

## **WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP QUALITY AND PERFORMANCE COMMITTEE: Terms of Reference**

### **Purpose**

The primary role of the Quality & Performance Committee (Q&P) is to monitor and review the quality of services commissioned by the CCG, and promote a culture of continuous improvement and innovation in

- the safety of treatment and care received by patients
- the effectiveness of treatment and care received by patients
- the experience patients and their carers have of treatment and care received
- continuously improving the quality of primary medical care

It shall support the objectives of the CCG and its Governing Body, and the provision of assurance to the Governing Body and Audit Committee.

### **Accountability**

The Q&P is a Committee of the Governing Body. The Committee will maintain an annual work programme, ensuring that all matters for which it is responsible are addressed in a planned manner, with appropriate frequency, across the year.

The effectiveness of the Q&P will be monitored by the Audit Committee on an annual basis through the 'Review of Effectiveness Survey' and 'the business of other committees and review of inter-relationships'. The Audit Committee shall undertake at least one formal review annually of the Q&P risk areas.

### **Membership**

- Lay Member – Patient Engagement & Experience (Committee chair)
- Chief Nurse & Quality Lead (CNQL) or deputy
- 2 Locality Leads
- Public Health Consultant
- Director of Primary Care
- Patient Participation Group Representative/Patient Leader
- Director of Performance and Corporate Affairs

### **Attendance – Includes**

- Finance lead
- Head of Patient Safety
- Head of Medicines Management
- Infection Control Lead
- Safeguarding Lead
- Communications, Engagement and Involvement Lead
- Senior Performance Manager, Midlands and Lancashire CSU

A quorum shall be 3 of the above, inclusive of at least 1 Board GP, the CNQL or nominated deputy, plus the chair or deputy chair of the Committee. Where a management representative or locality lead is unable to attend a meeting, a suitably qualified and duly nominated deputy may attend in their absence and form part of the quorum.

Other attendance at meetings will be as required, including representation from Safeguarding, Medicines Management, Infection Prevention & Control, Delivery and Contracting.

A decision put to a vote at a meeting of the Committee shall be determined by a simple majority of the voting members present. In the case of no decision, the Chair (or Deputy Chair) of the Committee shall have a second and casting vote. Where a voting member has nominated a suitably qualified deputy they will be entitled to vote.

If the quoracy of the meeting is affected by conflicts of interest then the Committee members and non-voting attendees would be asked to approve delegation of decision making authority to the Procurement and Investment Committee.

### **Management of Conflicts of Interest**

A key responsibility of the Governing Body is to ensure that CCG complies with its legal and Constitutional obligation to manage conflicts of interest. These obligations are set out in section 140(4) of the National Health Act 2006 and section 8 of the CCG's Constitution and our Conflicts of Interest Policy. To ensure compliance with these arrangements the following arrangements are in place for the Governing Body and its' sub-committees.

### **Conflicts of Interest Screening Panel**

The CoI Screening Panel is an advisory body to the Committee. The Panel (Chair or Member) will make its recommendation to the Committee regarding the management of each conflict. Such recommendations are to be approved by the Committee and such recommendations and approvals shall be recorded in the meeting minutes.

It shall be the responsibility of the CoI Screening Panel to ensure that any actual or perceived conflicts of interest are managed effectively in an open and transparent way.

### **Procurement and Investment Committee**

The Procurement and Investment Committee will make a decision on the matter delegated to it and communicate this decision to the Committee. The Committee would then note and adopt the decision taken. If the Committee wished to dispute this decision this would require a specific meeting of the Procurement and Investment Committee and the Chair of the CCG to consider any valid objections to the decision of the Procurement and Investment Committee.

Reasonable grounds for objection include:

- Subsequently discovered a factual error in the materials submitted for decision
- Factually inaccurate interpretations of key facts or figures by the Committee.

### **Meetings**

A minimum of eight meetings will be held in the year, ensuring that the most up to date information is available for publication and review; a schedule of meetings for the year shall be published in advance and circulated to members and interested parties.

A programme of business reflecting the annual work programme and other matters requiring attention shall be included in each meeting agenda. The CNQL will arrange the timely circulation of agenda and papers for meetings, and for those meetings to be minuted.

### **Declarations of Interest**

Members are required to state for the record any interest relating to any matter to be considered at each meeting, in accordance with the CCG's Conflict of Interest policy. Members will be required to leave the meeting at the point a decision on such a matter is being made, after being allowed to comment at the chair's discretion. Declarations shall be recorded in the minutes.

