

## 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 the Committee Chair provides an annual report on the Clinical Audit Plan to the Audit Committee

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 to the Board by;

- Ensuring 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.
- Ensuring that the strategic priorities for Quality Assurance, including Quality Improvement, 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;
- 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.

- Reviewing compliance as required with regulatory standards and statutory requirements;
- Reviewing non-financial risks on the Board Assurance Framework and Corporate Risk Register 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 independent annual Clinical Audit Programme, ensuring it provides a suitable level of coverage for assurance purposes, and receives the appropriate reports;
- Reviewing the Annual Quality Report ahead of its submission to the Board for approval.
- Reviewing other annual reports as needed

## **5. Method of Working**

The agenda will normally include the below standing items from the Committee planner.

1. Apologies for Absence
2. Declarations of Interest
3. Minutes of the Previous Meeting
4. Action Log
5. Progress on Quality Improvement Priorities
6. Patient Safety Report
7. Patient Experience Update
8. Mortality Report
9. Infection Control Report
10. Maternity and Neonates Update
11. Board Assurance Framework (“BAF”) and Corporate Risk Register (“CRR”)
12. Any Other Business
13. Date of Next Meeting

## **6. Membership**

The Members of the Quality Assurance Committee shall comprise three Non-Executive Directors, one of whom will be Committee Chair, the Chief of Nursing and Midwifery, Medical Director, the Director of Transformation, Innovation and Digital Services 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, the Chief of Nursing and Midwifery and Medical Director and two Non-Executive Directors. In the event that either the Chief of Nursing or Medical Director is unable to attend they should nominate a Deputy to attend in their place.

## **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.

The date for the next meeting will be arranged and distributed to all members within one month of the meeting, with the draft minutes from the previous meeting

## 10. Reporting lines and relationship with other Board committees

The minutes of each Committee meeting will be reported to the private Board of Directors. A summary of the minutes of each meeting should 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 will receive a variety of reports from other committees, as needed, to allow it to carry out its stated duties. The below table confirms the shared NED membership across the Board committees to facilitate the communication of issues and discussion around agenda items that fall within the remit of more than one committee.

Board Committee	Chair	NED Members
Audit	Gary McRae	John Lisle and Janet Rubin
Finance and Investment	John Weaver	Gary McRae and John Lisle
People	Mike Baxter	Janet Rubin, John Weaver and Jackie Westaway
Quality Assurance	Linda Burke	Mike Baxter, Gary McRae, Jackie Westaway and Na'eem Ahmed (Associate Non-Executive Director)

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

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Reviewed by: Quality Assurance Committee

Date: 20 June 2024

Approved by: Board of Directors

Date: 5 July 2024

Review date: **June 2025**