

NHS Scarborough and Ryedale Clinical Commissioning Group

Quality and Performance Committee Terms of Reference

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TERMS OF REFERENCE AMENDMENTS

Amendments to the Terms of Reference will be issued from time to time. A new amendment history will be issued with each change.

| New Version Number | Author/Editor | Nature of Amendment | Approved By | Date |
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| 1.0 | Accountable Officer (Chief Officer) | None | Governing Body | |
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1 Title

- 1.1 The Committee shall be known as the Quality and Performance Committee of the Scarborough and Ryedale Clinical Commissioning Group (SRCCG) and is established in accordance with the constitution, standing orders and scheme of delegation.

2 Accountable To

- 2.1 The Committee shall be accountable to the Governing Body of SRCCG.

3 Reporting Arrangements

- 3.1 The Committee's Terms of Reference shall be agreed by the Governing Body of SRCCG.
- 3.2 The minutes of the Committee shall be formally recorded although there is no formal requirement to present to the Governing Body.
- 3.3 The Committee will, by exception, escalate matters it considers should be brought to the attention at the full Governing Body.
- 3.4 The composition of the Committee shall be published in the Annual Report.

4 Duties & Responsibilities

- 4.1 This Committee will drive through the delivery of the Integrated Commissioning Plan, monitor delivery, report progress and provide assurance of delivery against their specific area of the plan.

5 Authority

- 5.1 The Committee is to investigate any activity within its Terms of Reference. It may seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
- 5.2 The Committee is to monitor the performance of major projects and against the standards in the NHS Outcomes Framework that are considered critical to the objectives of the SRCCG.

- 5.3 The Committee has delegated authority from the Governing Body with regard to all Quality and Performance issues.

6 Objectives

- 6.1 The overall objectives of the Quality and Performance Committee are to ensure that there is a detailed challenge and review of all aspects of quality and performance of the SRCCG and that, where there are any variations in quality and performance, remedial action plans are put in place.
- 6.2 Where deemed necessary, the Committee shall escalate matters of concern to the Governing Body.

7 Performance Management

- 7.1 The Committee shall pro-actively challenge and review the SRCCG's performance against the standards in the NHS Outcomes Framework and against the strategic priorities of the CCG. Specifically the Committee will:
- Consider a more in-depth analysis of the Outcomes Framework position and challenge variances from plan and ensure action plans are put in place to rectify adverse trends. To monitor performance of these action plans.
 - In particular, the Committee will receive, assess and challenge performance management information associated with:
 - Main Provider contracts
 - Primary Care contracts
 - Voluntary sector contracts
 - Community Services and Social Services
 - The SRCCG's QIPP Plan.
 - The SRCCG's CQUIN schemes
 - The SRCCG's strategic work-streams
 - Other areas of significant risk to the achievement of Quality and Performance standards
 - Review, when timetables permit, all performance forecasts and reports

- 7.2 As part of its deliberations and recommendations the Quality and
- 7.3 Performance Committee will take into account the SRCCG's statutory service responsibilities and service levels.
- 7.4 The Committee shall initiate reviews in its own right and undertake, as directed, reviews on behalf of the Governing Body. Work shall be progressed by co- option of other key individuals.
- 7.5 The Committee shall determine what reports they would wish to see on a regular basis.

8 Risk management

- 8.1 The Committee will review the risk register and update the Governing Body on key risks relating to Quality and Performance.

9 Planning and Modelling

- 9.1 The Committee shall:
 - Monitor the annual planning cycle and ensure that plans are in line with current local and national guidance and are appropriately consulted on.
 - Receive assurance and risk assess all areas of quality and performance across all organisations, including information on serious incidents.
 - Performance manage the Commissioning for Quality and Innovation (CQUIN) scheme.
 - Analyse trends from all Sub Contract Management Governing Body meetings for Quality and Performance in relation to patient safety, clinical effectiveness and patient experience as defined in the contract.
 - Receive reports and reviews from relevant external agencies e.g. The Care Quality Commission.
 - Manage the process for the review of the Quality Accounts.

