



Merton

Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 31st July 2014

Agenda No: 6.4

Attachment: Att 08

<p>Title of Document: Merton CCG Clinical Quality Committee Terms of Reference</p>	<p>Purpose of Report: For Approval</p>
<p>Report Author: Lynn Street, Director of Quality</p>	<p>Lead Director: Lynn Street, Director of Quality</p>
<p>Executive Summary: The Clinical Quality Committee is established in accordance with the CCG's Constitution, Standing Orders and Schemes of Delegation. The Committee has no executive powers, other than those delegated specifically in the terms of reference. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee. The Committee is directly accountable to the Governing Body.</p> <p>The terms of reference were approved initially by the Governing Body on 21st March 2013 with a request that a mid-year review takes place followed by annual reviews thereafter. The mid-year review was held on 11th October 2013, and no changes were requested. The annual review was undertaken at the Committee's meeting of the 9th May 2014 and the following changes recommended:</p> <ul style="list-style-type: none"> • The removal of Patient Representative Member position. Decision taken following discussions with HealthWatch and agreement that Patient Representative Groups and other patient involvement mechanisms would be more effective in capturing the patient perspective. • The addition of the Secondary Care Consultant to those who may be asked to attend the meetings. 	
<p>Key sections for particular note (paragraph/page), areas of concern etc: See "Executive Summary" above.</p>	
<p>Recommendation(s): The Merton Clinical Commissioning Group Governing Body is asked to approve the revised Terms of Reference</p>	
<p>Committees which have previously discussed/agreed the report: Reviewed by Merton Clinical Quality Committee on 9th May 2014.</p>	
<p>Financial Implications: N/A</p>	
<p>Implications for CCG Governing Body: The Clinical Quality Committee is directly accountable to the Governing Body</p>	
<p>How has the Patient voice been considered in development of this paper: The committee is chaired by the Governing Body lay representative.</p>	

<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/Staffing) The committee provides assurance to the Governing Body that commissioned services are of high quality, safe and meet national criteria.</p>
<p>Equality Assessment: Not completed</p>
<p>Information Privacy Issues: None identified</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) The meeting is formally minuted and may be subject to FOI requests.</p>

**Merton*****Clinical Commissioning Group***

NHS Merton Clinical Commissioning Group

Governing Body Clinical Quality Committee

Terms of Reference

1. Introduction

The Clinical Quality Committee (the Committee) is established in accordance with the Clinical Commissioning Group's Constitution, Standing Orders and Schemes of Delegation. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the Clinical Commissioning Group's Constitution and Standing Orders.

2. Authority

The Committee is directly accountable to the Governing Body and is authorised to investigate any activity within its Terms of Reference.

The Committee is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee.

The Committee is authorised to request funding from the CFO for outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

3. Membership

The Committee shall be appointed by the Clinical Commissioning Group from amongst its Governing Body and/or staff and executives.

Members:

- Lay Member (Patient and Public Engagement) of the Governing Body (Chair)
- Nurse Member of the Governing Body (Deputy Chair)
- Director of Commissioning
- Director for Quality
- Clinical Locality Leads (all three to attend)
- Director of Public Health

The following members of staff may be asked to attend the meetings:

- Secondary Care Consultant
- Chief Officer (as and when required)
- Chief Finance Officer (as and when required to advise on matters that have significant financial implications)

- Senior Representatives of the Commissioning Support Services (or body that undertakes that function) and the Acute Commissioning Unit.
- Medicines Management Clinical Lead

Members of the Governing Body, and/or staff and executives may be invited to attend those meetings in which the Committee will consider areas of risk or operation that are their responsibility.

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate frank and open discussion of particular matters.

4. Secretary

The Committee will be supported secretarially by a senior member of the Business Support team, whose duties in this respect shall include:

- Agreement of Agenda with the Chair and attendees and collation of papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward

5. Quorum

The meeting will be quorate when five members are present, with at least two of those present to be clinical members, and one being a member of the CCG Executive Management team.

