


<b>MEETING DATE:</b>	13 September 2012	  <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.3	
<b>AUTHOR:</b>	Karen Rhodes	
<b>JOB TITLE:</b> <b>DEPARTMENT:</b>	Senior Officer Quality & Assurance Quality & Assurance	

### QUALITY GROUP REVISED TERMS OF REFERENCE

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive and Approve
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	Quality Group
<b>FREEDOM OF INFORMATION:</b>	Public

<b>1. PURPOSE OF THE REPORT:</b>					
The Terms of Reference for the North Lincolnshire Clinical Commissioning Group – Quality Group have been amended to reflect the changes to the CCG following the establishment of the CSU and movement towards the CCGC becoming a Governing Body.					
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i></b>					
<b>3. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>					
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;">X</td> <td style="width: 20px;">No</td> <td style="width: 20px;"></td> </tr> </table>	Yes	X	No		
Yes	X	No			
Relevant risks are identified at each Quality Group meeting and where appropriate added to the CCG risk register					

<b>4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>	<table border="1"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
<b>5. LEGAL IMPLICATIONS:</b>	<table border="1"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
<b>6. RESOURCE IMPLICATIONS:</b>	<table border="1"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
<b>7. EQUALITY IMPACT ASSESSMENT:</b>	<table border="1"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
<b>8. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>	<table border="1"> <tr> <td style="width: 20px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 20px;">No</td> <td style="width: 20px;">x</td> </tr> </table>	Yes		No	x
Yes		No	x		
<b>9. RECOMMENDATIONS:</b>					
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> <li>• Receive and approve the revised Terms of Reference for the Quality Group</li> </ul>					

# **Terms of Reference of the North Lincolnshire Clinical Commissioning Group - Quality Group**

## **1 Role and Purpose**

As a sub-group of the Clinical Commissioning Group Committee, the role of the Quality Group (QG) is to ensure that policies and procedures are in place, that relevant monitoring takes place, that lessons are learned for the areas covered within the remit of the group and provide a significant level of assurance across these areas. The sub group is established in accordance with the Clinical Commissioning Group's constitution, standing orders and scheme of delegation

The remit covers the 3 key dimensions of quality – clinical effectiveness, patient safety and engagement. The aim being to co-ordinate the delivery of continuous quality improvement, systems of accountability, promotion of patient safety, and the dissemination of good practice across commissioned services. The Quality Group is part of the overall CCG governance and reporting arrangements.

The group has been established to ensure that the CCG has appropriate and up to date policies, procedures, systems and processes to assure that patients receive safe and clinically effective care across all care settings.

The Quality Group will establish sub groups as deemed necessary. These are likely to include Serious Untoward Incident monitoring, public/service user engagement and NHS 111.

CCG Information Governance, Research Governance and operational Risk Management are also included within the QG responsibilities.

## **2 Remit**

- Information Governance/compliance with national requirements
- Monitor provider implementation of guidance published by NICE, NSFs etc
- Ensure that the CCG has robust systems in place for monitoring quality in commissioned services e.g. quality in contracts and received reports from quality contract meetings.
- Research Governance.
- Monitor adverse incidents and ensure lessons learned and shared (relating to corporate and commissioned activity)
- Monitor patient involvement/engagement/experience
- Monitor and promote quality within independent contractors as part of ensuring the quality of primary care services
- Safeguarding children/adults
- Infection control and prevention
- Lead on operational risk management and identify risks with independent assurance via Audit Group
- Develop any relevant policies and make recommendations to CCG Governing Body
- Receive reports and monitor relevant healthcare standards.
- Review the effectiveness of the QG to ensure members receive the appropriate support and training to undertake their roles as members of the Committee.
- Receive reports relating to medicines management and prescribing

### **3 Composition of the Quality Group**

North Lincolnshire CCG Quality Group will comprise:

Members:-

- Nurse member of CCG Governing Body - Chair
- Senior Officer Quality and Assurance
- Secondary Care Doctor member of CCG Governing Body
- Assistant Senior Officer Quality and Assurance
- At least one CCG Clinical Member Lead (one of whom should also be QIPP Lead)
- Senior Officer Commissioning Support and Service Change (or representative)
- GP prescribing lead (virtual member)
- CCG lay member for Patient and Public Involvement - Vice Chair
- CCG lay member for Governance
- Safeguarding Children Designated Nurse
- CCG Medical Director

In attendance

- Appropriate officers covering relevant functions within the Commissioning Support Unit and via SLAs
- Public and Patient Involvement & Engagement
- Customer Care
- Prescribing/Medicines Management
- Safeguarding Adults
- Infection Control
- Information Governance
- Performance and Information
- Research Governance

The above will be reviewed once service specifications with CSS have been agreed

The QG may co-opt additional members as required.

### **4 Quoracy of the Quality Group**

A register of attendance will be taken at each meeting. Members must attend at least 50% of meetings during the year.

The working group shall be deemed quorate when 50% of members are present including either the Chair or Vice Chair and a CCG Clinical Member Lead. If the Senior Officer Quality and Assurance is not present then the Assistant Senior Officer Quality and Assurance must be present.

### **5 Meetings**

The Quality Group will meet monthly. Extra-ordinary meetings can be arranged if necessary.

### **6 Relationship with and Reporting to the Clinical Commissioning Group Governing Body**

The Quality Group will report to the CCG Governing Body via its minutes and specific reports on an exception basis at the next reasonably practicable meeting following the Quality Group meeting.

**7 Review Date:**

TBA

Karen Rhodes  
August 2012