

NHS HULL CLINICAL COMMISSIONING GROUP

QUALITY AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE

1.1 NHS Hull Clinical Commissioning Group (CCG) Board has resolved to establish a Quality and Performance Committee in accordance with its Constitution, Standing Orders and Scheme of Delegation. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders. The purpose of the Committee is to ensure:

- The continuing development, monitoring and reporting of performance outcome metrics in relation to the Clinical Commissioning Group (CCG) quality improvement, financial strategies and management plans. It will ensure the delivery of improved outcomes for patients in relation to the CCG's agreed strategic priorities;
- the provision of assurances regarding the quality (safety, effectiveness and patient experience), Value for Money (VFM) and performance of all commissioned/contracted services in relation to the role and function of the CCG, and
- that all contracted services meet the required external regulation standards, required performance targets, activity, financial targets and local quality and patient safety standards and relevant agreed protocols.

The Quality and Performance Committee is responsible for ensuring that there are mechanisms and reporting systems in place to assure the CCG Board of internal quality and financial management arrangements and that remedial action plans are developed and implemented when positive assurances are not received.

The Quality and Performance Committee is directly accountable to the CCG Board with an additional duty of providing assurance on non-CCG duties in relation to quality and performance for consideration by the CCG Senior Leadership Team (SLT).

1.2 Links and interdependencies

The Quality and Performance Group will link to the following forums:

- Provider Contract Management Boards (CMBs);
- Serious Untoward Incident (SUI) Panel;

- Safeguarding Assurance Board;
- Clostridium Difficile Review Group, and
- Boards and Clinical Committees of respective provider organisations;
- advising the **Board** on pertinent issues/areas.

In addition, it will also provide an opinion to the Integrated Audit & Governance Committee as to the assurances that can be provided for its areas of responsibility.

The Quality & Performance Committee is chaired by a GP member of the CCG board. In which case the term “Chairman” is to be read as a reference to the Chairman of the Committee as the context permits, and the term “member” is to be read as a reference to a member of the Committee also as the context permits.

2. ACCOUNTABILITY

- 2.1 The Quality and Performance **Committee** is directly accountable to the CCG **Board** for overseeing and providing assurance on the matters detailed under Section 11 (Remit).

3. AUTHORITY

- 3.1 The Quality and Performance **Committee** is authorised by the CCG **Board** to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Quality and Performance Committee.

Subject to such directions as may be given by the Board, it may establish sub-committees as appropriate and determine the membership and terms of reference of such. The Standing Orders and Prime Financial Policies of the CCG, as far as they are applicable, shall apply to the Quality & Performance Committee and its sub-committees.

The Quality and Performance **Committee** is authorised by the CCGC to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

4. REPORTING ARRANGEMENTS

- 4.1 All meetings shall be formally minuted and a record kept of all reports/documents considered.

The reporting arrangements to the CCG **Board** shall be through the submission of a written Clinical Chair’s Report on the progress made and assurances received to the next CCGC meeting. The report shall, where necessary, include details of any recommendations requiring ratification by the CCGC.

Copies of the Minutes are a standing item on the CCG **Board**. The **Committee** will provide an Annual Workplan to the CCG **Board** for approval and an Annual Report **into the work of the Committee**.

4.2 Disclosure/Freedom of Information Act (FOI)

The senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee's minutes and reports are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

5. MEMBERSHIP

5.1 The Membership of the Quality and Performance **Committee** is listed at Appendix 1.

Members are required to attend 8 out of 11 scheduled meetings. Attendance will be monitored throughout the year and any concerns raised with the Clinical Chair and relevant Member.

Any changes to the constitution of the Quality and Performance **Committee** must be approved by the CCG **Board**.

6. APPOINTMENT OF CHAIRS

6.1 The Clinical Chair shall be appointed by the CCG **Board**, and the Vice-Chair by the **Committee**.

7. QUORACY

7.1 The quorum for meetings **shall be not less than three members and shall include:**

- A CCG **Board** GP Member (One of whom shall be the chair of the committee);
- The Director of Quality and Clinical Governance or Quality Manager; and,
- S Senior Business Intelligence Lead.

