

Title of paper:	Quality Committee Report		
Author:	Justin Dix, Governing Body Secretary		
Exec Lead:	Matthew Knight, Chief Finance Officer		
Date:	24 th April 2015		
Meeting:	Governing Body		
Agenda item:	20	Attachment:	14
For:	Information and to approve revised terms of reference		
<p>Executive Summary:</p> <p>The Quality Committee met on the 6th February and the 20th March. The seminar planned for the 5th March was cancelled.</p> <p>Key issues to note are that:</p> <ul style="list-style-type: none"> • A risk was agreed to be placed on the risk register around vacancy levels within CSH Surrey particularly in therapy and 0-19 services • A risk was agreed to be placed on the risk register around the provision of stroke services at Epsom General Hospital following a deterioration in performance that was reflected in the SSNAP • The issues identified around Cancer waits at the Jarvis Centre have been resolved • The CCG's support to trusts over winter was commended • There continues to be an increased level of Healthcare Associated Infections identified in the population which were highlighted in the six monthly infection control report 			

- Revised terms of reference were agreed for the approval of the Governing Body

Compliance section

Please identify any significant issues relating to the following

Risk Register and Assurance Framework

A risk around quality of care in nursing homes was added to the risk register following this meeting.

Patient and Public Engagement

No specific issues

Patient Safety & Quality

As per the report particularly around Serious Incidents – a confidential discussion took part in Part II.

Financial implications

No significant issues

Conflicts of interest

No significant issues

Information Governance

No significant issues

Equality and Diversity

No significant issues

Any other legal or compliance issues

No significant issues other than some performance issues are also related to NHS constitution legal duties.

Accompanying papers (please list): Quality committee minutes Feb 2014; revised terms of reference

Summary: What is the Governing Body being asked to do and why? To NOTE the minutes and AGREE the terms of reference

1. Background

- 1.1. The Quality Committee is a Committee of the Clinical Commissioning Group (CCG) Governing body and thus forms part of the governance structure of the CCG.
- 1.2. The terms of reference contained within Annex 5 of CCG's constitution (August 2013) did not accurately reflected the remit of the Quality Committees and its interface with other Committees of the Governing Body. Therefore work has been taking place to address this.
- 1.3. Revised terms of reference were submitted to the Quality Committee in June 2014 (version 7). At that meeting further discussion around the role and remit of the Committee took place therefore, noting that the Quality Improvement Plan / strategy was in development and that there remained points of clarification over the interface with other Committees of the Governing Body, it was decided that the document would be noted as draft and returned to the Committee.
- 1.4. On 12th September the Committee Chair met with the Head of Clinical Quality, Clinical Governance and Patient Safety and the Clinical Quality and Safety Manager to discuss the terms of reference. Version 8 was produced as a result and is presented to the Committee for agreement to take them to the Governing Body for approval.
- 1.5. At the Quality Committee held on 6th February 2015 the Chief Officer advised the Lay Member for Governance would be stepping down to provide Lay Member /non-executive oversight to the Programme Management Board. It was agreed to remove from the core membership the Lay Member for Governance and version 9 produced.
- 1.6. At the time it was thought that the presence of the Chair (Governing Body Registered Nurse) and the Secondary Care Doctor would be considered as Lay Members and therefore that the ability for the Committee to be quorate would not be compromised by having a single Lay Member, however on advice from the Governing Body secretary it is acknowledged that the roles of Lay Members and external scrutiny provided by the clinical roles are distinctly different and consideration needs to be given to retaining a second Lay Member on the membership.
- 1.7. A log of the changes between Annex 5 (CCG Constitution July 2013) and version 9 is available on request. The Governing Body secretary has undertaken a review of the scheme of delegation and confirmed that elements removed from the remit of the Committee have been taken account of in the terms of reference of other Committees of the Governing Body as at 20.03.15.
- 1.8. Sections 6.1 and 6.2 have been extensively reworded to reflect the revised remit of the committee. These mainly reflect the development of the quality agenda over the CCG's first two years of operation. The majority of these fit with the CCG's duties in relation to quality. The following matters are still to be resolved therefore the

Committee is requested to consider a way forward however it is recommended that the terms of reference are agreed pending resolution.

