

Review of Terms of Reference of Quality Assurance Committee

Governing Body meeting

H

3 May 2018

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Sponsor Director	Mandy Forrest, Chair Quality Assurance Committee
Purpose of Paper	
To approve the updated Terms of Reference (TofR) of the CCG's Quality Assurance Committee following review by the Committee at its meeting on 8 March 2018.	
Key Issues	
<p>Each of the CCG's Committees should consider if the Committee's TofR remain fit for purpose at least annually.</p> <p>The Quality Assurance Committee considered its TofR at a meeting held on 8 March 2018 and agreed to recommend to Governing Body the proposed changes, which included recommendations highlighted as part of the Quality Assurance Audit. These are presented in the attached paper, together with a copy of the ToR with proposed changes shown as "tracked changes".</p>	
Is your report for Approval / Consideration / Noting	
Approval	
Recommendations / Action Required by Governing Body	
Governing Body is asked to approve the proposed changes to the Terms of Reference for the CCG's Remuneration Committee	
Governing Body Assurance Framework	
<p><i>Which of the CCG's objectives does this paper support?</i></p> <p>This paper supports delivery of the CCG's Strategic Objective 5 - Organisational development to ensure CCG meets organisational health and capability requirements.</p> <p>It also gives assurances against Risk 5.4 - Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
No	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

No, not applicable

Have you involved patients, carers and the public in the preparation of the report?

The proposed changes to the Terms of Reference for Governing Body committees and sub-committees helps to ensure that the CCG's business is conducted following due process and in an open and transparent way with meetings either being held in public or minutes shared in public, wherever possible and appropriate to do so.

Review of Terms of Reference of Quality Assurance Committee

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1 Introduction

Section 6 of the CCG's Constitution (Decision Making: The Governing Structure) describes how the committee structure of the CCG must operate. This includes compliance with the CCG's principles of good governance, operating within the Scheme of Reservation and Delegation and compliance with the Standing Orders and Prime Financial Policies. It also describes how, when discharging their delegated functions, the committees of the Governing Body must operate in accordance with their approved Terms of Reference (TofR).

2 Review and Proposed Changes

The existing Terms of Reference of the Quality Assurance Committee are attached to this paper with the proposed changes shown as track changes. It is important to highlight that they must remain consistent with what is stated in the CCG's Constitution.

For ease of reference section 6.6.5 c) of the Constitution states:

Quality Assurance Committee – is accountable to the CCG's Governing Body. It is principally responsible for ensuring that the population of Sheffield receives safe, high quality care. The Governing Body approves and keeps under review the terms of reference for the Quality Assurance Committee, which includes information on its membership.

A review of the TofR for the Quality Assurance Committee has been conducted and changes have been made following discussion by members with recommendation to the Governing Body for approval.

The TofR have also been updated to reflect recommendations identified within the Quality Assurance Audit Report undertaken by 360 Assurance in February 2018.

3 Recommendation

Governing Body is asked to approve the proposed changes to the Terms of Reference for the CCG's Quality Assurance Committee

Paper prepared by Sue Laing, Corporate Services Risk and Governance Manager

On behalf of Amanda Forrest, Chair, Quality Assurance Committee

April 2018

Terms of Reference

Name of Committee/Group	Quality Assurance Committee
Type of Committee/Group	Committee of Governing Body

1. Purpose of Committee/Group	<p>The Committee has delegated responsibility for securing continuous improvements for the quality of services (Section 5.2.5 of the Constitution).</p> <p>The Committee shall:</p> <ul style="list-style-type: none"> • 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 • gain assurance of quality and safety indicators within the contracts commissioned by the CCG and across clinical patient pathways. • Monitor achievement of the strategic aims for quality via the Commissioning for Quality strategy and action plan.
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2. Authority/Accountability	<p>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.</p> <p>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.</p> <p>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.</p>
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3. Objectives of Committee/Group	<p>The Committee shall:</p> <ul style="list-style-type: none"> • receive reports from regulatory and supervisory bodies (including the Care Quality Commission and NHS Improvement) and ensure action plans are delivered; • receive quarterly exception reports from the directly commissioned, In area
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services not directly commissioned, and contracted services including primary care regarding quality and safety legislative and contractual requirements as follows:

