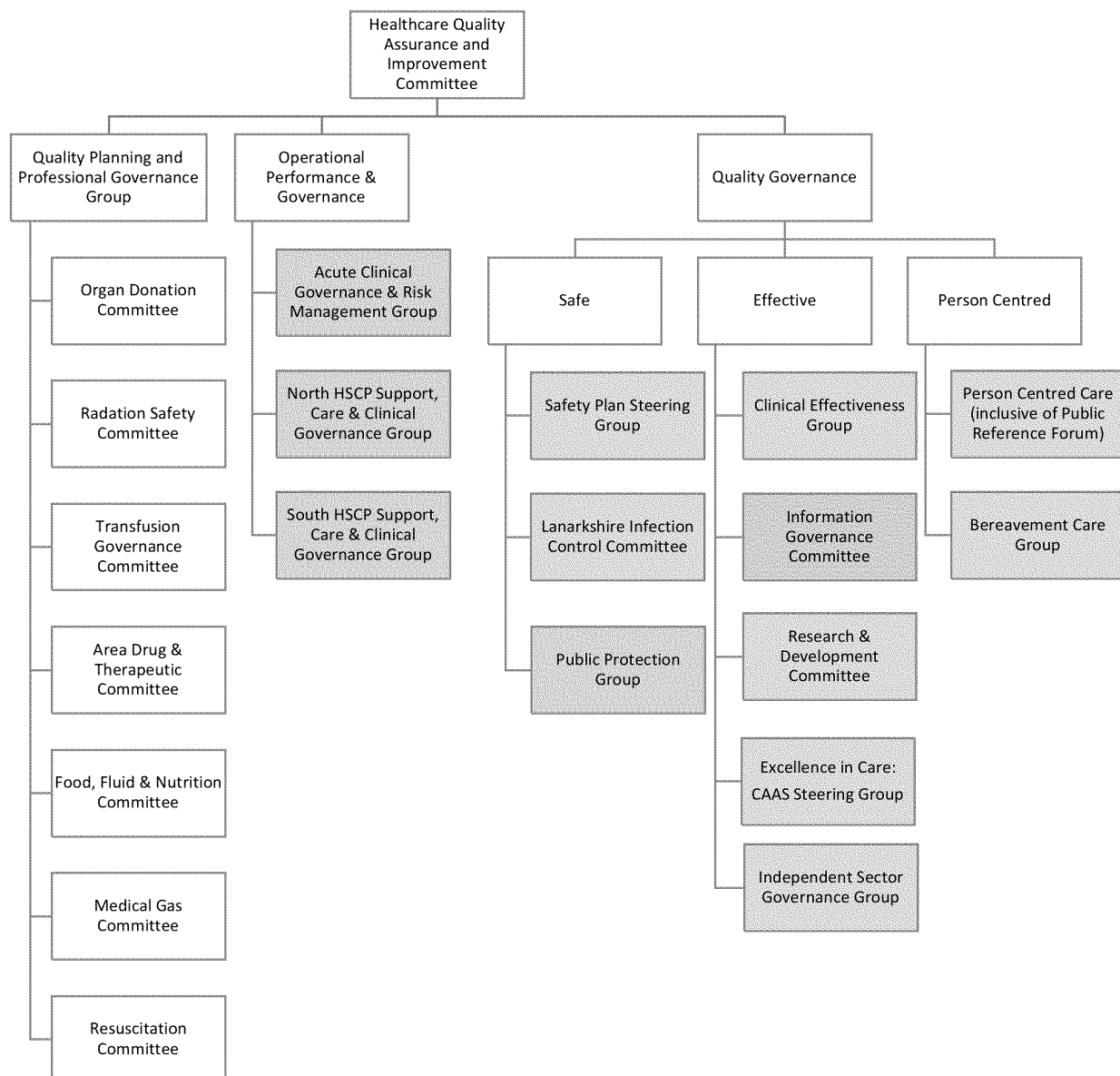
**9. Rights**

HQAIC may approve ad hoc advice at the expense of the organisation, subject to budgets agreed by the NHS Board or the Accountable Officer.

