

Quality and Performance Committee

Terms of Reference

**NHS St Helens CCG Quality and Performance Committee
Terms of Reference**

Version	3
Implementation Date	October 2017
Review Date	October 2018
Approved By	Governing Body
Approval Date	October 2017

REVISIONS

Date	Section	Reason for Change	Approved By
July 2016	Full ToR	<p>GB reviewed its committee structure and authorised changes to meet the corporate and business needs of the organisation. Agreement that the Quality Committee should be reformed to create a new Quality and Performance Committee that will provide assurance to the GB that the CCG is meeting its duties as set out in legislation and within the NHS Constitution.</p> <p>The updated Terms of Reference reflect this move and the resolution of the Governing Body has the effect of creating a new committee. The committee will meet under these new arrangements from September 2016.</p>	Governing Body
October 2017	Full ToR	<p>Updated membership – removed Clinical Chief Exec, 1 GP GB Member and Secondary Care doctor from Members; and GB Practice Manager Rep from 'In Attendance'. Moved Quorum to Section 2.</p> <p>Reviewed and updated Section 4 – Sub Groups and Administration.</p>	

TERMS OF REFERENCE OBSOLETE

Date	Reason	Approved By

The Quality and Performance Committee (the Committee) is established in accordance with St Helens Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation.

The Terms of Reference sets out the membership, remit, responsibilities and reporting arrangements of the Committee.

1. Membership

Voting membership

Chief Nurse (chair)
GP Governing Body Quality Lead (Vice chair)
1 x GP Governing Body Members (additional to vice chair)
Deputy Chief Executive
Director of Public Health
Assistant Director Peoples Services
Governing Body Patient & Public Lay Member

In attendance

Associate Director of Commissioning
Head of Medicines Management
Head of Primary Care
Healthwatch Representative
Performance Manager
Deputy Chief Nurse

In attendance:

Other appropriate clinicians and CCG staff will be invited to attend as required for specific agenda items. If members are unable to attend they should delegate their responsibilities to a deputy, on the understanding that the deputy is of an appropriate level to make a decision on behalf of their organisation/area of work and fully engage in the agenda.

2. Quorum

The quorum shall comprise;
Chair or deputy chair
At least 1 GP from the membership
50% of the voting membership shall be present.

3. Remit and responsibilities of the Committee

The Quality and Performance Committee is a sub-committee of the Governing Body and is responsible for providing assurance on the Quality (Safety, Effectiveness and Patient Experience) and performance of CCG commissioned services.

The Committee will also be responsible for ensuring an open and transparent relationship with NHS England (Merseyside & Cheshire) is established and maintained on issues relating to the quality of care provision.

The committee will oversee quality across commissioned services and ensure that the arrangements are monitored. The committee will also be responsible to take appropriate action within contract terms and in support of the NHS Constitution, on behalf of the Governing Body, to remedy any performance variations, for example to those outlined in the CCG Assurance Framework and the Clinical Commissioning Plan.

The committee will oversee arrangements for safeguarding as well as key quality issues for the borough (infection control, falls, and pressure ulcers).

3.1 Duties in respect of Quality

- be responsible for overseeing quality in commissioned services, through monitoring quality KPIs and ensuring clinical governance systems are in place.
- oversee CCG Quality by reviewing monthly provider monitoring report to ensure that assurance can be provided to the Governing Body and that areas of concern are highlighted and escalated to Governing Body.
- to oversee operational performance of the CCG and delivery of the operational plan
- receive recommendations from Pan Mersey Area Prescribing Committee for consideration and approval
- oversee and review CQUIN schemes
- oversee and review the corporate risk register relating to quality & performance risks review and comment on provider Quality Accounts
- agree a yearly plan of 'quality' visits to commissioned services.
- To review, on an exception basis, quality impact assessments and EIAs
- receive a 'provider monitoring summary' from each of the sub groups (following each sub group meeting) reporting to this committee. The report will summarise the meeting and escalate any areas of concern to the committee.
- Submit a Key Issues to the Governing Body following each meeting to summarise the meeting and escalate any areas of concern.
- receive recommendations regarding Map of Medicine Pathways for consideration and approval
- engage with the GP Members Council in delivering improvements to the quality and safety of care.

3.2 Quality KPIs to be monitored by the Committee:

Safety:

- Falls within services
- Pressure ulcers
- HCAIs
- Clinical incidents
- SUIs and never events
- Safeguarding
- Any other concerns raised in relation to safety of commissioned services

Effectiveness:

- CQUINs
- Mortality rates / unexpected deaths
- CQC Transforming Care
- NICE (where non-compliance is identified)
- Research
- Other specific effectiveness KPIs as per the work plan

Experience

- Friends and Family Test (FFT)

- Complaints
- Other patient experience reports and survey data
- Patient Stories

Duties in respect of Performance

- Monitoring operational performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them
- Monitoring key performance indicators (KPIs) relating to CCG performance, for example as outlined in the CCG Assurance Framework
- The committee will review monthly reports detailing performance of commissioned services against contract standards, national and local targets and the CCGs Strategic Plans. Review may be on an exception basis.
- Identifying, monitoring and escalating appropriate risks in relation to performance, pertaining to the work plan of this committee

4. Sub Groups and Administration

The following sub-groups report to Quality and Performance committee:

- Medicines Management Committee
- Patient Experience and Engagement Group
- CQPGs from provider organisations
- Map of Medicine Task Group
- CDIFF Review Panel
- Serious Incident Review Group

The Committee will be supported by an appropriate Secretary who will be responsible for supporting the Chair in the management of the Committee's business. The Secretary will take minutes and distribute all papers.

5. Frequency and notice of meetings

The Committee shall meet on a monthly basis. The Chair reserves the right to call an extraordinary meeting in order to ensure the functions of the Committee are met in a timely manner. Members shall be notified at least 10 days in advance that a meeting is due to take place.

Agendas and reports shall be distributed to members 5 working days in advance of the meeting date.

6. Reporting

The chair of each subgroup (or lead CCG officer attending) will be expected to provide a Chairs Report following each meeting and submit this to Quality and Performance Committee. The chair of Quality and Performance Committee will produce a Chairs Report for Governing Body, these reports will facilitate robust reporting through the CCG committee structure and ensure a 'golden thread' of reporting up to and down from Governing Body.

The ratified minutes of the Committee will also be submitted to the Governing Body.

7. Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Committee Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements. Declarations of interest made during the meeting will be followed by written declarations within 5 working days of the meeting

8. Date and review

October 2017

Review: October 2018