

QUALITY AND SAFETY COMMITTEE TERMS OF REFERENCE

1. CONSTITUTION

1.1. The Board of Directors has established a committee of the Board known as the Quality and Safety Committee (the Committee). It is a Non-Executive committee and has no executive powers, other than those specifically delegated in these Terms of Reference. These Terms of Reference can only be amended with the approval of the Board of Directors.

2. PURPOSE

2.1. The Committee is responsible for seeking and obtaining assurance on all aspects of quality and safety of care across the Trust (including the statutory and mandatory requirements relating to quality and safety of care). If not assured, the Committee will oversee the appropriate actions for improvement or escalation of relevant issues to the Board for consideration.

2.2. The Committee will promote an open and transparent reporting and learning culture across the Trust to support quality, safety and clinical effectiveness.

3. OBJECTIVES

Quality and Safety Strategy and Performance

3.1. Oversee the development implementation and communication of a Quality and Safety Strategy with a clear focus on improvement, which draws on and benchmarks against ideas and best practice from external organisations.

3.2. Ensure that the Trust's Quality and Safety Strategy and performance are consistent with mandatory requirements and national guidance.

3.3. Oversee and seek assurance of an effective system for delivering a high-quality experience for all its patients and service users, including carers, with particular focus on involvement and engagement for the purposes of learning and making improvement.

3.4. Oversee the effectiveness of the clinical systems to ensure they maintain compliance with the Care Quality Commission's Fundamental Standards of quality and safety.

3.5. Review Reports from Committees and Subject Matter Experts (SMEs) as follows:



- monthly - receive reports by exception from reporting committees
- quarterly - review the Integrated Incidents, Patient Experience, Claims, and Learning from Serious Incidents report to provide assurance to the Board on performance
- As required – undertake ‘deep dives’ into areas as appropriate

3.6. Review nursing and midwifery staff establishments and provide assurance to the Board that ward nursing and midwifery staff establishments provide an appropriate and safe staff level and skill mix to support the delivery of safe and effective patient care to patients.

3.7. Oversee an effective system for safety within the Trust, aligning with the National Patient Safety strategy reporting principles of:

- Openness and transparency
- Just culture
- Learning and continuous improvement

Supporting a particular focus on; patient safety, and including the quality impact assessments for financial improvement, staff safety and wider health and safety requirements.

Clinical Effectiveness and Outcomes

- 3.8. Oversee an effective system for monitoring clinical outcomes and clinical effectiveness; with particular focus on ensuring patients receive the best possible outcomes of care across the full range of Trust activities.
- 3.9. Obtain assurance from individual Care groups that the Trust is compliant with guidance from NICE and other related bodies.
- 3.10. Obtaining assurance from learning from deaths.
- 3.11. Receive the outcomes of participation in and learning from the national clinical audit programme and provide assurance to the Board that clinical audit supports the Care Groups to provide safe and clinically effective patient care.

Governance

- 3.12. 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.



- 3.13 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.
- 3.14 Consider external and internal assurance reports and monitor action plans in relation to clinical governance resulting from improvement reviews / notices from NHS England/NHS Improvement, the Care Quality Commission, the Health and Safety Executive and other external assessors.

4. MEMBERSHIP AND ATTENDANCE

4.1 The membership of the Committee shall consist of:

- Non-Executive Director (Chair)
- Non-Executive Director
- Non-Executive Director
- Chief Nursing and Midwifery Officer (Joint Executive Lead)
- Chief Medical Officer (Joint Executive Lead)
- Chief Operating Officer

4.2 Required Attendees:

- Executive Director of Infection Prevention and Control
- Executive Director of Quality Governance
- Deputy Director of Quality Governance
- 2gether Support Solutions Managing Director
- Director of Pharmacy

4.3 Attendees:

- Kent and Canterbury Hospital Site Leadership Triumvirate
- Queen Elizabeth the Queen Mother Hospital Site Leadership Triumvirate
- William Harvey Hospital Site Leadership Triumvirate
- Cancer Care Group Triumvirate
- Children and Young People's Care Group Triumvirate
- Clinical Support Services Care Group Triumvirate
- General and Specialist Medicine Care Group Triumvirate
- Women's Health Care Group Triumvirate
- Surgery and Anaesthetics Care Group Triumvirate
- Surgery - Head, Neck, Breast, and Dermatology Group Triumvirate
- Urgent and Emergency Care; Care Group Triumvirate



Quorum

- 4.4 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, and one Executive Director. If the Trust Chair is in attendance, this will count towards the quorum.
- 4.5 If the meeting is not quorate the meeting can progress if those present determine. However, no business decisions shall be transacted and items requiring approval may be approved virtually by members and ratified at the subsequent meeting of the Committee.

