

**North East Lincolnshire CCG**

Attachment 10

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Julie Taylor-Clark, Director of Nursing, Quality and Transformation |
| **Date of Meeting:** | 11 September 2014 |
| **Subject:** | Quality Report - Quality Committee TOR  |
| **Status:** | X OPEN [ ]  CLOSED |
| **Agenda Section:** | X STRATEGY X COMMISSIONING X OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| This paper is to provide the Partnership board with a clear understanding of the roles and responsibilities of the Quality Committee in supporting the functions and accountability of the Board in relation to quality. |

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| **STRATEGY** |  |
| The Quality Committee (formerly Clinical Quality Committee) is established in accordance with North East Lincolnshire Clinical Commissioning Group’s constitution, standing orders and scheme of delegation. These terms of reference (Appendix 1) sets out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated in the clinical commissioning group’s constitution and standing orders.The purpose of the Quality Committee is to provide assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness[[1]](#footnote-1), economy and governance.The Committee will be chaired by the Strategic Nurse giving a direct line of sight from the Committee to the Board. |

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| **IMPLICATIONS** | The Quality Committee shall review the establishment and maintenance of quality mechanisms across the whole of the organisation and commissioned provider’s activities in both Health and Social Care.  |
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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  |
|  | The Partnership Board are been asked to approve the terms of reference for the Quality Committee and approve the role and function of the Quality Committee within the Partnership Boards scheme of delegation. | **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 Quality Committee**

**1 PURPOSE**

The purpose of the Quality Committee is to provide assurance on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness, economy and governance.

**2 CONSTITUTION**

The Quality Committee (formerly Clinical Quality Committee) is established in accordance with North East Lincolnshire Clinical Commissioning Group’s constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated in the clinical commissioning group’s constitution and standing orders.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of NELCCG are directed to cooperate with any request made by the Committee.

**3 MEMBERSHIP**

The Partnership Board Strategic Nurse will be the Chair of the Quality Committee and the Vice Chair

the Clinical lead for Quality Assurance and Caldicott.

The core membership shall consist of:

* Partnership Board Strategic Nurse (Chair)
* Clinical Lead for Quality and Clinical Governance (Vice Chair)
* Executive director with lead responsibility for Quality
* Strategic Lead for Quality (registered nurse)
* CCG lead officer for Equality and Diversity
* A member of the Community Forum (member of a service triangle)
* CCG Partnership Board Lay Member
* Three clinicians, at least one whom should be a practicing GP
* Service Lead for Adult Social Care or a delegated representative
* A member of the Council
* Officer responsible for Risk and/or SUIs
* Assistant Director – Contracts, Service Planning and Redesign
* The designated nurse for safeguarding children and,
* The designated professional lead for safeguarding adults.

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 required to attend on their behalf.

A quorum will consist of at least five members including:

* Chair, director of quality or strategic lead for quality
* Two clinicians
* One member of the community forum
* Two others

Declarations of interest must be declared at the earliest possible opportunity and a record made of this in the Quality Committee 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 the decision.

**4 IN ATTENDANCE**

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

Senior officers such as Service Leads or Triangle Leads may be invited to attend, particularly with the committee is discussing areas of risk or operation that are the responsibility of that senior officer.

**5 FREQUENCY**

Meetings will be held bi-monthly and not less than six times over the period of twelve months. Meetings will last 2 – 3 hours and a calendar of dates will be set by the chair with the secretariat and circulated.

**6 AGENDA**

The agenda will be agreed with the chair five working days before the meeting and circulated no later than three 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.

All notes will remain draft until signed by the Clinical Lead following approval at the Committee.

**7 AUTHORITY**

The Quality Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference.

It is authorised to seek any information it requires from an employee and all employees are directed to cooperate with any request made by the Committee.

The Quality Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsider with relevant experience and expertise if it considers this necessary.

**8 DUTIES AND RESPONSIBILITY**

The Quality Committee shall review the establishment and maintenance of quality mechanisms across the whole of the organisation and commissioned provider’s activities in both Health and Social Care.

In particular, the Committee shall:

* Seek assurance that the commissioning strategy for clinical commissioning group fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to adapt and change.
* Provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does. This is extended to include all social service and jointly commissioned arrangements.
* Oversee and be assured that effective management of risk is in place to manage and address clinical governance issues.
* Have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of all Never Events and informing the governing body of any escalation or sensitive issues in good time.
* Seek assurance on the performance of any NHS providers in terms of Care Quality commission, Monitor and any other relevant regulatory bodies.
* Receive and scrutinize independent investigation reports relating to patient safety issues and agree publication plans.
* Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
* Ensure processes are in place to delivery of key recommendations/action plans are being and embedding of lessons learnt.
* Critique and review reports on quality in respect of commissioned services to include performance against CQUINs and patient and client experience and equality and diversity.
* Ensure that relevant new legislation is embedded into existing quality assurance systems
* Ensure that when reviewing the quality and effectiveness of services that consideration is given to NHS constitution and legislative requirements including Equality and Diversity.
* Review and 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
* Ensure delivery of the requirements for Caldicott and receive the annual Caldicott Guardian report
* Ensure adequate systems are in place for the governance of research in line with the NHS England requirements
* Be assured that there are suitable systems in place to monitor and review delivery of NICE guidance by providers.
* 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

**9 URGENT BUSINESS**

The Chair and one other member, in consultation, may act on urgent business between meetings, reporting that action to members at the next scheduled meeting.

All urgent actions must be recorded in the notes of the meeting to which that action is reported.

**10 ASSURANCE FUNCTIONS**

The Quality Committee shall request and review reports and assurance from directors, managers and appropriate accountable officers of the overall arrangements for quality assurance mechanisms and risk management for commissioned health and social care service to ensure strategic oversight is maintained.

The Committee may also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements. The Committee will review the work of other groups within the organisation, whose work can provide relevant assurance to the Committee’s own scope of work. Furthermore, the Committee shall have the authority to establish task and finish groups in order to deliver its remit and responsibilities.

**11 SUBCOMMITTEES**

Sub committees shall include:

* Failing Care Homes
* Mortality Steering Group
* NEL CCG SI meeting
* Northern Lincolnshire Collaborative SI group
* HEYHT Clinical Quality Forum
* NLGHFT Clinical Quality Forum
* Other Provider Clinical Quality Forum

Shall have authority to establish sub committees as and when determined by the committee

1. **REPORTING**

The Quality Committee will produce **routine quality reports to Partnership Board meetings which shall incorporate relevant aspects of the work of the committee.**

The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure, or require executive action.

* **Freedom of Information Act 2000**
* The minutes and papers of this Committee are, in the main, classed as public documents, except where matters, usually due to draft work in progress, issues of confidentiality or commercial sensitivity, are specifically deemed to be unsuitable for publication.

**12 OTHER MATTERS**

The Committee shall be supported administratively by the CCG Quality Assurance team.

1. Commissioning for Quality: Views from Commissioners July 2014 (NHS Commissioning Assembly) [↑](#footnote-ref-1)