### **Duties**

The duties of the Q&PG include the following:

1. Develop and review quality and safety policies & procedures, including public and patient engagement and experience
2. Ensure the right quality mechanisms are in place so that standards of quality are understood, met, and effectively demonstrated
3. Ensure that provider quality schedules are informed by clinical benchmarks, clinical evidence, patient reported outcome measures and patient experience
4. Ensure, by the use of benchmarking and clinical evidence, that variations in clinical practice are identified and addressed and that clinical intervention is based upon best available evidence
5. Ensure the principles of clinical and quality governance are integral to performance monitoring and contracting arrangements for all commissioned services and within consultation, engagement and involvement with patients and public, service redesign and evaluation
6. Encourage a culture of quality improvement within the commissioning group's provider and partner organisations, including reporting any lack of assurance through to the Performance Collaborative and Governing Body
7. Encourage a culture of quality improvement in relation to the commissioning group's statutory responsibilities in primary medical care
8. Identify opportunities for improvement and encourage innovation
9. Seek assurance and evidence that quality outcomes and benefits in commissioned services are being achieved
10. Monitor the work to drive quality improvements in primary medical care through regular reports
11. monitor themes associated with primary care quality and CQC outcomes
12. Monitoring of SI reports (themes, methods and specific incidents)
13. Approve and regularly review locally agreed quality indicators and metrics in order to demonstrate continual improvement in the safety, clinical effectiveness and patient experience of commissioned services
14. Recommend and instigate appropriate intervention where quality is compromised or below acceptable levels to limit risk and support the improvement of public trust in local services
15. Ensure oversight and monitoring of serious incidents, complaints and patient experience data, safeguarding vulnerable adults and children, national and local audit findings and infection prevention and control to identify areas of non-compliance, themes and trends and recommend changes in practice through the commissioning process
16. Monitor the WLCCG safeguarding attendance data and seek assurance from localities regarding attendance improvements
17. Oversee arrangements for managing provider performance against the Quality schedule and Commissioning for Quality and Innovation (CQUIN) scheme
18. Scrutinise and review provider quality accounts and make recommendations to the Clinical Commissioning Collaborative
19. Assimilate reports, reviews and policies from relevant external agencies (eg CQC, NICE, NHSCB, DH) to gain assurance that the appropriate actions are being undertaken and are effective
20. Review and modification of the Q&PG risk register, including ownership and delivery of action plans against defined timescales, and ensure that risks to quality of care in services are identified, managed and appropriately mitigated
21. Discussion and review of any issue likely to require inclusion on, or modification to, any risk register
22. Proper referral of any item or issue arising in Q&PG of interest to another Committee
23. Oversee the arrangements for Information Governance within the CCG
24. Oversee the arrangements for Research Governance within the CCG
25. Monitor achievement of delegated national performance targets
26. Equality and Diversity
27. Medicines Management.

The Q&P shall be proactive in agreeing the most appropriate reporting format and style to suit the particular needs of the following users and stakeholders in accordance with best practice:

- The Governing Body (the Governing Body may at any time request additional information, or information in a different format) and other Committees
- GP Practices and Localities
- Staff
- Public and patients

- Other stakeholders, eg other CCGs, the Local Authority

### **Authority**

The Q&P may investigate, monitor and review any activity within its terms of reference. It is authorised to seek any information it requires from any clinician, employee, or interim and temporary members of staff, who are directed to co-operate with any request made by it.

The Q&P may secure the attendance at its meetings of any individual or group

- to represent an area of business under review, or
- with experience or expertise pertinent to a particular topic or review

The Q&P is delegated by the Governing Body to exercise decision-making powers in discharging its duties, whilst recognising those matters reserved to the Board. The Q&P Committee shall also adopt the general principle of integrated governance, in that papers should not be recommended for Governing consideration unless it is clear that the impact on all other aspects of CCG business have been risk assessed by the appropriate clinicians or officers, or other Committees.

The Q&P may form any working group, tasked for a specific purpose and for a fixed time, to support the delivery of any of its duties and responsibilities, or for relevant research.

### **Minutes and Communication to Board**

Minutes of Q&P meetings shall be published and circulated within 10 working days, approved for the record at the subsequent meeting and delivered to the next meetings of the Board as a matter of routine.

Specific issues of concern, or matters requiring escalation to the Board, will be the subject of highlight reports by the Committee chair to the Board.

### **Review**

These Terms of Reference supersede all previously issued versions. They shall be reviewed by the Q&P and approved by the Board no later than 30 November 2019.