Attendance

- 4.6 The Chair and Lead Executives, 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.
- 4.7 Care Group and Site Leadership Triumvirates: Invites will be extended to the triumvirates and at least one clinical representative from each is required at meetings.

Others Invited to Attend

- 4.8 The Committee will be open to the Chair, Chief Executive and Group Company Secretary to attend.
- 4.9 Other staff may be invited to attend meetings as considered appropriate by the Committee on an ad hoc basis.

Voting

- 4.10 When a vote is requested, the question shall be determined by a majority of the votes of the members present. In the event of an equality of votes, the person presiding shall have a second or casting vote.

5. FREQUENCY

- 5.1 Meetings of the Committee shall generally be held monthly. The Chair may call additional meetings to ensure business is undertaken in a timely way.

6. AUTHORITY



- 6.1 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.
- 6.2 Reference should be made as appropriate, to the Standing Orders and Standing Financial Instructions of the Trust.
- 6.3 The Committee has decision making powers with regard to the approval of clinical procedural documents.
- 6.4 The Committee may set up permanent groups or time limited working groups to deal with specific issues. Precise terms of reference for these shall be determined by the Committee. However, Board Committees are not entitled to further delegate their powers to other bodies, unless expressly authorised by the Trust Board (Standing Order 5.5 refers).
- 6.5 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.

7. SERVICING ARRANGEMENTS

- 7.1 A member of the Board Secretariat shall attend meetings and take minutes.
- 7.2 Agendas and papers shall be distributed in accordance with deadlines agreed with the Committee Chair.
- 7.3 Members will be encouraged to comment via correspondence between meetings as appropriate.
- 7.4 The Committee will maintain a rolling annual work programme that will inform its agendas and seek to ensure that all duties are covered over the annual cycle. The planning of the meetings is the responsibility of the Chair.

8. ACCOUNTABILITY AND REPORTING

- 8.1 The Committee is accountable to the Board of Directors.
- 8.2 Chair reports will be provided to the Board of Directors to include: Committee activity by exception; decisions made under its own delegated authority; any recommendations for decision; and any issues of significant concern.



- 8.3 Approved minutes will be circulated to the Board of Directors. Requests for copies of the minutes by a member of public or member of staff outside of the Committee membership will be considered in line with the Freedom of Information Act 2000.

9. RELATIONSHIPS WITH OTHER COMMITTEES

- 9.1 The Committee will receive exception reports for scrutiny from the following meetings (minutes to be available to Committee members):
- Patient Safety Committee
 - Fundamentals of Care
 - Clinical Audit and Effectiveness Committee
 - Infection Prevention and Control Committee
 - Mortality Surveillance Steering Group
- 9.2 The Committee shall refer (and have referred to it) from the other Board Assurance Committees (the Integrated Audit and Governance Committee and the Finance and Performance 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.
- 9.3 The annual work programme of the Committee may be reviewed by the Integrated Audit and Governance Committee at any given time.

10. MONITORING EFFECTIVENESS AND REVIEW

- 10.1 The Committee will provide an annual report to the Board outlining the activities it has undertaken throughout the year to be included in the Annual Report.
- 10.2 A survey will be undertaken by the members on an annual basis to ensure that the terms of reference are being met and where they are not either; consideration and agreement to change the terms of reference is made or an action plan is put in place to ensure the terms of reference are met.
- 10.3 The terms of reference will be reviewed and approved by the Board of Directors on an annual basis.

APPROVED BY BOARD OF DIRECTORS: 9 JUNE 2022

