

**North East Lincolnshire CCG**

Attachment 08

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Julie Taylor-Clark |
| **Date of Meeting:** | Thurs 10th July 2014 |
| **Subject:** | Clinical Quality Committee |
| **Status:** | OPEN  CLOSED |
| **Agenda Section:** | STRATEGY  COMMISSIONING OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| To provide an overview of the current working arrangements for clinical quality within North East Lincolnshire Clinical Commissioning Group and make recommendations for amending these arrangements thereby offering a “clearer line of sight” to the Board around quality issues | |

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| **STRATEGY** |  |
| Clinical Quality, patient safety and patient experience | |

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| **IMPLICATIONS** |  |
| Since May 2013 the CCG has had in place a Clinical Quality Committee as part of its governance arrangements.  The present terms of reference and membership of that committee are attached for information.  Key decisions and reports by exception are made on a quarterly basis to the Integrated Governance and Audit Committee which in turn escalates items to the CCG Board.  In order to ensure that the Board receives greater assurance and more timely information on quality issues that directly affect patient care and experience it is proposed that the Clinical Quality Committee becomes a sub- committee of the Board, thereby offering a clearer line of sight from Board to Ward and vice versa.   * To enable this to occur it is proposed that work is progressed to rename the Clinical Quality Committee to the Quality Committee (the current title abbreviation being CQC can be confused with the National CQC) * The proposal is that the review of the TOR would be with the Clinical Chair and it would encompass the whole organisation’s quality agenda/work including ASC which is not ‘clinical’ * The membership to be reviewed to include greater Board representation, particularly from clinical colleagues within Primary Care .(At present there is only 1 General Practitioner on the Clinical Quality Committee). * It is proposed that the Quality Committee will report directly to the Partnership Board. | |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT** | | |
|  | The Board are asked to endorse the recommendation to allow the Quality Committee to become a Board sub- committee and to receive a paper updating the Clinical Quality Committees terms of reference and membership at its September 2014 meeting | **Agreed?** |
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|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | Y |  |
| ii) | CCG Equality Impact Assessment | Y |  |
| iii) | Human Rights Act 1998 | Y |  |
| iv) | Health and Safety at Work Act 1974 | Y |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?  [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |

**Terms of Reference for the Clinical Quality Committee (CQuC)**

**Purpose**

The Health and Social Care Quality Governance Committee (the Committee) is being established under the leadership of a Clinical Lead / member of the Council of Members to monitor and drive forward the quality, safety, and effectiveness of all commissioned care; quality including the patient and service user experience.

**Introduction**

The Committee is established in accordance with the NHS North East Lincolnshire Clinical Commissioning Group (the Group’s) Constitution.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements and shall have effect as if incorporated into the Constitution.

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 cooperate with any request made by the Committee.

**Membership**

The Committee members are appointed by ‘the group’.

The Clinical lead for Quality and Clinical Governance (safety, effectiveness and experience) will chair the Committee. The Committee will appoint a Vice Chair from the body of the meeting

The membership shall consist of:

* Clinical Lead for Quality and Clinical Governance (Chair)
* The Strategic Lead for Quality and Experience (registered nurse)
* At least two (2) members of the Community Forum, one of whom should be a member of a service triangle
* CCG Lay Member
* Three clinicians one whom should be a practicing GP
* The Service Lead for Adult Social Care or a delegated representative
* Two (2) members of the Council, one of whom should be a public health consultant
* The designated nurse for safeguarding children and,
* The designated professional lead for safeguarding adults.

The Chief Clinical Officer (Accountable Officer) and Deputy Chief Executives will have an open invitation to attend any meetings.

The Committee shall co-opt attendance as required to transact business.

The Committee shall be supported by service leads with responsibility for corporate governance, risk management, safeguarding and commissioning support services staff, but they will not be members.

The chair will preside at all meetings and members are expected to attend. In the event that a member is not able to attend, a named deputy should be agreed with the chair. In extraordinary circumstances if the chair is not available, the Vice Chair will be expected to lead the meeting with the authority of the chair.

**Quorum**

A quorum will consist of at least five (5) members including;

* The chair or strategic lead for quality and experience
* Two clinicians
* One (1) member of the community forum
* Two (2) others

**Frequency of meetings**

Meetings will be held every six (6) weeks and no less than eight (8) times over the period of twelve (12) months.

Meetings will last 2.5 – 3 hours and a calendar of dates will be set by the chair with the secretariat and circulated with the notes of the first (inaugural) meeting.

**Agenda**

The agenda will be agreed with the chair ten (10) working days before the meeting and circulated no later than seven (7) working days before the meeting.

Each item on the agenda will be covered by a summary sheet.

