

Quality Committee Terms of Reference (August 2017)

Constitutional Obligations

The Clinical Commissioning Group's Governing Body/ Board hereby resolve to establish a Committee of the Governing Body/Board known as the Quality Committee. The Committee is established in accordance with Northern, Eastern and Western Clinical Commissioning Group's (NEW Devon CCG) Constitution, Standing Orders and Scheme of Delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's constitution and standing orders.

The Quality Committee is an assurance committee of the Governing Body and has the ability to execute any powers assigned to it by the Governing Body and those specifically delegated in these terms of reference and/or through the CCG's constitutional scheme of delegation.

Quality was defined by Lord Darzi in the NHS Next Stage Review as comprising:

- **Effectiveness** of the treatment and care provided to patients – measured by both clinical outcomes and patient related outcomes.
- The **safety** of treatment and care provided to patients – safety is of paramount importance to patients and clinicians and it the key consideration for the delivery of high quality NHS services
- The **experience** patients have of the treatment and care they receive – how positive an experience people have when they are in contact with the NHS or receive NHS funded care, can be even more important to an individual than how clinically effective the care has been

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Pathname:		

Purpose

The Quality Committee will oversee performance against constitutional standards and statutory duties as well as legislation for clinical governance and escalate, through the Committee Chair, any issues of concern considered to impact on the commissioning of high quality, safe care. It is the responsibility of the committee to make recommendations to the Governing Body of the CCG on determinations about the assurances received surrounding quality issues for the CCG.

- It shall support the objectives of NHS NEW Devon CCG's Governing Body as outlined in the Operational Plan, and provide assurances to the Governing Body and Audit and Assurance Committee that these are being met and considered.
- It will promote a whole system culture of continuous quality improvement, ensuring that quality sits at the heart of health and social care locally, whether provided by NHS or non-NHS providers
- It will seek assurance that all commissioned services are being delivered in a high quality and safe manner, including services commissioned by Public Health under a joint assurance agreement
- It will set the strategic direction for the board to support the commissioning of high quality services.
- It will seek assurance that the CCG is fulfilling its statutory duties of Safeguarding, Equality, Diversity and inclusion, Complaints and clinical governance, Continuing Health Care under the relevant Acts, and current national guidance and any other statutory duties that the governing body sees fit to instruct the committee on
- It will seek assurance that the commissioning strategy for the CCG fully reflects all elements of quality (patient experience, effectiveness and patient safety) and equality, keeping in mind that the strategy and response may need to change and adapt.
- It will review regular reports on; the quality of services commissioned, patient's experiences, specific quality improvement initiatives and any serious failures in quality.
- It will review or approve policies in line with the CCG Constitutions and Schemes of Delegation.

Responsibilities

- The Quality Committee will oversee performance against constitutional standards and statutory duties as well as legislation for clinical governance and escalate, through the Committee Chair, any issues of concern considered to impact on the commissioning of high quality, safe care.
- It shall support the objectives of NEW Devon CCG's Governing Body as outlined in the Operational Plan, and provide assurance to the Governing Body and Audit and Assurance Committee that these are being met and considered in line with the Governance structures outlined in the CCG's Constitution.
- It will promote a whole system culture of continuous quality improvement, ensuring that quality sits at the heart of health and social care locally, whether provided by NHS or non-NHS providers.
- It will seek assurance that all commissioned services are being delivered in a high quality and safe manner, including services commissioned by Public Health under a joint assurance agreement.
- It will set the strategic direction for the Governing Body to support the commissioning of high quality services and continuous quality improvement.
- It will seek assurance that the CCG is fulfilling its statutory duties of Safeguarding, Equality, Diversity & Inclusion, Complaints, Continuing Healthcare (CHC), clinical governance, and information governance under the relevant Acts, and current national guidance.
- It will seek assurance that the commissioning strategy for the CCG fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to change and adapt to national and local drivers.
- It will review regular reports on; the quality of services commissioned, patient's experiences, specific quality improvement initiatives and any serious failures in quality.
- it will receive assurance from the Quality and Equality Impact Assessment (QEIA) systems panel.

Membership

The membership of the Quality Committee shall be:

The following members have voting rights:

- Lay Member (Chair) voting
- Secondary Care Doctor (Vice Chair) voting
- Chief Nursing Officer / Caldicott Guardian voting
- Chief Finance Officer/SIRO voting
- CG GP Lead for Quality voting
- Locality Representative(s) voting
- Director of Corporate Affairs
- Public Health representative
- Deputy Chief Nursing Officer
- Head of Quality Development
- Head of Safeguarding / Head of Quality Assurance

Lay Members, (Governing Body Lay Member for Safeguarding, and the Secondary Care Doctor / Lay Member) may request that one of the additional CCG Governing Body Lay Members or Locality Lay Members may represent them in their absence at Quality Committee.

