

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST****REPORT TO: BOARD OF DIRECTORS MEETING – 29 AUGUST 2014****REPORT FROM: QUALITY COMMITTEE MEETING HELD ON 14 AUGUST 2014****PURPOSE: Information****SUMMARY OF KEY AGENDA ITEMS AND BUSINESS:**

The Quality Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, workforce and information governance, clinical audit; and the regulatory standards relevant to quality and safety.

**SUMMARY OF KEY ACTIONS FROM THE MEETING:**

The first meeting of the Committee took place on the 14 August 2014 to discuss the Terms of reference prior to Board approval; agree membership (as per terms of reference); and to discuss the structure and content of meeting agendas. The Committee received a draft work programme which supported the key responsibility of the Committee to provide assurance to the Board that the quality strategy was being delivered. In addition, the Committee would also have oversight of the CQC Action Plan.

The Committee would meet quarterly from October 2014.

**BOARD ACTIONS:**

To approve the Terms of Reference on recommendation from the Quality Committee.

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## **TERMS OF REFERENCE QUALITY COMMITTEE**

### **1. Constitution**

- 1.1. The Board of Directors ("the Board") has established a Committee to the Board to be known as the Quality Committee. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

### **2. Purpose**

- 2.1. The Committee is responsible for providing the Board with assurance on all aspects of quality, including strategy, delivery, governance, clinical risk management, workforce and information governance, clinical audit; and the regulatory standards relevant to quality and safety.

### **3. Responsibilities**

#### **Strategy and Performance**

- 3.1. Oversee the development and implementation of the Quality Strategy with a clear focus on improvement, drawing on and benchmarking against ideas and best practice from external organisations.
- 3.2. Ensure that the Trust's Quality Strategy and performance are consistent with the goals of the NHS Outcomes Framework.
- 3.3. Review trends in patient safety, experience and outcomes (effectiveness) to provide assurance to the Board on performance and undertake 'deep dives' as appropriate.
- 3.4. Oversee the development and implementation of action plans arising from both in-patient and other care related surveys with recommendations to the Board as appropriate.
- 3.5. Oversee the implementation of the Trust's Francis Report Action Plan and provide assurance to the Board on its delivery
- 3.6. Oversee the continuing evolution and implementation of the Trust's 'We Care' programme

#### **Governance**

- 3.7. Oversee the effectiveness of the clinical systems developed and implemented by the Quality and Assurance Board to ensure they maintain compliance with the Care Quality Commission's Essential Standards of Quality and Safety.
- 3.8. Monitor the progress against actions to mitigate the quality risks on the corporate risk register and provide assurance to the Board that adequate steps are taken to reduce the risks in line with the Board's risk appetite.

- 3.9 Review the controls and assurance against relevant quality risks on the Board Assurance Framework and provide assurance to the Board that risks to the annual objectives are being managed and facilitate the completion of the Annual Governance Statement at year end.
- 3.10 Obtain assurance that the Trust is compliant with guidance from NICE and other related bodies.
- 3.11 Obtain assurance of the Trust's ongoing compliance with the Care Quality Commission registration through appropriate systems of control.
- 3.12 Consider external and internal assurance reports and monitor action plans in relation to clinical governance resulting from improvement reviews / notices from Monitor, the Care Quality Commission, the Health and Safety Executive and other external assessors.

### **Clinical Audit**

- 3.13 Receive the annual clinical audit programme and provide assurance to the Board that clinical audit supports the divisions to provide safe and clinically effective patient care.
- 3.14. Obtain assurance that the clinical divisions deliver against their agreed annual clinical audit programme.

### **Communication**

- 3.15. Oversee the communication of the trust's quality aspirations and objectives throughout the organisation.

### **Other possible responsibilities:**

- Quality assurance of CIPs
- NED governance group remit regarding access targets
- Staffing ratios
- Annual Quality Report

## **4. Membership**

- 4.1. The Committee shall be appointed by the Board with a membership of both Non-Executive and Executive Directors as well as representation of the views of users, carers and other relevant interests, as appropriate.

### **Members**

Chairman (Chair)

Non-Executive Directors who are members of the Integrated Audit Committee  
+ Professor Chris Corrigan, NED

Chief Executive Officer

Chief Nursing Officer and Director of Quality and Operations (Lead Executive)

Medical Director

Director of Human Resources

**Attendees**

Deputy Director of Risk, Governance and Patient Safety  
Deputy Director of Nursing and Quality  
Clinical Audit Manager

**5. Quorum**

- 5.1. Business will only be conducted if the meeting is quorate. The committee will be quorate with four members, including at least two Non-Executive Directors, the Chief Nurse and/or one other Executive Director.

**6. Attendance**

- 6.1. Members and Attendees

The Chair and Lead Executive, or their nominated deputy, of the Committee will be expected to attend 100% of the meetings. Other Committee members will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy to one meeting per annum.

**6.2. Others**

The Non-Executive Directors, Executive Directors and Trust Secretary have an open invitation to attend any meeting.

The Committee can co-opt as necessary the Heads of Department when the Committee is discussing areas of the operation that are the responsibility of those Heads.

**7. Accountability and Reporting Arrangements**

- 7.1. The Committee will be accountable to the Board. A report of the meeting will be submitted and presented to the Board by the Chair who shall draw to the attention of the Board issues that require disclosure to the full Board, or require executive action.
- 7.2. The Committee shall refer to the other Board Assurance Committees (the Integrated Audit Committee and the Finance and Investment Committee) matters considered by the Committee deemed relevant to their attention. The Committee, in turn, will consider matters referred to it by those two Assurance Committees.
- 7.3. The annual work plan of the Committee may be reviewed by the Integrated Audit Committee at any given time.

**8. Frequency**

- 8.1. The Committee will meet quarterly. Additional meetings may be arranged when required to support the effective functioning of the Trust.

**9. Authority**

- 9.1. The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 9.2. The Committee is authorised by the Board to request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary or advantageous to its work.
- 9.3. The Committee has decision making powers with regard to the approval of clinical procedural documents.
- 9.4. The Committee is authorised to create sub-groups or working groups, as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Board) and remains accountable for the work of any such group.
- 9.5. 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 or advantageous to its work.

**10. Monitoring Effectiveness**

- 10.1. The Committee will undertake an annual review of its performance against its work plan in order to evaluate the achievement of its duties. This review will inform the Committee's annual report to the Board.

**11. Administration**

- 11.1. The servicing, administrative and appropriate support to the Chair and Committee will be undertaken by the Trust Secretariat, who will record minutes of the meetings. The planning of the meetings is the responsibility of the Chair.

**12. Review**

- 12.1. The Committee will review its Terms of Reference and work programme on an annual basis, as a minimum