

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

- 1.1 The Quality Assurance Committee is established under Standing Order 6 of the Board of Directors.
- 1.2 The Standing Orders of the Board of Directors, as far as they are applicable and with any appropriate alterations, shall apply to meetings of the Committee.

2 STRATEGIC PURPOSE

- 2.1 The lead provider of oversight and assurance, on behalf of the Board of Directors, on the delivery of the Trust's Strategic Goal "To co-create a great experience for our patients, carers and families".
- 2.2 The provision of assurance to the Board of Directors on the quality, safety and effectiveness of the Trust's clinical and operational services.

3 FUNCTIONS

- 3.1 To provide assurance to the Board that the Trust is discharging its duty of quality and safety in compliance with the Health and Social Care Act 2008.
- 3.2 To gain and provide assurance to the Board on compliance with:
 - (a) Regulatory requirements enabling the Trust to maintain registration with the Care Quality Commission to undertake regulated activities at each location;
 - (b) Standards of quality and safety as set out in the Fundamental Standards prescribed in the Health and Social Care Act (Regulated Activities) Regulations 2014;
 - (c) Other statutory and regulatory requirements and national guidance relating to quality and safety including but not limited to:
 - Safe Staffing
 - Infection Prevention and Control
 - Safeguarding
 - Sexual safety
 - Medical Devices
 - Medicines Management
 - Mortality Reviews including Learning Disabilities Mortality Review (LeDeR)

- The Duty of Candour
 - Complaints
 - Serious Incidents
 - Use of Force
 - Fundamental standards of care
- 3.3 To oversee and gain assurance on behalf of the Board that effective structures, systems and processes are put in place, maintained and continually improved to:
- (a) Co-create and deliver a high-quality experience and outcomes for all patients and their carers and families both individually and collectively.
 - (b) Identify and manage risks to quality and safety.
 - (c) Investigate, review, and report on complaints, adverse events and serious incidents.
 - (d) Learn and ensure that best practice is shared, implemented and embedded across the Trust.
 - (e) Deliver clinical care with other providers including transfers of care.
- 3.4 To promote a compassionate and open culture in which incident and risk reporting is encouraged and supported as part of the delivery of safe and effective care.
- 3.5 To consider the findings of reviews and investigations into the delivery of healthcare services by the Trust (including those undertaken or commissioned by the Care Quality Commission or NHS England) and management's responses to them, and to monitor progress on the implementation of agreed actions.
- 3.6 To gain assurance on compliance with national clinical standards including NICE guidelines/guidance and any rationale for non or partial compliance.
- 3.7 To oversee the development and monitor the delivery of the priorities included in the Trust's annual Quality Account.
- 3.8 To make recommendations about priorities in the Trust's Annual Quality Account for the following year.
- 3.9 To oversee the governance of research and development.
- 3.10 To gain assurance on the work of the Drugs and Therapeutics Committee including the safety of medication management.
- 3.11 To commission and monitor projects/programmes of work to assist the Trust to maintain CQC registration and/or discharge its duty of quality and safety.
- 3.12 To agree in consultation with the Audit and Risk Committee, an annual Clinical Audit programme (aligned to the key clinical risks of the Trust); and to monitor that programme and liaise with the Audit and Risk Committee as appropriate.

- 3.13 To establish and monitor a range of quality and safety metrics and the metrics in the Quality Dashboard.
- 3.14 To identify and escalate any significant risks related to the Committee's purpose and functions to the Board, taking into account agreed risk appetite and tolerances.
- 3.15 To review the scope, impact and management of risks contained within the Board Assurance Framework and the Corporate Risk Register, as relevant to the Committee's purpose and functions, and to gain assurance on the delivery and effectiveness of mitigation plans.
- 3.16 To maintain oversight of and gain assurance on the quality of services commissioned by the Trust.
- 3.17 To conduct an annual review of effectiveness.

4 DELEGATED AUTHORITY

- 4.1 Approval of any administrative actions as may be necessary to facilitate the delivery of the Committee's functions.

- 4.2 Authority to investigate any activity within the Committee's functions.