**Version Control**

<b>Ratified by:</b>	NHS Lanarkshire
<b>Reviewed by Committee:</b>	Agreed by Committee on 12 <sup>th</sup> June 2014 & revisions agreed (Dec 2014, May 2017, Dec 2014, May 2017, Mar 2018, Mar 2019, May 2020, Mar 2021. Most recent review Feb 2022.
<b>Ratified by NHS Board:</b>	27 <sup>th</sup> August 2014 & Revisions ratified on 28 <sup>th</sup> January 2015. Further revisions ratified 28 March 2018. For Board 30 <sup>th</sup> March.
<b>Authors:</b>	Mrs K Cormack, Director of Quality, Mrs E Currie, Quality Programme Manager, Business Support.
<b>Review date:</b>	Next review in February 2023.

## NHS Lanarkshire Strategic Healthcare Quality Assurance and Improvement Committee structure



### HQAIC Reporting Schedule

<b>Highlight Report</b>	Every meeting
<b>Progress Report</b>	Six monthly – year end with following year priorities, and mid-year review (with escalation of items of concern by exception as necessary)
<b>Annual Report</b>	Annually (with escalation of items of concern by exception as necessary)

## MEETING ETIQUETTE

The Healthcare Quality Assurance & Improvement Committee purpose is to *‘support the Board in its responsibilities for issues of clinical risk, control and governance and associated assurance in the area of Clinical Governance, through a process of constructive challenge.’*

This group meets 6 times a year, including a special meeting to review Annual Reports.

The following meeting etiquette has been written to support new members and attendees with guidance on how the meeting will run.

Please note the following:

- Dr Lesley Thomson is the Chairperson of HQAIC and a Non-Executive Board member. Any issues regarding the topics covered by the Committee should be directed to Lesley Thomson via email [Lesley.thomson3@GRO-C](mailto:Lesley.thomson3@GRO-C) and copied to the business support staff [elizabeth.currie@GRO-C](mailto:elizabeth.currie@GRO-C) and [margaret.angus2@GRO-C](mailto:margaret.angus2@GRO-C)
- Give yourself enough time to prepare for the meeting. The Committee always has a full agenda with numerous papers that can take some time to read. The Committee will assume all members have read and considered the papers in advance.
- The Non-Executive Directors will have prepared comments and questions on the papers submitted to help confirm their understanding of the information submitted to fulfil their role of seeking assurance.
- Business support is provided by the Quality Directorate and any queries or issues should be sent to [elizabeth.currie@GRO-C](mailto:elizabeth.currie@GRO-C) or [margaret.angus2@GRO-C](mailto:margaret.angus2@GRO-C)
- It is important that Committee members actively contribute to the discussions particularly as many of the meetings are conducted over MS Teams.
- The standard etiquette for MS Teams should be followed, i.e. mute when not speaking, cameras on when speaking, raising hand if you have a question, etc.
- Some presenters may be unsure of how the group runs or what will be expected of them if they are presenting for the first time. Please ensure appropriate support and feedback is given to staff presenting.
- Please give plenty of notice to the business support team if you cannot attend the meeting and if you also regularly present a paper, ensure you send a deputy and inform business support staff of this. This will allow your deputy to be added to the meeting invitation, given access to the papers and for the Chair to be notified in advance of the change in attendees.

If you are asked to present a paper and you are not a permanent member of the Committee, please note:

- Papers must be submitted on time. Late papers will not be accepted and you will receive email notification in advance confirming when your paper is required.
- Use the appropriate report template (business support staff will provide this via email) and complete all sections as required.

- Please remember that not all the members of HQAIC will be familiar with clinical terminology, so do not use acronyms and abbreviations without an explanation as to their meaning.
- Those presenting papers will be asked to highlight 3 points only. Presenters are not required to go through their paper in detail due to time restrictions. Be assured that all Committee members will have your read the papers in advance and will be prepared to give you feedback and ask questions.
- You will be offered a 'slot' to present your paper if you cannot attend the full meeting. Please ensure you come into the meeting electronically 5-10 minutes before your allocated slot.
- If you require a particular time slot, please inform business support staff as soon as possible so this can be accommodated in the agenda.
- Any follow-up actions relating to your paper will be recorded in the minute and action log and these will be shared with you via the business support staff.
- Please ensure any actions are completed and provide an update to the business support staff who will record this on the action log.
- Support and help can be sought via the business support team at any time.

# HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE

<Name of Group or Committee>

## ANNUAL REPORT

<Financial Year>

**Reporting to:**

**Healthcare Quality Assurance and Improvement Committee**

Author:	
Contributing Author(s):	
Responsible Lead Executive Director:	
Endorsing Committee:	
Governance or Assurance Committee:	
Consultation Process / Stakeholders:	
Date Approved:	

<b>CONTENTS</b>	<b>PAGE</b>
1. Introduction	
2. Meetings	
3. Attendance & Membership	
4. Remit of the Committee	
5. Committee Activities	
6. Key Achievements	
7. Risks & Issues	
8. Future Committee Priorities	
9. Additional Information	

## 1. Introduction

The purpose of this report is to provide assurance to the NHS Lanarkshire Healthcare Quality Assurance and Improvement Committee (HQAIC) that the <name of group or committee> has carried out its obligations in accordance with its Terms of Reference (ToR) for the financial year <financial year date> and the remit of the group has been fulfilled.

## 2. Meetings

The <name of group or committee> met on <x> occasions between <financial year start date> and <financial year start date>. Meetings were held on the following dates:

- <meeting date>
- <meeting date>
- <meeting date>
- <meeting date>
- <meeting date>
- <meeting date>

There were <x> notable revisions to the agreed <financial year date> work plan in respect of meeting dates.

**Guidance:** provide details above of any revisions to planned meeting dates and reasons for this.

Committee effectiveness checklist	
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	✓



### 3. Attendance & Membership

<X> of <X> meetings for <financial year date> have been **quorate**.

**Guidance:** provide details above of any issues with attendance rates and what is being done to resolve these issues.

The **membership** of the <name of group or committee> is as follows:

Committee Member Name	Committee Member Designation

**Guidance:** provide details above of any changes to membership during reporting period.

Committee effectiveness checklist	
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	✓
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set.	
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	

## 4. Remit of the Committee

The **remit** of the <name of group or committee> is <remit/purpose as per ToR>.

The **Terms of Reference** for the <name of group or committee> was reviewed and approved on <date>.

**Guidance:** provide details above of any changes to remit of the group or committee during reporting period.

Committee effectiveness checklist	
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	✓
The Committee undertakes an annual review of its remit and terms of reference.	


## 5. Committee Activities

The committee produced an **annual work plan** for <financial year date>. This work plan was reviewed and approved by <approving person / group> on <date>.

**Guidance:** please list all matters dealt with by the committee in line with the agreed work plan in the table below e.g. Reports received / reviewed, policies and procedures monitored etc.

In line with the agreed <b>annual work plan</b> , the <name of group or committee> dealt with the following matters during <financial year date>:



In addition to the above matters the Committee considered a number of other <b>unscheduled matters</b> which included:

Committee effectiveness checklist 	
The Committee produces an annual work plan.	
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	
The Committee discharges its role to provide assurance that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.	
The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	

## 6. Key achievements

**Guidance:** please refer to any improvements to quality of care, new processes developed, programmes of training delivered, support provided to programmes of work, objectives achieved, action plans completed or progressed, learning from Adverse Events, SAERs, Complaints and feedback that have led to Quality Improvement.


<b>Key achievements</b> for the <name of group or committee> during <financial year date> include:

Committee effectiveness checklist 	
The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	

## 7. Risks and Issues

**Guidance:** please refer to any risks that have been raised by the Committee in terms of staffing, adverse events, SAERs, Complaints, information governance, infection control, risk on non-completion against the workplan, etc. and describe how these risks were mitigated by the Committee.

