

Quality Assurance Committee (QAC)

Terms of Reference

1. Constitution

The Quality Assurance Committee is established as a Committee of the Board of Directors of Frimley Health NHS Foundation Trust (the Trust).

The Quality Assurance Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require Board of Directors approval.

2. Authority

The Quality Assurance Committee is directly accountable to the Board of Directors. All minutes of committee meetings will be reported directly to the Board of Directors and Audit Committee (Assurance).

The Quality Assurance 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 cooperate with any request made by the Quality Assurance Committee.

The Quality Assurance Committee is further authorised by the Board to obtain external independent professional advice and to secure the attendance of specialists with relevant experience and expertise if it considers this necessary.

3. Aim

The aim of the Quality Assurance Committee is to provide assurance to the Board of Directors 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 provide excellent quality care by excellent people.

4. Objectives

Specific responsibilities of the Quality Assurance Committee include:

- Providing assurance that the risks associated with the Trust's provision of excellent care are identified managed and mitigated appropriately. In doing so, the Quality Assurance Committee may consider any quality issue it deems appropriate to ensure that this can be achieved.
- Providing assurance to the Board by:
 - Ensuring that the strategic priorities for quality assurance are focused on those which best support delivery of the Trust's quality priorities in relation to patient experience, safety of patients and service users and effective outcomes for patients and service users;
 - Reviewing the independent annual Clinical Audit Programme, ensuring it provides a suitable level of coverage for assurance purposes, and receiving reports as appropriate;

- Reviewing compliance with regulatory standards and statutory requirements, for example those of the Duty of Candour, the CQC, NHR and the NHS Performance Framework.
 - Reviewing non-financial risks on the Risk Assurance Framework which have been assigned to the Quality Assurance Committee and satisfying itself as to the adequacy of assurances on the operation of the key controls and the adequacy of action plans to address weaknesses in controls and assurances;
 - Reviewing the Annual Quality Report ahead of its submission to the Board for approval.
- Overseeing 'Deep Dive Reviews' of identified risks to quality identified by the Board or the Committee, particularly "Serious Incidents Requiring Investigation" and how well any recommended actions have been implemented.
 - The Committee may also initiate such reviews based on its own tracking and analysis of quality trends flagged up through the regular performance reporting to the Board.

5. Method of Working

A standard agenda as follows will be used by the Quality Assurance Committee:-

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the Previous Meeting
4. Action Log
5. Progress on Quality Improvement Priorities
6. Clinical Governance Committee Reports
7. Any Other Business
8. Date of Next Meeting

All Minutes of the Quality Assurance Committee will be presented in a standard format, as set out in Appendix A.

All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for the purposes of review and follow-up. The action log template is attached at Appendix B.

6. Membership

The Members of the Quality Assurance Committee shall comprise three Non-Executive Directors, one of whom will be Committee Chair, the Director of Nursing, Medical Director and Chief Executive. In the absence of the Committee Chair and with the agreement of the other attending members' one of the other Non-Executive Directors will chair the meeting.

Executive Directors along with any other appropriate attendee will be invited to attend by the Committee Chair when the Committee is discussing areas of risk or operation that fall under their direct responsibility.

The Company Secretary or deputy will attend all meetings to ensure coordination.

7. Quorum

The quorum shall be four members, of which at least two must be Non-Executive Directors.

8. Frequency of Meetings

The Quality Assurance Committee will meet at least on quarterly basis to ensure it is able to discharge all its responsibilities.

9. Secretariat

The agenda will be prepared by the Committee Chair with input from the Committee members and other regular attendees, who may propose items for inclusion in the agenda. Items for inclusion in the agenda will be submitted a minimum of two weeks prior to the meeting. The agenda with associated meeting papers will be distributed to members of the Committee one week prior to the meeting. Draft minutes of the meetings will be distributed to all members within one month of the meeting. The date for the next meeting will be arranged and distributed to all members within one month of the meeting. The date for the next meeting will be arranged and distributed to all members with the draft minutes.

10. Reporting Lines

The minutes of each Committee meeting will be reported to the private Board of Directors. Furthermore, the minutes will be shared with the Audit Committee (Assurance) and vice versa. A summary of the minutes of each meeting will be included in the next public board agenda.

Where a significant risk emerges either through a report or through discussion at a Committee meeting, this will be reported to the Board by the Committee Chair. The outcomes of any 'Deep Dive Reviews' will be reported to the Board and any follow up action kept under review by the Committee.

The Quality Assurance Committee has no formal sub-committees but will receive a variety of reports from other committees, as needed, to allow it to carry out its stated duties.

The minutes of the Clinical Governance Committee (CGC), Patient Experience Forums, (PEF) and Patient Safety Committee, (PSC) will be reported to the Committee. The Committee Chair will advise the Board of issues requiring action that have been raised at the CGC, PEF and PSC.

In accordance with their terms of reference, the Quality Assurance Committee and the Audit Committee (Assurance) will work together, share information with each other, and may refer issues to each other for investigation.

Reviewed by: Committee

Date: 13 November
2018

Approved by: Board of Directors

Date: 7th December 2018

Review date: **November 2019**