(Note: All employees are directed to cooperate with any request made by the Committee)

- 4.3 Authority to commission external support and advice relating to its purpose and functions.
- 4.4 Approval of an annual programme of clinical audit, subject to consultation with the Audit and Risk Committee.
- 4.5 Approval of action plans in response to the findings and recommendations of external reviews and investigations into the provision of healthcare services by the Trust except in cases where the Board expressly states that it wishes to retain these powers. This includes the approval of responses to internal audit reports.
- 4.7 Approval of quality and safety metrics, for example changes to the Quality Dashboard and IPD measures.
- 4.8 Authority to commission projects/programmes of work to assist the Trust to maintain CQC registration and/or discharge its duty of quality and safety.
- 4.9 Authority to approve the completion of CQC Action Plans.
- 4.10 Approval of responses to Section 28 letters.

5 MEMBERSHIP

- 5.1 The Committee shall comprise:
- A Non-Executive Director as the Chair of the Committee
 - Two other Non-Executive Directors / Associate Non-Executive Directors
 - Executive Chief Nurse
 - Executive Medical Director
 - Executive Director of Therapies
 - The Managing Directors (Joint Membership)
- 5.2 The Chair of the Committee shall be appointed by the Board of Directors.
- 5.3 Regular deputy or substitute members (with voting rights) may be appointed by Members of the Committee to attend particular meetings, on their behalf, where their absence is unavoidable. Notice of the appointment of a deputy/substitute member must be provided to the Chair of the Committee and the Corporate Governance Manager, in writing, before the meeting commences.
- 5.4 The NENC and HNY ICB Chief Nurse will delegate a regular attendee at the Quality Assurance Committee.

6 ATTENDANCE AT MEETINGS

- 6.1 All other Board Members, the Lived Experience Directors, subject matter experts and Care Group Clinical Leaders shall be invited to attend and participate in meetings of the Committee (but not to vote). To facilitate this, copies of all agendas and papers for meetings will be provided to them.
- 6.2 Officers of the Trust shall be invited to attend meetings of the Committee to deliver reports and to support the Committee's discussions on them.
- 6.3 External independent experts may be invited to attend meetings where their advice would be beneficial in the consideration of matters within the purpose and functions of the Committee.
- 6.4 Subject to the agreement of the Board, a specified number of service users or carers may be invited to attend and participate in meetings of the Committee (but not to vote) in order to gain their perspectives on the matters under consideration. In addition patients/service users may be invited to attend meetings of the Committee to share their experience of the care they received.

7 SECRETARY

- 7.1 The Company Secretary, or an officer appointed by them shall be the Secretary of the Committee.

8 QUORUM

- 8.1 A quorum shall be not less than three Members, two of whom must be Non-Executive Directors and one clinical Executive.

9 FREQUENCY OF MEETINGS

- 9.1 The Committee shall meet at least 10 times per year. The arrangements for these meetings shall be set to support the timely provision of assurance to the Board.
- 9.2 The Committee shall also hold at least one developmental session per year to consider and discuss topics agreed by the Chair of the Committee.

10 REPORTING

- 10.1 Following every meeting the Chair of the Committee shall report to the next meeting of the Board of Directors:
- To advise of the business transacted.
 - To escalate any material matters of concern which may require a response from the Board or which might impact on the functions of another Board Committee.
 - To provide assurance on the progress being made on the delivery of strategic plans related to its principal purpose.
 - To provide a commentary on the assurances it has received, drawing the Board's attention to any positive assurances and gaps in assurance (including actions being taken to address them).
 - To provide assurance on the management of strategic and operational risks which relate to its principal purpose and functions and to advise the Board of any new risks identified and actions being taken to address them.
 - To seek the Board's approval of any recommendations made by the Committee.
 - To inform the Board of any other matters that the Committee considers important to bring to its attention.
 - To provide the Board with a summary of risks to quality as an outcome from the consideration of the Integrated Performance Dashboard (IPD).

11 REVIEW

- 11.1 The terms of reference of the Quality Assurance Committee shall be reviewed at least annually.

Amended 26/06/24
Date of next review:
(June 2025)