Royal United Hospitals Bath
NHS Foundation Trust

Quality Assurance Committee

Terms of Reference

1. Purpose

The Quality Assurance Committee is established to be a sub-Committee of the Board of Directors and is the Board assurance committee for all quality related matters.

2. Duties

The Committee shall ensure that the Board of Directors is adequately assured in relation to patient safety, clinical quality, clinical effectiveness and patient experience and safeguarding which will include, but is not limited to:

- Trust-Level operational risks, BAF risks and related Statutory Duty/Compliance are appropriately managed.
- That the patient safety priorities improvement work is progressing together with the implementation of the Patient Safety Incident Response Framework.
- Compliance with national reviews, public inquiries, and coronial outcomes.
- Quality and safety risks related to the digital programme are visible and managed appropriately.
- Clinical outcomes and effectiveness including review and response to national clinical audits, national registries etc.
- Mortality rates surveillance, learning from deaths and LeDeR reviews.
- Regulatory compliance i.e. Care Quality Commission.
- Equality and Quality Impact Assessments (EQIAs) assessments are utilised as per the policy.
- Provision of safe, high-quality delivery of maternity care and any associated risks.
- That systems and processes are sufficiently safeguarding vulnerable people.
- Quality and safety risks related to the people plan are visible and managed appropriately.
- Assurance that the organisational culture aligns and supports safe and high-quality patient care and strongly supports learning.

This shall ensure that the Committee maintains oversight of:

- Management systems and structures to ensure that sufficient analysis of incidents, complaints, claims, clinical audits, service reviews etc. is undertaken to reflect, learn and make recommendations for required changes to improve quality of care provided to patients.
- Concerns raised by the Quality Insight and Improvement Committee, in regard to issues of patient safety and quality which require Board level attention and resolution.

- The quality work programme and the support required for quality improvement by the Quality & Patient Safety work streams, Clinical Audit, Learning and Development and digital services.
- The Committee shall assure itself that regulatory requirements are complied with, with proven and demonstrable assurance, and immediate and effective action is taken where this is identified as deficient.
- The Committee shall monitor and assure itself that it can with confidence, and evidence, assure the Board, patients, public, and other stakeholders that the Trust is complying with its regulatory requirements and can evidence this.
- The Committee shall seek to embed the culture of compliance and continuous improvement within the organisation.
- The Committee shall ensure compliance with the CQC registration requirements and standards and shall oversee the detailed work plan arising from inspections, alerts or other highlighted concerns raised by the CQC.
- The Committee shall also monitor key areas of compliance, such as NHS Resolution General Risk Management Schemes and Clinical Negligence Scheme for Trusts and other key areas of quality compliance as they arise.
- The Committee shall ensure the Trust has robust risk management systems and processes in place for regulatory compliance, quality, patient safety, statutory duty/compliance and reputational (quality-related) risks. In particular, the Committee will:

    - act as the forum for these risks to be discussed, and assure itself that where concerns are raised, action is taken, and that action plans are completed.

    - act in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

3. Membership

The Committee shall be appointed by the Board to ensure representation by Non-Executive and Executive Directors.

The membership of the Committee shall consist of:

- Non-Executive Director (Chair)
- Two other Non-Executive Directors
- Chief Nursing Officer (Lead Executive)
- Chief Medical Officer
- Chief Operating Officer

In the absence of the Chair of the Committee, another Non-Executive Director will perform this role.

Each member will have one vote with the Chair having the casting vote, if required. Should a vote be required a decision will be determined by a simple majority.

The following members are required to attend meetings of the Quality Assurance Committee:

- Deputy Chief Nursing Officer (with a responsibility for Quality Governance)
- Deputy Chief Medical Officer (with a responsibility for Quality Governance)
- Head of Corporate Governance

Where the Committee deems it necessary, other colleagues may be invited to attend for specific matters as and when appropriate.

4. Quorum

- Business will only be conducted if the meeting is quorate.

- The Committee will be quorate with three members, including at least two Non-Executive Directors (of which one may be the Chair), either the Chief Nursing Officer or the Chief Medical Officer (or their formally nominated deputy).

- Members should attend 75% of the scheduled meetings.

5. Accountability and Reporting Arrangements

The Committee will be accountable to the Board of Directors.

The Chair of the Committee will ensure that the Board is fully sighted on areas of compliance and non-compliance and will report on the activities of the Committee to the next Public Board meeting.
The Chair of the Committee will make recommendations to the Board on any area within the Committee's remit where disclosure, action or improvement are needed.

The Chair of the Committee will liaise with the Chairs of other Board Committees where necessary to ensure that cross-committee issues receive adequate oversight (by, for example, arranging to attend other Committee meetings).

The Committee will consider matters referred to it by those other Committees. The Committee will develop and maintain a meeting schedule which will outline the key reports it will consider during the year.

6. Sub-Committees

The Committee may establish, where relevant, sub-committees to provide further in-depth analysis about specific aspects of the Committee's work programme.

All sub-committees are to have terms of reference that are developed and approved by the Committee.

All sub-committee will provide an upward report to the Committee in line with the agreed work plan and an annual report to include a review of the effectiveness of the sub-committees.

The Committee shall maintain oversight of the business of the following committees through the receipt of regular upward reports:

- Medicines Committee
- Quality Insight and Improvement Committee
- Patient Experience Committee
- Infection Prevention and Control Committee
- Vulnerable Persons Assurance Committee
- Clinical Effectiveness Committee

7. Frequency

The Committee will meet on a bi-monthly basis.

The Committee will meet a minimum of six times a year.

Additional meetings may be arranged when required to support the effective functioning of the Committee.

8. Authority

The Committee is authorised by the Board to investigate any activity within its Terms of Reference. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

9. Monitoring Effectiveness

The Committee will undertake an annual review of its performance against its Terms of Reference and work plan in order to evaluate the achievement of its duties. This review will be presented to the Board in the form of the Committee's annual report.

10. Other Matters

The servicing, administrative and appropriate support to the Chair and Committee will be the responsibility of the Head of Corporate Governance. The Head of Corporate Governance will be responsible for providing administrative and governance support to the Committee, including:

- Agreement of the agenda with the Chair / Chief Nursing Officer
- Collation of the papers which will be disseminated five working days in advance of the meeting.
- Arranging for the minutes and actions list which will be disseminated five working days after the meeting has taken place.

- Accessing advice to the Committee as required.

11. Review

These terms of reference will be reviewed annually as part of the monitoring effectiveness process.

12. Approval

Approved by Quality Assurance Committee: 12th August 2024

Ratified by the Board of Directors on: 4th September 2024