MEETING DATE:	10 April 2014	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.3	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	Catherine Wylie Director of Risk and Quality Assurance	

NORTH LINCOLNSHIRE CCG QUALITY GROUP TERMS OF REFERENCE

PURPOSE/ACTION REQUIRED:	Decisions for Approval
CONSULTATION AND/OR INVOLVEMENT PROCESS:	CCG Quality Group and Engine Room
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)* Yes **Public**

1. PURPOSE OF THE REPORT:

The Quality Group have revised their Terms of Reference which includes amendment to quoracy. A quorum shall be four members, comprising at least two GPs (one of whom can be the Medical Director), plus the chair or deputy chair, and at least one other management representative.

Decisions will normally be reached by consensus, but where voting is required, decisions will be made by a simple majority of the members present. For the avoidance of doubt, designated members of the committee shall be entitled to vote; other attendees are not.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	**X**
Reduce unwarranted variations in services	**X**
Deliver the best outcomes for every patient	**X**
Improve patient experience	**X**
Reduce the inequalities gap in North Lincolnshire	**X**

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		**No**	**X**

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	**Yes**		**No**	**X**
N/A				
5. LEGAL IMPLICATIONS:	**Yes**		**No**	**X**
6. RESOURCE IMPLICATIONS:	**Yes**		**No**	**X**
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	**X**
N/A				
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**		**No**	**X**
Does this paper need to be forwarded on to another Committee Group?* – *No				
9. RECOMMENDATIONS:				
The CCG is asked to: - • Approve the revised Quality Group Terms of Reference				

NHS
North Lincolnshire
Clinical Commissioning Group

North Lincolnshire Clincial Commissioing Group

Quality Group

Terms of Reference

1. Purpose

The primary role of the Quality Group is to monitor and review the quality of services commissioned by the CCG, and promote a culture of continuous improvement and innovation in

- the safety of treatment and care received by patients
- the effectiveness of treatment and care received by patients
- the experience patients and their carers have of treatment and care received

It shall provide strategic leadership and direction to support the CCG in commissioning high quality services.

It shall support the objectives of the CCG and its Governing Body, and the provision of assurance to the Governing Body and Audit Committee.

2. Accountability

The Quality Group is a sub group of, and therefore accountable to, the Governing Body. It shall maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the year.

3. Membership

- Director of Risk and Quality Assurance & Nurse member [Chair]
- CCG Lay Member for Patient and Public Involvement – Vice Chair
- Assistant Senior Officer Quality Assurance
- CCG Medical Director
- Two GPs [in addition to the Medical Director]
- Senior Officer Commissioning Support and Service Change
- Safeguarding Children Designated Nurse
- Safeguarding Adults Designated Nurse
- Clinical Lead for QIPP

Virtual Members [not included in the membership for quoracy]

- Secondary Care Doctor member of CCG Governing Body
- GP Prescribing Lead
- CCG Lay member for Governance.

In attendance

Appropriate Officers covering relevant functions within the Commissioning Support Unit and via SLAs for example:

- Quality Team CSU
- Public and Patient Involvement & Engagement
- Customer Care
- Prescribing /Medicines Management
- Infection Control
- Information Governance
- Performance and Information
- Research Governance

A quorum shall be four of the above, comprising at least two GPs (one of whom can be the Medical Director), plus the chair or deputy chair, and at least one other management representative.

Decisions will normally be reached by consensus, but where voting is required, decisions will be made by a simple majority of the members present. For the avoidance of doubt, designated members of the committee shall be entitled to vote; other attendees are not.

4. Meetings

Meetings shall be held monthly, ensuring that the most up to date information is available for publication and review; a schedule of meetings for the year shall be published in advance and circulated to members and interested parties.

A programme of business reflecting the annual work programme and other matters requiring attention shall be included in each meeting agenda. The Director of Risk and Quality Assurance will arrange the timely circulation of agenda and papers for meetings, and for those meetings to be minuted.

5. Declarations of Interest

Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the CCG's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the chair's discretion. Declarations shall be recorded in the minutes.

