

# Quality Committee

# Terms of Reference

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<b>Responsible Officer:</b>	Chief Quality and Nursing Officer
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**Change History**

Version No.	Changes Applied	By	Date
Draft v0.1	Based on draft joint committee terms of reference	Laura Ellis, Head of Corporate Governance	March 2018
Draft v0.2	Following review by Governing Bodies (via email)	“ “	April 2018
V1.0	Approved by Governing Body		11 April 2018
V1.1	Annual review of TOR	Laura Ellis, Head of Corporate Governance	18 March 2019
V2.0	Approved by Governing Body		10 April 2019

# NHS Greater Huddersfield Clinical Commissioning Group

## Quality Committee

### Terms of Reference

#### 1. Introduction

- 1.1 The Quality Committee is established as a sub-committee of the Governing Body, in accordance with NHS Greater Huddersfield Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.
- 1.2 The remit, responsibilities, membership and reporting arrangements of the Quality Committee are set out in these terms of reference and shall have effect as if incorporated into the CCG's constitution. The Quality Committee has no executive powers, other than those specifically delegated in these terms of reference.
- 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.
- 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 Core Membership

- Three Clinical Practice Representatives from the Governing Body – (two of whom to act as Chair and Vice Chair of the Committee)
- Lay Member for Patient and Public Involvement (named deputy: Lay Member for Audit or Lay Member for Finance)
- Registered Nurse or Secondary Care Consultant member of Governing Body
- Chief Quality and Nursing Officer (named deputy: Head of Quality)
- Chief Officer

## 2.2 **Required Attendees**

- Head of Quality (or nominated deputy)
- Service Director: Integration (or nominated deputy)
- Head of Primary Care Strategic Commissioning

2.3 In order to ensure a line of sight between the Quality Committee and the Finance, Performance & Contracting Committee, the Chief Officer is a designated member of both committees.

2.4 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 Affairs representative

2.5 Members can send deputies to represent them. Deputies will count towards Quorum but will only have voting rights if they have formal acting up status.

2.6 Any member of the Governing Body can be in attendance subject to agreement with the Chair.

## 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 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 remaining members of the committee should appoint a chair for the meeting.

### 3.2 **Quoracy**

No business shall be transacted unless at least 50% of the membership (which equates to four individuals) and including the following are present:

- One Practice Representative
- One from either Lay Member, Registered Nurse Member or Secondary Care Consultant Member
- Chief Officer / Chief Quality and Nursing Officer or Head of Quality as 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.

Members are normally expected to attend at least 75% of meetings during the year.

### **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, each voting member of the Quality Committee will have one vote, 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 to ensure transparency of business conduct

### **3.4 Frequency of meetings**

The Quality Committee will normally meet monthly.

### **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.

### **3.6 Urgent matters arising between meetings**

The Chair and Vice Chair of the Quality Committee in consultation with the Chief Quality and Nursing Officer or the Chief Officer, may act on urgent matters arising between meetings of the committee. Any actions taken outside the meeting shall be reported to the next meeting of the Committee, where the Chair or Vice Chair will explain the reason for the action taken.

### **3.7 Support to the Committee**

The Committee's Lead Manager is the Chief Quality and Nursing Officer.

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.
- An annual work plan to be updated and maintained on a monthly basis.

#### **4. Remit and responsibilities of the committee**

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

- a) The provision of strategic leadership on all aspects of quality improvement across the CCG. This will include member practices in relation to supporting the improvement of quality in primary care.
- b) 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.
- c) Ensuring that systems to monitor the quality of commissioned services are in place and are functioning appropriately.
- d) Reviewing quality information from a range of sources in accordance with the work plan.
- e) Providing an oversight of systems and processes to ensure the involvement of patient experience and engagement in relation to healthcare.
- f) Providing leadership to the quality work of the organisation.
- g) Giving direction to the development of systems and processes for managing quality governance.
- h) Overseeing the systems and processes that are in place to ensure quality is embedded in the commissioning organisation, including development of service specifications.
- i) Overseeing research governance.
- j) Overseeing work on improving clinical effectiveness, including the approval of clinical commissioning and medicines policies and guidelines.
- k) Sharing lessons learnt.
- l) Considering best practice in quality and make recommendations to the Governing Body for local application.
- m) 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).
- n) Developing and keeping under review policies and procedures of the CCG relevant to the role of the Quality Committee.
- o) Approving arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

- p) Identifying and reporting appropriate risks relating to Quality, Patient Safety and Patient Experience via existing Risk Register reporting and escalation processes including appropriate measures for the recording and escalation of Never Events and Serious Incidents Requiring Investigation.
- q) Approving arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of medical services.
- r) Approving the CCG's arrangements for handling complaints.
- s) Ensure escalation processes are in place when the engagement of external bodies are required and report any significant provider concerns to the Quality Surveillance Group.
- t) Receiving and reviewing reports and subsequent action plans from external agencies, for example, the Care Quality Commission, National Patient Safety Agency.
- u) 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, the requirements of the Care Quality Commission (CQC) and the CCGs' Visions and Values.
- 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 Committee relating to primary care commissioning.

## **5.7 Risk Management**

The Quality Committee has responsibility for clinical risks.

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 to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the CCG or members of the Governing Body and they are directed to co-operate with any such request made by the Committee.
- 6.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.
- 6.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the CCG for obtaining legal or professional advice.
- 6.4 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 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 Committee shall submit its minutes to each formal Governing Body meeting.
- 7.2 The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.
- 7.3 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.
- 7.4 The 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.
- 7.5 The Committee shall submit an annual report to the Audit Committee and the Governing Body.
- 7.6 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan.

## **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 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 Committee.
- 8.5 Any resulting changes to the terms of reference shall be submitted for approval by the CCG's Governing Body.

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