

## QUALITY AND PERFORMANCE COMMITTEE

### TERMS OF REFERENCE

#### 1. PURPOSE

1.1 NHS Hull Clinical Commissioning Group (CCG) Board has established 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 performance and management plans. It will ensure the delivery of improved outcomes for patients in relation to the CCGs agreed strategic priorities;
- To advise and provide an opinion of confidence, (low, moderate or high) to the CCG Board 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 comply with the required external regulation standards required performance targets, activity, financial targets and local quality and patient safety standards and relevant agreed protocols and where gaps are identified appropriate action plans are in place and are monitored for progress.

The Quality and Performance Committee takes responsibility for leadership on behalf of the Board who is ultimately responsible for ensuring that there are mechanisms and reporting systems in place to advise the CCG Board of quality and performance management for contracted providers and that remedial action plans are developed and implemented when positive assurances are not received.

#### 1.2 Links and interdependencies

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

- Provider Quality Groups, ~~and~~ Contract Management Boards (CMBs) and Strategic Oversight Management Board
- Serious Incident (SI) Panel
- Primary Care Commissioning Committee
- Infection Control Groups
- Care and Support Quality Board
- Planning and Commissioning Committee
- Integrated Audit and Governance Committee
- NHS England Quality Surveillance Group
- Hull and East Riding LeDeR Group

- Programme Delivery Group
- Joint Commissioning Forum
- The CCG Board

The Quality and Performance Committee is chaired by a GP Member of the CCG board. In which case the term “Chair” is to be read as a reference to the Chair 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**

The Quality and Performance Committee will be required to provide assurance to the Integrated Audit and Governance Committee in respect of the management of clinical risk. The mechanism for this will be submission of the minutes to Integrated Audit and Governance Committee.

- 2.1 The Quality and Performance Committee is directly accountable to the CCG Board for overseeing and providing an opinion of confidence, (low, moderate or high) to the CCG Board 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 CCG Board 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 Chair’s Update Report on the progress made and opinion of confidence provided to the next CCG Board meeting. The report shall, where necessary, include details of any recommendations requiring ratification by the CCG Board.

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

- 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 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 scheduled meetings. Attendance will be monitored throughout the year and any concerns raised with the Chair and relevant Member. Any changes to the composition of the Quality and Performance Committee must be approved by the CCG Board.

## **6. APPOINTMENT OF CHAIRS**

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

## **7. QUORACY**

- 7.1 The quorum for meetings is :

- ~~CCG Board GP Member (Chair)~~ / or ~~Lay Member (Vice Chair)~~
- The Director of Quality and Clinical Governance/Executive Nurse or their Senior Clinical Deputy.
- The Deputy Chief Finance Officer ~~—Contracts, Performance, Procurement and Programme Delivery~~ or a Senior Deputy.

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 and Deep Dive Extraordinary Meetings, which will focus on areas of concern / risk will be arranged when required. The deep dive will require the same quoracy as a formal meeting. Also a summary and actions will be produced as an outcome of the meeting.

The Director of Quality and Clinical Governance/Executive Nurse 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
- 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 and Standards of Business Conduct and Conflicts of Interest Arrangements.

## **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 Commissioning for Quality Strategy 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.
- To provide strategic oversight and performance management of the safeguarding adults and children's strategy.
- To provide strategic oversight for Research and Development, ensuring Statutory duties are fulfilled.

### **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 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.
- To review the risk register on a quarterly basis and the Board Assurance Framework (BAF) on a six monthly basis.
- To provide a forum for NHS Hull CCG to demonstrate compliance with the NHS England Safeguarding Accountability and Assurance Framework.

### 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. This will include the oversight of contractual levers and advising on the point of escalation.
- 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 receive regular updates and assurance from key stakeholders on Medicines Management, including Controlled Drugs management.
  - Infection Prevention and Control
  - To performance manage provider Serious Incidents, ensuring investigations reports are completed to national timescale and action plans are implemented timely and learning disseminated.
  - Oversight of the Provider Quality Visits including recommendations and action
  - Implementation of the Quality Escalation Framework
  - To review and monitor safeguarding arrangements within NHS Hull CCG and provider organisations.
  - To report and monitor incidents, complaints and Patient Advice and Liaison Service and ensure lessons are learnt and learning disseminated.
  - To receive regular updates regarding the delivery of the delegated commissioning functions of NHS Funded Care performance through the CHC/NHS Funded Care Assessment Service.
  - To review the LeDeR report and disseminate learning

## 12. REVIEW OF THE TERMS OF REFERENCE

12.1 The Terms of Reference will be reviewed at least annually or as and when required and an annual review of the Committee's effectiveness.

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

- CCG Board GP Member /
- Lay Member (Vice Chair)
- Director of Quality and Clinical Governance/Executive Nurse
- Deputy Director of Quality and Clinical Governance/Lead Nurse
- Deputy Director of Commissioning
- The Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery or a senior representative from the Teams.
- ~~Quality Lead (s)~~
- ~~Patient Safety Lead~~
- ~~Designated Nurse for Safeguarding Children~~
- ~~Designated Professional for Safeguarding Adults~~
- Associate Director of Communications and Engagement ~~Engagement~~ or  
Representative of Patient Experience and Engagement
- Public Health Representative
- Associate Medical Director
- ~~Deputy Designated Safeguarding Nurse/ Designated Looked After Children Nurse~~
- ~~Head of NHS Funded Care~~
- Secondary Care Doctor

### In attendance as and when required

- Deputy Designated Safeguarding Nurse/ Designated Looked After Children Nurse
- Head of NHS Funded Care
- Quality Lead (s)
- Patient Safety Lead
- Designated Nurse for Safeguarding Children
- Designated Professional for Safeguarding Adults
- Commissioning representatives
- Commissioning Support representatives
- Other representatives of the CCG.

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