The structure of the agenda will provide a mapping to the Board Assurance Framework, Annual Plan, and Risk Register i.e. demonstrating how the work of the Committee is embedded into the core business of the CCG. (see example below)

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| **No.** | **Item** | **Lead** | **Time** | **Link to BAF etc.** |
| 1 | Serious case reviews – end of quarter review of progress | Designated Nurse | 15 mins | BAF 13/14/03/03 - |
| 2 | Quarterly review of the LD register | Service lead for LD | 10 mins | BAF 13/14/03/02 |
| 3 | Triangulating soft and hard intelligence | Chair | 30 mins | 13/14 annual work plan for the Committee |

In the interest of good governance, papers should not be tabled unless agreed in advance with the chair.

The notes (record) of the meeting will be circulated in draft no later than seven (7) working days after the meeting. All notes will remain draft until signed by the Clinical Lead following approval at the Committee.

**Remit and responsibility**

The Committee shall:

* monitor and drive forward the quality of all commissioned care, recommending action[[1]](#footnote-1) where concerns have been identified, and monitoring that action, i.e. review and act upon information received bringing together hard and soft intelligence;
* receive and discuss reports on primary care with a view to assisting and supporting the NHS Commissioning Board in its duty to improve the quality of such care;
* receive and review reports on quality in respect of commissioned services to include performance against CQUINs, and patient experience (including complaints and compliments);
* ensure the patient / service user voice is captured and changes in commissioning strategies are recommended to improve patient experience;
* ensure that there are robust systems and processes in place to safeguard adults and children, including the review of all serious case review reports relating to commissioned services and receiving the annual safeguarding report from the designated doctor and nurse;
* ensure delivery of the requirements for Information Governance and receive the annual Caldicott Guardian report
* ensure adequate systems are in place for the governance of research in line with the NHSCB requirements
* oversee and provide assurance on the clinical governance arrangements in commissioned services;
* receive, review and scrutinise reports on serious incidents (SIs) and Never Events occurring in commissioned services and monitoring associated action plans;
* monitor provider arrangements for the implementation of NICE guidance;
* receive and review quarterly updates on CQC inspections of commissioned services for assurance that appropriate action is being taken;
* produce an annual work plan for sign off by the Integrated Governance and Audit Committee (parent Committee) and provide a six monthly update and an annual report;
* ensure arrangements are in place to deliver other governance and statutory requirements as identified by the Governing Body as being within the remit of the Committee;
* review the provider Quality Accounts and draft the CCG response on behalf of the Chief Clinical Officer;
* be as concerned with the need to diffuse good practice and eliminate variability as it is with seeking assurance that poor practice is being addressed.
* develop effective arrangements for the monitoring and improvement of quality, safety and effectiveness after the life of the Committee

**Urgent Business**

The Chair and one other member, in consultation, may act on URGENT business between meetings, reporting that action to the next meeting. In the absence of the chair, the Strategic Lead for Quality and Experience, in consultation with one other member may act. All URGENT transactions must be recorded in the notes of the meeting to which that action is reported.

**Declaration of Interest**

If any member has an interest, pecuniary or otherwise, he or she will declare that interest as soon as possible and not participate in the discussion. The declaration must be recorded in the notes. The chair may take a view that the member should withdraw from the Committee until the Committee’s consideration is complete. There would be no right of appeal against that decision.

**Relationship with Integrated Governance and Audit (IG&A)**

IG&A is the parent Committee. The parent Committee will approve the annual work plan and formally receive the notes of each meeting of the Committee.

**Task and Finish Groups**

The Committee shall have the authority to establish task and finish groups in order to deliver its remit and responsibilities.

**Business conduct**

The terms of reference would ordinarily be subject to annual review, but as this Committee is established for 12 months only, that will not be required.

* All members are expected to have read papers before the meeting and contribute to the discussion and decisions of the Committee
* All members have an equal voice. The chair will facilitate active participation of all members but in the event of a divided Committee view, the chair will take a decision
* Members are expected to arrive on time and participate in the full meeting.
* Unless members are on call, mobile telephones should be switched off during meetings

**Document Control: Author P Kirton-Watson; Date 30 July 2013; Version Four (4)**

**REPORTING SCHEDULE FOR**

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP – CLINICAL QUALITY COMMITTEE (CQuC)**

**Chair – Dr Anne Spalding, Vice Chair Mr Philip Bond**

This work plan will remain subject to review. Clearly the CQuC will require some flexibility in the construct of its agenda such that emerging issues are dealt with in a timely and appropriate manner, but it is equally important to the success of the CCG that a work plan underpins the structure of the CQuC.

