

Quality Assurance Committee

DRAFT Terms of Reference

1. Purpose

The purpose of the Committee is to lead on behalf of the Board of Directors the acquisition and scrutiny of assurances regarding:

- Regulatory compliance and risk
- Patient safety, clinical effectiveness, and patient experience:
- The effectiveness of quality governance frameworks:
- Learning and quality improvement:
- Progress against the Patient Safety and Quality Strategy.

2. Objective

The Committee will provide oversight and assurance against the Trust's vision to provide the highest quality specialist and integrated care, and to focus on care quality, effectiveness and patient experience and will do so through its duties as stated at section 7 of these Terms of Reference. The Committee will receive configured data, review progress, and advise on improvements in relation to the following of the Trust's goals:

- Ensure people receive person-centred care in the most appropriate environment and setting.
- Be in the top quartile for holistic health performance.
- Be a leading academic healthcare institution.
- Have an embedded culture of service improvement and innovation.

Data sets provided to the Committee will be in a format which allows the Committee to be alerted to areas of variance or escalation and enable it to fulfil its function as an assurance Committee.

3. Authority

The Committee is constituted as a standing committee of the Board of Directors.

The Committee is authorised by the Trust Board to investigate any activity within its Terms of Reference, with adherence to the Trust's scheme of delegation and standing financial instructions (SFIs). The Committee can request information, reports, and assurances from any employee in relation to those areas within these Terms of Reference and all employees are directed to cooperate with any request made by the Committee.

The Committee may invite any Director, Executive, external or internal auditor, or other persons to attend any meetings of the Committee if this is considered beneficial to assist the Committee in the attainment of its objectives.

In consultation with the Board of Directors, the Committee can access independent professional advice and secure the attendance of persons outside the Trust with relevant experience and expertise if it considers this necessary.

The Quality Assurance Committee is a standing committee in that its responsibilities and purpose are not time limited. It will continue to meet in accordance with these Terms of Reference until the Trust Board determines otherwise.

4. Membership and Quoracy

The Committee Membership shall be disclosed in the Annual Report and shall be a minimum of three independent Non-Executive Directors of the Board. At least one of the members shall have recent and relevant Clinical experience. There shall be no deputies allowed in the absence of a member attending. In the event that the Committee chair is absent, one of the other independent Non-Executive Directors will preside as Chair.

The Director of Quality and Director of Corporate Affairs shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate and agreed with the Committee Chair.

The Chief People Officer, Director of Estates and Facilities, Chief Digital Information Officer, Deputy Chief Medical Officer/ Medical Director (Governance and Risk), Deputy Chief Nurse and Head of Quality Governance & Patient Safety Specialist shall be in attendance at all meetings except in relation to reserved business. They may send deputies to represent them in their absence or invite specific colleagues to address the Committee where appropriate.

A quorum shall be three members, comprising two Non-Executive Directors and one Executive Director. In exceptional circumstances, an Executive Director member may send an appropriate nominated deputy in their place, and this will count towards the quorum.

5. Attendance and Secretariat

Members should make every effort to attend all meetings of the Committee and will be required to provide an explanation to the Chair of the Committee if they fail to attend more than two meetings in a financial year. If a member fails to attend more than three meetings in a financial year, the Chair of the Committee will consider with the Chair of the Trust the appropriate action to be taken. The Committee Secretary will monitor attendance by members and report this to the Chair of the Committee annually.

Other Executive Directors and other Trust staff will be invited to attend for specific agenda items with the agreement of the Chair of the Committee.

The Director of Corporate Affairs will ensure that the Trust Secretariat Team provides a Secretary to the Committee and appropriate administrative support to the Chair and Committee members. This will include agreement of the agenda with the Chair and Executive leads, collation and circulation of papers, producing the minutes of the meetings, keeping a record of agreed actions and follow up, and advising the Chair and members of the Committee as appropriate.

6. Frequency of meetings

The Committee shall meet with such frequency and at such times as it may determine, and the Chair may convene additional meetings of the Committee if necessary to consider business that requires urgent attention.

It is expected that the Committee shall meet a minimum of four per year with normal practice of meetings to be held bi-monthly.

7. Duties of the Committee

The primary duties of the Committee will be (but not limited to):

Regulatory, Governance and Strategy

- To consider and endorse the Trust's Patient Safety & Quality Strategy and periodically review the adequacy of resources and organisational capability to deliver against this.
- To consider the scope of any strategic quality improvement plans and be satisfied that the breadth and depth of the planned work is sufficient to meet the Board's assurance needs, and that there is sufficient resource, capacity, and capability to deliver the plan.
- To provide oversight of regulatory inspections and receive assurance on progress of any associated action plans or findings.
- To consider any findings of major investigations or reviews (internal or external to the Trust) relevant to patient safety, clinical effectiveness, or patient experience, as delegated by the Board or on the Committee's initiative and consider management's response.
- To consider and review, where required by the Board or Audit Committee, the treatment of specific matters concerning patient safety, clinical effectiveness, or patient experience, raised in accordance with the Public Interest Disclosure Act and evaluate the appropriateness and effectiveness of the management response.
- To provide oversight to the Trust's Public Health and Health Inequalities strategies and be satisfied that the breadth and depth of the planned work is sufficient to meet the Board's assurance needs, and that there is sufficient resource, capacity, and capability to deliver the plan.
- To provide oversight and review the thematic findings of the Board Leadership Walkround programme and make recommendations to the Board of any changes to the planned programme in response to findings.