- Patient Safety:
 - serious Incidents, never events and homicide investigations;
 - infection prevention and control;
 - safeguarding adults and children and domestic homicide;
 - Mental Capacity and Deprivation of Liberty;
 - medicines safety, Controlled Drugs Management and prescribing (including assurance of the effectiveness of Area Prescribing Group (APG));
 - Patient Safety Alerts.
- Effectiveness
 - NICE Technology Appraisal, guidance and Quality Standards compliance;
 - Clinical Audit performance;
 - ~~PROMS;~~
 - CQUIN performance;
 - Research and Evaluation
- Patient / Staff Experience
 - receive reports on Friends and Family test, patient surveys and reports;
 - Eliminating Mixed Sex Accommodation reports;
 - Complaints reports from providers ~~and complaints relating to commissioning decisions, interface/partner complaints and the quality of primary care:~~
 - receive reports on staff surveys in relation to quality and patient safety;
 - professional issues and whistleblowing in commissioned services, linked to quality and patient safety;
 - receive exception reports on any other significant high level quality and patient safety concerns regarding providers; and
 - ensure significant clinical risks are identified and reported on the risk register, escalating to the Assurance Framework where necessary.
- approve under delegated authority from the Governing Body the CCG's clinical 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.
- 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 appropriate management group and recommended to Committee. Where pathways are likely to be contentious the Committee will take into account the CCGs duty to consult before making a decision. The Committee will ensure that approved pathways are then appropriately published, promoted and updated.

4. Membership

Note: Members should be referred to by title not name. Chair of Committee/Group should be stated. Minute taker should be stated either as member or in attendance.

The Committee shall consist of the following members:

- Two of the Lay Members of the Governing Body of which one will lead on quality assurance and will Chair the Committee;

- Chief Nurse (Deputy Chair)
- Deputy Chief Nurse
- Head of Quality
- Medical Director
- CCG GP Lead for Quality
- CCG GP
- Governing Body Secondary Care Doctor

The Committee can co-opt other members as required.

Members of the Committee must attend at least two meetings each financial year but should aim to attend all scheduled meetings.

5. Attendees

Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.

In addition to the Committee members, the following persons shall generally attend routine meetings of the Committee: Senior Quality Managers and a representative from Internal Audit.

Healthwatch Sheffield will also have a standing invitation to attend and contribute to all meetings

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.

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.

The minute taker / administrator for the committee will be in attendance.

6. Quorum

A quorum shall be a minimum of four (4) members including, the Chair or Deputy Chair, the Chief Nurse or Deputy Chief Nurse and two other members.

7. Frequency and Notice of Meetings

Meetings of the Committee shall be held at least quarterly. Communication and decision making will take place as necessary with committee members between formal meetings, with additional meetings being held as required.

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

Agendas will be generated by Deputy Chief Nurse and shared with the Committee Chair for approval. A formal agenda and supporting papers will be forwarded to all members, and those in attendance where appropriate at least 5 days prior to the date of the

meeting.

8. Minutes and Reporting Arrangements

The minutes of all meetings of the Committee shall be formally recorded and submitted, together with a summary report including recommendations where appropriate, giving assurances and highlighting areas of concern, 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.

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 within the CCG and in relation to commissioned activity commissioning for quality strategy and action plans.

As per Section 5.2.4 of the Constitution the following groups will report to the Quality Assurance Committee and will support the Quality Assurance Committee in discharging its responsibilities:

- ~~Safeguarding Children's Group~~
 - ~~Safeguarding Adults Group~~
 - Contract Quality Review Groups exception reporting
 - ~~Quality in Care Homes Group~~ Sheffield Quality Intelligence Group - Care Homes exception reporting
- Primary Care Resilience Group
Medicines Safety Group (Information)
Sheffield Control Drug Local Improvement Network (Information)

~~The Public Equality Engagement Experience Group (PEEEG) will also report progress on its role in monitoring delivery of the CCG's public sector equality duty in relation to issues of quality of services.~~

9. Meeting Effectiveness Review

As part of the Governing Body's annual performance review process, the committee shall review its collective performance and that of its individual members and will provide an annual report on the work of the committee for the CCG's Annual Report.

10. Review to be conducted by Committee/Group Chair

Date Committee/Group established	
Terms of Reference to be reviewed	The Committee will review its Terms of Reference at least annually making recommendations on any changes to the Governing Body for final approval.
Date of last review	November 2016 March 2018
Date of next review	March 2019 17

Sheffield Quality Assurance Committee - TOR reporting chart.
April 2018