6. Duties

The duties of the Quality Group include the following

i. Develop and review quality and safety strategies, policies and procedures; the group have delegated authority from the Governing Body to agree and ratify policy and procedures.
ii. Ensure the right quality mechanisms are in place so that standards of quality are understood, met, and effectively demonstrated.
iii. Formulate the strategic response of the CCG regarding local, regional and national quality requirements in commissioning.

iv. Lead the development and implementation of the CCG's Quality Strategy and Quality Assurance Framework.

v. Ensure the CCG is discharging its statutory responsibilities appropriately with regard to safeguarding children and young people, safeguarding vulnerable adults (including deprivation of liberty safeguards), domestic violence, multi-agency public protection arrangements, and other relevant guidance.

vi. Ensure that provider quality schedules are informed by clinical benchmarks, clinical evidence, patient reported outcome measures and patient experience.

vii. Ensure, by the use of benchmarking and clinical evidence, that variations in clinical practice are identified and addressed and that clinical intervention is based upon best available evidence.

viii. Ensure the principles of clinical and quality governance are integral to performance monitoring and contracting arrangements for all commissioned services and within consultation, engagement and involvement with patients and public, service redesign and evaluation.

ix. Subject all service development, redesign and decommissioning to quality impact assessment

x. Encourage a culture of quality improvement within the commissioning group's provider and partner organisations, including reporting any lack of assurance through to the North Yorkshire and Humber [NY&H] Quality Surveillance Group.

xi. Seek assurance and evidence that quality outcomes and benefits in commissioned services are being achieved.

xii. Support improvement in the quality of primary medical care services, working collaboratively with NY&H Area Team where required

xiii. Monitor GP concerns escalated through established reporting systems .

xiv. Monitor SI reports (themes, methods and specific incidents, including Never Events and serious incidents requiring investigation) from provider services and primary care services, and oversee related process and compliance issues.

xv. Approve and regularly review locally agreed quality indicators and metrics in order to demonstrate continual improvement in the safety, clinical effectiveness and patient experience of commissioned services.

xvi. To receive regular reports to demonstrate that patient experience obtained through quality monitoring, patient surveys, patient and public feedback, complaints, PALs, LINks/HealthWatch, etc is being used to drive quality improvement

xvii. Recommend and instigate appropriate intervention where quality is compromised or below acceptable levels to limit risk and support the improvement of public trust in local services.

xviii. Ensure oversight and monitoring of serious incidents, complaints and patient experience data, safeguarding vulnerable adults and children, national and local audit findings and infection prevention and control to identify areas of non-compliance, themes and trends and recommend changes in practice through the commissioning process.

xix. Receive and scrutinise independent investigation reports on patient safety, agreeing publication arrangements.

xx. Oversee arrangements for managing provider performance against the Quality schedule and Commissioning for Quality and Innovation (CQUIN) scheme.

xxi. Scrutinise and review provider quality accounts and make recommendations to the appropriate responsible bodies.

xxii. Assimilate reports, reviews and policies from relevant external agencies (including CQC, NICE, NHSCB and DH) to gain assurance that the appropriate actions are being undertaken and are effective.

xxiii. Ensure a clear escalation process is maintained and enforced, including appropriate trigger points, to facilitate the engagement of external bodies and agencies on matters of concern.

xxiv. Have due regard to the public sector equality duty and the CCG's equality objectives.

xxv. Identify opportunities for improvement and encourage innovation

xxvi. Management of Quality Group risk register, including ownership and delivery of action plans

xxvii. Proper referral to other CCG committees or groups of issues arising

xxviii. The Quality Group shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the other groups and stakeholders in accordance with best practice.

7. Authority

The Quality Group may investigate, monitor and review any activity within its terms of reference. It is authorised to seek any information it requires from any committee, group, clinician or employee (including interim and temporary members of staff), who are directed to co-operate with any request made by it.

The Quality Group may secure the attendance at its meetings of any individual or group to represent an area of business under review, or with experience or expertise pertinent to a particular topic or review

The Quality Group is delegated by the Governing Body to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved elsewhere. The Quality Group shall also adopt the general principle of integrated governance, in that papers should not be delivered for Governing Body consideration until approved by the Quality Group, and unless it is clear that the impact on all other aspects of CCG business have been risk assessed by the appropriate clinicians or officers, or other committees.

The Quality Group may form any working group, tasked for a specific purpose and for a fixed period of time, to support the delivery of any of its duties and responsibilities, or for relevant research.

8. Minutes & Communication to Governing Body

Minutes of Quality Group meetings shall be published and circulated within 10 working days, approved for the record at the subsequent meeting, and delivered to the next meetings of the Governing Body as a matter of routine. Specific issues of concern, or matters requiring escalation to the Governing Body, will be the subject of exception reports by the Chair or designated deputy, on behalf of the Quality Group.

9. Review

These Terms of Reference supersede all previously issued versions; they shall be reviewed by the committee no later than 31 March 2015. These Terms, and any subsequent amendment, shall be subject to approval by the Governing Body.