

Quality, Performance and Resources Committee

Terms of Reference

Chair:	Secondary Care Doctor
Vice Chair	Lay Member for PPI and Quality
Administrator	Executive Assistant
CCG Executive Lead	Chief Nursing Officer
Frequency of Meetings	<p>Bi-monthly</p> <p>Agendas and papers will be distributed at least five working days in advance of the meeting, unless there are exceptional circumstances for individual papers</p> <p>Minutes to be distributed within ten working days after the meeting</p>
Quorum	<p>Six members</p> <p>This must include two lay representatives (This includes the Secondary Care Doctor), two clinicians and a finance expert (This includes the Lay Member for Finance)</p>
Membership	
Members	<ul style="list-style-type: none"> • Secondary Care Doctor (Chair) • Lay Member for PPI and Quality (Vice Chair) • Lay Member for Finance • Lay Member for Primary Care • Governing Body Chair • Elected Governing Body GP Lead – Herefordshire Locality • Elected Governing Body GP Lead – South Worcestershire Locality • Accountable Officer • Chief Finance Officer /Deputy Chief Finance Officers • Managing Directors x 2 • Chief Nursing Officer • Director of Performance • Medical Director for Quality and Assurance • Medical Director for Strategy and Transformation
In Attendance	<ul style="list-style-type: none"> • Associate Director of Corporate Services/Corporate Governance Manager

- Associate Directors of Nursing and Quality
- Healthwatch Representatives x 2
- Public Health Representative
- Other individuals will be requested to attend the committee as required, dependent on the items of business

1. INTRODUCTION AND STATUTORY FRAMEWORK

- 1.1 The Quality, Performance and Resources (QPR) Committee is established in accordance with the Herefordshire and Worcestershire CCG Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation.
- 1.2 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the QPR and shall have effect as if incorporated into the constitution.
- 1.3 The QPR Committee is an assurance Committee of the Governing Body and has the ability to execute any powers assigned to it by the Governing Body and those specifically delegated in these terms of reference and/or through the CCG Constitutional Scheme of Reservation and Delegation.

2 PURPOSE

The purpose of the QPR Committee is to:

- 2.1 Monitor the quality and safety of all services (primary, secondary and tertiary care, including the independent sector) commissioned by the CCG for its total population
- 2.2 Promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience
- 2.3 To seek assurance relating to financial governance across the CCG, in terms of securing value for money and sound financial stewardship
- 2.4 Receive reports detailing all commissioner and provider performance targets, set both nationally and locally, and seek appropriate assurances that these are met
- 2.5 Where possible provide assurance to the CCG Governing Body on these areas of responsibility; highlight areas of limited assurance and make recommendations where necessary
- 2.6 Identify and mitigate risk associated with quality performance & resources

3. REMIT AND RESPONSIBILITIES

The key duties of the QPR Committee are as follows:

3.1 Quality

- Monitor and review the safety and quality of commissioned services through the development of a quality assurance framework and reports from quality review mechanisms with all service providers, ensuring that quality sits at the heart of everything the CCG does. This includes jointly commissioned services.
- Seek appropriate assurances that the CCG has in place adequate structures for managing all clinical and non-clinical governance issues relating to quality, safety and patient experience.
- Seek assurance that the commissioning strategy for the CCG fully reflects all elements of quality (patient experience, effectiveness and patient safety), keeping in mind that the strategy and response may need to adapt and change.
- Receive and review risks relating to quality of services commissioned or patient safety and receive assurances that risks are adequately identified, evaluated and managed. Where necessary, escalate risks or areas of concern to the CCG Governing Body and ensure they are appropriately recorded within the Risk Register or Board Assurance Framework.
- Receive and review quality indicators including serious incidents, never events, near misses trends and patterns of incidents, contained within the Quality Report dashboard and Performance Report. As part of this process, outcomes will be shared and lessons learnt.
- Receive and scrutinise independent investigations reports relating to patient safety issues and agree publication plans.
- Ensure that a clear escalation process including appropriate trigger points is in place to enable appropriate engagement of external Body on areas of concern
- Seek assurance on the performance of NHS organisations in terms of the Care Quality Commission, NHSE/land any other relevant regulatory Body
- Seek assurance that the CCG is managing its responsibilities in discharging safeguarding responsibilities. Review the performance of CCG in discharging its statutory responsibilities relating to safeguarding vulnerable adults and children
- Seek assurance that the relevant standards in relation to Infection Prevention and Control are being met and to review performance through receipt of an annual Infection Prevention and Control Report
- Encourage and foster an environment of continuous quality improvement, research and the development of evidence based practice in all areas of clinical service delivery, led by clinicians, supported by managers and involving users, patients, carers and the public in meaningful ways

