North Central London
Clinical Commissioning Group

NHS North Central London
Clinical Commissioning Group
Quality and Safety Committee
Terms of Reference

1. Introduction

1.1 The Quality and Safety Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Clinical Commissioning Group ('CCG'). It is a committee of the CCG's Governing Body.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

2.1 The purpose of the Committee is to provide oversight, scrutiny and assurance of the following areas on behalf of the Governing Body and to provide robust recommendations and/or directions for actions:

- 2.1.1 The quality and safety of commissioned services;
- 2.1.2 The effectiveness of patient care and high quality patient experience;
- 2.1.3 Provider service performance;
- 2.1.4 Safeguarding and complaints.

3. Role

3.1 The Committee will:

- 3.1.1 Ensure that quality, patient safety and patient experience are at the core of the CCG's approach to commissioning and oversees the development and embedding of a culture within the CCG which supports this approach;
- 3.1.2 Provide oversight and scrutiny of commissioned services to ensure that they are being delivered safely to a high quality;
- 3.1.3 Approve quality, safety and clinical effectiveness policies;
- 3.1.4 Oversee the CCG's provider oversight arrangements and ensure that system learning is demonstrated by CCG Providers;
- 3.1.5 Ensure the effectiveness of CCG patient safety strategy;
- 3.1.6 Ensure that the clinical effectiveness of commissioned services is maintained and all clinical pathways and integrated care initiatives meet the required safety and quality standards;
- 3.1.7 Oversee the CCG's clinical governance, including risk management, arrangements and approve clinical governance policies and procedures;
- 3.1.8 Review any notification, advice, or instruction issued by NHS Improvement or any other regulator;

3.1.9 Advise on best practice and policy in relation to quality, safety and patient experience;
3.1.10 Seek assurance on the performance of NHS organisations in terms of Care Quality Commission, NHS Improvement and any other relevant regulatory bodies and ensure providers are meeting the required standard;
3.1.11 Review reports about services that are managed by Local Authorities and funded (whole or in part) by the CCG;
3.1.12 Review new workplans and approve and sign off provider annual Quality Accounts, and monitor progress against existing Quality Account workplans;
3.1.13 Review and scrutinise the impact of proposals on quality, safety and patient experience and recommend and/or give directions on appropriate actions;
3.1.14 Have oversight of the process and compliance issues concerning patient safety incidents, Serious Incidents Requiring Investigation ('SIRI'), be informed of all Never Events and informing the Governing Body of any escalation or sensitive issues in good time, and review exception reports in respect of clinical risks;
3.1.15 Receive reports in relation to safeguarding adults and children and provide assurance to local safeguarding boards where necessary;
3.1.16 Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans;
3.1.17 Monitor performance of providers against CQUINs and to support development of future CQUINs;
3.1.18 Receive and consider detailed monthly monitoring reports and year-end forecasts of performance against financial and performance targets;
3.1.19 Provide scrutiny and oversight of the key performance areas, make recommendations on actions to address areas of concern and/or underperformance and monitor and review progress;
3.1.20 Consider the CCG's annual performance targets and oversee action plans for their achievement;
3.1.21 Provide oversight and scrutiny of quality, safety and performance risks;
3.1.22 Refer provider contract performance issues that require a commissioning decision, service development and/or contract action to the Strategy and Commissioning Committee;
3.1.23 Provide oversight of the Medicines Management Committee and receive and scrutinise reports from the Medicines Management Committee as appropriate;
3.1.24 Provide oversight and scrutiny of Continuing Health Care ('CHC').

4. Membership

4.1 The Committee shall comprise of the following voting members:
4.2.1 Three elected Governing Body Clinical Representatives one of whom shall be the Governing Body Clinical Vice-Chair;
4.2.2 Governing Body Secondary Care Doctor;
4.2.3 Governing Body Registered Nurse;
4.2.3 Lay Member with responsibility for patient and public involvement;
4.2.4 Executive Director of Clinical Quality;
4.2.5 Executive Director of Performance and Assurance;
4.2.6 Director of Quality and Safety.

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.4 Voting members may nominate deputies to represent them in their absence

5. Attendance

5.1 The following people shall attend Committee meetings as standing attendees:
5.1.1 A Patient Representative;
5.1.2 A Healthwatch Representative;
5.1.3 CSU Quality and Safety Representative.

5.2 Attendees at Committee meetings are non-voting.

5.3 The roles referred to in the list of attendees above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.4 The list of standing attendees is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.5 Attendees may nominate deputies to represent them in their absence.

5.6 The Committee may invite or allow additional people to attend meetings as attendees. Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The Committee Chair shall be an elected Clinical Representative. The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

8.1 The Committee will be considered quorate when at least 4 voting members or their nominated deputies are present, which must include the following:
8.1.1 The Committee Chair;
8.1.2 Governing Body Secondary Care Doctor or Registered Nurse;
8.1.3 An officer.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.

8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by the Corporate Services Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held monthly but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the Governing Body and will operate as one of its committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

14.2 The Committee is authorised by the Governing Body to obtain at the CCG's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

15. Reporting Responsibilities

15.1 The Committee will report to the Governing Body on all matters within its duties and responsibilities.

15.2 The Committee may make recommendations to the Governing Body it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

16.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

17. Sub-Committees

17.1 The Governing Body has established the Medicines Management Committee as a sub-committee of the Quality and Safety Committee which exercises delegate functions.

17.2 The Committee may appoint additional sub-committees to advise the Committee and assist it in carrying out its duties. However, the Committee may not delegate any of its functions, powers or decision making authority to any of these additional sub-committees.

18. Conflicts of Interest

18.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

18.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

19. Gifts and Hospitality

19.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

20. Standards of Business Conduct

20.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:
20.1.1 The law of England and Wales;
20.1.2 The NHS Constitution;
20.1.3 The Nolan Principles;
20.1.4 The standards of behaviour set out in the CCG's Constitution;
20.1.5 The Standards of Business Conduct Policy;
20.1.6 The Conflicts of Interest Policy
20.1.7 The Counter Fraud, Bribery and Corruption Policy,
20.1.8 Any additional regulations or codes of practice relevant to the Committee.

20.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

21. Review of Terms of Reference

21.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the CCG.

21.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be approved, varied or amended by the Governing Body.

Date Approved by the Governing Body: 23rd April 2020.
Date of Next Review: 22nd April 2021.

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name

Committee Chair:

Position	Name

The standing attendees are:

Position	Name