

Berkshire West Quality Committee

TERMS OF REFERENCE

1. Purpose of the Committee

The Berkshire West Quality Committee (the “Committee”) is a committee of the Governing Body of Berkshire West Clinical Commissioning Group (the ‘CCG’).

The Committee will provide performance management and assurance and make recommendations to the CCG Governing Body of the quality and safety of commissioned services. Triangulated information is gained from a variety of sources in addition to the Integrated Care System (ICS) joint Quality Committee attended by all provider stakeholders.

2. Reporting & Accountability

The CCG Governing Body will receive a report following Committee meetings providing assurance that the committee is fulfilling its function to challenge and scrutinise provider quality performance. In addition, the Governing Body will receive an annual report on the effectiveness of the Committee’s work.

The Committee will also inform the CCG Commissioning Committee (the “CCC”) of the pertinent issues raised at Committee meetings.

3. Duties

The duties of the Committee are as follows:

- a. Ensure appropriate mechanisms are in place to monitor and drive forward the quality and safety of services commissioned by the CCG, agreeing courses of action where concerns have been identified.
- b. Receive and discuss reports on quality in respect of commissioned services (acute, mental health, community, independent and any willing/qualified provider); the reports will cover provider performance against CQUINs; patient experience (including complaints and compliments received by commissioners) and clinical performance indicators.

The Quality Committee will work to deliver the CCG’s statutory responsibility to improve the quality of primary care as well as overseeing the CCG’s role in contract management activities undertaken jointly with NHSE as part of co-commissioning arrangements.

- c. Ensure the patient voice is captured and informs the CCG’s commissioning experience strategies to improve patient experience.

- d. Receive a quarterly report on serious incidents (SIs) and Never Events occurring in commissioned services, outlining any themes or areas of concern and actions being taken through the individual provider SI meetings. The Quality Committee will request additional action/information as required.
- e. Receive a report from the Safeguarding Sub-Committee to ensure that there are robust systems and processes in place to safeguard adults and children and that action plans following serious case reviews are completed and learning is being embedded.
- f. Consider national quality reports and results from relevant national audits, Care Quality Commission (CQC) inspections and from Monitor.
- g. Through the Provider Quality Report the committee oversees and gains assurance on the clinical governance arrangements in provider services.
- h. Review performance against quality indicators in the NHS Outcomes Framework.
- i. Receive internal and external audits reports relating to quality and follow up action plans.
- j. Ensure adequate systems are in place for the governance of research in line with the Department of Health's requirements.
- k. Monitor arrangements in place within the CCG relating to equality and diversity issues, ensuring compliance with statutory obligations and implementation of equality action plans.

4. Membership

- One Lay member with responsibility for patient experience from the CCG (whom shall be Chair);
- A clinical member from the Governing Body of the CCG (with one named reserved clinical member);
- Secondary Care Specialist of the CCG;
- Nurse Director of the CCG;
- Assistant Director of Quality & Nursing of the CCG;
- A Patient/Public Representative;
- CCG Head of Performance;
- Community Infection Control Nurse as required;
- Public Health representative

Supported by:

- CCG support staff for quality
- Healthwatch
- Others co-opted as required

5. Responsibilities of Members

In addition to contributing to the delivery of the responsibilities outlined above individual members of the Committee are responsible for declaring and managing conflicts of interests. Members also have a corporate responsibility to recognise and respect boundaries and ensure that information received by virtue of being a Committee member is managed appropriately within those boundaries.

CCG leads or their deputies are also responsible for:

- Providing clear feedback to the CCG Governing Body and Council
- Providing clear input and feedback to the Committee from the Governing Body and Council
- Ensuring that the CCG is adequately represented on and actively engaged with developing the recommendations and decisions of the Committee

6. Meeting frequency

Meetings shall be held four (4) times a year, with additional meetings or working groups as required.

7. Quoracy and Voting

To ensure that the meeting is quorate at least the following members must be present:

- One (1) lay member
- One (1) Governing Body clinical member, and
- Nurse Director (or designated delegate), and in addition:

Where appropriate, members are expected to identify a suitable substitute to attend on their behalf if they are unable to attend a meeting. Other members may be co-opted onto the Committee, and the Committee may request attendance of any other member of staff or outside organisation as required.

At all times the Committee will seek to reach a consensus for any items requiring a formal vote; each member will have a single vote and a 66% majority will be required to agree an action.

8. Papers

The Secretary to the Committee will take minutes of the meeting and provide appropriate support to the Chair and Committee members. The agenda and papers will be provided to Committee members at least five (5) working days before the meeting

9. Review of Terms of Reference

Terms of Reference will be reviewed as required but at least annually. The Terms of Reference will be approved by the CCG Governing Body.

Revised: June 2018

Agreed by Quality Committee: 10/07/18

Next revision due: July 2019