

**NHS Calderdale
Clinical Commissioning Group**

Quality Committee

Terms of Reference

Current Status

DRAFT

Author

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**Approved by:
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TBC**

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Change History

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Revisions			
1.1	Quality Committee proposed amendments	JS	26 th September 2013
1.2	Incorporation of minutes received by the committee	JS	16 th October 2013
1.3	Amendment to membership and quoracy to incorporate provision for lay advisor	JS	11 th November 2013
1.4	Submitted to Audit and Governance Committee for review	JS	21 st November 2013
2.0 Final	Approved by the Governing Body	JS	16 th January 2014
Revisions			
2.1	Quality Committee proposed amendments	PW	30 th March 2015

Contents

1. Introduction
2. Membership
3. Arrangements for the conduct of business
4. Remit and Responsibilities
5. Key Duties
6. Authority
7. Reporting Arrangements
8. Conduct of the Committee

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NHS Calderdale Clinical Commissioning Group

Quality Committee

1. Introduction

- 1.1 The Quality Committee is established in accordance with NHS Calderdale Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.
- 1.2 The Quality Committee is a sub-committee of the Governing Body of NHS Calderdale 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:

Membership

- Two GP members of the Governing Body (They shall act as Chair and Deputy Chair of the Committee)
- Lay Member or lay advisor.
- Head of Quality

Required Attendees

- Quality Manager
- Head of Primary Care Quality and Improvement
- Head of Service Improvement
- Public Health representative

Or nominated deputy can attend.

2.2 Other officers 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

3.0 Arrangements for the conduct of business

3.1 Chairing meetings

The meetings shall be run by the chair. In the event of the chair of the quality committee being unable to attend, the meeting shall be chaired by the deputy chair.

3.2 Quoracy

One GP member of the Governing Body, Lay Member or lay advisor, -and Head of Quality or their nominated deputy.

3.3 Voting

Should a vote need to be taken, only the core members of the committee shall be allowed to vote. In the event of a tied vote, the chair shall have a second and casting vote.

3.4 Frequency of meetings

The Quality Committee shall meet at least 6 times a year.

3.5 Declaration of interest

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she shall declare that interest as early as possible and shall not participate in the discussions. The Chair shall have the power to request that member withdraw until the committee's consideration has been completed.

All declarations of interest shall be minuted.

3.6 Support to the Committee

NHS Calderdale Clinical Commissioning Group Lead Manager is Head of Quality.

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

- Agree the agenda with the Chair in consultation with the CCG Lead, 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 within five working days of the meeting and then distribute to all attendee within 10 working days.

4. Remit and responsibilities of the committee

4.1 The Committee shall 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 Calderdale 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) Ensuring that the Governing Body develops a culture of excellence by involving patients, their carers, staff and key stakeholders and by seeking patient feedback on their experiences of health care.
- 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) Giving direction and overseeing the delivery of the statutory requirements in respect of equality and diversity.
- 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) Seeking assurance of the clinical quality of the continuing care function of the CCG.
- k) Oversees work on improving clinical effectiveness, including the approval of clinical commissioning and medicines policies and guidelines
- l) Monitor and review the programme of clinical commissioning policy review being conducted by the CSU Individual funding request (IFR) team.
- m) Identify and oversee any action being taken to share learning from IFRs received by the CCG.
- n) Sharing lessons learnt

- o) Considering best practice in quality and make recommendations to the Governing Body for local application
- p) Ensuring that evidence from quality assurance processes drive the quality improvement agenda for the Calderdale Clinical Commissioning Group, and support delivery of Quality Innovation Productivity and Prevention.
- q) Developing and keeping under review policies and procedures of the CCG relevant to the role of the Quality Committee.
- r) Approve the CCG's arrangements for handling complaints.
- s) Scrutinising and monitoring quality work-streams, including the approval of strategies and implementation plans such as:
 - Patient safety (including Safeguarding adults and children and Infection Prevention and control)
 - Clinical Effectiveness
 - Patient and Public Engagement and Experience
- t) To monitor and review the quality agenda as it pertains to the co-commissioning of Primary Medical Services.
- u) To provide an governance oversight of defined chapters of the CCG Assurance Framework, and to deliver appropriate scrutiny and challenge to the mitigations described within the Assurance Framework.

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 provided and commissioned by NHS Calderdale Clinical Commissioning Group, regulatory requirements are met and quality 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 Risk Management

The Quality Committee has responsibility for clinical risks.

5.7 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 Committee shall receive minutes and reports from the patient and public engagement and experience steering group and the medicines advisory group.
- 7.2 The Quality Committee shall receive minutes from the following external committees:
- a) NHS 111 [Calderdale and Greater Huddersfield Local West Yorkshire](#) Clinical Quality Group
 - b) Clinical Quality Board – Calderdale and Huddersfield NHS Foundation Trust
 - c) Clinical Quality Board – South West Yorkshire Partnership NHS Trust
 - d) Yorkshire Ambulance Service Clinical Review Group
 - e) West Yorkshire Quality Surveillance Group
 - f) Health Economy Health Care Associated Infection Group
 - g) Health Protection Group minutes
 - ~~h) [West Yorkshire Safeguarding Forum](#)~~
- 7.3 The Quality 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.
- 7.4 A regular Quality & Patient Safety report shall also be presented to the Governing Body. Other reports on specific issues shall also be prepared for consideration by the Governing Body as required.

7.5 The Quality 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 England as necessary.

8.0 Conduct of the committee

- 8.1 All members shall 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 shall 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 Committee.
- 8.5 Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

| END 31 March 2015

Appendix one: Reporting structure

