

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 Quality Assurance Committee (QAC) has been established by the CCG's Governing Body as set out in paragraph 5.9.10 of the Constitution. QAC has delegated responsibility to assure the CCG regarding all elements of quality, patient safety, clinical effectiveness, patient experience and continuous quality improvements within all services commissioned by the CCG for the population of Sheffield.</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, • seek evidence and gain assurance that concerns and underperformance are identified and triangulated with both hard and soft intelligence to gain assurance of continued high standards of care, treatment, experience and outcomes. • gain assurance regarding patient safety, effectiveness of care and patient /and staff experience; and • gain assurance that quality and safety indicators within the contracts commissioned by the CCG and across clinical patient pathways are being met. • Agree and monitor achievement of the strategic aims for quality via the Commissioning for Quality strategy and action plan, and ensure there is a process to enable the strategy to adapt and change • identification of priority areas for quality improvement in line with published guidance
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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 remit responsibilities, membership 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</p>
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executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

3. Objectives of Committee/Group

The Committee shall:

- Receive reports and guidance from regulatory and other competent bodies and where applicable ensure action plans are developed to improve performance or adopt best practice receive a monthly quality, patient safety and patient experience report to review themes and trends and identify areas for change in practice. For all directly commissioned, In area 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 Independent investigations;
 - infection prevention and control;
 - safeguarding adults and children and domestic homicide reviews;
 - 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 – developed in response to national patient safety issues and are published *when systemic SMART actions are required to prevent or reduce errors of omission or commission by healthcare staff* . It is essential for Healthcare providers to respond to protect staff from error and protect patients from risk of death or disability.
 - Effectiveness
 - NICE Technology Appraisal, guidance and Quality Standards compliance;
 - Clinical Audit performance;
 - 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
 - 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
 - to ensure that clinical risks are reported on all provider risk registers.
- By exception to the Patient Safety and Quality report the committee can / will receive reports (timeliness to be agreed i.e. quarterly / six monthly) on CCG led

programmes of work/responsibilities e.g. Safeguarding, SEND, CHC, Transforming Care

- Review the CCG's Risk Register relative to each Quality Directorate service (one service area per month or by exception if risk is evident, there is a significant change or escalation is required) at each meeting of the Committee, in particular:
 - Review the risks in line with the above for which the Committee is responsible
 - Note and approve the risks assigned to the Committee
 - Review the risk assessment scores for risks
 - Identify any new risks that present a gap in control for inclusion on the Assurance Framework
 - Agree actions to reduce impact of extreme and high risks
- ii. Risk Register
- Review those risks on the Risk Register for which the Committee is responsible for completeness and accuracy
 - Note and approve the risks assigned to the Committee
 - Review the risk assessment scores for risks
 - Identify any new risks for inclusion on the Risk Register
 - Agree actions to reduce impact of extreme and high risks.
 - Consider and agreed whether risks are being effectively managed
- 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.
- If required, receive for assurance under the delegated authority from other Governance forums and Governing Body patient clinical pathways for adoption by the CCG (with regard to all elements of quality, patient safety, clinical effectiveness, patient experience and continuous quality improvements within all services commissioned by the CCG for the population of Sheffield). Such pathways will first have been considered by SPIEEC and the appropriate management group and recommended to Committee. Where pathways are likely to be contentious the Committee will take into account the CCG's 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 (One will Chair the Committee and the other will be Deputy Chair)
- Chief Nurse, Executive Director for Quality and Patient Safety
- Deputy Director of Quality
- Medical Director
- Clinical Director
- Governing Body GP (Lead for Quality)
- Governing Body GP
- Governing Body Secondary Care Doctor

The Committee can co-opt other members as required.

Membership attendee could be either Medical or Clinical Director

Members of the Committee must attend at least 6 meetings each financial year but should aim to attend all scheduled meetings.

If members are unable to attend they should delegate their responsibilities to a deputy, on the understanding that the deputy is of an appropriate level to make a decision on behalf of their organisation/area of work and fully engage in the agenda.

5. In attendance

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

- Commissioning Director Representative
- Head of Medicines Management
- Head of Primary Care/designated representative from Primary Care Commissioning Committee
- Patient Experience Lead/Nominated representative from SPIEEC
- Healthwatch Representative
- Quality Manager
- Performance Manager
- Public Health Representative
- Patient Safety Specialist

Other appropriate clinicians and CCG staff will be invited to attend as required for specific agenda items. If members are unable to attend they should delegate their responsibilities to a deputy, on the understanding that the deputy is of an appropriate level to make a decision on behalf of their organisation/area of work and fully engage in the agenda.

6. Quorum

A quorum shall be Chair or Deputy Chair, at least 1 Governing Body GP or Clinical Director, and the Chief Nurse or Deputy Director of Quality, 50% of the voting membership shall be present

7. Frequency and Notice of Meetings

The Committee shall meet on a six weekly basis. The Chair reserves the right to call an extraordinary meeting in order to ensure the functions of the Committee are met in a timely manner. Members shall be notified at least 10 days in advance that a meeting is due to take place. Agendas and reports shall be distributed to members 5 working days in advance of the meeting date.

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 escalations/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 needed.

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.

The following groups will report to the Quality Assurance Committee and will support the Quality Assurance Committee in discharging its responsibilities:

- Contract Quality Review Groups exception reporting
- Sheffield Quality Intelligence Group - Care Homes exception reporting
- Primary Care Resilience Group
- Medicines Safety Group (Information)
- Sheffield Control Drug Local Improvement Network (Information)

The committee will receive minutes and take and act on requests for further review to gain assurance of continued safe, effective and high quality provision of a service/s from SPIEEC and Primary Care Commissioning Committee

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 2021
Date of next review	