

Quality, Performance and Finance Committee Terms of Reference

1. Constitution

- 1.1 The Quality, Performance and Finance Committee (the Committee) is established in accordance with NHS South Tees Clinical Commissioning Group's (the CCG) 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 Clinical Commissioning Group's Constitution and standing orders

2. Membership

- 2.1 The Committee shall be appointed by the CCG as set out in the CCG's Constitution and shall include:
- the Accountable Officer
 - the Director of Finance & Governance/Chief Finance Officer
 - Director of Nursing and Quality (also responsible for safeguarding)
 - at least 2 GP Members of the Governing Body
 - Director of Strategic Planning & Performance
 - individuals who are not core members of the CCG, ie. nominated members of the Commissioning Support Service to include Senior Commissioning, Provider and Finance Managers where appropriate.
- 2.2 Other members may be co-opted onto the Committee and may serve in an advisory capacity only e.g. Workstream Leads.
- 2.3 The Secondary Care Doctor will Chair the Committee. However, in the absence of the Secondary Care Doctor, another member of the Governing Body will Chair the Committee, as agreed by the Chair and Chief Officer.

3. Secretary

- 3.1 The Secretary to the Committee shall attend to take minutes of the meeting and will be responsible for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

4. Quorum

- 4.1 No business shall be transacted at a meeting unless at least three of the core members are present, to include the Accountable Officer or the Director of Finance & Governance and one other member of the Governing Body.

4.2 In addition, the quorum shall include representation from individuals with expertise in each of the portfolio areas namely quality, performance and finance to provide advice to the Committee and/or participate in decision making. These individuals may be the relevant core members identified in 2.1, but if the core member leading one of these portfolio areas has sent apologies to the meeting, then a deputy must be in attendance.

5. Frequency and notice of meetings

5.1 The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. A benchmark of six meetings per annum at appropriate times in the reporting is suggested.

6. Remit and responsibilities of the Committee

6.1 The Committee is responsible for assuring the Governing Body that commissioned services are being delivered in a high quality and safe manner, and performance is managed according to the agreed terms of the Service Agreements and legally binding contracts and that appropriate corrective action is being taken to address areas of underperformance, including changes to future contracts where necessary.

6.2 This includes ensuring that services commissioned:

- are safe, effective and deliver a positive experience for patients
- deliver continuous improvement in quality
- operate within the agreed financial control totals
- deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes), and local joint health and wellbeing strategies
- fulfil their statutory responsibilities with regards to safeguarding.

6.3 For the remainder of this document the term “contract” may be taken to cover all forms of agreements with providers of services, irrespective of whether that agreement is legally binding.

6.4 Principle duties include:

Quality Improvement and Assurance

- Provide assurance to the Governing Body that commissioned services are being delivered in a high quality and safe manner
- Oversee and be assured that effective management of risk is in place to manage and address clinical governance issues.
- Have oversight of the process and compliance issues concerning serious untoward incidents requiring investigation (SUI's); being informed of all Never Events and informing the Governing Body of any escalation or sensitive issues in a timely manner.
- Provide the Governing Body with assurance that appropriate systems and processes are in place for safeguarding

- Seek assurance on the performance of NHS organisations in terms of the Care Quality Commission, NHS Improvement and any other relevant regulatory bodies.
- Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans. This will include considering the context of serious case reviews, together with resulting action plans.
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern.
- Ensure that appropriate CQUIN schemes are negotiated into contracts where appropriate and that a robust process of validation of providers' compliance is in place throughout the year;
- Consider reports on CQUIN performance by exception which identify those elements of CQUIN that have not been achieved within the expected timescales or any concern regarding the general quality of services being delivered by any particular provider in order that the Committee receive early notification of potential risks/contract issues.