6. Frequency and notice of meetings

The Committee will meet monthly. The Governing Body reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises.

A notice period of at least 14 days shall be given before the Committee meets. The Agenda and supporting papers will be circulated seven days prior to the meeting.

The CCG Chair and Accountable Officer should be invited to attend at least annually, to discuss with the Committee the process for assurance that supports the Quality and Safety plan.

7. Remit and responsibilities of the committee

The duties of the Committee are categorised as follows:

- 7.1 Seek assurance that Merton CCG commissioned services are being delivered in a high quality, safe manner, including against criteria set by the Care Quality Commission, Monitor and other regulatory bodies.
- 7.2 Oversee the performance of Merton CCG commissioned services, taking into account performance against Key Performance Indicators and the NHS and Public Health Outcomes Frameworks, with a focus on areas rated Red or where there has been deterioration in performance.
- 7.3 Challenge, scrutinise and ensure that exception reports, action plans and risk assessments submitted by the Commissioning Support Service (or body that undertakes the function), Joint Commissioning Unit, Locality Commissioning Groups and subgroups include robust mitigating actions and controls that would effectively address identified risk.
- 7.4 Review information including staff survey data, as well as patient experience surveys, PALS queries and complaints to identify potential risks and issues.

- 7.5 Have oversight of the process and compliance issues concerning Serious Untoward Incidents (SUIs); Central Alert Systems (CAS); National Reporting; and being informed of all Never Events and informing the governing body of any escalation or sensitive issues in good time.
- 7.6 To receive and review reports relating to Safeguarding Adults and Children including Serious Case Reviews.
- 7.7 Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
- 7.8 Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- 7.9 Provide assurance that Merton CCG commissioned services, and jointly commissioned services, are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does.
- 7.10 Oversee and be assured that providers of commissioned services and jointly commissioned services manage risk appropriately and have robust mechanisms in place to effectively address clinical governance issues.
- 7.11 Oversee and promote its general duty to improve the quality of primary care so as to improve the quality of services.
- 7.12 To receive reports to give assurance that clinical guidance and standards have been considered and implemented where appropriate.

The minutes of all meetings of the Committee shall be formally recorded and submitted, together with recommendations where appropriate, to the Governing Body. The submission to the Governing Body shall include details of any matters in respect of where actions or improvements are needed. This will include details of any evidence of potentially Serious Untoward Incidents and Never Events, other serious provider or commissioner failings or any other important matters. To the extent that such matters arise, the Chair of the Committee shall present details to a meeting of the Governing Body in addition to the submission of the minutes.

The Committee will report annually to the Governing Body in respect of the fulfilment of its functions with these terms of reference. Such report shall include, but not be limited to, functions undertaken in relation to the effectiveness of risk management within the CCG; the managements of serious quality and safety incidents and any pertinent matters in respect of which the Committee has been engaged.

The CCG's annual report shall contain a section describing the work of the Committee in discharging its responsibilities.

Review

The terms of reference for the Committee shall be reviewed by the Governing Body after six months and at least on an annual basis thereafter. This will take into account any new guidance and relevant codes of conduct / good governance practice.

Policy and best practice

- The Committee will at all times apply best practice in decision making processes as laid out in the Constitution, in accordance with national

guidelines and generally accepted standards of good corporate governance.

- The Committee will have full authority to request funding to commission any reports or surveys it deems necessary to help it fulfill its obligations
- The Committee will work with similar committees from neighbouring CCGs as appropriate

Conduct of the Committee

The Committee will:

- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the quality and safety of commissioned services and the management of the bodies concerned;
- Be accountable to Parliament, to users of services, to individual citizens, and to staff for the activities of the bodies concerned, for their quality and safety and the extent to which key performance indicators and objectives have been met;
- Comply fully with the principles of the Citizen's Charter and the Code of Practice on Access to Government Information, in accordance with Government policy on openness; and
- Bear in mind the necessity of keeping comprehensive written records, in line with general good practice in corporate governance.