

**NHS England Specialised  
Commissioning (South)  
Quality Committee**

**Terms of Reference**

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**Document filename: Terms of reference**


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## Revision history

Version	Date	Summary of changes
V1	07/07/16	First draft will be considered by Quality Committee on 07/07/16
V2	07/07/16	Significant changes made following comments from Quality Committee. Suggested changes in red for consideration by Chair.
V3	07/07/16	Suggested changes amended by Chair for consideration at Quality Committee on 15/08/16.
V4	15/08/16	QST Representative added, Chair to produce a report for SCOG, PoC Lead to attend, ToRs to report to QUAIF. Approved by Quality Committee on 15/08/15. Review in one year.
V05	18/05/17	Changes to membership.
V06	06/09/17	ToRs updated to reflect current and future remit of Quality Committee
V07	02/10/17	Update to reflect comments of Quality Committee
V08	6/10/17	Comments added by Quality Committee members on 04/10/17. Changes include changes to membership, accountability and reporting and Administrative arrangements.

## Reviewers

This document must be reviewed by the following people:

Reviewer name	Title/responsibility	Date	Version
Susan Bracefield	Director of Nursing, Specialised Commissioning (South)	7 Sep 17	V06

## Approved by

This document must be approved by the following people:

Name	Signature	Title	Date	Version
SCOG				

## Related documents

Title	Owner	Location
QAIF	Teresa Fenech, Director of Nursing, Specialised Commissioning	Refer to Appendix 1
Risk Register	Esther Giles, Director of Finance, Specialised Commissioning South	Specialised Commissioning SharePoint

## Document control

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## Contents

1.	Constitution and Purpose .....	5
2.	Scope and Function .....	6
3.	Membership .....	6
4.	Accountability and Reporting .....	7
5.	Administrative Arrangement and Notice of Meetings .....	7
6.	Frequency of Meetings and Attendance Requirements.....	8
7.	Quorum .....	8
8.	Other matters .....	8
9.	Monitoring and Review .....	8

### Appendices

1.	Health and Social Care Act 2012 Definition of Quality .....	8
2.	NHS England Quality Assurance & Improvement Framework .....	8

## 1 Constitution and Purpose

- 1.1 The Specialised Commissioning Oversight Group (SCOG) has approved the establishment of the Quality Committee (known as “the Committee” in these terms of reference) for the purpose of:

### **Quality Governance (Leadership, Assessment and Judgement)**

- a) Providing a focus on improving the quality and safety of patient centred healthcare and obtaining assurance regarding the quality of care of prescribed specialised services across the South region.
- b) Obtaining assurance that robust Quality Governance structures, systems and processes, including those for quality related clinical risk management, are in place across all providers of prescribed specialised services; and that these have been developed in line with national and regional commissioning expectations.
- c) Report to the Risk Assurance and Governance Committee any ongoing concerns or risks being overseen by the Committee and to refer other matters to other committees as appropriate.
- d) Implementing the National Quality Assurance Improvement Framework (QAIF) thus providing the Committee with the *blue print* for the assurance of services commissioned; identifying, drafting and operationalising standard operating procedures (SOPs) to ensure equity and consistency in approach to procedures in accordance with QAIF objectives.
- e) Developing the South Specialised Commissioning Integrated Quality Governance Plan on a Page in line with QAIF and once agreed by SCOG, implement across the region and monitor its effectiveness.

### **Effectiveness (Right Patient, Right Time, Right Treatment - Outcomes)**

- f) Providing a focus on clinical governance, quality and patient safety and operational performance issues.

### **Safety (Care delivered so as to avoid all avoidable harm and risk - Performance)**

- g) Making recommendations, as appropriate, on quality and performance related matters to SCOG.
- h) Ensuring the organisation responds to clinical issues raised in national and local reports, patient surveys, serious untoward incidents, clinical incidents and inquests with a particular regard to safeguarding and duty of candour.
- i) To assess and identify risks within the Quality portfolio and escalating this as appropriate.

### **Patient Experience (Dignity, Respect, Choice and Involvement – positive experience)**

- j) Approve and assure delivery of the user involvement and patient experience annual plan/strategy.

- k) Approve and monitor delivery of the equality delivery system so essential principles of equality are embedded into the culture, behaviour and decision making process of the organisation.
  - l) Receive assurance that the clinicians, managers and staff promote and advance equality and diversity.
- 1.3 The objectives of the Committee are:
- Advise SCOG on all aspects of quality.
  - To provide assurance in respect of quality and related performance.
  - To ensure corrective action has been initiated and managed where gaps are identified in relation to risks.
  - To assign Committee sub-committee status and functionality as appropriate.

## 2 Scope and Function

- 2.1 The scope and function of the group is to continually develop and promote the vision, values and culture of quality<sup>1</sup> ensuring all commissioned provision of prescribed services meets required national and local clinical standards which realise equitable quality outcomes across the south region. In particular; the Committee will achieve this by:
- Working with contracting teams to ensure robust quality governance structures, systems and processes, including those for clinical risk management and patient safety are in place across all prescribed services and are in line with QAIF, regional and national expectations.
  - Assessing any risks within the quality portfolio brought to the attention of the Committee and identifying resolution and/or those that are significant for escalation as appropriate.
  - Sharing good practice where appropriate.

