

**Quality Committee**  
**Terms of Reference**  
**v7.0**

| <b>NHS St Helens CCG Quality Committee<br/>Terms of Reference</b> |                                     |
|---|-------------------------------------|
| <b>Version</b>  | <b>7</b>                            |
| <b>Implementation Date</b>  | <b>January 2019</b>                 |
| <b>Review Date</b>  | <b>January 2020</b>                 |
| <b>Approved By</b>  | <b>Governing Body</b>               |
| <b>Approval Date</b>  | <b>16<sup>th</sup> January 2019</b> |

| <b>REVISIONS</b>     |                 |   |                       |
|----------------------|-----------------|---|-----------------------|
| <b>Date</b>          | <b>Section</b>  | <b>Reason for Change</b>  | <b>Approved By</b>    |
| <b>July 2016</b>     | <b>Full ToR</b> | <p>The Governing Body has reviewed its committee structure and authorised changes to meet the corporate and business needs of the organisation. It has been agreed that the Quality Committee should be reformed to create a new Quality and Performance Committee that will be the forum that provides assurance to the Governing Body that the CCG is meeting its duties as set out in legislation and within the NHS Constitution.</p> <p>The updated Terms of Reference reflect this move and the resolution of the Governing Body has the effect of creating a new committee.</p> <p>The committee will meet under these new arrangements from September 2016.</p> | <b>Governing Body</b> |
| <b>December 2018</b> | <b>Full ToR</b> | <p>Committee structure altered to focus on Quality – Performance remit moved to Finance &amp; Performance Committee; membership and frequency updated. Equality Impact Assessment review and Equality &amp; Diversity monitoring added to section 2 (Remit &amp; Resp). Quorum updated.</p>   | <b>Governing Body</b> |

| <b>TERMS OF REFERENCE OBSOLETE</b> |  |                    |
|------------------------------------|--|--------------------|
| <b>Date</b>                        | <b>Reason</b>                                | <b>Approved By</b> |
| <b>Jan 2019</b>                    | <b>V6, Oct 2017 – replaced by version 7</b>  | <b>GB</b>          |
| <b>Oct 2017</b>                    | <b>V5, June 2016 – replaced by version 6</b> | <b>GB</b>          |
| <b>June 2016</b>                   | <b>V4, Feb 2015– replaced by version 5</b>   | <b>GB</b>          |
| <b>Feb 2015</b>                    | <b>V3, May 2014 – replaced by version 4</b>  | <b>GB</b>          |
| <b>May 2014</b>                    | <b>V2, Sept 2012 – replaced by version 3</b> | <b>GB</b>          |
| <b>Sept 2012</b>                   | <b>V1, May 2012 – replaced by version 2</b>  | <b>GB</b>          |

The Quality Committee (the Committee) is established in accordance with St Helens Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. The Terms of Reference sets out the membership, remit, responsibilities and reporting arrangements of the Committee.

## **1. Membership**

- Chief Nurse (Chair)
- Deputy Chief Nurse (Vice Chair)
- Associate Director Corporate Governance
- GP Governing Body Members x 2
- Director of Public Health (or representative)
- Deputy Strategic Director People's Services
- Governing Body Lay Member, Patient & Public Involvement
- Assistant Director Medicines Management
- Assistant Director Primary Care
- Associate Director Urgent, Planned & Community Care
- Health Watch Representative

### *In attendance*

- Designated Nurses, Safeguarding
- Appropriate CCG Clinicians, as per agenda item
- Quality Monitoring Team Manager
- Designated Clinical Officer (SEND)
- CHC Team Manager
- Quality & Safety Nurse
- Quality & Safety Officer

Other appropriate 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.

## **2. Quoracy**

The quorum shall comprise at least 50% of the voting membership, which must include: Chair or deputy chair, at least 1 GP from the membership and either the Governing Body Lay Member for Patient & Public Involvement or Health Watch Representative.

## **3. Remit and responsibilities of the Committee**

The Quality Committee is a sub-committee of the Governing Body and is responsible for providing assurance on the Quality (Safety, Effectiveness and Patient Experience) of CCG commissioned services. The Committee will also be responsible for ensuring an open and transparent relationship with NHS England (Merseyside & Cheshire) is established and maintained on issues relating to the quality of care provision. The committee will oversee quality across commissioned services and ensure that the arrangements are monitored.

The committee will oversee arrangements for safeguarding as well as key quality issues for the borough (infection control, falls, and pressure ulcers).

### 3.1 Duties in respect of Quality

- be responsible for overseeing quality in commissioned services, through monitoring quality KPIs and ensuring clinical governance systems are in place.
- oversee CCG Quality by reviewing monthly provider monitoring report to ensure that assurance can be provided to the Governing Body and that areas of concern are highlighted and escalated to Governing Body.
- receive recommendations from Pan Mersey Area Prescribing Committee for consideration and approval
- oversee and review CQUIN schemes
- oversee and review the corporate risk register relating to quality risks
- Reviewing and comment on provider Quality Accounts
- agree a yearly plan of 'quality' visits to commissioned services.
- review both quality and equality impact assessments, providing assurance that work is being progressed to meet objectives
- monitor Equality & Diversity Reporting, providing assurance that work is being progressed to meet CCG strategic equality objectives
- receive a 'provider monitoring summary' from each of the sub groups (following each sub group meeting) reporting to this committee. The report will summarise the meeting and escalate any areas of concern to the committee.
- engage with GP Members Council in delivering improvements to the quality and safety of care.

### 3.2 Quality KPIs to be monitored by the Committee:

#### Safety:

- Falls within services
- Pressure ulcers
- HCAs
- Clinical incidents
- SUIs and never events
- Safeguarding
- Any other concerns raised in relation to safety of commissioned services

#### Effectiveness:

- CQUINs
- Mortality rates / unexpected deaths
- CQC Transforming Care
- NICE (where non-compliance is identified)
- Research
- Other specific effectiveness KPIs as per the work plan

#### Experience

- Friends and Family Test (FFT)
- Complaints
- Other patient experience reports and survey data
- Patient Stories

## 4. Sub Groups and Administration

The following sub-groups report to Quality Committee:

- Medicines Management Committee
- Patient Experience and Involvement Group (PEIG)
- CQPGs from provider organisations

- CDIFF Review Panel
- Serious Incident Review Group
- Anti-Microbial Resistance (AMR) Group
- St Helens Screening and Immunisation Group

The Committee will be supported by an appropriate Secretary who will be responsible for supporting the Chair in the management of the Committee's business. The Secretary will take minutes and distribute all papers. A Committee work plan will be agreed at the start of each financial year.

## **5. Frequency and notice of meetings**

The Committee shall meet ten times a year. 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.

## **6. Reporting**

A Key Issues Report will be presented to Governing Body after each meeting. Ratified minutes of the Committee meeting are available to the Governing Body on request. Exception reports will also be submitted at the request of the Governing Body.

## **7. Conduct**

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential or perceived conflict in advance of the meeting. All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements. Declarations of interest made during the meeting will be followed by written declarations within 5 working days of the meeting

## **8. Date and review**

Date Ratified: January 2019  
Review Date: January 2020