

Item Number: 10

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Vale of York
Clinical Commissioning Group

Meeting Date: 7 February 2013

Report Sponsor:

Carrie Wollerton
Executive Nurse

Report Author:

Not applicable

1. Title of Paper: Quality and Performance Committee Terms of Reference

2. Strategic Objectives supported by this paper

1. Improve healthcare outcomes
2. Reduce health inequalities
3. Improve the quality and safety of commissioned services
4. Improve efficiency
5. Achieve financial balance

3. Executive Summary

The original terms of reference of the Quality and Performance Committee were reviewed at its first meeting on 11 December; see item 13 below for the minutes of this meeting.

4. Evidence Base

Not applicable

5. Risks relating to proposals in this paper

Not applicable

6. Summary of any finance / resource implications

Not applicable

7. Any statutory / regulatory / legal / NHS Constitution implications

Not applicable

8. Equality Impact Assessment

Not applicable

9. Any related work with stakeholders or communications plan

Not applicable

10. Recommendations / Action Required

The Shadow Governing Body is asked to approve the amended terms of reference for the Quality and Performance Committee.

11. Assurance

The Shadow Governing Body will receive the minutes of the Quality and Performance Committee.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Quality and Performance Committee

Terms of Reference

1. Title

The Committee shall be known as the Quality and Performance Committee of the Vale of York Clinical Commissioning Group (VoY CCG).

2. Accountable To

The Committee shall be accountable to the VoY Governing Body.

3. Reporting Arrangements

3.1 The Committee's Terms of Reference shall be agreed by the VoY CCG Governing Body.

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 provide a monthly quality and performance summary report to the Governing Body via the Performance Dashboard, with a quarterly more detailed report.

3.4 The Committee will, by exception, escalate matters it considers should be brought to the attention at the full Governing Body.

3.5 The composition of the Committee shall be published in the Annual Report.

4. Duties

4.1 Authority

4.1.1 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.

4.1.2 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 VoY CCG.

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

4.2 Objectives

- 4.2.1 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, including clinical governance, of the VoY CCG and that, where there are any variations in quality and performance, remedial action plans are put in place.
- 4.2.2 Where deemed necessary, the Committee shall escalate matters of concern to the Governing Body

4.3 Performance Management

- 4.3.1 The Committee shall pro-actively challenge and review the VoY CCG's performance against the standards in the NHS Outcomes Framework and against the strategic priorities of the CCG.
- 4.3.2 Specifically the Committee will consider a more in-depth analysis of the Outcomes Framework position, challenge variances from plan, ensure action plans are put in place to rectify adverse trends and monitor performance of these action plans. Standing agenda items will include:
- Dashboard, Fast Track and Exception Reporting
 - Serious Incidents Update including Never Events
 - Hospital and Community Acquired Infection
 - Safeguarding Adults
 - Safeguarding Children
 - Looked After Children
- 4.3.3 In particular, the Committee will receive, assess and challenge performance management information associated with:
- Main provider contracts
 - Voluntary sector contracts
 - Community Services and Social Services
 - The VoY CCG's Quality, Innovation, Productivity and Prevention Plan
 - The VoY CCGs Commissioning for Quality and Innovation schemes
 - The VOY CCG's strategic work-streams
 - Other areas of significant risk to the achievement of quality and performance standards
- 4.3.4 The Committee will review, when timetables permit, all performance forecasts and reports submitted to the PCT Cluster Board.
- 4.3.5 As part of its deliberations and recommendations the Committee will take into account the VoY CCG's statutory service responsibilities and service levels.

4.3.6 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.

4.3.7 The Committee shall determine what reports they would wish to see on a regular basis.

4.4 Risk Management

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

4.5 Planning and Modelling

The Committee shall:

4.5.1 Monitor the annual planning cycle and ensure that plans are in line with current local and national guidance and are appropriately consulted on.

4.5.2 Receive assurance and risk assess all areas of quality and performance across all organisations, including information on serious incidents.

4.5.3 Performance manage the Commissioning for Quality and Innovation (CQUIN) scheme.

4.5.4 Analyse trends from all Contract Management Board Sub Group meetings for Quality and Performance in relation to patient safety, clinical effectiveness and patient experience as defined in the contract.

4.5.5 Receive reports and reviews from relevant external agencies e.g. The Care Quality Commission.

4.5.6 Manage the process for the review and sign off of the Quality Accounts.

4.5.7 Manage the process for sign off of new clinical pathways.

4.6 Training and Briefing

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

4.6.2 Quality and Performance awareness is valued and encouraged.

4.6.3 Quality and Performance skills are developed to ensure regular and wide consideration of Quality and Performance issues.

4.6.4 Quality and Performance information is shared openly and honestly through-out the organisation.

4.6.5 The local health economy works in partnership to develop a shared commissioning vision and strategy and a shared understanding of that strategy.

4.6.6 There is regular and open dialogue with other organisations, both NHS and non-NHS regarding Quality and Performance matters, including the Commissioning Support Unit (CSU).

5. Membership

5.1 The core Committee shall comprise:

Lay Member of the Governing Body (Chair)
Governing Body GP Clinical Lead for Quality and Performance
Secondary Care Doctor

The Executive Nurse and the Chief Operating Officer will attend the Committee; any other Director or member of staff may be asked to attend as necessary, including relevant CSU staff.

5.2 The Chair shall be a Lay Member of the Governing Body.

6. Quorum

No business shall be transacted unless there are at least two members present, of which one shall be a Lay Member and one a clinical member.

7. Attendance

7.1 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.

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

8. Frequency

The Committee will meet initially on a monthly basis but may adjust frequency as dictated by the quality and performance position of the VoY CCG.

9. Review of Terms of Reference

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

10. Review of Committee Effectiveness

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

10.2 The Committee shall be subject to any review of VoY CCG committees as required.

December 2012