

QUALITY AND CLINICAL GOVERNANCE COMMITTEE TERMS OF REFERENCE

Terms of Reference approved: January 2017
Terms of Reference review date: January 2018

1. INTRODUCTION

- 1.1 The Quality and Clinical Governance Committee (the "Committee") is established in accordance with NHS Guildford and Waverly Clinical Commissioning Group's (the "Group") Constitution. 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.

2. PURPOSE OF THE QUALITY AND GOVERNANCE COMMITTEE

- 2.1 The Committee, which is accountable to the Group's Governing Body, provides assurance that all services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the Group does. It ensures the principles of quality assurance and clinical governance are integral to performance monitoring arrangements for all services commissioned by the Group and are embedded within consultation, service development and redesign, evaluation of services and decommissioning of services. The Committee oversees the development and implementation of the Group's Quality Strategy and Quality Assurance Framework. The Committee will seek assurance that patients have effective and safe care with a positive experience of services and that the Group is fulfilling its statutory duties, (as detailed in section 10.4).

3. ACCOUNTABILITY (DELEGATED AUTHORITY)

- 3.1 The 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 any member, officer or employee who are directed to co-operate with any request made by the Committee. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

3.2 Sub Committees

- 3.2.1 In accordance with the Constitution, the Quality and Clinical Governance Committee has established its own sub-committees, to assist it in discharging its responsibilities which have been delegated by the Group or the committee it is accountable to. These are as follows and have approved Terms of Reference, with a remit to report and make recommendations to the Quality and Governance Committee:

- Surrey-wide Clinical Safeguarding Forum
- Primary Care Clinical Academic Group
- Serious Incident Sub Committee
- Information Governance Sub-Committee
- Public and Patient Engagement Group (which includes Equality and Diversity workstream)
- RSCH Clinical Quality Review Meeting (CQRM)
- Surrey Child and Adolescent Mental Health Quality Review and

Contract Meeting

- [CQUIN Working Group Meeting- n.b. ToR currently in progress]
- Plus minutes from any other Contract and Quality Review meetings for providers on the risk register. The Committee will decide for what period the minutes will come to meetings for.

4. MEMBERSHIP

- 4.1 The Committee shall consist of the following voting members:
- Lay Member of the Governing Body (Quality and Clinical Governance) who shall be the Chair of the Committee;
 - Lay Member of the Governing Body (Patient and Public Involvement);
 - Medical Director (Commissioning) of the Governing Body;
 - A GP Clinical Representative of the Governing Body;
 - Medical Director (Acute) of the Governing Body;
 - Executive Director of Nursing, Quality and Safeguarding who shall be Vice Chair of the Committee;
 - A patient representative;
 - Deputy Director Clinical Commissioning;
 - Director of Governance and Compliance; and
 - Associate Director of Quality and Improvement.
- 4.2 Other members, officers or employees of the Group may be invited by the Committee to attend meetings as appropriate.
- 4.3 Membership will be reviewed regularly to adjust for changes as required by the purpose of the Committee.
- 4.4 In the event of a member of the Committee being unable to attend all or part of the meeting, he or she shall send a named deputy to attend the meeting and represent them. Deputies will have the decision-making and voting rights of the person he or she is representing.
- 4.5 The members of the Committee shall be appointed by a majority vote of members of the Governing Body.

5. EMERGENCY POWERS AND URGENT DECISIONS

- 5.1 The Committee will delegate responsibility for emergency powers and urgent decisions to the Chair and Vice Chair of the Committee
- 5.2 In the event of an urgent decision being required, this shall be taken by the Chair or the Vice Chair of the Committee; who must consult at least one other member of the committee prior to taking the decision.
- 5.3 Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

6 STANDARDS OF BUSINESS CONDUCT AND CONFLICTS OF INTEREST

- 6.1 All individuals attending a meeting, as a member or in attendance, must declare any potential conflicts of interest in accordance with the Group's standard business conduct and Conflicts of Interest Policy. It will be for the Committee Chair to decide how potential conflicts of interest are managed, including asking the individual to withdraw from the meeting in some cases where issues are discussed or decisions taken, in line with the Policy.

7. SECRETARY & SENIOR SUPPORT

- 7.1 Secretarial support shall be provided to the Committee by the Group's corporate office. The Secretary shall attend to take minutes of the meetings and provide appropriate support to the Committee Chair and Committee members.
- 7.2 The Associate Director of Quality & Improvement will be responsible for supporting the Committee Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.
- 7.3 The minutes of the Quality and Clinical Governance Committee will be formally signed off by the Quality and Clinical Governance Committee, at their next meeting and be made available on the Group's website. Minutes or sections of minutes which are of a confidential nature which would not be disclosed under a Freedom of Information Act request will not be made available on the Group's website.

8. QUORUM AND VOTING

- 8.1 A quorum shall be three members, which must include the Committee Chair, or Vice Chair and at least one Clinical Representative. Any decisions put to a vote at a Committee meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Committee Chair shall have a second and casting vote.
- 8.2 In the event of the Committee Chair being unable to attend all or part of the meeting, he or she will nominate the vice chair, Executive Director for Nursing, Quality & Safeguarding to chair that meeting.

9. FREQUENCY AND NOTICE OF MEETINGS

- 9.1 The Committee shall meet at least six times per annum *with a programme of learning/clinical visits to support the quality programme.*
- 9.2 The dates of the meetings will be set out at the beginning of each year.

