

**NHS Greater Huddersfield
Clinical Commissioning Group
Quality and Safety Committee
Terms of Reference**

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Change History

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4.1	Annual review of Terms of Reference	Governance & Corporate Manager	13 March 2017
4.2	Amendments following Committee review	Governance & Corporate Manager	31 March 2017
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NHS Greater Huddersfield Clinical Commissioning Group

Quality and Safety Committee

Terms of Reference

1. Introduction

- 1.1 The Quality and Safety Committee is established in accordance with NHS Greater Huddersfield Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.
- 1.2 The Quality and Safety Committee is a sub-committee of the Governing Body of NHS Greater Huddersfield CCG.
- 1.3 The Committee supports the Governing Body by providing assurance that effective quality arrangements underpin all services provided and commissioned on behalf of the CCG, regulatory requirements are met and patient safety is continually improved to deliver a better patient experience. It supports the Governing Body in ensuring that commissioning decisions are based on evidence of clinical effectiveness, protects patient safety and provides a positive patient experience in line with the principles of the NHS Constitution and requirements of the Care Quality Commission. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee.
- 1.4 Quality was defined by Lord Darzi in the NHS Next Stage Review Leading Local Change as comprising three elements:
 - **Effectiveness of the treatment and care provided to patients** – measured by both clinical outcomes and patient-related outcomes. There is much evidence of wide variation in the clinical effectiveness of care delivered across the country.
 - **The safety of treatment and care provided to patients** – safety is of paramount importance to patients and is the bottom line when it comes to what NHS services must be delivering.
 - **The experience patients have of the treatment and care they receive** – how positive an experience people have on their journey through the NHS can be even more important to the individual than how clinically effective care has been.

2. Membership

2.1 The Committee shall be appointed by the Governing Body:

Core Membership

- Three GP Representatives (Two of whom to act as Chair and Vice Chair of the Committee)

- Lay Member (Governing Body)
- Registered nurse member of Governing Body or Secondary Care Consultant member of Governing Body
- Head of Quality and Safety – named deputy will be Senior Quality Manager

Required Attendees

- Senior Quality Manager (or nominated deputy)
- Head of Practice Support and Development (or nominated deputy)

2.2 The Head of Strategic Planning and Service Transformation (or nominated deputy) will attend the Committee, as required, particularly in respect of service specifications.

2.3 Other CCG staff may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper such as:-

- Medicines Management representative
- Safeguarding Adults representative
- Safeguarding Children's representative
- Infection, Prevention and Control representative
- Continuing Care Team representative
- Governance & Corporate Manager

3.0 Arrangements for the conduct of business

3.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the Quality & Safety Committee being unable to attend all or part of the meetings, the Vice Chair will chair the meeting.

In the event that neither the Chair or Vice-Chair are able to chair all or part of a meeting, the meeting should be chaired by the Lay Member.

3.2 Quoracy

No business shall be transacted unless at least the following are present:

- One GP Representative
- One from either Lay Member, Registered Nurse Member or Secondary Care Consultant Member
- Head of Quality & Safety or named deputy

In line with the CCG's Constitution, where an item of business relates to a matter where all practice representatives have to declare an interest, for that matter the practice representatives will be excluded from the arrangements on quoracy.

Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with the prior agreement of

the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

3.3 **Voting**

In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, then a vote of members will be required, the process for which is set out below:

Majority necessary to confirm a decision – simple majority

Casting vote – Chair

Dissenting views – dissenting views must be recorded in the minutes

3.4 **Frequency of meetings**

The Quality and Safety Committee will meet at least six times a year.

3.5 **Declaration of interest**

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

3.7 **Urgent matters arising between meetings**

The Chair and Vice Chair of the Quality and Safety Committee in consultation with the Head of Quality and Safety, may also act on urgent matters arising between meetings of the committee. Any actions taken outside the meeting, will be minuted at the next available meeting of the committee.

3.8 **Support to the Committee**

The NHS Greater Huddersfield Clinical Commissioning Group Lead Manager is the Head of Quality and Safety.

3.9 Administrative support will be provided from within the CCG. The administrative officer will:

- Agree the agenda with the Chair in consultation with the CCG Lead Manager, take minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.

- Send out agendas and supporting papers to members five working days before the meeting.
- Draft minutes for approval by the Chair and CCG Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.

