

TERMS OF REFERENCE

Version:	1.0
Approved by:	Quality Assurance Committee
Date approved:	n/a
Approved by:	Board of Directors
Date approved:	24 April 2024
Date issued:	24 April 2024
Review date:	April 2025
Relevant documentation to read in conjunction:	Governance Manual and appendices Standards of Business Conduct Policy Conflicts of Interest Policy Fit & Proper Persons SOP Risk Policy, Risk Strategy and SOP

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

1. Constitution and Authority

- 1.1. The Committee is constituted as a Standing Committee of the Board of Directors (the “Board”) of Torbay and South Devon NHS Foundation Trust (the “Trust”). Its constitution and terms of reference are subject to amendment by the Board, to which it remains accountable.
- 1.2. These terms of reference may only be changed with the approval of the Board.
- 1.3. The Committee shall embody the principles of the NHS Constitution and the Trust’s values, at all times.
- 1.4. The Committee shall have the ability to delegate and establish Sub-Committees or other groups as and when required, with ultimate discretion to disband such groups, in accordance with this provision.
- 1.5. These Terms of Reference shall be published on the Trust’s website.

2. Purpose

2.1. The purpose of the Committee is to:

- 2.1.1. 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 and
- 2.1.2. ensure that the risks associated with the quality of the delivery of patient care are identified and managed appropriately.

2.2. The Committee is responsible for:

- 2.2.1. reviewing proposed quality improvement priorities and monitoring performance and improvement against the Trust’s quality priorities and the implementation of the Quality Account;
- 2.2.2. seeking assurance in the implementation of action plans to address shortcomings in the quality of services should they be identified; and
- 2.2.3. the ongoing monitoring of compliance with national quality standards and local requirements.

2.3. The Committee will promote local level responsibility and accountability.

2.4. This is a Tier 1 Committee, in accordance with the Trust's governance framework.

3. Duties

3.1. In pursuance of its purpose, the duties delegated to the Committee cover quality improvement, governance and risk, quality and safety reporting and audit and assurance.

3.2. Quality and Improvement

3.2.1. Monitor and review the quality of clinical and social care services provided by the Trust. This will include review of:

3.2.1.1. the systems in place to ensure the delivery of safe, high quality, person-centred care

3.2.1.2. quality indicators flagged as 'of concern' through escalation reporting or as requested by the Trust Board

3.2.1.3. an action log evidencing progress toward completion

3.2.1.4. progress toward delivery of the Trust's clinical strategy

3.2.2. Review variances against quality and operational performance standards.

3.2.3. 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.

3.2.4. Ensure there is a robust Quality and Equality Impact Assessment process to mitigate any adverse impact of service changes or reconfiguration.

3.2.5. 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.

3.2.6. Receive, through the reporting schedule, assurance of high-quality care provision and compliance with national and local guidelines, standards and requirements.

3.2.7. 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.

3.2.8. 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.

3.2.9. Ensure the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the quality of care.

3.3. Governance and Risk

3.3.1. 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.

3.3.2. Promote an open culture in which incident and risk reporting is encouraged and supported as part of the delivery of safe and effective healthcare.

3.3.3. Seek assurance on the process for reviewing and reporting complaints, adverse events and serious incidents and sharing the learning from these.

3.3.4. Seek assurance against compliance with national clinical standards including NICE guidelines/guidance and any rationale for non or partial compliance.

3.3.5. 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.

3.3.6. Establish an annual work plan which the Committee will review at each meeting.

3.4. Quality and Safety Reporting

3.4.1. Receive reports from each of the Committee's sub-groups.

3.4.2. Receive and review submissions to national bodies and make recommendations for sign-off by the Trust Board.

3.4.3. Receive annual assurance reports including but not limited to: infection control, safeguarding, fractured hips, falls, dementia, palliative and end of life care, resuscitation, learning from deaths, health and safety, safety and risk, and learning for children and young people.

3.5. Audit and Assurance

3.5.1. Receive and review the findings of quality related Internal Audit reports and seek assurance that recommendations are implemented in a timely and effective way.