1.8.1. Re: 2.3.7 Patient Representative from the Patient and Public Engagement Group. This role has not been actively recruited to and the Committee needs to decide whether to remove it from the membership.

1.8.2. Re: 6.2.10 Research governance - the CCG is currently trying to clarify the arrangements for research governance and it is anticipated that it will come under the remit of this Committee therefore the reference to it remains.

1.9. The final draft is being brought to the Committee for agreement to recommend to the Governing Body for approval, recognising that mid-year review may be required due to the change in CCG governance structures with the introduction of two new Committees.

2. Recommendation(s):

2.1. The Committee is requested to:

- 1) Consider and comment on the way forward on matters to be resolved.
- 2) Agree the Quality Committee terms of reference – version 9 – for recommendation to the Governing Body for approval.

Appendix 1 : Revised Draft Terms of reference



DRAFT v9 20.03.15

Quality Committee

Terms of Reference

1. Introduction

- 1.1 The Quality Committee (the Committee) is established in accordance with the Clinical Commissioning Group's (hereafter referred to as the Group) Constitution, Standing Orders and Scheme of Reservation and 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 Group's Constitution and Standing Orders.
- 1.2 The Committee is authorised by the Governing Body to act within its terms of reference. All Members and employees of the Group are directed to co-operate with any request made by the Committee.

2. Membership

- 2.1 The Committee shall be appointed by the Group as set out in the Group's Constitution and may include individuals who are not on the Governing Body.
- 2.2 The Registered Nurse on the Governing Body will chair the Committee. The Vice Chair shall be the Lay Member for Patient and Public Engagement
- 2.3 The membership of the Committee shall consist of:
 - 2.3.1 the Head of Clinical Quality, Clinical Governance and Patient Safety
 - 2.3.2 the Registered Nurse on the Governing Body
 - 2.3.3 the Secondary Care Doctor on the Governing Body
 - 2.3.4 a clinical lead from each of the health economy areas:
 - Medlinc/Mid Surrey – Epsom Hospital
 - East Elmbridge – Kingston Hospital
 - Dorking - Surrey and Sussex Healthcare (SASH)

- 2.3.5 public health consultant; and
 - 2.3.6 Patient Representative from the Patient and Public Engagement Group
 - 2.3.7 Lay Member for Patient and Public Engagement
- 2.4 In addition to the Committee members, the Chief Officer and Clinical Chair shall periodically attend meetings of the Committee to ensure strong connection with the Executive and Governing Body.
- 2.5 Other Executive and senior officers of the CCG and Commissioning Support Unit may attend when required to support the business of the Committee.
- 2.6 The committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

3. Secretary

- 3.1 The Governing Body Secretary shall act as Secretary to the Committee.
- 3.2 The Secretary is responsible for providing advice on corporate governance, compiling the agenda with the Chair and arranging for collation and circulation of papers. The agenda and supporting papers will be circulated to all Members at least five business days before the date the meeting will take place
- 3.3 The Secretary shall record minutes of all meetings of the Committee and shall keep a record of actions and matters arising.
- 3.4 These responsibilities can be delegated by agreement.

4. Quorum

- 4.1 A quorum shall be four (4) members, at least two of whom shall be clinical and at least one of whom shall be a Lay Member of the Governing Body.
- 4.2 Where a quorum cannot be convened the chair of the meeting shall consult with the Governing Body Secretary on the action to be taken. This may include:
 - 4.2.1 requiring another of the Group's committees or sub-committees, the Group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - 4.2.2 inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the Group can progress the item of business:
 - (a) a Member of the Group who is an individual;

- (b) an individual appointed by a Member to act on its behalf in the dealings between it and the Group;
- (c) a member of a relevant Health and Wellbeing Board;
- (d) a member of a Governing Body of another Clinical Commissioning Group.

