

Quality & Performance Committee

Terms of Reference

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Approved by: Governing Body

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1. Introduction

1.1 Leeds has set out a bold ambition to be the best city for health and wellbeing. It has a clear vision to be a healthy, caring city for all ages, where people who are poorest improve their health the fastest. To realise this vision, the CCG and Leeds City Council need to change how we commission services so that the health and care system is sustainable, services are of high quality and we make best use of the 'Leeds pound'.

1.2 The CCG aims to provide more integrated care, based on the needs of local people. To do this, the CCG and Leeds City Council will work together to change how care is commissioned, and work with current and future providers to develop a new, more integrated health and social care system.

1.3 The CCG has recognised that in a similar way to many healthcare economies around the world, it will be necessary to adopt a Population Health Management (PHM) approach. The key building blocks of PHM include:

- strategic and outcomes-based commissioning rather than activity-based;
- effective use of commissioning functions to develop a new provider landscape of integrated accountable providers working towards common goals;
- new payment and incentive mechanisms supported by better use of information and technology.

2. Role of the Committee

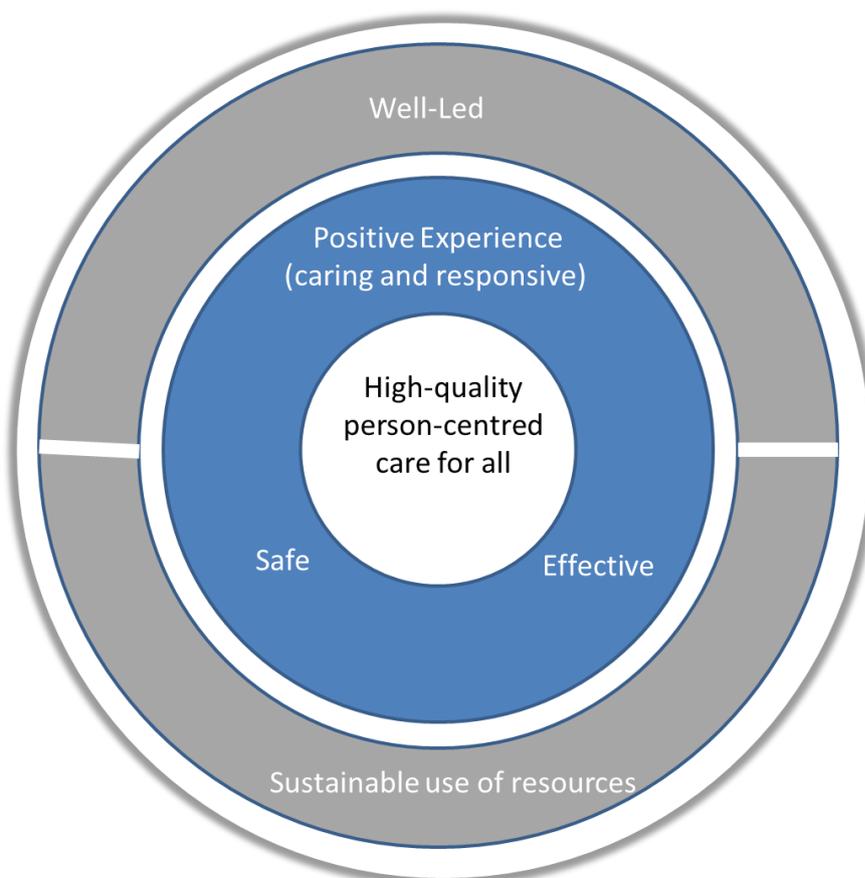
2.1 The committee is responsible for the oversight and monitoring of:

- the quality of commissioned services including patient experience, safety and clinical effectiveness;
- the effectiveness and performance of commissioned services;
- the performance of the CCG and their delivery of agreed outcomes.

2.2 The committee will support the Governing Body in ensuring the continuous improvement in the quality of services commissioned on behalf of the CCG. The committee aims to ensure that quality sits at the heart of everything the CCG

does, and that evidence from quality assurance processes drives the quality improvement agenda across the Leeds healthcare economy.

2.3 The *Shared Commitment to Quality* from the National Quality Board provides a single shared view of quality. The NHS Five Year Forward View confirms a national commitment to high-quality, person centred care for all and describes the changes that are needed to deliver a sustainable health and care system. This approach builds on the existing definition of quality:



2.4 Quality care is not achieved by focusing on one or two aspects of this definition; high quality care encompasses all aspects with equal importance being placed on each. This includes providers and commissioners working in partnership to ensure organisations are well-led, resourced sustainably and equitable for all.

2.5 In fulfilling its role the Committee will seek reasonable assurance relating to the quality and performance of commissioned services. The committee defines reasonable assurance as evidence that performance / quality is in line with agreed targets or trajectories, or where it is not, there is reasonable mitigation

and an action plan to rectify any issues (the Committee will agree on a case by case basis what constitutes reasonable mitigation).

2.6 Where the Committee receives insufficient assurance, it will challenge, assess risks and escalate to the Governing Body or Primary Care Commissioning Committee if necessary.

