

THE QUALITY ASSURANCE COMMITTEE

Terms of Reference

1 AIM

The Quality Assurance Committee will provide assurance to the Trust Board and Audit Committee that there are adequate controls in place to ensure high quality care is provided to the patients using the services provided by Kingston Hospital NHS Foundation Trust.

2 OBJECTIVES

To provide the Board and Audit Committee with assurance that risks to the quality of clinical care have been identified and appropriately controlled.

DUTIES

The Committee will:

- 2.1 Scrutinise the assessment of quality risks identified in the Board Assurance Framework as detailed on the Corporate Risk Register and ensure there is sufficient assurance that these risks are managed by the Trust including actions to eliminate gaps in controls, for example, ensuring that audit programmes address the key issues.
- 2.2 Review the performance of the Trust in meeting its relevant statutory and regulatory obligations including compliance with the NHS Act 2006, the Health and Social Care Act 2008 (and its successor documents) and the CQC (Registration) Regulations 2009 (and its successor documents).
- 2.3 Review the evidence to support the Trust's Quality Governance arrangements.
- 2.4 Monitor and review the Trust's Quality Performance Indicators in relation to quality and safety. The QAC will work with the Clinical Quality Improvement Committee (CQIC) to identify the most valuable quality indicators for the Board and maintain oversight of the clinical quality aspects of CQIC's work to ensure it has appropriate quality monitoring mechanisms in place for all levels of the organisation.
- 2.5 Seek assurances at least annually from management that lessons are being learnt and relevant changes made following incidents, including SIs, complaints and claims.
- 2.6 Review the corporate risk register (in accordance with Risk Management Strategy) seeking assurance that clinical quality risks are accurately reflected and that appropriate action plans are in place to mitigate the risks.
- 2.7 Monitor the Trust's compliance with the CQC's Essential Standards of Quality and Safety.

- 2.8 Monitor and make recommendations on the adequacy and effectiveness of any aspects of the Trust's performance as the Board may request, focusing mainly but not exclusively on outcome measures and liaising with the Finance and Investment and Audit Committees to minimise duplication.
- 2.9 To maintain oversight of quality related strategies.
- 2.10 The Committee shall review the Quality Report elements of regular Monitor submissions prior to endorsement of the Quarterly Reports and statements by the Board of Directors before submission to Monitor, where required.
- 2.11 The Committee shall review and approve the annual Clinical Audit Programme. The Committee will commission audits from clinical audit or internal audit (as appropriate) as and when it requires in year if a risk is identified which requires more focus and increased assurance.
- 2.12 Review the draft Trust Quality Account prior to adoption by the Trust Board.
- 2.13 Seek assurances from the Complaints Committee on the concerns raised in the complaints received by the Trust and reviewed by the Committee.

3 COMMUNICATION

- To report after each meeting to the Trust Board.
- To ensure that the approved minutes of this committee plus any other appropriate and timely information is provided to each meeting of the Audit Committee in order for it to fulfil its function. This is in addition to the Annual Report referred to in Section 16.

4 PERMANENCY

Permanent.

5 MEMBERSHIP

5.1 Chair

Non-Executive Director.

5.2 Internal Lead

Medical Director.

5.3 Other Members

- 3 other Non-Executive Directors
- Director of Nursing and Patient Experience (Deputy – Deputy Director of Nursing)
- Head of Corporate Affairs
- Divisional Directors

The Head of Clinical Audit and Effectiveness will attend the meetings to present Clinical Audit reports

Deputies are not expected to attend meetings on a regular basis. The Chief Executive and Chairman shall have an open invitation to attend.

Of the 4 Non-Executive Directors (including the QAC Chairman); 1 should be a member of the Audit Committee and 1 will be the Chair of the Complaints Committee.

The Committee will also invite relevant individuals to attend specific meetings to contribute to discussions. These individuals will not be members of the committee.

6 ATTENDANCE

1 Members are expected to attend 75% of meetings.

7 QUORUM

- One Non Executive
- Either the Director of Nursing or the Medical Director or their nominated deputies
- 2 other members

8 PAPERS

- Distributed 1 week prior to meeting
- Papers will be shared with Internal Audit

9 FREQUENCY OF MEETINGS

Bi-monthly. The Chairman may call an extraordinary meeting if a serious issue arises between meetings.

10 REPORTING LINES

The Clinical Audit and Effectiveness Committee will formally report into the QAC in respect of approval of the Annual Clinical Audit Programme and regular reports will be received from the Committee. For the remainder of its work it will continue to report into Clinical Quality Improvement Committee.

To support the triangulation of quality information and indicators, the Quality Assurance Committee will receive information / feedback from the Patient Experience Committee.

The Quality Assurance Committee may seek or provide information or reports from or to any Trust Committee / Group or Director as is necessary for the effective delivery of its function. Nevertheless a key reporting line will be the information flowing from and to the Trust Clinical Quality Improvement Committee. The Quality Assurance Committee receives a report, at every meeting, that identifies key risk issues relating to quality raised at the Clinical Quality Improvement Committee and the Compliance and Risk Committee. If required, the Clinical Quality Improvement Committee and/or the Compliance and Risk Committee will escalate any urgent risk issues directly to the Trust Board in the months when the Quality Assurance Committee does not meet. The Committee also receives a report on how potential risks to quality, associated with the Productivity Programme are being identified and managed; this is provided by the Productivity Team, rather than coming via a group/committee.

To enable the Committee (QAC) to be informed of the key quality issues raised by Foundation Trust members the Committee will receive a verbal report from the Governors' Quality Scrutiny Committee. The role of the Governors' Quality Scrutiny Committee is to aid the Council of Governors in their duties with regards to oversight and scrutiny of the activities of non-executive directors in ensuring the Trust is delivering quality services to patients and the involvement of patient and the public in the quality work of the trust.

The Complaints Committee reports to the Quality Assurance Committee. It will meet on a quarterly basis and will provide a report to the Committee on the assurances received through the reviewing of complaints and reports received from Divisions.

11 ACCOUNTABLE TO

Trust Board.

12 SECRETARIAT

Head of Quality and Risk Assurance.

13 OPENNESS

Minutes to be published on the intranet.

14 EFFECTIVENESS

- Annual audit of attendance
- Annual review of compliance with Terms of Reference and effectiveness (submitted to Audit Committee)

15 REVIEW OF TERMS OF REFERENCE

These terms of reference will be reviewed annually or sooner if required and approved by the Board.

16 MONITORING

Annual report to the Audit Committee to include the measures of effectiveness identified above.

Date approved	November 2012
Approved by	Trust Board
Reviewed	May 2015
Next Review Due	May 2016