<b>Risks and issues</b> reviewed and mitigated by the committee during FY <financial year date> included:


Committee effectiveness checklist 	
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions.	
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	

### 8. Future Committee Priorities

<b>Future priorities</b> of the <name of group or committee> for FY <next financial year> are summarised as follows:

### 9. Additional Information

For further information about any aspect of this paper, including requests for additional supporting documents, please contact <Name>, <Title>, <Email> and <Telephone Number>

## ANNUAL REPORT GUIDANCE

### 1. Report Format

**Author** – Provide name and title of main author of the report.

**Contributing Author(s)** - Provide name(s) and title(s) of any contributing author(s) of the report.

**Responsible Lead Executive Director** - Provide name and title of the Executive Director responsible for the report.

**Endorsing Committee** – Provide the name of the group or committee who endorsed this reports submission to HQAIC.

**Governance or Assurance Committee** - Provide the name of the governance and/or assurance or committee who endorsed this report prior to submission to HQAIC.

**Consultation Process / Stakeholders** – Provide information on any consultation process which has taken place as part of the production of this report.

**Date Approved** – Provide details of the date this report was approved for submission to HQAIC

### 2. Writing Report Sections

**Introduction** – This section describes the purpose of the report which is to provide assurance to the NHS Lanarkshire Healthcare Quality Assurance and Improvement Committee (HQAIC) that the group or committee has carried out its obligations in accordance with its Terms of Reference (ToR) for the financial year being reported on.

**Meetings** – Provide a note of the dates of meetings held. Provide details of any revisions to planned meeting dates and reasons for this. Do not provide meeting minutes.

**Attendance & Membership** - Provide details of the group membership and any changes to membership during reporting period. Include details that the Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently i.e. Chair and Membership of the committee has been agreed by the NHS Board and a quorum set. A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee. Provide details of any issues with attendance rates and what is being done to resolve these issues.

**Remit of the Committee** - Provide details of any changes to remit of the group or committee during reporting period.

**Committee Activities** - Please list all matters dealt with by the committee in line with the agreed work plan in the table below e.g. Reports received / reviewed, policies and procedures monitored etc.

**Key Achievements** - Please refer to any improvements to quality of care, new processes developed, programmes of training delivered, support provided to programmes of work, objectives achieved, action plans completed or progressed, learning from Adverse Events, SAERs, Complaints and feedback that have led to Quality Improvement.

**Risks & Issues** - Please refer to any risks that have been raised by the Committee in terms of staffing, adverse events, SAERs, Complaints, information governance, infection control, risk of non-completion against the workplan and describe how these risks were mitigated.

**Future Committee Priorities** – Provide information of future priorities of the Committee or group for the next financial year.

**Additional Information** – Please provide contact details for further information about any aspect of the report, such as requests for additional supporting documents, including name, title, email and telephone number.

Please remember that not all the members of HQAIC will be familiar with clinical terminology, so do not use acronyms and abbreviations without an explanation as to their meaning.

### **3. Attending HQAIC**

**Presenting your report** – HQAIC members will have read the report in detail prior to the meeting.

When presenting your report please highlight up to three areas only to the Committee.

## HEALTHCARE QUALITY ASSURANCE & IMPROVEMENT COMMITTEE CHECKLIST

	Committee Effectiveness Checklist	✓
1	The Committee meets regularly, at least five / six times a year (tbc) as stated in the Terms of Reference.	
2	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	
3	Chair and Membership of the Committee has been agreed by the NHS Board and a quorum set.	
4	A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	
5	The Committee has a clear understanding of its role and authority as set out in its terms of reference.	
6	The Committee undertakes an annual review of its remit and terms of reference to ensure its remit has been fulfilled.	
7	The Committee produces an annual work plan.	
8	In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	
9	The Committee discharges its role to provide assurance that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care.	
10	The Committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	
11	The work of the Committee enables it to assure the Board that policies and procedures which are monitored, are robust, as relevant to the Committee's remit.	
12	The Committee links with other Board Committees and the Board itself, and opportunities are taken to share information, learning and good practice.	
13	The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions.	
14	The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	