

QUALITY ASSURANCE COMMITTEE TERMS OF REFERENCE

Committee Status	<ul style="list-style-type: none"> ❖ Sub-committee of the Board of Directors. The committee is an 'Assurance Committee'. ❖ The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. ❖ The Committee is further authorised by the Board to obtain outside independent professional advice and to secure the attendance specialists with relevant experience and expertise if it considers this necessary.
Reporting to	<ul style="list-style-type: none"> ❖ The Committee Chair will report to the Board of Directors at the Board's next meeting. ❖ The minutes of Quality Assurance Committee meetings shall be formally recorded and made available to the Board of Directors. ❖ The terms of reference and minutes of meetings will be shared with the Audit Committee and vice versa.
Purpose	<ul style="list-style-type: none"> ❖ The Quality Assurance Committee assures the Board that there is an effective system of risk management and internal control across the clinical activities of the organisation that support the organisations objectives and the Trust's ability to provide excellent care by excellent people.
Membership	<ul style="list-style-type: none"> ❖ The Committee shall be appointed by the Board of Directors. It will be made up of: <ul style="list-style-type: none"> • At least four Non-Executive Directors (excluding the Chairman of the Board), • One of the Non-Executive Directors will chair the meeting. A further Non-Executive Director will act as Deputy Chair. • The Chair of the Quality Assurance Committee will be a member of the Audit Committee and the Chair of that committee will be a member of the Quality Assurance Committee. This will ensure consistency between the two committees • Members will be expected to attend at least 80% of meetings per annum. No deputies will be allowed for Committee members
Attendees	<ul style="list-style-type: none"> ❖ The Director of Nursing or Medical Director or nominated deputy will be expected to attend at the standing invitation of the Committee Chair; and ❖ The Chief Executive and Executive Directors, along with any other appropriate attendee, will be invited to attend by the Committee Chair, especially when the

	<p>Committee is discussing areas of risk or operation that are the direct responsibility of the Executive Director.</p> <ul style="list-style-type: none"> ❖ The Foundation Trust Secretary or deputy will attend all meetings to ensure coordination of Board committees. ❖ Meetings are not open to the public. However, members of the Board of Governors may attend at the Chair's invitation and in an observation capacity only.
Quorum	<ul style="list-style-type: none"> ❖ A quorum is three members.
Frequency of Meetings	<ul style="list-style-type: none"> ❖ The Committee will meet at least bi-monthly to ensure it is able to discharge all its responsibilities. ❖ The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.
To receive reports from	<ul style="list-style-type: none"> ❖ The Committee has no sub-committees, but will receive a variety of reports in relation to its stated duties. ❖ In accordance with their terms of reference, which are written to ensure close co-operation, the Quality Assurance Committee and the Audit Committee will work together and share information with each other. The minutes of each Committee are received by the other and each may refer issues to the other for investigation
Annual work programme	<ul style="list-style-type: none"> ❖ The Committee will develop an annual work programme as designated by the Trust Board and / or areas of concern as escalated by the Trust's Clinical Assurance Committee. ❖ The work programme will be kept under review by the members of the Committee
Meeting administration	<ul style="list-style-type: none"> ❖ The agenda will be prepared by the Committee Chair with input from committee members and other regular attendees who may propose items for inclusion on the agenda; ❖ Items for inclusion in the Agenda should be submitted a minimum of two weeks prior to the meeting; ❖ The agenda will be distributed to members of the committee one week prior to the meeting with the associated meeting papers; ❖ Draft minutes of the meetings will be distributed to all members within one month of the meeting; and ❖ The date for the next meeting will be arranged and distributed to all members with the draft minutes.
Committee's Duties / Objectives	<ul style="list-style-type: none"> ❖ The Board has delegated responsibility to the Committee for providing assurance that the risks associated with the Trust's provision of excellent care by excellent people are identified, managed and mitigated appropriately. In doing so the Committee may take any action that it sees fit to ensure that this can be achieved. ❖ The Committee is responsible for providing assurance to the Trust Board by: <ul style="list-style-type: none"> ▪ Ensuring that strategic priorities are focused on those which best support delivery of the Trust priority objectives in relation to patient experience, the safety of patients and service users and effective outcomes for patients and service users;

	<ul style="list-style-type: none"> ▪ Scrutinising quality and safety performance as required by the Trust Board and / or as escalated through the Clinical Audit Committee, including as examples, Quality & Safety reports; Serious Incident reports; Clinical complaints & claims trends; Reports from sub committees; and Patient survey results; ▪ Reviewing the development of the quarterly Quality Account in readiness for preparation of the annual Quality Account; ▪ Reviewing the independent annual clinical audit programme and ensure it provides a suitable level of coverage for assurance purposes and receive reports as appropriate; ▪ Reviewing compliance with regulatory standards, as examples, the CQC – confirm & challenge process, NHSLA and the Monitor Quality Governance Framework; ▪ Reviewing non-financial risks on the BAF and Corporate Risk Register which have been assigned to the Committee and satisfy itself as to the adequacy of assurances on the operation of key controls and the adequacy of action plans to address weaknesses in controls and assurances.
Training	<ul style="list-style-type: none"> ❖ Training needs will be assessed as part of the Quality Assurance Committee annual self-assessment and a training plan devised as required.
Monitoring and review	<ul style="list-style-type: none"> ❖ The Committee’s terms of reference will be subject to annual review. ❖ The Committee will undertake an annual review of its performance, via self-assessment by its members and report on this to the Trust Board