

BARTS AND THE LONDON NHS TRUST

QUALITY ASSURANCE COMMITTEE

TERMS OF REFERENCE

1. Authority

- 1.1 The Quality Assurance Committee is constituted as a non-executive standing committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference. Its constitution and terms of reference are set out below and can only be amended with the approval of the Trust Board.
- 1.2 The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee of the Trust and all employees are directed to cooperate with any request made by the Committee.
- 1.3 The Committee is authorised by the Trust Board to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

2. Purpose

- 2.1 The Quality Assurance Committee will monitor, review and report on the quality of services provided by the Trust. This will include review of:
 - Governance, risk management and internal control systems to ensure that the Trust's services deliver safe, high quality, patient-centred care.
 - Quality indicators flagged as of concern through escalation reporting or as requested by the Trust Board.
 - Progress in implementing action plans to address shortcomings in the quality of services, should they be identified.
- 2.2 The Quality Assurance Committee will provide assurance to the Trust Board that the most efficient and effective systems are in place and the associated assurance processes are optimal. The Trust Board may request that the Quality Assurance Committee reviews specific issues where it requires additional assurance about the effectiveness of the governance, risk management and internal control systems in place.

- 2.3 The Quality Assurance Committee will also be responsible for reviewing, on behalf of the Trust Board, the proposed quality improvement targets set in the annual plan. It will provide assurance to the Trust Board that improvement targets are based on achievable action plans to deliver them and that quality performance issues are followed up and acted on appropriately.
- 2.4 The Trust's Audit and Risk Committee will have overall responsibility for independently monitoring, reviewing and reporting to the Trust Board on all aspects of governance, risk management and internal control. Section 6 of these terms of reference set out the reporting arrangements which will support the Audit and Risk Committee in discharging this responsibility.

3. Membership

- 3.1 The Committee shall be appointed by the Trust Board and composed of three Non Executive Directors and the Chairman of the Trust. One Non Executive Director will be appointed as the Chair of the Committee and another will be appointed as the Vice Chair by the Trust Board. At least one member of the Quality Assurance Committee should have relevant clinical experience or qualifications.
- 3.2 A quorum shall be two members.
- 3.3 Wherever possible, the Chair of the Quality Assurance Committee should also be a member of the Audit and Risk Committee.
- 3.4 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 two meetings in a calendar year. If a member fails to attend more than two meetings in a calendar year the Chair of the Committee will consider the appropriate action to be taken, including the option of recommending to the Trust Board the removal of the member from the Committee. The Committee Secretary will monitor attendance by members and report this to the Chair of the Committee on a regular basis.

4. Attendance

- 4.1 The following shall be expected to attend meetings at the standing invitation of the Chair of the Committee:

Chief Executive
Medical Director
Chief Nurse
Chief Operating Officer
Director of Corporate Services
Director of Internal Audit
Associate Non Executive Director

Associate Non Executive Director (Community Health Services)

- 4.2 All other Non Executive Directors and the Associate Directors of Risk Management and Quality Improvement shall be welcome to attend and all members of the Trust Board will receive papers to be considered by the Committee.
- 4.3 The Committee may invite other Trust staff to attend its meetings as appropriate. In particular, where appropriate, the Committee will invite clinical teams to attend its meetings to provide assurance on key governance and risk issues.
- 4.4 The Director of Corporate Services will ensure that the Trust Office provides a Secretary to the Committee and appropriate support to the Chair and committee members. This shall include agreement of the agenda with the Chair and attendees, collation of papers, taking the minutes and keeping a record of matters arising and issues to be carried forward and advising the Committee on pertinent areas.

5. Frequency of meetings

- 5.1 Meetings shall be held six times a year, with additional meetings as deemed necessary.

6. Reporting

- 6.1 The Quality Assurance Committee will receive a regular governance and risk exception report covering governance and risk issues escalated from the Quality and Safety Committee and the Risk Management Committee. This will be outlined in a work programme and reporting schedule to be agreed by the Quality Assurance Committee on an annual basis.
- 6.2 The Chair of the Quality Assurance Committee will provide an oral report to the Trust Board after each meeting and the approved minutes of the Committee's meetings will be circulated to all Board members for information. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

The Quality Assurance Committee will provide an annual report to the Audit and Risk Committee on the effectiveness of its work and its findings, including its review of the Integrated Performance and Assurance Framework and corporate risk register and audit reports covering areas within its terms of reference. This will assist the Audit and Risk Committee in discharging its responsibility for providing assurance to the Trust Board in relation to all aspects of governance, risk management and internal control within the Trust. In addition, the Minutes of the latest Quality Assurance Committee meetings will be included on the Audit and Risk Committee agenda.