Finance, Contract Monitoring and Performance

- To provide assurance that CCG is managing within its financial allotments including managing within the amount specified. To ensure that the allocation of the CCG is optimised and offers value for money (ie being used effectively, efficiently and economically).
- Oversee and be assured that effective management of risk in relation to finance, contracts and performance, in particular QIPP
- Ensure that contract performance is monitored on a monthly basis (monthly is the default – other periods may be agreed for certain contract types as appropriate).
- Explore and test explanations for significant variations from plan including the robustness of demand management initiatives.
- Ensure that actual and forecast contract over-performance or under-performance is quantified in financial terms and activity terms.
- Maintain an overview of all KPIs and quality standards in each contract
- Agree which of the underperforming contracts need to be brought to the attention of the Governing Body for further discussion
- Monitor the delivery of the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes).
- Approve budgets for GVIS.
- Receive and consider the Minutes from the Independent Funding Review Panel.

Contract Development

- Make suggestions for amendments to future contracts in light of on-going contract management issues

Contract Enforcement and Remedy

- Ensure that robust arrangements are in place to ensure that providers are immediately alerted to any deviation from the planned level of performance and that robust action plans to remedy the situation are developed
- Ensure that any failure by a provider to fulfil the terms of its contract results in the enforcement of whatever contractual remedies are applicable. Exceptionally the Committee may make recommendations to the Governing Body regarding waiving the enforcement of such remedies.
- Receive and consider the Minutes from the Contract Management Board meetings.

Patient Involvement and Engagement

- Review the adequacy and effectiveness of arrangements for monitoring local performance against national quality metrics relating to patient experience, communication and engagement and ensure patient and public views are considered as part of the process
- Receive regular reports on the CCG's work on public and patient engagement.

7. Relationship with Governing Body and other Committees

- 7.1 The minutes of the Committee meetings shall be formally recorded by the Secretary and submitted to the In-Committee section of the Governing Body. Members of the Committee should declare any conflicts of interest and the Secretary should minute them accordingly. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the relevant statutory body, or require executive action.
- 7.2 To receive regular reports from the other supporting groups including, but not limited to: Quality and Safeguarding Group, Contract Management Boards and Independent Funding Review Panel.

8. Conduct of the Committee

- 8.1 The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the CCG's Standards of Business Conduct and Conflict of Interest Policy.
- 8.2 An annual report of its performance, membership and terms of reference will be submitted to the Governing Body, either as an independent report or via the CCG's Annual Report.

9. Other Governance Issues

- 9.1 Due to the commercial or public sensitivity of the information being discussed, all papers will be treated as confidential.

- 9.2 Declarations of interest and declarations of any gifts & hospitality will be an agenda item at each meeting. All declarations of interest and gifts & hospitality and resulting actions will be recorded in the Minutes.
- 9.3 Everyone attending a meeting will be required to declare any interest they have in any agenda item as soon as it becomes apparent. The Chair will determine whether the individual should withdraw from the meeting, the discussion and/or voting.
- 9.4 Similarly, if another member of the Committee is aware of an interest that has not been declared by the conflicted individual, then this should be raised with the Committee Chair and appropriate action taken.
- 9.5 Conflicts of interest should be declared and managed in accordance with the CCG's Standards of Business Conduct and Conflicts of Interest Policy. The definition of conflicts of interest is as defined by current statutory guidance.
- 9.6 If in doubt, the individual concerned should assume that a potential conflict of interest exists and consult with the Head of Governance and/or the CCG's Conflicts of Interest Guardian.

10. Annual General Meeting

- 10.1 The Chair of the Committee will attend the Annual General Meeting prepared to respond to any questions on the Committee's activities.

Approved: February 2014
Ratified: March 2014
Re-reviewed: June 2014
Ratified by Governing Body: July 2014
Review: June 2015
Ratified by Governing Body – July 2015
Review: June 2016
Ratified by Governing Body – July 2016
Reviewed re Col and discussed at QPF Cttee – November 2016
Governing Body consideration – March 2017
NEXT REVIEW – March 2018