

NHS Gloucestershire Clinical Commissioning Group

Quality & Governance Committee

Terms of Reference

Revised: October 2019

Review date: October 2020

1. Authority

The Quality and Governance Committee is established in accordance with the NHS Gloucestershire CCG Constitution, Standing orders, Scheme of Reservation and Delegation and is authorised to conduct its activities that provide assurances to the Governing Body.

These Terms of Reference (TOR) set out the membership, remit, responsibilities and reporting arrangements.

The Committee shall recommend appropriate action(s) that should be taken by the Governing Body in allowing the Committee to fulfil its terms of reference.

The Committee is authorised by the Governing Body to act within its TOR which are reviewed annually.

The Committee is authorised to obtain information and expertise considered necessary to carry out its work. The Committee will undertake 'deep dives' into specific issues that enables the Committee to gain a greater level of understanding and assurance that fall within its remit.

2. Purpose of the Committee

The Quality & Governance Committee (QGC) is responsible for providing assurance of the delivery and continuous improvement of commissioned healthcare services to the people of Gloucestershire, so ensuring that the services are of high quality, clinically effective and safe, within available resources.

This includes elective, urgent care (including out of hours services), rehabilitation, community health services, services for children and young people, maternity services, mental health, learning disability services, patient transport and ambulance services and all services provided to Gloucestershire residents under a NHS contract.

Scrutiny of the quality and delivery of primary care services is the responsibility of the Primary Care Commissioning Committee (PCCC). This committee is responsible for overall quality assurance for primary care.

QGC will monitor and facilitate the CCG's compliance against external standards, good practice guidance, research evidence and legislation;

Provide assurance that external reports and reviews, relevant to the Committee's work are undertaken and complied with.

2. Core Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body members but may include individuals who are not members of the GB for their expertise. The members shall include: -

- Lay member for PPI
- Lay member for PPI (Chair Primary Care Commissioning Committee)
- Lay member Business (link with the Audit Committee)
- Independent Clinical Member - Registered Nurse
- Independent Clinical Member – Secondary Care Doctor

- Chief Financial Officer
- Director of Public Health or Consultant in Public Health
- Executive Nurse & Quality Lead (lead Director for this committee)
- Director of Commissioning Implementation
- 3 GP Governing Body Members (Including Chairs of Acute, Mental Health & Learning Disability and Community Services CQRGs)
- Associate Director of Corporate Governance.

In circumstances where an executive director is unable to attend the Committee meeting their deputy shall attend providing the deputy is fully briefed on the agenda subject matters.

The Independent Clinical Member - Registered Nurse on the Governing Body shall be the Chair and one of the GP Members the Vice-Chair of the Committee.

The Committee may require any person to attend meetings to provide advice and/or expertise as required. Any such person shall not be a member of the Committee and shall withdraw upon request.

3. Secretary

The Committee administration shall be provided from the Corporate Governance Team.

4. Quorum

Five members of the Committee must be present including at least two clinician members, two lay members and an executive member for the quorum to be established.

5. Frequency and notice of meetings

The Committee shall meet bi-monthly. A programme of learning/clinical visits to support the quality improvement programme will periodically be arranged for members.

Written notice of the date, venue and agenda shall be circulated to all Committee members not less than 5 working days before the proposed date.

The Chair of the Committee may convene additional meetings as required.

The minutes of Committee meetings shall be circulated by the Chair as soon as is practicable after the meeting to which they relate to all members of the committee.

6. Remit and responsibilities of the Committee

- The Committee is responsible for the overall development of the Quality and Governance Strategies and to ensure that the appropriate plans and mechanisms are in place and being monitored and reported.
- Ensure the principles upheld in the NHS Constitution are reflected in the Committee's work.
- Provide assurance and advise the CCG Governing Body on the performance of all commissioned services in relation to all quality indicators and compliance

with statutory duties (including child and adult safeguarding and the Equality Act 2010 as well as Public Involvement & Consultation S.14Z2),