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| **NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP – CLINICAL QUALITY COMMITTEE (CQuC)** | **Assured or provides assurance to IG&Audit**  **in Quarterly Report** | **LEAD** |
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| **Items for all meetings** |  |  |
| Confirm the meeting is quorate | Assured | Chair |
| Declare any declarations of interest | Assured | Chair |
| Actions and matters arising from previous meeting | Assured | Chair |
| Review CQC Inspection Reports (if appropriate) | Assured | Strategic Lead Quality and Experience |
| Feedback from Commissioner-led Quality Visits (if appropriate) | Assured |  |
| Ratification of Policies (if appropriate) | Assured | All |
| Caldecott issues by exception | Assured | Chair |
| Minutes and summary of NHS 111 reviews by exception | Assured | Strategic Lead Quality and Experience |
| SHMI update | Assurance to IG | Strategic Lead Quality and Experience |
| **January** |  |  |
| Review Quarter 3 incidents and SUI | Assured | Patient Safety Lead |
| Report on Q3 never events by exception | Assurance to IG |  |
| Q3 Quality Framework for Care Homes summary | Assured | Contracts Officer |
| Update on progression with CQUINS target for the following year | Assurance to IG | Strategic Lead Quality and Experience |
| Update on Francis report by exception | Assurance to IG | Strategic Lead Quality and Experience |
| **March** |  |  |
| Update on Francis Report by exception | Assurance to IG | Strategic Lead Quality and Experience |
| Receive 6 monthly report from the Quality and Risk Panel | Assured | Service Lead Mental Health and Disabilities |
| Receive and critique Q3 Quality Assurance report | Assured | Strategic Lead Quality and Experience |
| Update on CQUINS for Q3 by exception | Assurance to IG | Strategic Lead Quality and Experience |
| Patient experience including Friends and Family Q3 by exception | Assurance to IG | Customer Care Manager |
| **May** |  |  |
| Review Q4 incidents and SUI | Assured | Patient Safety Lead |
| Q3 Quality Framework for Care Homes summary | Assured | Contracts Officer |
| Annual review of terms of reference for the Clinical Quality Committee | Assurance to IG | Strategic Lead Quality and Experience |
| Annual review and updating of declarations of interest | Assured |  |
| **July** |  |  |
| Review Q1 incidents and SUI | Assured | Patient Safety Lead |
| Receive and critique Q4 Quality Assurance report | Assurance to IG | Strategic Lead Quality and Experience |
| Q1 Quality Framework for Care Homes summary | Assured | Contracts Officer |
| Update on CQUINS for Q4 | Assurance to IG |  |
| Patient experience inc Friends and family Q4 by Exception | Assurance to IG | Customer Care Manager |
| **September** |  |  |
| Receive and critique Q1 Quality Assurance report | Assurance to IG | Strategic Lead Quality and Experience |
| Receive Annual Social Services and Health Statutory Complaints Annual Report | Assurance to IG | Customer Care Manager |
| Patient Experience including Friends and Family Q1 | Assurance to IG | Customer Care Manager |
| Update on CQUINS Q1 BY Exception | Assurance to IG | Strategic Lead Quality and Experience |
| Update on Francis Report action plan by exception | Assurance to IG | Strategic Lead Quality and Experience |
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| Receive Annual report on Supervision in midwifery for NLaG | Assured | Asst Director Women & Children |
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| **November** |  |  |
| Review Q2 incidents and SUI | Assured | Patient Safety Lead |
| Report on Q2 Never events by exception | Assurance to IG | Strategic Lead Quality and Experience |
| Receive 6 monthly report from Quality and Risk panel | Assured | Service Lead Mental Health and Disabilities |
| Receive and critique Q2 Quality Assurance Report | Assurance to IG | Strategic Lead Quality and Experience |
| Q2 Quality Framework for Care Homes summary | Assured | Contracts Officer |
| Receive Infection Control Quality Assurance Report | Assured | Nurse Specialist Infection Control |
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| **December** |  |  |
| Update on Q2 CQUINS by exception | Assurance to IG | Strategic Lead Quality and Experience |
| Patient Experience including Friends and family Q2 | Assurance to IG | Customer Care Manager |
| Annual safeguarding of adults report | Assured | Designated Nurse Safeguarding Adults |
| Annual safeguarding of children report | Assured | Designated Nurse Safeguarding Children |
| Update on Francis report by exception | Assurance to IG | Strategic Lead Quality and Experience |
| Review Q3 Quality Surveillance and Assurance Report | Assurance to IG | Strategic Lead Quality and Experience |
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1. All actions should be assigned to a person accountable for their delivery; be described in a manner that is measurable and have delivery timelines. [↑](#footnote-ref-1)