7. Review

- 7.1 The Terms of Reference should be reviewed by the Committee and approved by the Trust Board at least annually.

8. Duties

Governance, risk management and internal control

- 8.1 To review the establishment and maintenance of an effective system of governance, risk management and internal control, and to provide assurance in relation to the following areas:
- Clinical governance
 - Research and development governance
 - Education and training governance

This will be facilitated by the exception reporting arrangements outlined in paragraph 6.1 above. The Quality Assurance Committee will monitor and review the above areas of governance on behalf of the Audit Committee. The Audit Committee will directly monitor and review financial and corporate governance issues.

- 8.2 To receive and review on an annual basis the Trust's revised Risk Management Strategy and Policy and to make recommendations as appropriate for Trust Board approval.
- 8.3 To receive and review at each meeting those entries on the Trust's Integrated Performance and Assurance Framework (IPAF) which are to be overseen by the Quality Assurance Committee. (Agreement on the allocation of oversight of IPAF risks between the Quality Assurance Committee and the Audit and Risk Committee will be made by the chairs of the two committees.) This will include monitoring progress made in mitigating principal risks and identifying any areas where the Committee requires additional assurance from the executive team. The full IPAF will be received by the Trust Board four times a year.
- 8.4 To receive and review twice a year the corporate risk register, monitoring progress made in mitigating risks and identifying any areas where the Committee requires additional assurance from the executive team.
- 8.5 To receive and review the findings of internal and external audit reports covering patient safety and quality risk and controls and to assure itself that Trust management is implementing agreed recommendations in a timely and effective way. If there is any perceived ambiguity regarding the relative roles of the Audit and Risk Committee and the Quality Assurance Committee in this respect, the committee chairs will liaise to agree a satisfactory approach. Through its annual report to the Audit and Risk Committee and the submission of the Minutes of its meetings to the Audit and Risk Committee, the Quality Assurance Committee will ensure that the Audit and Risk

Committee is informed of its work in this area and the levels of assurance received.

- 8.6 To review and recommend, subject to Audit and Risk Committee approval, those aspects of the annual workplan for Internal Audit relating to non-financial and non-corporate governance issues.
- 8.7 To receive a rolling programme of reports on compliance with the Care Quality Commission's Regulations on Essential Standards of Quality and Safety, grouped by key themes.
- 8.8 To receive and review other key non-financial governance submissions to national bodies, including the NHSLA risk management standards, and to make recommendations for sign off by the Trust Board.
- 8.9 To receive all reports on the Trust produced by the Care Quality Commission and to seek assurance on the actions being taken to address recommendations and other issues identified.
- 8.10 To review the annual Clinical Audit programme and receive assurances from Internal Audit (including an in-depth review on a three-yearly basis) regarding the effectiveness of the clinical audit function.
- 8.11 To receive annual assurance reports in relation to both research and education governance issues.

Quality and safety

- 8.12 To ensure that the Trust learns from national and local reviews and inspections and implements all necessary recommendations to improve the safety and quality of care.
- 8.13 To monitor and review the systems and processes in place in the Trust in relation to Infection Control and to review progress against identified risks to reducing hospital acquired infections.
- 8.14 To monitor and review the effectiveness of actions to support a safer environment for patients, staff and visitors, including the work of the Safer Patients Initiative programme and Patient Environment Action Team (PEAT) assessments.
- 8.15 To review aggregated analyses of adverse events, complaints, claims and litigation to identify common themes and trends and gain assurance that appropriate actions are being taken to address these. To receive reports from the Parliamentary and Health Services Ombudsman regarding upheld complaint referrals.
- 8.16 To monitor the incidence, handling and follow up of Serious Untoward Incidents.

- 8.17 To have a specific focus on the patient experience, reviewing Trust initiatives to learn more about and improve patient experience and spread best practice.
- 8.18 To advise the Trust Board on the appropriate quality and safety indicators and benchmarks for inclusion on the Trust performance dashboard and keep these under regular review.
- 8.19 To monitor performance in achieving the Trust's quality and safety targets and ensure actions are undertaken in a timely way to address any underperformance against targets.
- 8.20 To review the Trust's annual Quality Accounts and make recommendations as appropriate for Trust Board approval.
- 8.21 To receive clinical presentations based around the key annual priorities linked to the Trust's Quality Improvement Strategy.
- 8.22 To receive an exception report from each clinical division on progress in delivering Quality Development Plans and actions taken to enhance clinical quality and safety, including in response to the findings of internal and external reviews, audits and inspections and trends in adverse events, complaints, claims and litigation.

Version history:

Revised by Quality Assurance Committee: 27 February 2008, 13 May 2009

Approved by Trust Board: 23 April 2008, 24 June 2009

Last revised by Quality Assurance Committee: 11 May 2011