5. Frequency of meetings

- 5.1 Formal business meetings shall be held at least six times a year.
- 5.2 The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

6. Remit and responsibilities of the Committee

- 6.1 The remit of the Committee is driven by the Group's priorities and any associated risk or areas of quality improvement. The core functions are to:
 - 6.1.1 Provide strategic oversight and assurance to the Governing Body on the systems in place to monitor the quality and safety of all commissioned services¹ in accordance with the NHS Constitution, NHS Outcomes Framework and regulatory bodies.
 - 6.1.2 Escalate sensitive issues or serious failures in quality of care to the Governing Body.
 - 6.1.3 Provide strategic leadership to ensure that the Group's commissioning strategy, including joint commissioning, fully reflects all elements of quality - patient safety, clinical effectiveness and patient experience - and promotes a culture of continuous improvement and innovation.
 - 6.1.4 Promote the Group's general duty to improve the quality of primary care services.
 - 6.1.5 Oversee strategies or policies under the remit of the Committee.

- 6.2 The duties of the Committee include:

Quality, Safety and Patient Experience

- 6.2.1 Overseeing the development and implementation of the Group's framework for monitoring and improving quality, through which to hold providers to account and assure continuous improvement;
- 6.2.2 Supporting and monitoring the development of a clinical audit plan and programme of work;

¹ This will include all services commissioned for the Surrey Downs CCG population, including not only those commissioned directly by the SDCCG but also services commissioned by other bodies, including NHS England (such as Specialised Health Services, Independent Contractor services within the CCG's remit) Local Authorities, and those commissioned under other collaborative arrangements.

- 6.2.3 Regular review of reports on the quality of services commissioned, including patient experience, specific quality improvement initiatives, performance against Commissioning for Quality Innovation (CQUINs), clinical performance indicators²;
- 6.2.4 Reviewing key documents, such as the Group's commissioning strategy; including the primary care offer and service re-design proposals to identify risks and quality concerns.
- 6.2.5 Oversee and be assured that effective risk management is in place to manage clinical governance issues and recommend courses of action where concerns have been identified.
- 6.2.6 Being assured that effective quality surveillance processes and system-wide learning are in place for the management of Serious Incidents Requiring Investigation (SIRIs), in the Group and commissioned services, being notified of any compliance issues and informed of all Never Events.
- 6.2.7 Seeking assurance that robust processes are in place via hosted arrangements to safeguard children and vulnerable adults, including the execution of the Mental Capacity Act
- 6.2.8 Ensuring that feedback from patients, carers, staff, the public and partner organisations, such as Healthwatch, is captured and changes in commissioning strategies are recommended to improve patient experience.
- 6.2.9 Commission reports or surveys deemed necessary to fulfil its responsibilities, then scrutinise and agree publication plans.
- 6.2.10 ensuring adequate systems are in place for the governance of research in line with the Department of Health's requirements;

7. Relationship with the Governing Body

- 7.1 The minutes of all meetings of the Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of which actions or improvements are needed.
- 7.2 The Committee will report annually to the Governing Body in respect of the fulfilment of its functions in connection with these terms of reference.
- 7.3 The Group's annual report shall include a section describing the work of the Committee in discharging its responsibilities.

8. Policy and best practice

- 8.1 The Committee is authorised by the Governing Body to instruct professional advisors and request the attendance of individuals and authorities from

² This includes performance against contractual clinical performance indicators, NHS and Public Health Outcomes Frameworks, Commissioning for Quality and Innovation (CQUINs) schemes and patient experience, including feedback from Patient Advice and Liaison Service (PALS), complaints and compliments

outside the Group with relevant experience and expertise if it considers this necessary for or expedient to the exercise its functions.

- 8.2 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

9. Conduct of the Committee

- 9.1 The terms of reference of the Committee shall be reviewed by Governing Body at least annually.
- 9.2 Members of the Committee must attend at least four of the formal meetings each Financial Year but should aim to attend all scheduled meetings.