10 REMIT AND RESPONSIBILITIES OF THE COMMITTEE

10.1 Continual Improvement of Services:

- 10.1.1 identify and determine best performance, quality and value outcomes by assessing clinical effectiveness, cost effectiveness, quality standards and the views of patients and carers in the Group's Area;

- 10.1.2 oversee the development, and monitor the implementation of, a framework for assurance of service quality provided by constituent primary medical care practices and the approach to ensuring continuous improvement;
- 10.1.3 seek assurance that the commissioning strategy for the 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;
- 10.1.4 advise and develop locally sensitive quality indicators in order to continually improve the quality of services;
- 10.1.5 To review independent, national or external agency (e.g. Care Quality Commission, Monitor, Trust Development Authority, Royal Colleges) reports on issues pertaining to quality, safety and safeguarding and ensure that the appropriate gap analysis and recommendations are conducted within the commissioned services to which they affect, and to scrutinise the recommendations to ensure they are appropriate, comprehensive and timely. To then subsequently seek assurance on the implementation and effectiveness of the recommendations longer term
- 10.1.6 suggest and take decision on the quality standards for financially incentivised schemes such as the Commissioning for Innovation and Improvement Payment Framework and Quality Premium
- 10.1.7 have oversight of the process and compliance issues concerning serious incidents, and informing the Governing Body of any escalation or sensitive issues;

10.2 Safeguarding

- 10.2.1 Receive regular quality and complaints report to review themes and trends and identify areas for recommending changes in practice;
- 10.2.2 seek assurance that effective processes are in place within provider organisations and the Group for safeguarding children and young people, safeguarding vulnerable adults, domestic violence, forced marriage and the PREVENT agenda;
- 10.2.3 ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern;

10.3 Risk

- 10.3.1 oversee and seek assurance that effective management of quality/ clinical risk is in place to manage and address clinical governance and patient safety issues;

10.4 Statutory Duties

- 10.4.1 oversee and receive assurance of key standards in relation to Information Governance (including the Information Governance toolkit, data exchange agreements, etc) and ensure effective governance systems are in place for implementing and monitoring these standards;

- 10.4.2 oversee and receive assurance that the CCG is meeting its statutory duty detailed in **Section 14T NHS Act 2006** (as amended by the Health and Social Care Act 2012) whereby each CCG whilst carrying out its functions must have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them. Related to this duty is the Public Sector Equality Duty as detailed in the **Equality Act 2010** and placed on the CCG to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.
- 10.4.3 Assurance to be provided by way of Annual Equality Report and interim equality report, to include implementation of an effective Equality Delivery System review.
- 10.4.4 Oversee and receive assurance that the CCG is meeting its statutory duty detailed in Section 14Z2 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to involve service users in planning commissioning arrangements; in the development and consideration of proposals for changes and in decisions affecting the operation of commissioning arrangements where implementation would have an impact on the manner in which services are delivered or the range of services available. This involvement can be by way of consultation or otherwise.
- 10.4.5 Assurance to be provided by way of Patient and Public Engagement Group minutes and quarterly reports of engagement activity across the CCG's business functions.
- 10.4.6 Carry out the CCG's duty to promote research and the use of research by co-founding, taking a leadership role in and participating in the Primary Care Clinical Academic Group convened under the auspices of the Surrey Health Partners. (GWCCG GB member is Co-academic Lead for the Group) . This duty is monitored by the QCG committee receiving CAG progress reports (minimum of two per year).

10.5 Policies

- 10.5.1 Receive and approve corporate governance policies on behalf of the Governing Body in line with the Corporate Governance Framework.
- 10.5.2 The workplan in appendix 2 outlines the annual scheduling of responsibilities as described above.

11. RELATIONSHIP WITH THE GOVERNING BODY

- 11.1 The Committee will provide a summary report of its meetings to the next Governing Body meeting.
- 11.2 The minutes of Committee meetings shall be formally recorded and submitted to the Governing Body. The Committee Chair shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action.

- 11.3 The Group's Annual Governance Statement shall include a section describing the work of the Committee in discharging its responsibilities.
- 11.4 Members of the Committee should aim to attend all scheduled meetings but must attend at least 75% of all meetings each financial year.
- 11.5 The Committee shall review the terms of reference annually and any amendments required shall be approved by the Governing Body.
- 11.6 The Committee will self-assess its performance on an annual basis (refer Appendix 1) to ensure there is evidence that the Committee executed its duties as set out in these Terms of Reference.

12. POLICY AND BEST PRACTICE

- 12.1 The Committee will apply best practice in its decision making processes, covering a clear ethical basis to the business being considered; aligned business goals; an effective strategy incorporating stakeholder values; a well governed organisation and reporting systems to provide transparency and accountability.

13 CONDUCT OF THE COMMITTEE

- 13.1 The CCG has a code of conduct in place which defines required standards of behaviour for individuals working within this organisation, and those performing or authorising activities or advisory duties on our behalf. The Committee and its membership will conduct itself in accordance with these standards and principles
- 13.2 The CCG code of conduct specifically covers an employee/member's responsibility in relation to hospitality and gifts, and has regard to:
- Professional Standards Authority *Standards for Members of NHS Boards and Clinical*
 - *Commissioning Group Governing Bodies in England*, NHS Business Services Authority *Standards of Business Conduct Procedure*, Nolan seven principles of public life.

Appendix 1 - Annual Assessment of the effective performance of the Quality and Clinical Governance Committee

Performance Indicators:

- Number of quorate meetings held;
- % membership attendance
- Actions (from log) completed
- Review of overall adherence to work plan
- Members experiences of the Committee (annual survey)
- Adherence to requirements for Committee at Governing Body meetings (e.g. minutes)

Appendix 2 – Committee Work Plan 5 January 2017 to 7 March 2018