The Quality Committee may co-opt any non-voting Lead Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate.

Note:

When a committee member is unable to attend, a nominated formal deputy with sufficient authority **must** attend in their place.

It is the responsibility of the committee member to ensure that they ask a deputy to attend.

Deputies will have the decision making and voting rights of the person he/she is representing.

Quorum

The Quality Committee meetings will be quorate when at least 5 core members are present which include: Lay member, Chief Nursing Officer or Clinician and Executive Director (or formal deputies).

A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

Invited members, or those in attendance to the Committee do not have the right to vote.

Frequency of Meetings

The Committee will meet no less than eight times a year with extraordinary meetings held as required.

The Quality Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all members must respond, and the administrator will oversee this to ensure that all members are accounted for and an audit trail is evident.

Reporting arrangements

The Chair of the Quality Committee shall report formally to the Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of each of the CCG's Governing Body. The Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed.

The committee will have full authority to commission any reports, audits, investigations or surveys it deems necessary to help it fulfil its obligations.

The committee may occasionally be required to hold a Part 2 - confidential section to allow the discussion of sensitive and confidential quality and patient safety information. The minutes of this section will not be published externally to the organisations.

There will be an annual work plan which will be approved by the committee setting out the regularity with which reports will be provided to the committee and the timetable for reporting.

The committee may investigate, monitor and review any activity within their terms of reference or as directed by the Governing Body. The committee is authorised to seek any information they require from any committee, group, clinician or employee (including interim and temporary members of staff), who are directed to co-operate with any request made by it. It may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research.

Minutes and reports of the meetings will be produced and held by the Administrator of the Committee, accessible to the Chair and the Director of Corporate Affairs. Extracts from Minutes will be made public as appropriate under the freedom of information act.

Five days prior to each meeting, the Administrator for the Quality Committee meeting will ensure that the meeting is quorate. If the meeting is not quorate the Chair must be contacted.

The Chair will escalate any urgent or critical issues, which may put at risk the people who use our service or the reputation of either CCG, to the relevant CCG Executive with immediate effect. Recommendations or action plans will be reported to the appropriate forum; in the case of urgent, critical issues recommendations and action plans will be reported to the Executive Committee.

Conduct of the Quality Committee

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles.

Members of the committee will complete a declaration of interest at each meeting attended. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

The membership shall observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.

The membership shall maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable.

Risk Reporting

The Quality Committee will oversee and receive assurance that effective management of risk is in place to address quality issues. It will oversee and review the Board Assurance Framework in respect of all elements of quality.

Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Quality Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the risk management strategy of the CCG.

Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

The Quality Committee shall act in accordance with the CCG's scheme of delegation to ensure constitutional compliance, any deviation from this must be brought to the attention of the Director of Corporate Affairs.

It will review regular intelligence in respect of assurance and risk on:

- Quality of services commissioned, including jointly with commissioning partners
- Serious failures in quality
- Serious Incidents including data confidentiality incidents and Never Events
- Performance in respect of incidents, alerts and other clinical governance processes
- Patient experience feedback, including complaints, concerns (actual and trends) including those that go to the Parliamentary Health Service Ombudsman's office
- The CCG's duty in respect of Safeguarding Adults, including people with Learning Disabilities
- The CCG's duty in respect of Safeguarding Children, including Looked After Children (Children in Care) and Children's mental health
- The CCG's duty in respect of quality and safety for Individual Placements, including for people with Learning Disability and Continuing Healthcare
- Infection Prevention and Control and Healthcare Associated Infections (HCAI)
- Medicines Management Governance, including Controlled Drugs and therapeutics
- Clinical Effectiveness and Audit, including NICE guidance/standards
- Specific quality improvement initiatives
- Information Governance
- Research Governance
- Innovation and sustainability
- Workforce planning, CCG staff issues and assurance re Provider staff issues and will also receive ad hoc reports as determined necessary by the committee.
- To receive and scrutinise independent investigation material relating to patient safety issues and agree improvement plans, such as Serious Case Reviews and Homicide Reviews.
- Have oversight of the HCAI/IPC strategy and improvement plans across healthcare in Devon, including wider system work with partners on prevention (eg TB, influenza etc).
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- Continuing Healthcare (CHC) including placed people governance, IPP and s117 placements
- Caldicott Guardian
- Learning Disability
- Transforming Care
- LeDeR (Learning Disabilities Mortality Review Programme)

Administration

The Committee will be formally minuted. Agendas and papers will be available five working days before the meeting is scheduled to take place. A formal attendance and action and decisions log will be held and reported to each meeting.

Review

An annual effectiveness review will be undertaken by the Head of Governance as good governance practice and to ensure compliance with the annual governance statement of internal control.

These Terms of Reference will be reviewed on an annual basis or sooner if required through the Head of Governance with recommendations made to the CCG's Governing Body for approval.

END

Approved 18 July 2011