Patient Safety, Clinical Effectiveness and Patient Experience

- To be satisfied that the breadth and depth of the Trust's patient safety, clinical effectiveness and patient experience control framework (i.e. policies and procedures) are well designed, effective and embedded in clinical practice.
- To seek assurance on the processes in place for investigating and learning from patient safety incidents, including how wider learning messages are cascaded across the organisation.
- To explore, explain and justify the Trust's patient safety record, clinical outcomes, patient experience ratings, compliance with Fundamental Standards of Care and learning effectiveness.
- To consider and review reports and information relevant to clinical quality, including quality measures, incident reports, mortality data, Healthcare Acquired Infections (HCAI) data and audit results, and evaluate and consider management's response.
- To annually review the LTHT Winter Plan and seek assurance there is sufficient resource, capacity and capability to deliver the plan and that appropriate mitigations have been put in place to mitigate quality and clinical risk.
- To review and seek assurance on behalf of the Board against Hip fractures, Falls, Dementia, Palliative Care & End of Life, Safeguarding, Learning Disability & Autism, Resuscitation, Children & Young People, Scrutiny will be applied via the Committee sub-committee structure with assurance and escalation as appropriate.

Quality Governance

- To receive performance data on essential quality metrics and triangulate information with the wider reports received by the Committee.

- Be satisfied that there is appropriate co-ordination between clinical, internal, and external audit programmes where appropriate (such as in respect of Quality Account indicators).
- To consider and review the Trust's compliance with the statutory Duty of Candour, and to be satisfied that the Trust is being open, honest, and effectively engaging and supporting patients and their relatives who have been involved in a notifiable patient safety incident.
- To provide advice to the Board on whether the Quality Account, taken as a whole, is fair, balanced, and understandable and provides the information necessary stakeholders need to assess the Trust's performance.
- To review the assurance provided from its Patient Experience Group sub-committee on the management and timeliness in responding to complaints, and to review the impact and capacity of the quality assurance process. The Committee will also seek assurance in relation to trust wide improvement plans.
- To receive oversight of the development of a Trust Patient Safety Incident Response Plan (2027-2029)

Other Assurance Functions

- To review on behalf of the Audit Committee the findings of Internal and External Audit reports covering matters within the remit of the Quality Assurance Committee, seeking assurance that appropriate actions are identified and implemented in response to recommendations and that learning is shared across the organisation.
- To receive and review entries on the Board Assurance Framework (BAF) which are to be overseen by the Quality Assurance Committee and ensure that they are appropriately reflected on the Committee's work programme to enable the Committee to gain assurance on the effectiveness of the controls in place and progress in addressing gaps in control and assurance.
- Consider the control and mitigation of quality high-rated risks and provide assurance to the Board that such risks are being effectively controlled and managed.
- To seek assurance and act upon escalations arising from its sub-committee structure

8. Reporting and Assurance

The Committee will receive a regular report from the Chief Medical Officer and/or Chief Nurse covering issues escalated from relevant executive groups. The Committee will also receive regular exception reports from any sub-committee it establishes which will include:

- Quality and Safety Assurance Group (QSAG)
- Patient Experience and Engagement Group (PEEG)
- Clinical Effectiveness and Outcomes Group (CEOG)

The minutes of the Committee's meetings will be provided to the Trust Board alongside a written Committee Chair's Summary Report highlighting any areas of exception, providing a summary of key assurances, and drawing attention to any matters that require disclosure or escalation to the Board, specifically where there is a lack of assurance in any aspect of the Patient Safety and Quality strategy.

The Committee will provide an annual report to the Board of Directors on the effectiveness of its work and findings, including its review of relevant Board Assurance Framework entries and regulatory compliance. This will be based on an annual effectiveness review to be undertaken by the Committee (with the involvement of regular attendees and report authors) which will inform its forward work plan.

The Committee will report annually to the Audit Committee on its work in support of the Annual Governance Statement and Quality Account. Reports will specifically comment on patient safety, clinical outcomes, patient experience/satisfaction, the effectiveness of quality governance arrangements; and the appropriateness of any compliance disclosure made or to be made by the Board.

9. Links to other Board Committees

The Trust's Audit Committee will retain overall responsibility for monitoring, reviewing, and reporting to the Board of Directors on all aspects of governance, risk management and internal control. It will do so having regard to the assurance provided by the Quality Assurance Committee in undertaking its work programme.

Where there is a perceived overlap of responsibilities between the Trust's Audit Committee, Finance & Performance Committee, Workforce Committee and Risk Management Committee, usually in consultation with the Director of Quality and Director of Corporate Affairs, the respective Committee Chair shall have the discretion to agree the most appropriate Committee to fulfil any obligation.

10. Monitoring and Review

These Terms of Reference will be reviewed by the Committee and approved by the Board of Directors annually or as any significant amendments to the Committees primary duties arise.

The Committee will commit to undertaking an annual review of the effectiveness of the Committee to inform the Committee's annual report to the Board of Directors and the following year's work programme.

Version Control	Date of Board Approval	Comments
V1 Draft		New template and amendments to wording