- Ensure continuous quality improvement and better outcomes are delivered in accordance with National Guidance and evidence-based practice, through robust contract monitoring, a programme of quality visits, use of data, information and KPIs.
- Approve and periodically review the CCG Patient Engagement Strategy.
- Monitor and scrutinise patient experience and public engagement activities relating to the commissioning and decommissioning of services, quality of commissioned services and service changes.
- Provide oversight to the CCG Emergency Planning and Business Continuity responsibilities.
- Annually review and critique the provider quality accounts.
- Review and disseminate the learning from internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality, safety and performance within the CCG.
- Monitor arrangements that are in place within the CCG relating to equality and diversity issues, ensuring compliance with statutory obligations and implementation of equality plans.
- Receive assurances that appropriate systems are in place for the development and review of care pathways, clinical policies and the implementation of NICE guidance and quality standards.
- Provide assurance and advise the CCG Governing Body in relation to areas of significant underperformance or achievement.
- Provide scrutiny, assurance and oversight of serious incidents.
- Receive, review and scrutinise reports on serious incidents (SIs) occurring in commissioned services and monitor associated action plans. Requesting additional action / information as necessary, gaining assurance that provider organisations have learnt lessons and taken appropriate action.
- Monitor the service quality risks within the corporate risk register, ensuring that identified risks have appropriate mitigation plans.
- Provide assurance to the Audit and Risk (A&R) Committee that clinical risks are reviewed, challenged and escalated to A&R Committee, where required.
- Seek assurance on key Human Resources indicators including recruitment and retention, sickness absence, mandatory training, appraisals and progress against the CCGs OD Strategy and Plans.
- Receive a monthly HR update on key workforce indicators and a 6 month workforce report.
- Monitor the CCG's compliance with Health and Safety at work and receive a minimum of 6 monthly reports.
- Receive, scrutinise and approve CCG clinical policies including commissioning exceptionality policies.
- Receive infection prevention and control provider assurances.
- Provide assurance that the CCG's safeguarding (children, children in care and adults) strategy, policy and actions meets its statutory obligations.
- Receive reports from the Local Children and Adult Safeguarding Boards including serious case review reports and the annual safeguarding reports from the CCG Designated professionals.
- Receive assurances of Research Governance compliance.

This will be delivered through a culture of openness supported by sound governance arrangements and processes for quality (safety, effectiveness and patient experience), corporate, information (now known collectively as Data

Protection Regulations) and research governance.

We will do this by ensuring that controls are in place and are operating efficiently and effectively to manage risks and deliver the values and principal objectives of the Governing Body and the NHS Constitution, ensuring the organisation learns and takes appropriate corrective action. The Committee will receive internal and external audits reports relating to quality and follow up action plans.

7. Reviewing committee effectiveness

The CCG's Annual Governance Statement shall include a section describing the work of the Committee in discharging its responsibilities.

The Committee will self-assess its performance annually to fulfil its TOR including :-

- Number of quorate meetings held
- % membership attendance
- Actions completed
- Review of work plan
- Members review

8. Monitoring and Reporting

The minutes of each meeting of the Committee shall be formally recorded and retained by the Clinical Commissioning Group. The minutes shall be submitted to the Governing Body.

The Chair of the Committee shall report the outcome and any recommendations of the Committee to the next available Governing Body.

9. Policy and best practice

The Committee shall have regard to current good practice; policies; and guidance issued by the NHS England, the Clinical Commissioning Group and other relevant bodies.

10. Conduct of the Committee

The Committee shall conduct its business in an open and responsive manner and in accordance with these terms of reference and the Clinical Commissioning Group's governance arrangements.

Members of the Committee will be required to declare any relevant conflict of interest in accordance with the CCG Standards of Business Conduct policy incorporating Conflicts of Interest.

12. Sub-Committees

The following sub-committees will report to the Governance & Quality Committee and will submit the minutes of their meetings to the Committee for review. The Committee will also receive annual reports from the sub-committees where appropriate.

- Clinical Effectiveness sub-committee including Medicines Optimisation, clinical audit and NICE
- Data Security & Assurance Group
- Equality and Health Inequalities Working Group
- Clinical Quality Review Groups in respect of Gloucestershire Hospitals NHS Foundation Trust, 2g NHS Foundation Trust, Gloucestershire Care Services

- NHS Trust, Primary Care and Care Homes
- Gloucestershire Mortality Review Group
 - Individual Funding Request Panel
 - Learning Disabilities Mortality Review Group
 - Strategic Health Safeguarding Group
 - Research4Gloucestershire (R4G) Group