

Terms of Reference (TOR)

ELFT Primary Care **Quality and Assurance Group (QAG)**

1. Background and Purpose

- 1.1 To provide high quality community-orientated health care to our local communities.
- 1.2 We will do this in partnership with service users, their carers and families and statutory and voluntary organisations.
- 1.3 The Trust's core values are to:
 - Put the service user and carer at the centre of everything we do, and strive to improve patients' and service users' experience of our services
 - Ensure wider choice and promote independence
 - Provide safe, effective and value for money services
 - Ensure equality and value diversity
 - Recognise the contribution of our staff and provide a capable workforce
 - Promote social inclusion and recovery
 - Support people to take responsibility for their own health

In pursuit of these aims, the Directorate has established the Quality and Assurance Group as a sub group. The Directorate Management Team (DMT) will give direction and advice, and delegates decision-making powers on relevant healthcare delivery issues to the Quality and Assurance Group. The DMT will continually review the existence and arrangements of this group.

2. Responsibilities

2.1 Powers

The Quality and Assurance Group reports to the Quality Committee. It will review and assure the quality of all processes based upon audits and risk management systems in particular the results of audits and information resulting from risk assessments, incident reporting, feedback data, clinical audit, complaints and serious untoward incidents (SUI's).

2.2 Explanatory Text

The role of the group is to consider matters of quality and assurance, risk management, health and safety and information governance relating to patients, including the following four processes and tasks;

2.2.1 Reviewing:

- a) KPI achievement from various corporate risk management and governance plans
- b) Trust assurance framework
- c) Trust risk management
- d) Complaints and PALs reports
- e) Incident reporting
- f) Serious untoward incident reports and safeguarding alerts
- g) Reports and information from other sub-committees of the Quality Committee (Health and Safety, Social Inclusion, Clinical Policies, Clinical Risk, Research and Development, Clinical Audit, Safeguarding, Information Governance, Medicines, SUI, Training Education and Development)
- h) Reports from sub-groups of the committee (these are to be confirmed but suggested to be the Nursing Steering Group, Therapies Governance Group and Infection Control Committee).

2.2.2 Ensuring:

- i) That appropriate risk management and governance strategies are in place
- j) That appropriate protection plans are created across primary care for the management of risk
- k) That capability is in place for the delivery of the plans
- l) Appropriate range of policies are in place
- m) Independent auditing takes place across range of services and topics to an agreed plan
- n) Actions and learning arising from investigations into SUIs, complaints, incidents and audits are implemented
- o) Reports and information are forwarded to the sub-committees of the Quality Committee as appropriate

2.2.3 Approving:

- p) Directorate specific new or amended policies
- q) Directorate specific new or amended strategies
- r) New or amended delivery plans
- s) Resources for ensuring delivery of plans and other activities
- t) Minutes of meetings and annual reports from delegated committees: Infection control, security, fire and manual handling

2.2.4 Directing:

- u) Services or departments to address identified controls shortcomings
- v) Resources to address identified shortcomings that run across service or departmental boundaries

3. Membership

3.1 The membership of the QAG will be as follows:

Representative	Role
Dr Liz Dawson	Medical Director of Primary Care- CHAIR
Marina Muirhead	Primary Care Director
Mohit Venkataram	Executive Commercial Director
Marion Savariaud	Executive assistant
Joanne Sims	Quality & Compliance lead
Nicola Ballingall	Quality Improvement lead
Duncan Gilbert	Quality Assurance lead
Sultan Ahmed	People Participation lead – East london practices
Toitei Kurima	People Participation Lead – BLMK
Duncan Trathen	Lead GP NTP
Dorothy Briffa	Lead GP GH
Gautam Bagga	Lead GP CMC
Victoria Condon	Assistant Manager CMC
Emma Dirken	Practice Manager HE1 and deputy Practice Manager for Greenhouse practice
Louise Little	Practice Manager NTP
Ali Khan	Deputy practice Manager GH
Rosana Ibrahim	Lead Nurse at CMC
Louise Cole	Practice Manager LRS

3.2 Each member will appoint a named deputy in advance to act on their behalf.

3.3 Other members will be co-opted to provide the group with experience, advice and expertise as is necessary, co-opted members will be non-voting.

3.4 Admin support to the group will be provided by the Governance Administrator.

3.5 Exclusions/Dismissals

Members hold their positions on the group by virtue of their Trust offices; consequently should a named member cease to hold one of the offices above, his or her membership will automatically lapse, and he/she will be replaced by the new postholder.

Attendance at the committee will be closely monitored with poor attendance being reviewed formally six monthly and action directed by the chair. Two occasions of non-attendance in six months will be followed up by the line manager.

3.6 Provision for Deputies

Where members cannot attend, they will send a deputy who can act on their behalf, including committing their service to actions. Such a deputy will only have voting rights if formally assigned acting up status by one of the co-chairs at the request of the members concerned. The deputy's status will be recorded in the minutes.

The attendance of deputies will be monitored and reported upon in the same way as for normal attendance.

4. Frequency of meetings

- 4.1 The group will meet every month, unless otherwise agreed with the chair. The chair may call unplanned meeting if necessary.

5. QUORUM

A quorum of the group will consist of at least 5 members, including either the chair or the deputy chair unless formal acting up arrangements have been made in respect of chairing.

6. Conduct of Meetings/Decision Making Arrangements

6.1 Agenda

The agenda setting exercise will be a mixture of a formal cycle of work and items agreed with the chairs based upon the recommendations from the governance team.

6.2 Minutes

Minutes will be taken by the Governance Administrator. The minutes will clearly identify all decisions taken, action points and who is responsible for those actions. The minutes will be approved at the next meeting.

6.3 Decision Making

The group will aim to reach decisions by consensus wherever possible. Voting will be conducted by a show of hands or other such public declaration as the chair may direct, unless a majority of members requests a secret ballot.

6.4 Declaration of Interests

Group members will declare all pecuniary and other interests which are relevant and material. Should any agenda item arise in which a committee member has an interest

the member will declare it at the start of the meeting and take no part in the discussion of that item nor cast a vote.

7. REPORTING ARRANGEMENTS

The committee will report to the Quality Committee via the Chair and/or deputy Chair.

8. OTHER PROVISIONS, if any: None

Next review date: 30th November 2021