

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

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TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST

QUALITY ASSURANCE COMMITTEE TERMS OF REFERENCE

1. Constitution

- 1.1 The Committee is constituted as a Standing Committee of the Trust Board ('Board'). Its constitution and terms of reference are subject to amendment by the Board.
- 1.2 The Committee will adhere to, and be cognisant of, the Trust values at all times.
- 1.3 These Terms of Reference, which should be published on the Trust's website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

2. Authority

- 2.1 The Quality Assurance Committee ('the Committee') is formally established as a sub-committee of the Board of Directors of Torbay and South Devon NHS Foundation Trust.
- 2.2 The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

3. Purpose

- 3.1 The purpose of the Committee is to:
 - 3.1.1 provide assurance to the Board that there is continuous and measurable improvement in the quality of services provided through review of governance, performance and internal control systems supporting the delivery of safe, high quality patient care.
 - 3.1.2 ensure that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.
- 3.2 The Committee is responsible for:
 - 3.2.1 reviewing proposed quality improvement priorities and monitoring performance and improvement against the Trust's quality priorities and the implementation of the Quality Account.

- 3.2.2 seeking assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified.
- 3.2.3 the ongoing monitoring of compliance with national quality standards and local requirements.

4. Powers

- 4.1 The Committee is authorised by the Board to investigate any activity within its terms of reference.
- 4.2 The Committee is accountable to the Board and any changes to these terms of reference must be approved by the Board of Directors.
- 4.3 The Committee may set up subgroups aligned to key areas of its activity as it deems appropriate.
- 4.4 The Committee will promote local level responsibility and accountability.
- 4.5 The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 4.6 The Committee is authorised by the Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.
- 4.7 The Committee is authorised by the Board to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board.
- 4.8 The Committee reserves the right to hold meetings in private ie comprising of Committee members only.

5. Duties and Responsibilities

The duties and responsibilities of the Committee, given below, cover quality improvement, governance and risk, quality and safety reporting and audit and assurance.

Quality and Improvement

- 5.1 Monitor and review the quality of clinical and social care services provided by the Trust. This will include review of:
 - 5.1.1 the systems in place to ensure the delivery of safe, high quality, person-centred care
 - 5.1.2 quality indicators flagged as 'of concern' through escalation reporting or as requested by the Trust Board

- 5.1.3 an action log evidencing progress toward completion
- 5.1.4 progress toward delivery of the Trust's clinical strategy
- 5.2 Review variances against quality and operational performance standards.
- 5.3 Review proposed quality improvement targets as set out in the Annual Plan and by the Regulator. Provide assurance to the Board that improvement targets are based on achievable action plans and quality performance issues are acted upon.
- 5.4 Ensure there is a robust Quality and Equality Impact Assessment process to mitigate any adverse impact of service changes or reconfiguration.
- 5.5 Review the Trust's compliance with the Care Quality Commission essential standards of quality and safety and seek assurance regarding process with action plans in response to quality concerns identified from inspection findings, warning notices and compliance actions.
- 5.6 Receive, through the reporting schedule, assurance of high quality care provision and compliance with national and local guidelines, standards and requirements.
- 5.7 Oversee the development of the Quality and Patient Safety Long Term Plan supporting the organisation to deliver against national and Integrated Care System quality strategies and deliverables.
- 5.8 Establish, develop and maintain systems and processes for the regular evaluation and monitoring of compliance against any relevant internal and external assessment, standards or criteria.
- 5.9 Ensure the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the quality of care.

Governance and Risk

- 5.10 Oversee how all quality risks are managed across the Trust and that appropriate review and assurance mechanisms are in place, receiving and reviewing quality risks on the corporate risk register and Board Assurance Framework.
- 5.11 Promote an open culture in which incident and risk reporting is encouraged and supported as part of the delivery of safe and effective healthcare.
- 5.12 Seek assurance on the process for reviewing and reporting complaints, adverse events and serious incidents and sharing the learning from these.
- 5.13 Seek assurance against compliance with national clinical standards including NICE guidelines/guidance and any rationale for non or partial compliance.