2.7 The Committee will be responsible for exercising the following functions:

2.8 Performance: Oversee the management of the CCG's performance and delivery of agreed outcomes by:

- a) monitoring performance against national and local targets
- b) monitoring performance against the standards, targets and outcomes set out in the CCG's operational and strategic plans
- c) reviewing the CCG's benchmarked performance against statutory frameworks including the NHS Outcomes Framework and Improvement and Assessment Framework
- d) ensuring action plans are developed and implemented to address any areas of unsatisfactory performance and drive improvement
- e) overseeing the continuous development of the scope, format, presentation and mechanisms of the system of performance reporting
- f) reviewing those risks on the CCG risk register and Governing Body Assurance Framework which have been assigned to the committee and ensure that appropriate and effective mitigating actions are in place
- g) seeking assurance that the CCG is fulfilling its statutory duties for equality and diversity, as set out in the Equality Act 2010
- h) seeking assurance of appropriate compliance by the CCG with the legal requirements for:
 - emergency planning
 - information governance
 - health and safety

2.9 Quality of commissioned services: The committee will ensure the effective delivery of quality performance across the full range of commissioned services and seek assurances that sound systems for quality improvement and clinical governance are in place in line with statutory requirements, by:

- a) monitoring the quality performance of all providers, including detailed reports on services that are commissioned across acute, community and primary care
- b) reviewing specific action plans or recovery plans as they relate to quality
- c) approving arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality

and patient outcomes, including the arrangements for dealing with exceptional funding requests

- d) reviewing quality performance with regard to commissioning for value

2.10 Patient experience: The committee will seek assurance that effective systems are in place to monitor and improve patient experience by:

- a) receiving patient experience reports and information relating to commissioned services
- b) reviewing themes and trends and ensuring lessons learned are translated into changes in way services are provided
- c) approving the CCG's arrangements for the handling of patient complaints, concerns or enquiries in accordance with relevant regulations

2.11 Clinical Effectiveness: The committee seeks to gain assurance that there are effective systems and processes in place to monitor and gain oversight of clinical effectiveness. This will include:

- a) receiving assurance that there is appropriate monitoring of compliance with guidance including NICE guidelines and technical appraisals
- b) monitoring the performance of trusts against the agreed Commissioning for Quality and Innovation scheme (CQUINs)
- c) receiving Quality Account updates
- d) receiving assurance that providers have robust clinical audit procedures that address trust priorities, facilitate service improvement and provide assurances that agreed clinical standards are being met

2.12 Safety: The committee shall seek assurances regarding safety by:

- a) receiving assurance that the accepted recommendations of national inquiries and national and local reviews have been considered and actioned with respect to the CCG and commissioned services including primary care
- b) overseeing safeguarding arrangements to assure that the CCG's statutory responsibilities for safeguarding children and adults at risk are met and that robust actions are taken to address concerns via receipt of regular reports
- c) overseeing and seeking assurance that effective systems are in place in relation to CCG services including serious incident management, continuing healthcare and medicines management

2.13 The work of the committee will provide the Governing Body with assurance on the CCG's delivery of the following statutory duties:

- secure continuous improvement in the quality of services (including primary medical services);
- secure health services that have regard to the NHS constitution;

- reduce inequalities;
- promote integration of health and social care;
- promote innovation; and
- promote research, and education and training.

3. Membership

3.1 The membership of the committee will be as follows:

- at least three non-executive or lay governing body members
- CCG Director of Quality & Safety
- CCG Director of Strategy, Performance and Planning
- CCG Director of Operational Delivery
- CCG Medical Director

3.2 The committee will be chaired by a non-executive or lay member, to be appointed by the committee.

3.3 The committee will appoint a deputy Chair from the remaining non-executive or lay members.

3.4 Deputies may attend on behalf of executive members, with delegated voting rights. The Executive member shall remain accountable for decisions made on their behalf.

3.5 Other directors and senior managers will be invited to attend where appropriate.

4. Quoracy and voting

4.1 The quorum is a minimum of 4 members. This must include the Chair or Deputy Chair, one executive and one non executive or lay member.

4.2 If the committee is not quorate the meeting may be postponed at the discretion of the Chair.

4.3 The committee will endeavour to make decisions by reaching a consensus. Where a consensus cannot be reached, the Chair will take the committee's views on the issue forward for consideration by the Governing Body.

5. Operation of the Committee

5.1 Meetings will be held bi-monthly.

5.2 Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.

5.3 The agenda and supporting papers will be circulated to all members at least five working days before the date of the meeting.

5.4 With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.

5.5 In the case of an emergency the Chair may take urgent action to decide any matter within the remit of the committee, subject to consultation with at least two other members of the committee, one of which must be a non-executive or lay member. Any such action should be reported at the next committee meeting.

5.6 Minutes will be issued at latest 10 working days following each meeting and a Chair's Summary will be submitted to the subsequent Governing Body meeting. A summary regarding issues relating to primary medical care services will be submitted to the subsequent meeting of the Primary Care Commissioning Committee.

5.7 Secretarial support will be provided to ensure appropriate support to the Chair and committee members in relation to the organisation and conduct of meetings.

6.0 Conduct of the Committee

6.1 Members of the committee shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in the CCG Constitution and the Managing Conflicts of Interest Policy.

6.2 All declarations of interest will be declared at the beginning of each meeting and actions taken in mitigation will be recorded in the minutes.

7.0 Accountability and Reporting

7.1 The committee is accountable to the Governing Body.

7.2 The committee will produce an annual work plan in consultation with the Governing Body.

7.3 A Chair's summary will be presented to the Governing Body.

7.4 The committee is authorised by the Governing Body to commission any reports or surveys or to create working groups as necessary to help it fulfil its obligations and will remain accountable for any working groups. The minutes of such groups will be presented to the committee.

8.0 Review of the Committee

8.1 The committee will produce an annual work plan in consultation with the Governing Body.

8.2 The committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed changes to the terms of reference will be submitted for approval by the Governing Body.

8.3 These terms of reference and membership will be reviewed at least annually following their approval.