3.5.2. Approve and oversee delivery of the Clinical Audit Plan and provide assurance to the Audit Committee of delivery.

3.5.3. Receive by exception information of national clinical audits where the Trust is identified as an outlier or a potential outlier.

3.5.4. Receive reports from invited service reviews and external visits (as appropriate) and seek assurance regarding delivery of actions.

3.5.5. Receive reports on significant concerns or adverse findings highlighted by external bodies in relation to quality and safety and the actions being taken.

3.6. Any other relevant matter as may arise from time to time, requiring detailed Non-Executive oversight, under the direction of the Chair.

4. Powers

4.1. In accordance with the delegated authority outlined above, the Committee is authorised to seek any information it requires from any member of staff, who shall be under a positive obligation to co-operate with any request made by the Committee.

4.2. The Committee may request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary in the best interests of the Trust.

4.3. The Committee derives its power from the Board and has no powers, other than those specifically delegated in these terms of reference.

5. Membership and Attendance

5.1. The Membership shall be defined by the Board under direction of the Chair; for avoidance of doubt membership shall always include:

- Non- Executive Director (Chair)
- Non-Executive Director
- Non-Executive Director
- Chief Medical Director
- Chief Nurse
- Chief Operating Officer
- Chief People Officer

5.2. 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.

5.3. Other members/attendees may be co-opted or requested to attend as considered appropriate.

5.4. All other members of the Board of Directors shall be entitled to attend and receive Committee agenda and papers.

5.5. Unless otherwise determined by the Chair, the duration of appointments to this Committee shall be for a continuous term, with annual review; for the avoidance of doubt, no member may continue to attend following the completion of their Non-Executive or Executive role at the Trust.

5.6. Governor and Devon ICS representatives may be invited to attend as observers.

6. Meeting Administration, Record Keeping and Decision-Making

6.1. The Committee shall be supported by a Committee Secretary, or their nominee, who shall be appointed by the Chair.

6.2. The duties of the Committee Secretary shall include, the:

6.2.1. creation and maintenance of a work plan and reporting schedule;

6.2.2. collation of papers and drafting of the agendas;

6.2.3. record of proceedings and decisions taken by the Committee; including decisions taken in writing outside of the meeting; with such record presented at the following meeting for approval; and

6.2.4. where the Committee have met, virtually or otherwise a record of those present and in attendance should be maintained.

6.3. Items for the agenda must be sent to the Committee Secretary a minimum of seven (7) working days prior to the meeting. Urgent items may be raised under any other business.

6.4. A decision is taken in accordance with these Terms of Reference when a quorate majority of the members indicate to each other, by any means, that they share a common view on a matter; with each Member holding one vote.

6.5. In the event of equality of votes (however communicated) in relation to a specific matter the Chair may exercise a casting vote.

7. Quorum

7.1. The quorum necessary for the transaction of business shall be three (3) members; including the Chair, or their nominated deputy. In order to be quorate at least two (2) non-executive directors and one (1) executive director must be present.

7.2. 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.

7.3. Deputies shall count towards the quorum.

8. Frequency of Meetings & notice

8.1. The Committee shall meet as required, at the discretion of the Chair. Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Chair or any of its members.

8.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five (5) working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time.

9. Conduct of Meetings and Conflicts of Interest

9.1. Except as outlined above, meetings shall be conducted in accordance with the provisions of the Trust's Standing Orders.

9.2. As per the Trust's Standards of Business Conduct Policy and Conflicts of Interest Policy, any potential, actual or perceived conflict of interest shall be declared and managed through the Trust's declaration procedure; noting the enhanced obligations of Executive Officers in accordance with the Trust's Fit and Proper Persons Regulations SOP.

9.3. At the commencement of any meeting, or should any potential, actual or perceived conflict arise during a meeting, the relevant Committee member must declare this and recuse themselves from any relevant decision; this shall be formally noted in the minutes of the meeting.

10. Review and Monitoring Effectiveness

10.1. As part of the Trust's committee effectiveness review process, the Committee shall review its collective performance annually. The purpose of this review is to be assured that the Committee 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.

10.2. The Committee shall review its Terms of Reference and membership annually.