- Provide assurance to the CCG Governing Body that a detailed review of quality performance has been properly undertaken, that management action to mitigate and eliminate risks is taking place appropriately and effectively and that responsible managers are held to account.
- Seek assurance that there is an appropriate interface and governance mechanisms with other CCG committees such as Primary Care Commissioning Committee and Financial Sustainability Committee, in order to ensure that the QPR committee are able to appropriately consider quality issues/concerns across the full spectrum of CCG activities

3.2 Performance

- Review the detailed reports on performance and quality against the full set of targets and objectives for the relevant period. The purpose is to provide assurance to the CCG Governing Body that a detailed review of partner organisations performance has been properly undertaken and scrutinised, that management action to minimise poor performance is taking place appropriately and effectively and that responsible managers are clearly identified and held to account
- Monitor the process of performance management within the CCG including the development of effective performance monitoring frameworks, targets and plans, and report on delivery against them
- Receive assurance that risks relating to performance of CCG and services commissioned are adequately identified, evaluated and managed. Furthermore, where necessary, to escalate risks or areas of concern to the CCG Governing Body and appropriately record within the Risk Register or Board Assurance Framework
- Monitor the overall performance of the CCG against national and local economy targets, making recommendations for actions undertaken as a result of any recommendations made, reporting as required to the CCG Governing Body

3.3 Resources

- Receive high level updates from the Financial Sustainability Committee for the purpose of providing context to quality and performance issues

4 MEMBERSHIP

4.1 The membership comprises of:

- Secondary Care Doctor (Chair)
- Lay Member for PPI and Quality (Vice Chair)
- Lay Member for Finance
- Lay Member for Primary Care
- Governing Body Chair
- Elected Governing Body GP Lead – Herefordshire Locality
- Elected Governing Body GP Lead – South Worcestershire Locality
- Accountable Officer
- Chief Finance Officer
- Managing Directors x 2
- Chief Nursing Officer
- Director of Performance

- Medical Director for Quality and Assurance
- Medical Director for Strategy and Transformation

4.2 A quorum shall be six members. This must include two lay representatives (This includes the Secondary Care Doctor), two clinicians and a finance expert (This includes the Lay Member for Finance)

5. ATTENDANCE AT MEETINGS

5.1 The following individuals will be invited attend on regular basis.

- Associate Director of Corporate Services/Corporate Governance Manager
- Associate Directors of Nursing and Quality
- Healthwatch Representatives x 2
- Public Health Representative

Other individuals will be requested to attend the Committee as required, dependent on the items of business

6. DECLARATIONS OF CONFLICTS OF INTEREST

6.1 The provisions of Managing Conflicts of Interest: Revised Statutory Guidance for CCG or any successor document will apply at all times.

6.2 The chair and governance lead will have an extract of Committee members' conflicts of interest declarations available for reference. Where a member of the Committee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

6.3 Conflicts of Interest will be included as a standing agenda item at the beginning of each meeting, where the chair will invite any members to declare any interests in connection to the business of the meeting

6.4 The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting.

6.5 Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes. This will be subsequently recorded within the "Conflicts of Interest Declared During a Meeting" register

6.6 Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the Committee

6.7 All members of the Committee shall comply with, and are bound by, the requirements in the Herefordshire and Worcestershire CCG's Constitution, Standards of Business Conduct and Conflicts of Interest Policy, the Standards of Business Conduct for NHS staff (where applicable) and NHS Code of Conduct.

