

NHS Herts Valleys Clinical Commissioning Group

Quality committee Terms of Reference v1.6

1.0 Role

This committee is established in line with NHS Herts Valley Clinical Commissioning Group's Constitution. The role of the Quality committee ("the committee") is to oversee the integrated governance¹ arrangements on the effective discharge of the CCG's function with particular focus on quality.

- 1.1 The committee is an assurance committee of the board and has no powers, other than those specifically delegated within these Terms of Reference.
- 1.2 The committee is accountable for monitoring and overseeing a strong organisational wide system of board assurance that supports the work of the Audit committee.
- 1.3 The committee shall ensure that the actions of the CCG are underpinned by and assessed against the CCG's stated values and behaviours.

2.0 Membership

- 2.1 Members of the committee will be appointed by the board. The committee will be made up of:

Two Lay-members of the board
CCG Deputy Clinical Chair
Two further GP board Members, representing localities on a rotational basis²
Secondary Care Consultant of the board
Accountable Officer
Director of Nursing and Quality³
Director of Commissioning

- 2.2 The chair of the board must not be a member of the committee.
- 2.3 Both the chair and deputy chair of the committee will be lay members of the board. In the absence of the committee chair and/or deputy, the remaining members present shall elect another member to chair the meeting. NB one lay member is required to be present in order for the meeting to be quorate.

3.0 Attendance

- 3.1 Regular attenders at the committee will be as follows:
 - Associate Director for Communications and Engagement
 - 3.2 Consultant in Public Health
 - 3.3 Patient representative to the board
 - 3.4 Healthwatch representative
 - 3.5 Director of Primary Care
- 3.6 Only members of the committee or their deputies have the right to attend committee meetings. The committee may require other officers of the CCG and other individuals to present papers.

¹ Integrated Governance is: 'Systems, processes and behaviours by which organisations lead, direct and control their functions in order to achieve their objectives, safety and quality of services and in which they relate to patients and carers, the wider community and partner organisations' (*Integrated Governance Handbook (2006) Good Governance Institute*)

² Where a GP board member is unable to attend a committee meeting, the chair may co-opt another board GP.

³ Or Deputy Director of Nursing and Quality

4.0 Secretary

4.1 The Director of Nursing and Quality or their nominee will act as the secretary of the committee.

5.0 Quorum

5.1 The quorum necessary for the transaction of business shall be one lay member of the board, one clinician and one director, but in exceptional circumstances deputy directors may be substituted. A duly convened meeting of the committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

6.0 Frequency of meetings and attendance requirements

6.1 The committee will normally meet monthly (minimum of ten times per annum) at appropriate times in the reporting cycle and otherwise as required.

6.2 Committee members should aim to attend all scheduled meetings. The secretary of the committee will maintain a register of attendance which will be reported to the CCG board.

7.0 Notice of meetings

7.1 Meetings may be called by the secretary of the committee at the request of any of its members or where necessary with the agreement of the chair and executive lead for the committee.

7.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees at the same time.

7.3 No verbal updates will be accepted without prior agreement with the chair.

8.0 Minutes of meetings

8.1 The secretary, or nominated deputy, shall minute the proceedings of all meetings of the committee, including recording the names of those present and in attendance.

8.2 Members and those present should state any conflicts of interest in relation to open agenda items to the chair of the committee prior to the meeting. Where there is a conflict of interest the chair will notify the member whether they should withdraw from the meeting, the discussion and/or voting. The secretary should minute any conflicts of interest accordingly.

8.3 Minutes of committee meetings should be circulated promptly to all members of the committee unless a conflict of interest exists and, once agreed, submitted to the public board meeting for information.

9.0 Annual General Meeting

9.1 The chair of the committee will normally attend the Annual General Meeting prepared to respond to any questions on the committee's activities.

10.0 Duties

10.1 The committee has delegated responsibility for assuring the following:

- Quality, clinical effectiveness and health improvement.
- Complaints, concerns, Freedom of Information requests (FOIs) including identifying themes.
- Continuing healthcare.
- Patient safety and experience.
- Equality and diversity.
- Serious incidents, including identifying areas of improvement in respect of incident themes.

- Infection control.
- Safeguarding.
- Workforce.
- Management of risks relating to patient safety and quality, including escalation where there are concerns.
- In-depth reviews of specific areas to be timetabled in the committee work plan.

10.2 The committee will utilise the Board Assurance Framework to create the committee agenda and require those who submit papers to have a focus on providing assurance, rather than reassurance, to the board in line with the integrated governance protocol.

10.3 The committee will make recommendations to the Audit committee in relation to the annual internal audit plan.

10.4 The committee will liaise with other committees of the board, CCG groups, partnership groups and staff as necessary in order to fulfil its functions.

10.5 Any items that the committee consider are confidential or commercially in confidence will be discussed in a part two meeting (confidential meeting).

11.0 Reporting responsibilities

11.1 The committee will report to the CCG board who will approve its Terms of Reference and membership.

11.2 The committee will make whatever recommendations to the board it deems appropriate on any area within its remit where action or improvement is needed.

11.3 The committee will supply approved minutes to the board and report on its proceedings after each meeting.

11.4 The committee will produce an annual assurance report to the board.

12.0 Other matters

12.1 The committee should:

12.1.1 Have access to sufficient resources in order to carry out its duties, including access to the CCG secretariat for assistance as required;

12.1.2 Be provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members;

12.1.3 Give due consideration to laws and regulations;

12.1.4 Abide by the CCG's Constitution, its values, its Standards of Business Conduct Policy and Nolan Principles of Conduct Underpinning Public Life.

13.0 Authority

13.1 The committee has no other powers, other than those specifically delegated in these Terms of Reference. The committee is authorised to:

13.1.1 Seek any information it requires from any employees of the CCG in order to perform its duties;

13.1.2 Obtain, outside legal or other professional advice on any matters within its terms of reference Via the Head of Corporate Governance;

13.1.3 Call any employee to be questioned at a meeting of the committee as and when required.

14.0 Monitoring and review

- 14.1 The board will monitor the effectiveness of the committee through receipt of the committee's minutes, regular written reports provided by the chair of the committee and any additional verbal reports that the chair of the committee may provide.
- 14.2 The Director of Nursing & Quality will assess agenda items to ensure that they comply with the committee's responsibilities.
- 14.3 The Director of Nursing & Quality will monitor the frequency of the committee meetings and the attendance records to ensure that attendance is commensurate with delivery of the committee's responsibilities.
- 14.4 Terms of Reference approved by Quality committee: 06 December 2018
- 14.5 Terms of Reference approved by the board: 17 January 2019
- 14.6 Terms of Reference to be reviewed at least annually.
Latest date of next review by Quality committee: December 2019