10 Research

10.1 The Committee will provide strategic direction and oversight of the promotion, use and development of research, consistent with the NHS Scarborough & Ryedale Clinical Commissioning Group's (NHS SR CCG) statutory duties arising from The Health and Social Care Act (2012) and The Care Act (2014). In particular, it will:

- a) Review any research strategy, policy, procedure, guidance or performance report, and when indicated recommend them for ratification.
- b) Ensure processes and structures for the promotion and use of research are in place, such as provision of initiation, monitoring, review and dissemination of research activities relevant to the CCG.
- c) Scrutinise against explicit procedures and criteria all research activities regulated by law, national policy or with financial impact to the CCG, including all applications for research funding support (such the Extra Treatment Cost).

11 Training & Briefing

11.1 The Committee shall specifically consider the level of quality and performance awareness of Governing Body members and staff in the SRCCG. The Committee shall promote a culture in which:

- Quality and Performance awareness is valued and encouraged.
- Quality and Performance skills are developed to ensure regular and wide consideration of Quality and Performance issues.
- Quality and Performance information is shared openly and honestly through-out the organisation.
- The local health economy works in partnership to develop a shared commissioning vision and strategy and a shared understanding of that strategy.
- There is regular and open dialogue with other organisations, both NHS and non-NHS regarding Quality and Performance matters.

12 Membership

12.1 The core Committee shall comprise

- Lay member of the Governing Body (Chair)
- Governing Body GP clinical lead for Quality

- Governing Body GP clinical lead for Performance
- Governing Body GP
- Executive Nurse
- Associate Director of Nursing Designated Professional Safeguarding Children
- Designated Professional Safeguarding Adults

12.2 Any other Director or member of staff may be asked to attend as necessary.

12.3 The LMC liaison officer will be invited to attend where issues pertinent and relevant to quality in general practice will be discussed.

12.4 The Chair shall be a Lay member of the Governing Body.

12.5 In the event of the Committee Chair being unable to attend a meeting, another member of the Governing Body shall normally deputise.

12.6 Any SRCCG employee may be required to attend at the Committee's request.

13 Quorum

13.1 No business shall be transacted unless there are at least three members present, of which one shall be a Lay member and one shall be a GP

14 Attendance

14.1 Regular attendance at Committee meetings leads to improved engagement and governance. In the event that an attendee is unable to attend a meeting it is their responsibility to ensure that a nominated deputy is properly briefed and empowered to act on their behalf.

14.2 Frequency of attendance by members and attendees will be reviewed by the Committee Chair at least annually.

14.3 Frequency

14.4 The Committee will meet on a bi-monthly basis but may adjust frequency as dictated by the Quality and Performance position of the SRCCG.

15 Declaration of Interests

15.1 Members are required to declare interests prior to the commencement of the Committee and a register of interests will be maintained. The Chair is required to reconfirm this as a standing item on Committee agendas. As per the Standing Orders, individuals may be required to leave the meeting for relevant agenda items at the discretion of the Committee and will no longer count towards the quorum.

16 Review of Committee Effectiveness

16.1 The Committee shall undertake a review of its effectiveness at least annually.

16.2 The Committee shall be subject to any review of SRCCG Committees as required.

17 Conduct

17.1 The members of the Committee must ensure that at all times they:

- Observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.
- Always strive to maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources and with independent validation of performance achieved where practicable
- Are accountable to Parliament, to users, to individual citizens, and to staff for the activities of the bodies concerned, for their stewardship of public funds and the extent to which key performance targets and objectives have been met

- Comply fully with the principles of the Citizens charter and the Code of Practice on Access to Government Information, in accordance with Government Policy on openness
- Must comply with the Nolan's seven principles of public life
- Bear in mind the necessity of keeping comprehensive written records of their dealings, in line with general good practice in corporate documents.

18 Review of Terms of Reference

18.1 The Committee shall review its Terms of Reference at least annually.