

QUALITY ASSURANCE COMMITTEE TERMS OF REFERENCE

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| Committee Status | <p>The Quality Assurance Committee is a sub-committee of the Board of Directors.</p> <p>The Committee is authorised by the Board to investigate any activity within its terms of reference. It also has the right of access to all information that it deems relevant to fulfil its duties.</p> <p>The Committee is empowered to obtain outside independent professional advice where appropriate and to secure the attendance of specialists with relevant experience and expertise if it considers this necessary.</p> <p>The Committee will work closely with the Audit Committee to provide assurance on clinical activity.</p> |
| Reporting to | <p>The Committee Chair will report to the Board of Directors at the Board's next meeting.</p> <p>The minutes of Committee meetings shall be formally recorded and made available to the Board of Directors.</p> |
| Purpose | <p>The 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 organisation's objectives and the Trust's ability to Care with Compassion.</p> |
| Membership | <p>The Committee shall be appointed by the Board of Directors and shall consist of six members made up of:</p> <ul style="list-style-type: none"> • At least four non-executive directors • The Chief Nurse<u>Director of Nursing</u> • The Medical Director <p>One of the non-executive directors will chair the meeting. A further non-executive director will act as deputy chair.</p> <p>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.</p> <p>Members will be expected to attend at least two-thirds of meetings per annum.</p> |
| Attendees | <p>The Chief Executive-Managing Director and other executive-site directors, along with any other appropriate officers (including the Head of Internal Audit), will be invited to attend by the Committee Chair, when the Committee is discussing areas of risk or operation that are the direct responsibility of the relevant executive director.</p> <p>The Company Secretary or deputy will attend all meetings to ensure coordination of Board committees.</p> <p>Meetings are not open to the public. However, members of the Council of Governors may attend at the Chair's invitation and in an observation capacity only.</p> |

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| Quorum | A quorum shall be three members, including at least two non-executive directors and one executivesite director. |
| Frequency of Meetings | The Committee will meet at least six times a year to ensure it is able to discharge all its responsibilities. |
| To receive reports from | <p>The Committee will receive reports, updates and assurances from the following groups;</p> <ul style="list-style-type: none"> • Corporate Governance Group • Clinical Governance Committee • Quality and Safety Committee • Corporate Management Team <p>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.</p> |
| Annual work programme | <p>The Committee will develop an annual work programme as designated by the Trust Board.</p> <p>The work programme will be reviewed by the members of the Committee at each meeting.</p> |
| Meeting administration | <p>The agenda will be prepared by the Company Secretary and Chief Nurse Director of Nursing in conjunction with the Chair. Committee members and other regular attendees may propose items for inclusion on the agenda.</p> <p>Items for inclusion on the agenda should be notified to the Company Secretary a minimum of three weeks prior to the meeting.</p> <p>The agenda will be distributed to members of the Committee one week prior to the meeting with the associated meeting papers;</p> <p>Draft minutes of the meetings will be distributed to all members within 2 weeks of the meeting.</p> |
| Committee's Duties / Objectives | <p>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.</p> <p>Quality governance, risk management, Board Assurance Framework and internal control</p> <ul style="list-style-type: none"> • The Committee is responsible for providing assurance to the Board that there is an effective system of quality governance, risk management and internal control for the three broad areas of patient experience, clinical effectiveness and the safety of patients and service users, in addition to clinical and research governance. The underlying assurance processes that support achievement of the corporate objectives and management of applicable principle risks include, but are not limited to, the assurance framework, Annual Governance Statement, risk registers, NHSLA certification clinical audit programme and the Trust's own policies and procedures. • The Committee will review relevant risks assigned to the Committee and satisfy itself as to the adequacy of assurances on the operation of key controls and the |

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| | <p>adequacy of action plans to address weaknesses in controls and assurances.</p> <ul style="list-style-type: none"> From time to time, the Committee may be requested by the Board to review specific issues where it requires additional assurance about the effectiveness of the quality governance, risk management and internal control systems in place within the Committee's area of responsibility. <p>Compliance with applicable legal and regulatory requirements</p> <ul style="list-style-type: none"> The Committee is responsible for providing the Board with assurance regarding compliance with applicable statutory and regulatory standards, in particular, those of the CQC and NHS Improvement. This includes but is not limited to, patient information and involvement, safeguarding and safety (including infection control), suitability of staffing (oversight of professional standards), quality management (including SIs, notifications, clinical complaints and records), statutory reports (including the Quality Account) and health & safety. <p>Internal Audit</p> <ul style="list-style-type: none"> The Trust's internal audit function will provide the Committee with internal audit assurance within the Committee's area of remit. Whilst always ensuring co-ordination with the Audit Committee, this will be achieved by the Committee's consideration, where appropriate, of the major findings of quality related internal audit reports and management's response. Issues may be referred to the Committee from the Audit Committee for consideration and review where appropriate. <p>Clinical Audit</p> <ul style="list-style-type: none"> The Committee will be responsible for reviewing the annual clinical audit programme and ensuring it provides a suitable level of coverage for assurance purposes; the Committee will receive reports as appropriate. Where the Trust is identified as an outlier or a potential outlier resulting from a national clinical audit, the Committee will receive details by exception. |
| Training | 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 | <p>The Committee's terms of reference will be subject to annual review by the Board.</p> <p>The Committee will undertake an annual review of its performance, via self-assessment by its members and this will be reported, together with any agreed actions, to the Board of Directors.</p> <p>At the end of each meeting, the Committee will carry out a review of the meeting's effectiveness, using a standard template.</p> |