

**Terms of Reference Quality Assurance Committee**  
**Updated April 2013**

Governing Body Meeting

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2 May 2013

Author(s)/Presenter and title	Jane Harriman, Deputy Chief Nurse
Sponsor	Kevin Clifford, Chief Nurse
Key messages	<ul style="list-style-type: none"> <li>• The Terms of reference have been updated following commencement of the Quality Assurance Business Meeting in April.</li> <li>• The Business Meeting will report to the Quality Assurance Committee (amended section 8.4).</li> </ul>
Assurance Framework (AF)	<p><b>Risk Reference (RR) Number</b> 901</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed?</b>            The Quality Assurance Committee is a key control in the CCG governance and assurance structures.</p> <p><b>Is this an existing or additional control (add control reference)</b>            AF reference 2.1.1a,b,c,d</p>
Equality/Diversity Impact	<p><b>Has an equality impact assessment been undertaken?</b> Not required.</p>
Public and Patient Engagement	<p>Please list actions for PPE: Not required</p>
Recommendations	<p>The Governing Body is asked to note the changes.</p>

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**1. CONSTITUTION AND AUTHORITY**

- 1.1 The Governing Body hereby resolves to establish a committee of the Governing Body to be known as the Quality Assurance Committee (the "Committee") in accordance with the CCG's 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 Constitution.
- 1.2 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 is directed to co-operate with any request made by the Committee.
- 1.3 The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

**2. PURPOSE**

- 2.1 The Committee shall:
  - 2.1.1 gain assurance that there is an effective and consistent process to commissioning for quality and safety across the CCG's activities, ensuring that concerns and underperformance are identified and high standards of care and treatment are delivered. This will include areas regarding patient safety, effectiveness of care and patient /and staff experience; and
  - 2.1.2 gain assurance of quality and safety indicators within the contracts commissioned by the CCG and across clinical patient pathways, approving the latter under delegated authority from the Governing Body.

### 3. DUTIES

#### 3.1 The Committee shall:

- 3.1.1 receive reports from regulatory and other competent bodies (including the Care Quality Commission, Monitor and the Audit Commission) and ensure action plans are delivered;
- 3.1.2 receive quarterly thematic exception reports from the directly commissioned and contracted services regarding quality and safety legislative and contractual requirements as follows:
  - (a) Patient Safety:
    - (i) serious Incidents, never events and homicide investigations;
    - (ii) infection prevention and control;
    - (iii) safeguarding adults and children and domestic homicide;
    - (iv) Mental Capacity and Deprivation of Liberty;
    - (v) medicines safety, Controlled Drugs Management and prescribing (including assurance of the effectiveness of APC);
    - (vi) Deaths in custody; and
    - (vii) Patient Safety Alerts.
  - (b) Effectiveness
    - (i) NICE Technology Appraisal, guidance and Quality Standards compliance;
    - (ii) Clinical Audit performance;
    - (iii) PROMS;
    - (iv) CQUIN performance;
    - (v) Research and Evaluation
  - (c) Patient / Staff Experience
    - (i) receive reports on patient surveys and reports;
    - (ii) Eliminating Mixed Sex Accommodation reports;

- (iii) Complaints reports of providers and complaints relating to commissioning decisions, interface/partner complaints and the quality of primary care:
- (iv) receive reports on staff surveys in relation to quality and patient safety;
- (v) professional issues and whistleblowing in commissioned services, linked to quality and patient safety;
- (vi) receive exception reports on any other significant high level quality and patient safety concerns regarding providers; and
- (vii) ensure significant clinical risks are identified and reported on the risk register, escalating to the Assurance Framework where necessary.

3.1.3 **approve under delegated authority from the Governing Body the CCG's clinical policies** such as the Adult and Child Protection policies. Policies will be published on the CCG's web site and new and revised policies will be circulated to Governing Body Members for information.

3.1.4 **approve under delegated authority from the Governing Body patient clinical pathways** for adoption by the CCG. Such pathways will first have been considered by the Clinical Reference Group and Commissioning Executive Team, who will make recommendations on the approval of the pathways. However where proposed pathways are likely to be contentious with stakeholders including patients and local providers, the pathways will be referred to the Governing Body for a decision. The Committee will ensure that approved pathways are then appropriately published and promoted.

#### 4. **MEMBERSHIP**

4.1 The Committee shall consist of the following members:

- the Lay Member of the Governing Body with responsibility for patient and public engagement (**who shall chair the Committee**);
- Chief Nurse
- Deputy Chief Nurse
- One of Joint Clinical Directors;
- Head of Medicines Management;

- CCG GP nominated Lead

4.2 The Committee can co-opt other members as required.

## 5. **QUORUM**

A quorum shall be the Chair or nominated Deputy Chair, the Chief Nurse or Deputy Chief Nurse and two other members.

## 6. **ATTENDANCE AT MEETINGS**

6.1 In addition to the Committee members, the following persons shall generally attend routine meetings of the Committee: The Chief Operating Officer, the Senior Quality Manager and a representative from Internal Audit.

6.2 Members of the Governing Body shall be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

6.3 Other CCG employees shall also attend by request of the chair of the Committee. The Chair of the Governing Body may be invited to attend meetings of the Committee as required.

## 7. **FREQUENCY OF MEETINGS**

7.1 Meetings of the Committee shall be held quarterly, with additional meetings where necessary.

7.2 The Committee members shall be afforded the opportunity to meet at least once per year with no others present.

7.3 The Deputy Chief Nurse will be responsible for preparing and discussing the agenda for each meeting with the Chair of the Committee (or in his absence the Deputy Chair). The agenda and papers will be distributed to members of the Committee at least 5 days in advance of the meeting, unless otherwise agreed by the Chair of the Committee.

## 8. **ACCOUNTABILITY AND REPORTING ARRANGEMENTS**

8.1 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. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions or practices or any other important

matters. To the extent that such matters arise, the chair of the Committee shall present details to a meeting of the Governing Body.

- 8.2 A report from the Quality Assurance Committee will be presented to the Audit and Integrated Governance Committee following each meeting to provide assurance that the systems and processes of clinical governance are in place across the organisation.
- 8.3 An Annual Report of the Quality Assurance Committee will be presented to the Governing Body.
- 8.4 The Quality Assurance Business Meeting will be held monthly when the Quality Assurance Committee does not meet. Actions from the Business Meeting will be reported to the Quarterly Quality Assurance Committee.
- 8.5 The CCG's annual report shall include a section describing the work of the Sub-Committee in discharging its responsibilities.

## 9. **OTHER MATTERS**

- 9.1 The Committee will review its Terms of Reference at least annually making recommendations on any changes to the Governing Body.
- 9.2 Members of the Committee must attend at least two meetings each financial year but should aim to attend all scheduled meetings.