

Clinical Commissioning Group
Terms of Reference

Committee:	Quality & Governance Committee
Frequency Of Meetings:	Monthly
Committee Chair:	GP Board Member
Membership:	Committee Chair (Quality & CEG Lead – GP Board Member) Executive Nurse Accountable Officer (Deputy Committee Chair) Lay Member (PPI) Lay Member (Governance) Head of Corporate Governance GP Board Member – Safeguarding Clinical Lead Practice Manager Board Member CCG Chair Head of South Essex Quality Support Team
Attendance:	Other representatives may be invited with the Committee Chair's approval
Lead Officer:	Executive Nurse
Secretary:	Business Manager
Quorum:	Committee Chair or Deputy Committee Chair, Executive Nurse plus any other two Board members

Approval:	CCG Board
Date Approved:	
Version	
Review Date:	Annually

DELEGATED AUTHORITY

The Quality & Governance Committee will report directly to the CCG Board, providing assurance on the quality of services commissioned on behalf of the patients to ensure quality, safety and a positive patient experience & that the CCG's statutory responsibilities in this respect are met.

The Quality and Governance Committee will also produce an annual report for the CCG Board.

The Committee's ToR is available upon request and shall be published on the website of the CCG.

DELEGATED RESPONSIBILITY

The Quality & Governance Committee will apply best practice in the decision-making process and in all areas of operation. Where possible, it will take the agreed practices of the CCG, as set out in the Constitution, as the model for functioning. The Committee will have full authority to commission any reports, research etc. as it deems necessary to ensure delivery of safe effective care. It is acknowledged that the Board is ultimately accountable for the actions of the Committee and therefore the Committee will:

- I. report on its work by presenting the minutes of its meetings to the Board.
- II. report to the Board on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
- III. review the ToR annually and submit for Board approval.

PURPOSE OF COMMITTEE

The purpose is

To develop a work plan based on:-

- The remit of the Quality and Governance Committee is to provide oversight and give assurance to the Board of the quality of services commissioned, including joint commissioning, to promote continuous improvement, learning and innovation with respect to safety of services, clinical effectiveness and patient experience.

The key responsibilities of the Committee are:

- Seek assurance that the commissioning strategy for the 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

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commissioning group does. This could be extended to include jointly commissioned services

- Oversee and be assured that effective management of risk is in place to manage and address clinical governance issues. This includes scrutiny of the Board Assurance Framework and Corporate Risk Register on a quarterly basis and review of the Risk Management Strategy on an annual basis.
- Review and endorse all corporate, information governance and human resources policies prior to their consideration by the CCG Board
- 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
- Have oversight of the CCG's systems and processes for meeting its obligations around corporate social responsibility (CSR) and sustainability, including the development, implementation and review of the CCG's Sustainable Development Management Plan;
- Have oversight of the CCG's systems and processes for managing complaints and concerns. This will include receipt of a quarterly report on the cases handled by the CCG.
- Seek assurance on the performance of providers of NHS care against targets and standards set by the Care Quality Commission, Monitor and any other relevant regulatory bodies
- Receive and scrutinise 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

This committee will receive reports from the Information Governance Team (provided by the Commissioning Support Unit or its successor body), and will have a designated Serious Incident Reporting Officer as part of this committee.

REMIT & RESPONSIBILITIES

Members of the CCG Quality and Governance Committee are expected to comply with the same standards of conduct expected of all CCG and governing body members, as set out in the CCG Constitution and the national NHS Constitution.

This includes:

- Abiding by the CCG Conflict of Interest policy, thereby declaring all interests honestly and fully and declaring any conflict of interests.
- Abiding by the Standards of Business Conduct articulated in the CCG Standing orders
- Abiding by the Nolan Principles of public life when discharging duties. The seven principles are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- The TOR will be agreed by the Thurrock CCG Board and reviewed annually.
- The Committee will undertake an annual self-assessment effectiveness survey

Committee Chair

In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise.

Frequency and notice of meetings

The meetings of the Quality and Governance Committee will be held a minimum of monthly with extraordinary meetings should the Chair judge necessary to discharge the responsibilities of the Committee.

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair or secretary at least 15 working days (i.e excluding weekends and bank holidays) before the meeting takes place. Supporting papers for said items need to be submitted at least 10 working days before the meeting takes place to the Secretary.

The date, time and venue of all meetings will be notified to members at least 5 working days prior to the meeting.

Minutes and Committee Papers

The minutes of meetings shall be formally recorded within 3 days of the meeting by the designated secretary and checked by the Chair of the meeting 1 week following receipt and submitted to the Board. The Chair of the Committee shall draw to the attention of the board any issues that require disclosure to the full Board, or require executive action.

REPORTING & REVIEW

Reporting to the CCG Board

In addition to the CCG Board receiving the minutes the Committee should assess its effectiveness annually against the “effective committee” checklist and report the outcome to the Board.

WORK PLAN

The Committee will develop a Work Plan based on the work of the Committee to include the monitoring of systems and processes in place for quality, clinical effectiveness, patient safety and patient experience.

This Work Plan will detail the reports required and the frequency of reporting. This will be reflected in a rolling agenda reflecting standing items and a programme of reports presented according to the Work Plan.

CONFLICTS OF INTEREST

The CCG’s rules on conflicts of interest as set out in the CCG Constitution, SO and SFIs apply to the work of this Committee. Members, including those in attendance, must, at the outset of the meeting, declare any interest and, where there is a potential or actual conflict, withdraw from the discussion on that item.

Date of Last Review : August 2014

Date of Next Review : August 2014