

**Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group
Quality Committee
Terms of Reference**

Version Control		
Version	Date	Consultation
Version 1	10/01/18	First draft produced based on new BNSSG Constitution and Internal Audit report on Aligned Governance. Sent to Anne Morris for review.
Version 2	22/01/18	To Julia Ross and Executive Team
Version 3	02/02/18	Amended to take account of comments from Anne Morris, Peter Brindle and Martin Jones. Also to reflect recommendations from draft Phase 2 Internal Audit report on Aligned Governance.
Version 4	23/02/18	To Governing Bodies for comment.
Version 5	10/03/18	Includes comments from Governing Bodies.
Version 6	22/03/18	Considered by the Joint Quality Committee and amendment made to quoracy. To BNSSG Quality Committee for final review.
Version 7.2	24/04/18	Amended to reflect changes agreed by BNSSG Quality Committee. To BNSSG Governing Body for approval.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Quality Committee

Terms of Reference

1. Introduction

The Quality Committee of the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) is established in accordance with the constitution, scheme of delegation, standing orders and prime financial policies of the group. These terms of reference set out the membership, remit, authority, responsibilities and reporting arrangements of the Committee.

This Committee has no executive powers other than those specifically delegated in these Terms of Reference.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

2. Remit and Responsibilities of the Committee

The Committee is responsible for ensuring that there is a cohesive and comprehensive structure in place for the oversight and monitoring of:

- The quality of commissioned services including patient safety, safeguarding children and young people and vulnerable adults, patient experience and clinical effectiveness
- The clinical effectiveness of commissioned services
- Performance against constitutional standards

The Committee shall carry out the following duties on behalf of the Governing Body:

- Provide assurance that quality is integral to all CCG activities and that the CCGs meet all relevant statutory and regulatory obligations.
- Oversee the systems and processes for Clinical Governance and Research Governance.
- Provide assurance that commissioning plans fully reflect all elements of quality (patient experience, effectiveness and patient safety).
- Provide robust and comprehensive assurance that commissioned services are being delivered in a high quality and safe manner.
- Provide assurance that the CCG Early Warning Systems for potential provider failure on quality of service provision are effective.

- Provide assurance that effective processes are in place for safeguarding children and young people, safeguarding vulnerable adults, domestic violence, forced marriage and the PREVENT agenda.
- Provide assurance there is a process to monitor, review and assure NHS Constitutional Standards for both patients for whom the CCG commissions services and for the CCGs own staff.
- Consider the CCG Improvement and Assessment Framework Clinical Indicators and assure plans to improve performance against clinical priority areas.
- Provide assurance on the CCGs equalities and diversity strategy, and equality delivery systems.
- Provide assurance on clinical workforce governance and strategies.

3. Membership

The membership of the Committee shall comprise:

- Independent Clinical Member (Registered Nurse)
- Independent Clinical Member (Secondary Care Doctor)
- Independent Lay Member with a lead for Patient and Public Engagement
- The Clinical Corporate lead for Quality
- Director of Nursing and Quality
- Medical Director - Commissioning and Primary Care
- Medical Director - Clinical Effectiveness
- Director of Commissioning

Members of the Committee can send a nominated deputy to the meeting. These individuals must be able to operate with full authority over any issue arising at the meeting.

4. Chair

The meeting will be chaired by the Independent Clinical Member (Registered Nurse) or in their absence by one of the other Independent members.

5. Attendance at Meetings

Senior managers representing the following areas may be in attendance:

- Quality
- Safeguarding (Children and Vulnerable Adults)
- Medicines Optimisation
- Research and Development
- Commissioning

- Transformation
- Public and Patient Engagement
- Equality and Diversity

Clinical Care Pathway leads, Clinical leads for Safeguarding and Clinical Corporate leads will receive notification of the forward agenda for the Committee so that they can attend for matters relevant to their lead areas.

Other persons may be invited to attend, as appropriate, to enable the Committee to discharge its functions effectively.

The Committee may also invite guests to attend to present information and/or provide the expertise necessary for the Committee to fulfil its responsibilities.

6. Quorum and Voting

The meeting will be quorate with the attendance of the following persons:

- Two of the following - independent lay member (with a lead for Patient and Public Engagement), independent clinical member - registered nurse, independent clinical member - secondary care doctor, clinical corporate lead for Quality
- Two of the following - the Director of Nursing and Quality or Medical Director – Commissioning and Primary Care or Medical Director – Clinical Effectiveness or Director of Commissioning

The aim will be to reach consensus without the need to resort to a vote. A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

7. Administration

A named administrator will be responsible for the provision of administrative support to the Committee and they will ensure that minutes of the meeting are accurately produced and agreed with members.

The Director of Nursing and Quality will be responsible for supporting the Chair in the management of the Committee and in drafting agendas, forward planner which details the annual cycle of business for the Committee and specifying content of reports.

Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting.

All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

The Chair of the meeting, with support of the Director of Nursing and Quality and, if required, the Corporate Secretary and/or Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

8. Frequency and notice of meetings

The Committee shall meet at least 10 times per year. Any two members of the Committee can request an additional meeting which should be convened within 21 days.

9. Reporting arrangements

The minutes of the Committee shall be formally recorded and submitted to the CCGs Governing Body. These minutes should be supported by a summary of decisions made and recommendations from the Committee. The Chair of the Committee shall draw to the attention of the Governing Body issues that require disclosure or which require Executive action.

The Committee will receive reports relevant to its responsibilities from any other group or working group as appropriate.

10. Review of the Committees Performance

The Committee will undertake a review of its effectiveness on an annual basis and report this to the Governing Body. It will use this exercise to inform the review of its Terms of Reference.

11. Approval and Review

These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to BNSSG Governing Body for approval.

Review History

Version	Reviewed and Approved by:	Date Approved	Review date