

**NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP
TERMS OF REFERENCE**

QUALITY GOVERNANCE COMMITTEE

1. PURPOSE

The Quality Governance Committee (QGC) is a committee of the CCG Governing Body that exists to:

- a) Oversee the Quality Governance arrangements within the CCG for arrangements around the commissioning of health and social care (see appendix one for an overview of the Triangle of Quality governance that the QGC has adopted as an operational definition of quality governance).
- b) Have oversight of the safety, effectiveness and experience of the services commissioned by the CCG.
- c) Provide a position statement to the CCG Governing Body on contracted services contemporaneous quality governance arrangements and quality indicators.
- d) Ensure a positive safety culture is embedded in the NHS and Social Care system we commission.
- e) Review quality benchmarking information and approve position statements on the analysis of this and the recommendations made to address variance.

2. ACCOUNTABILITY

The Quality Governance Committee is accountable to and reports to the Governing Body.

3. REPORTING

The Quality Governance Committee reports to the Governing Body through provision of regular reports and minutes of meetings.

The Quality Governance Committee will share any social care related quality governance issues with the Union Board and/or the local authority via the Union Leadership Team, for further consideration or to identify further briefings required to ensure the local authority is sighted on key quality governance issues.

The Quality Governance Committee will ensure as part of the reporting arrangements that highlights and exceptions in relation to quality are communicated internally and externally as appropriate.

Other committees shall refer issues as relevant to Quality Governance Committee for action or attention as required, and vice versa.

4. CONSTITUTION

All Committee Members must adhere to the CCG's Constitution.

5. COMMITTEE CHAIR AND DEPUTY CHAIR

The Director of Quality and Nursing is the Chair of the Quality Governance Committee.
The GP Clinical Lead for Quality is the Deputy Chair

6. MEMBERSHIP

Membership of the Quality Governance Committee is as follows:

Director of Quality and Nursing (Chair)
Medical Director
GP Clinical Lead for Quality (Deputy Chair)
2 x designated Community Lay Members
Chair of Market Intelligence and Failing Services (MIFS) meeting)
Deputy Director of Quality and Nursing
Nursing Lead for Quality
Quality Assurance Lead
Designated Nurse for Safeguarding Adults and Children
Quality and Experience Team Manager
Assistant Director Programme Delivery and Co-Commissioning

Membership of the Quality Governance Committee will consist of named representatives and deputies (Lay Members are not permitted to appoint a Deputy but are able to tender a proxy vote to the Chair prior to the meeting). Attendance by deputies will need to be approved by the Chair before any meeting. Deputies may attend meetings but shall not vote.

The Quality Governance Committee may require the attendance of any member of staff or senior/clinical lead from the CCG or outside organisations as and when appropriate.

7. QUORACY

The Quality Governance Committee will be quorate if one lay member, one clinical member, a member of MIFS and one clinical quality team representative other than the chair are in attendance.

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Conflict of Interest Guardian or Chief Finance Officer on the action to be taken.

8. DECISION MAKING/VOTING

Decisions may be taken between formal physical meetings through email, teleconference or other 'virtual' means. Any such decisions will be recorded and taken to the following formal meeting for information.

9. SUBGROUPS

The CCG defines Quality as: Safety, Experience and Effectiveness.

The standing sub committees of the committee are the:

- Safety Review Group (SRG)
- Experience Review Group (EXRG)

The CCG Operational Leadership Team (OLT) will receive reports that provide oversight and monitoring of the Effectiveness of the services it commissions. OLT will provide challenge and support to commissioning officers and strategy leads to positively influence the effectiveness of local services and will report the decisions and actions through reporting to the Quality Governance Committee.

Other sub committees or working parties may be established as and when required at the discretion of this committee.

Reporting from sub committees shall be through quarterly concise assurance statements. Action notes will be available to the Quality Governance Committee membership, except where content of minutes is commercially or individually sensitive in which case reporting shall be via verbal update from the sub-committee chair(s). All sub-committees will raise exceptions and issues with the committee as required at each meeting.

10. ROLES AND RESPONSIBILITIES

The Terms of Reference of the Quality Governance Committee are as follows:

- a) To challenge and support Senior Officers and Senior Leads to ensure the CCG is effectively monitoring quality in respect of the services it is responsible for commissioning in Health and Social Care.
- b) To ensure continuous development and improvement, the reduction of variance, in safe, effective evidenced-based practice and good experience of service delivery.
- c) To influence the local Health and Social Care systems safety culture and quality Governance arrangements.
- d) To challenge the analysis of quality indicator information and plans presented to address significant variance in; safety; effectiveness and experience.
- e) To assess the quality impact of variance in performance, local system health and social care initiatives and commissioning in relation to, but not limited to, service user outcomes.
- f) To identify quality concerns or good practice that require escalating to and sharing with the Governing Body.

11. DECLARATIONS OF INTERESTS, CONFLICTS AND POTENTIAL CONFLICTS

All committee/subcommittee members must adhere to the CCG's Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.

Where a member of the committee/subcommittee/group believes that he /she has a conflict of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

To further strengthen scrutiny and transparency of CCG's decision-making processes the CCG has an appointed Conflict of Interest Guardian. This role is undertaken by the CCG's Integrated Governance and Audit Chair.

Any interests which are declared at a meeting must be included on the CCG's Declaration of Interest Register. Where this is not already the case, the individual with the conflict must ensure that the item is added to their declaration as soon as is practicable following the meeting.

12. FREEDOM OF INFORMATION ACT 2000

The minutes and papers of this Committee are, in the main, classed as public documents, except where matters, usually due to draft work in progress, issues of confidentiality or commercial sensitivity, are specifically deemed to be unsuitable for publication.

13. MEETING PAPERS

The agenda and papers will be distributed five working days in advance of the meeting.

14. FREQUENCY AND NOTICE OF MEETINGS

The Quality Governance Committee will meet quarterly. The committee has 2 sub-committees detailed below.

Meetings of the Quality Governance Committee will be planned for the calendar year ahead.

The Chair may elect to arrange an exceptional meeting if the need arises.

15. ADMINISTRATIVE SUPPORT

Administrative support will be provided to the Quality Governance Committee by the Business Support Team.

The Chair will draw up the agenda for each meeting.

The agenda and papers will be distributed five working days in advance of the meeting.

16. REVIEW OF TERMS OF REFERENCE

These terms of reference will be reviewed on an annual basis by the membership of the Quality Governance Committee.

Agreed by Clinical Governance Committee January 2021

Approved by Governing Body xxxx