## 3 Membership

- 3.1 The Committee will include the following members:
- Director of Nursing, Specialised Commissioning South (Chair)
  - Clinical Director, Specialised Commissioning South
  - NHSE/NHSI representative
  - \*Quality Assurance Leads
  - \*Service Specialists
  - Programme of Care representative
  - Pharmacist Representative
  - Lay Member
  - Mental Health representative
  - Quality Surveillance Team representative

\* Includes new Service Specialist roles and current Service Specialist/Quality Assurance Leads as a minimum.

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<sup>1</sup> The Health and Social Care Act 2012 set out a single definition of quality (Appendix 1)

- 3.2 All members will have voting rights and are expected to attend all meetings unless previously agreed with the Chair through the Committee Secretariat. Should members be unable to attend it is expected that they provide a designate from their own field of expertise and/or speciality sufficiently briefed and empowered to make decisions.
- 3.3 One Service Specialist/Quality Assurance Lead representative required to attend from each hub.
- 3.4 Additional representation may be invited to the meetings as required. Members must adhere to the confidential nature of the Committee.
- 3.5 When the Chair is unavailable, a nominated deputy will chair.
- 3.6 The Group will provide expert professional leadership and advice.
- 3.7 Members are expected to communicate any developments, decisions and/or recommendations arising out of the Committee that may impact on their own areas of expertise/speciality, contracting team or one or more partner organisations as appropriate.
- 3.8 The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance but will not have voting rights.
- 3.9 Decisions may also be made via teleconference or email consensus.

#### **4 Accountability and Reporting**

- 4.1 The Committee is accountable to SCOG and any changes to these terms of reference must be approved by its members.
- 4.2 Individual members of the Committee are responsible for progressing any actions relevant to their own areas and communicating decisions made through their own reporting structures to share information.
- 4.3 There is an interrelation with the Clinical Delivery Group.
- 4.4 Quality Risks are reviewed by the group as a standing agenda item and are reported to SMT/SCOG via the Specialised Commissioning, South Risk Register.



## 5 Administrative Arrangements and Notice of Meetings

5.1 An allocated representative from the Programme Management Office (PMO) will be in attendance at each Committee meeting. In times of absence; a nominated 'designate' will be agreed through the Chair of the Committee. Secretariat duties will include:

- Attendance at meetings.
- Ensuring correct and formal minutes are taken in the format prescribed by NHS England and, once agreed by the Chair, distributing minutes and a record of all actions/matters arising to be carried forward to Committee members and any other staff for which actions impact.
- Producing and maintaining a separate action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete.
- Unless otherwise agreed, an agenda of items to be discussed shall be forwarded to each member of the Committee, any other person required to attend, no later than 3 working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.
- Action notes from the Committee meetings will be circulated promptly to all members of the Committee to enable changes to be made and within 5 working days or prior to the next Oversight Group, whichever is sooner. Action notes will be formally adopted at the next meeting of the Committee.
- Producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these dates and booking appropriate rooms and facilities. The schedule of annual meeting requirement will be published in advance.
- The Quality Business Cycle will be maintained by PMO via the Spec Comm, South Integrated Calendar 2017/18.

## 6 Frequency of Meetings and Attendance Requirements

6.1 The Committee will be scheduled to meet twelve times a year with a minimum of ten meetings at appropriate times in the reporting cycle.

6.2 Extraordinary meetings can be called as required.

6.3 The business of each meeting will be transacted within a maximum of two and half hours and will take place at Premier House, Reading.

## 7 Quorum

The quorum necessary for the transaction of business shall be five, one of whom should be the Committee Chair/Deputy Chair or Director level designate. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.



## 8 Other matters

The Committee will:

- 8.1 Have access to sufficient resources in order to carry out its duties, including access to the business office and PMO for assistance as required;
- 8.2 Give due consideration to laws and regulations;
- 8.3 At least once a quarter, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend to SCOG for approval, any changes it considers necessary.
- 8.4 to determine those matters delegated to the Committee in accordance with the NHS England Scheme of Delegation and Standing Financial Instructions.

## 9 Monitoring and Review

- 9.1 SCOG will monitor the effectiveness of the Committee through receipt of the Chair's report and other such written or verbal reports that the chair of the Committee provides.
- 9.2 The Chair will assess agenda items to ensure they comply with the Committee's responsibilities.
- 9.3 The secretary will monitor the frequency of the Committee meetings and the attendance records to ensure minimum attendance figures are complied with. Attendance will be recorded by the secretary.
- 9.4 The terms of reference will be reviewed yearly or at significant organisational change impacting on governance structural procedures; whichever is the soonest.

Appendix	Title	
1	The Health and Social Care Act 2012 set out a single definition of quality	 The Health and Social Care Act 2012 set out
2	NHS England Quality Assurance and Improvement Framework: Specialised Commissioning	 Specialised Services Quality Assurance Fra