If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal Minutes, and no decisions may be taken by the non-quorate meeting of the **Committee**.

8. ATTENDANCE

Other Directors/Managers should be invited to attend, particularly when the **Committee** is discussing areas of risk or operations that are the responsibility of those Directors/Managers.

9. MEETINGS

9.1 Meetings shall be administered in accordance with the **CCG Constitution, Standing Orders and Prime Financial Policies**.

Meetings of the Quality and Performance **Committee** shall **usually** be held monthly.

The Director of Quality and Clinical Governance will ensure the Group is supported administratively, and will oversee the following:

- Agreement of agenda with the Chair and attendees and the collation/circulation of papers;
- taking the Minutes and keeping a record of matters arising and issues to be carried forward, and

Each member present shall have a single vote. Matters put to a vote shall be determined by a simple majority of the votes of members present and voting on the matter. In the case of an equal vote, the person presiding (ie: the chair of the meeting) shall have a second and casting vote.

An Annual Schedule of Meetings shall be agreed at, or before, the last meeting each year in order to circulate the schedule for the following year.

10. CONFIDENTIALITY

- 10.1 All Members are expected to adhere to the CCG Constitution, Standards of Business Conduct and Conflicts of Interest Arrangements as well as the NHS duties of confidence.

11. REMIT

11.1 Strategic Development

- To develop and implement the CCG strategy for Commissioning for Quality which provides a framework and monitoring process for assuring and improving the quality of all commissioned services for patients in relation to the role and function of the CCG, and
- to review the CCG quality, performance and financial risk management strategies, including:
 - i) consideration of areas of significant risk to the achievement of CCG objectives, and
 - ii) quality, clinical governance and financial risk oversight of new and significant procurement initiatives.

11.2 System Development and Implementation

- To ensure that sound CCG systems for quality improvement and clinical governance are in place in line with statutory requirements, national policy and guidance and that quality, clinical governance and Value for Money (VFM) issues are appropriately addressed in all service developments/reconfiguration of services;

- to provide assistance and support to the NHS Commissioning Board (NHSCB) as regards its duty to exercise its functions with a view to securing continuous improvement in the quality of primary care;
- to prepare a workplan to be agreed by the CCG **Board** and routinely report progress through the agreed corporate performance reporting process, and
- to identify and build on good practice, sharing experience, expertise and successes in relation to quality and Value for Money (VFM) with other commissioners and providers.

11.3 Performance Monitoring

- To monitor and report on the quality, performance and Value for Money (VFM) of contracted services ensuring remedial actions are taken as appropriate to address significant service issues;
- to provide oversight and delivery of key performance and outcome objectives and targets as set out in the Strategic and Medium Term Financial Plan (MTFP) to include monitoring of performance against approved plans including recovery action plans where necessary;
- to review in-year performance on Quality, Innovation, Productivity and Prevention (QIPP) programmes and take decisions about remedial action, and
- to performance-manage systems, processes and outcome measures to provide assurance regarding the CCG's internal quality and financial governance arrangements.

12. **REVIEW OF THE TERMS OF REFERENCE**

12.1 The Terms of Reference will be reviewed annually or as and when required.

Proposed amendments must be submitted to the CCG **Board** for approval.

MEMBERSHIP

Membership of the **Committee** is determined and approved by the CCG **Board** and will comprise:

Members

- **Two CCG Board GP Members (One of whom shall be the chair of the committee)**
- Lay Member – Patient and Public Involvement
- Director of Quality and Clinical Governance
- Senior Business Intelligence Leads
- Quality Manager
- Ambassador/Patient Champion
- Practice Manager **member of CCG Board**
- Designated Nurse for Safeguarding Children

In attendance as and when required

- Commissioning representatives
- Commissioning Support Unit (CSU) representatives
- **Other officers of the CCG.**

Nominated deputies may be appointed subject to approval by the Clinical Chair.