- 5.14 Oversee any procedural, policy or strategy document which fall within the remit of the Committee are appropriately written, ratified and monitored for compliance in accordance with any key national standards and best practice.
- 5.15 Establish an annual work plan which the Committee will review at each meeting.
- 5.16 Produce an annual report against delivery of the terms of reference of the committee.
- 5.17 Undertake an annual review of the Committee's effectiveness

Quality and Safety Reporting

- 5.18 Receive reports from each of the Committee's sub-groups.
- 5.19 Receive and review submissions to national bodies and make recommendations for sign-off by the Trust Board.
- 5.20 Receive annual assurance reports in relation to (but not limited to) infection control and safeguarding.

Audit and Assurance

- 5.21 Receive and review the findings of quality related Internal Audit reports and seek assurance that recommendations are implemented in a timely and effective way.
- 5.22 Approve and oversee delivery of the Clinical Audit Plan and provide assurance to the Audit Committee of delivery.
- 5.23 Receive by exception information of national clinical audits where the Trust is identified as an outlier or a potential outlier.
- 5.24 Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions.
- 5.25 Receive reports on significant concerns or adverse findings highlighted by external bodies in relation to quality and safety and the actions being taken.

6 Membership

- 6.1 The Committee shall consist of the following members:
 - Non- Executive Director
 - Non-Executive Director
 - Non-Executive Director
 - Medical Director
 - Chief Nurse
 - Chief Operating Officer

- Chief People Officer
- 6.2 One of the Non-Executive Directors shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.
- 6.3 The following shall be invited to attend all meetings of the Committee:
- Governor observer (see 6.4 for appointment process)
 - CCG quality lead representative
- 6.4 The process for selecting the Governor observer is a matter for the Chair of the Council of Governors and Governors. In the event that the nominated Governor observer is unable to attend a meeting, the Committee Chair will allow a substitute Governor to attend.
- 6.5 Other members/attendees may be co-opted or requested to attend as considered appropriate.

7 Attendance

- 7.1 A register of attendance will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, select a substitute or replacement
- 7.2 If any member of the Committee has been disqualified from participating on an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

8. Quorum

- 8.1 The quorum necessary for the transaction of business shall be 4 members, of which two Non-Executive Directors and either the Medical Director or Chief Nurse must be present.
- 8.2 A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.
- 8.3 Deputies will not count towards the quorum.
- 8.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

9. Decision-Making and Voting

- 9.1 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote.
- 9.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 9.3 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote,
- 9.4 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

10. Administration

- 10.1 The Committee shall be supported by the Director of Corporate Governance and Trust Secretary or their nominee, whose duties in this respect will include:
 - 10.1.1 in consultation with the Committee Chair and Chief Nurse develop and maintain the reporting schedule to the Committee.
 - 10.1.2 collation of papers and drafting of the agenda for agreement by the Chair of the Committee.
 - 10.1.3 taking the minutes and keeping a record of matters arising and issues to be carried forward.
 - 10.1.4 advising the Committee of scheduled agenda items.
 - 10.1.5 agreeing the action schedule with the Chair and ensuring circulation.
 - 10.1.6 maintaining a record of attendance.

11. Meetings

- 11.1 Meetings will be held on the following basis:
 - 11.1.1 meetings will be held bi-monthly (every two months).
 - 11.1.2 meeting duration will be no longer than 3 hours.
- 11.2 The Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.
- 11.3 Items for the agenda should be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other business'.

- 11.4 The agenda will be issued by email to the Committee members and attendees, one week prior to the meeting date, together with the action schedule and other associated papers.
- 11.5 An action schedule will be circulated to members following each meeting and must be duly completed and returned to the Committee Secretary for circulation with the following meeting's agenda and associated papers.

12. Conduct of meetings

- 12.1 Members will be expected to conduct business in line with the Trust's values and objectives.
- 12.2 Members must demonstrably consider the equality and diversity implications of decisions they make.

13. Reporting

- 13.1 The Committee will provide a report to the Trust Board of Directors in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable).
- 13.2 The Committee will receive reports as per the meeting work plan.
- 13.3 A briefing from those Groups reporting up to the Committee detailing items for escalation and key risks (as applicable) will be received by the Committee along with exception reports as agreed.

14. Review

- 14.1 As part of the Trust's annual committee effectiveness review process, the Committee shall review its collective performance.
- 14.2 The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

15. Monitoring effectiveness

- 15.1 In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board, the Chair will ensure that once a year a review of the following is undertaken and reported to the next meeting of the Committee:
- The objectives set out in section 3 were fulfilled; and
 - An annual self-assessment on the effectiveness of the Committee is undertaken.