7. MEETINGS AND VOTING

- 7.1 The Committee will operate in accordance with the CCG's Standing Orders. The Executive Assistant supporting the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than five working days before the date of the meeting. When the Chair of the Committee deems it necessary, in light of the urgent circumstances, to call a meeting at short notice, the notice period shall be such as they shall specify.
- 7.2 Each member of the Committee will have one vote. The Committee will reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.
- 7.3 If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or conduct its business on a 'virtual' basis through electronic means. Minutes will be recorded and tabled at the following meeting for review.

8. BOARD SECRETARY

- 8.1 The Associate Director of Corporate Services, in their role of Board Secretary, or a member of the corporate governance team, will support the Committee Chair in supporting their duties and responsibilities and in management of the Committee's business. They will draw the Chair's and Committee's attention to best practice, national guidance and other relevant documents as appropriate. They will manage the Committee's business planner and share this at each meeting of the Committee

9. COMMITTEE OPERATION AND ADMINISTRATION

- 9.1 The Committee will be supported by an Executive Assistant. They will work closely with the Board Secretary with the overarching aim of ensuring that the Committee receives relevant and timely information and that key documents such as the Committee's business planner and action log are effectively maintained

10. FREQUENCY

- 10.1 A minimum of fourteen days' notice for calling a meeting shall be given unless the meeting is being called due to urgent circumstances as per section 7.1 above. The full Committee will meet bi-monthly and receive a complete set of papers including performance, finance and quality reports.
- 10.2 The CCG recognises the importance of maintaining robust oversight of performance and delivery. Consequently during the months in between the full Committee meetings, a small steering group will meet to receive high level exception reports, detailing progress around the major risks and key actions from previous meetings. These meetings will be short and action focussed in nature
The membership of the high level monitoring group (Steering Group) of the Committee will be:
- Secondary Care Doctor (Chair)
 - Lay Member for PPI and Quality (Vice Chair)
 - Elected Governing Body GP Lead

- Chief Nursing Officer
- Chief Finance Officer
- Director of Performance
- Medical Director for Quality Assurance
- Medical Director for Strategy and Transformation
- Associate Director of Corporate Services/Corporate Governance Manager

Other members may be asked to attend if an agenda item requires.

An action log will be in place to monitor on-going actions.

11. AUTHORITY

- 11.1 The Committee is authorised by the CCG Governing Body to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any requests made by the Committee. The Committee is authorised by the Governing Body to obtain external legal or other independent professional advice and to secure the attendance of external individuals/Body with relevant experience and expertise if it considers this necessary.

12. REPORTING

- 12.1 The Committee will report to the full Governing Body via a committee highlight report. The minutes of the Committee meeting shall also be submitted to the Governing Body.
- 12.2 The minutes of both full committee and steering group meetings will be recorded and then checked for accuracy and signed by the Chair as an accurate record at a subsequent meeting of the Committee.

13. CONDUCT OF THE COMMITTEE

- 13.1 The Committee shall conduct its business in accordance with any national guidance. The seven Nolan principles of public life shall underpin the Committee and its members.
- 13.2 Annually the Committee shall review its own performance, membership and terms of reference. Any resulting changes to the terms of reference or membership will be reviewed and endorsed by the CCG Governing Body.

14. REVIEW OF TERMS OF REFERENCE

- 14.1 The CCG's Governing Body will review and endorse the Committee's terms of reference annually.



Appendix 1: Scheme of Reservation and Delegation Extract

Decision/Duties	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Other (Stated)
Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes				Quality, Performance and Resource Committee
Monitoring and reviewing of the quality and safety of all services (primary, secondary and tertiary care, including the independent sector) commissioned by the CCG for its total population				Quality, Performance and Resource Committee Primary Care Commissioning Committee for individual GP practices and primary medical services
Respond to specific clinical governance and healthcare assurance issues identified by the Governing Body members, staff, external regulatory Body, CCG members and patients				Quality, Performance and Resource Committee
Approve the Group's arrangements for safeguarding children and vulnerable adults				Quality, Performance and Resources Committee
Receive and scrutinise independent investigations reports relating to patient safety issues and agree publication plan				Quality, Performance and Resources Committee