

**NHS Harrogate and Rural District
Clinical Commissioning Group (HaRD CCG)**

Quality and Clinical Governance Committee (QCGC)

Terms of Reference

1.0 Introduction

The Quality and Clinical Governance Committee (the Committee) is established in accordance with Harrogate and Rural District Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

The overall objective of the Quality and Clinical Governance Committee is to ensure that quality sits at the heart of everything the CCG does and to provide assurance to the Governing Body on the quality of services commissioned and promote a culture of continuous improvement and innovation with respect to the safety of services, clinical effectiveness and patient experience.

2.0 Accountability and Reporting

The Committee is accountable to the Governing Body of the Harrogate and Rural District Clinical Commissioning Group (CCG) and has no executive power other than those specifically delegated in these terms of reference. The CCG works to ensure services are developed and delivered in line with the context of the Five Year Forward View, accompanying planning guidance and the CCG's Sustainability and Transformation Plan.

A written assurance report on key topics discussed at the Quality and Clinical Governance Committee meetings will be brought to each Governing Body meeting.

3.0 Membership

The Committee shall be appointed by Governing Body and will comprise:

- GP Member of the Governing Body – Chair
- Independent Lay Member, Governing Body – Vice Chair
- CCG Governing Body GP Safeguarding Lead
- Two GPs (registered on the primary performance list and working predominantly within Harrogate and Rural District)
- CCG Director of Quality and Governance / Executive Nurse
- CCG Head of Quality and Performance
- CCG Head of Nursing and Quality
- All of the above members shall have a vote. If the Chair of the Committee is not available then the Vice Chair of the Committee shall chair the meeting.
- Membership will be reviewed regularly to adjust for changes as required by the purpose of the Committee.

4.0 Attendance

The Committee may 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 and will have no voting rights.

The Senior Management Team (SMT) members with responsibility for:

- primary care
- medicines management
- safeguarding

will attend the Committee and If they are unable to attend, a nominated deputy with requisite knowledge and expertise to advance the agenda will attend.

Where there are functions or areas addressed by outsourcing, contractual arrangements or memorandums of understanding (i.e. use of neighbouring CCGs or parties) those officers working within the contracted agency may be asked to attend.

Other staff may request or be requested to attend where matters concerned are being discussed or presented as a paper to the Committee.

5.0 Support to the Committee

The Committee will be supported by the Director of Quality and Governance / Executive Nurse who will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate.

6.0 Quorum

A minimum of three members will constitute a quorum, so long as this includes at least two clinical members of whom at least one is a GP.

7.0 Declarations of Interest

Please refer to the Conflict of Interest Policy.

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the Committee's consideration has been completed.

8.0 Frequency of Meetings

The Quality and Clinical Governance Committee will meet a minimum of ten times per year.

9.0 Remit and responsibilities

9.1 Assurance

The focus of the Committee is to seek reasonable assurance relating to the quality of commissioned services. The Committee defines reasonable assurance as evidence that quality is in line with agreed targets and trajectories or where it is not, there is reasonable mitigation and an action plan is developed to rectify any issues.

Seek assurance on the performance of NHS organisations, including primary care, in terms of the Care Quality Commission, Monitor and any other relevant regulatory bodies.

Where the Committee receives insufficient assurance they should assess the risk and escalate it to Governing Body.

The committee is responsible for:

- Approval of policies of the CCG, with the exception of those reserved for the Governing Body or delegated through the Scheme of Reservation and Delegation to an individual or committee.
- Overseeing the development and implementation of the CCG Quality Strategy and Quality Assurance Framework.
- Establishing and maintaining procedures and systems of internal control designed to give reasonable assurance that all aspects of quality and clinical governance are in place.
- Ensuring effective management of risk is in place to manage and address clinical governance issues.
- Ensuring quality is driven through the Quality, Innovation, Productivity and Prevention programme (QIPP).
- Ensuring the principles of quality assurance and governance are integral to performance monitoring arrangements for all CCG commissioned services and are embedded within consultation, service development and redesign, evaluation and decommissioning of services.
- Seeking assurance that the CCG is fulfilling its statutory duties for equality and diversity, particularly the Equality Act 2010, through the implementation of the Equality Delivery System.
- Ensuring that all decisions taken, or recommendations made, have been through a planning assurance process that includes the outcome of:
 - Quality impact assessment
 - Equality impact assessment
 - Patient and public involvement
 - Privacy impact assessment

by receiving integrated impact assessments for all projects, policies or services being commissioned by the CCG and gaining assurance that any potential negative impacts are appropriately mitigated.

9.2 Monitoring and Review

The committee will:

- Ensure effective processes are in place for safeguarding children and vulnerable adults and individuals' needs are met.
- Advise on and develop locally sensitive quality indicators in order to continually improve the quality of services.
- Receive regular patient safety, patient experience and complaints reports to review themes and trends and identify areas for recommending change in practice.
- Monitor the implementation of recommendations and actions relevant to quality and clinical governance following national inquiries and national and local reviews undertaken by external agencies and local strategic partnerships (e.g. Care Quality Commission, Internal Audit).

- Ensure a clear escalation process, including appropriate trigger points, is in place to enable engagement of relevant external bodies on areas of concern.

10.0 **Review of Terms of Reference**

The Committee shall review its terms of reference at least annually.

11.0 **Committee effectiveness**

The Committee shall undertake an annual review of its effectiveness.

Reviewed by:	NHS HaRD CCG Quality and Clinical Governance Committee
On:	9 May 2017 and agreed electronically by QCGC Members on 19 May 2017
Review date:	June 2018
Approved by:	NHS Harrogate and Rural District CCG Governing Body
Approval date:	1 June 2017