4. Remit and responsibilities of the committee

4.1 The Committee will act as a decision making Committee to the Governing Body in respect of the following:

- a) Reviewing the effectiveness of quality governance arrangements to ensure that the health care commissioned on behalf of NHS Greater Huddersfield Clinical Commissioning Group is safe and of high quality.
- b) Ensuring that systems to monitor the quality of commissioned services are in place and are functioning appropriately.
- c) Reviewing quality information from a range of sources in accordance with the work plan.
- d) Providing an oversight of systems and processes to ensure the involvement of patient experience and engagement in relation to healthcare.
- e) Providing leadership to the quality work of the organisation.
- f) Giving direction to the development of systems and processes for managing quality governance.
- g) Overseeing the systems and processes that are in place to ensure quality is embedded in the commissioning organisation, including development of service specifications.
- h) Overseeing research governance.
- i) Overseeing work on improving clinical effectiveness, including the approval of clinical commissioning and medicines policies and guidelines.
- j) Sharing lessons learnt.
- k) Considering best practice in quality and make recommendations to the Governing Body for local application.
- l) Ensuring that evidence from quality assurance processes drive the quality improvement agenda for the Greater Huddersfield Clinical Commissioning Group, and support delivery of Quality Innovation Productivity and Prevention (QIPP) through scrutinising Quality Impact Assessments (QIAs) and Equality Impact Assessments (EqIAs).
- m) Developing and keeping under review policies and procedures of the CCG relevant to the role of the Quality and Safety Committee.
- n) Approving arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- o) Approving arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of medical services.
- p) Approving the CCG's arrangements for handling complaints.
- q) Scrutinising and monitoring quality work-streams such as:
 - Patient safety (including Safeguarding Adults and Children and Infection Prevention and Control)
 - Clinical Effectiveness

- Patient and Public Engagement and Experience

5. The key duties of the Quality Committee are:

The Committee shall:

- 5.1 Advise the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of NHS Greater Huddersfield Clinical Commissioning Group, regulatory requirements are met and patient safety is continually improved to deliver a better patient experience.
- 5.2 Support the Governing Body in ensuring that commissioning decisions are based on evidence of clinical effectiveness, protect patient safety and provide a positive patient experience in line with the principles of the NHS Constitution and requirements of the Care Quality Commission (CQC).
- 5.3 Seek assurance from providers, raise formal queries and refer issues to the Governing Body where there are significant concerns, which may compromise quality and patient safety.
- 5.4 Ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary.
- 5.5 Satisfy itself that children and adult's safeguarding duties are being met and that robust actions are taken to address concerns.
- 5.6 To advise and support the Primary Care Commissioning Committee on areas within the remit of the Quality & Safety Committee relating to primary care commissioning.

5.7 Risk Management

The Quality and Safety Committee has responsibility for clinical risks.

- 5.8 The Committee shall:
 - review and monitor the corporate risk register in respect of clinical risks.
 - review the clinical risks captured on the quarterly Risk Management report. These risks include incidents, complaints or claims.
 - Review information about serious incidents including all Never Events and serious case reviews (SCRs) to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.
 - Review and make recommendations to the Governing Body on all Quality Impact Assessments with a high risk rating.

6.0 Authority

- 6.1 The Committee is authorised by the Governing Body to commission any reports or surveys it deems necessary to help it fulfil its obligations.
- 6.2 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 delegated to it within these terms of reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

7.0 Reporting Arrangements

- 7.1 The Quality and Safety Committee shall submit its minutes for approval to each formal Governing Body meeting and reports shall be presented as agreed in the annual work plan. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.
- 7.2 A regular Quality & Patient Safety report shall also be presented to the Governing Body. Other reports on specific issues will also be prepared for consideration by the Governing Body as required.
- 7.3 The Quality and Safety Committee shall ensure that requests for information, documents, records or other items relating to areas delegated to it by the Governing Body, are submitted to the Secretary of State or the NHS Commissioning Board as necessary.
- 7.4 The Quality and Safety Committee shall submit an annual report to the Audit Committee.

8.0 Conduct of the committee

- 8.1 All members will have due regard to and operate within the Constitution of the CCG, standing orders, standing financial instructions and other financial procedures.
- 8.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 8.3 The Committee shall agree an Annual Work Plan with the Governing Body and in line with the Governing Body's Assurance Framework.
- 8.4 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Quality & Safety Committee.
- 8.5 Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

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