

Quality, Finance & Performance Committee

Terms of Reference

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Approved by:	Governing Body
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Responsible Senior Officer:	Chief Operating Officer / Chief Quality and Nursing Officer.
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NHS Calderdale Clinical Commissioning Group

Quality, Finance & Performance Committee

1.0 Constitution and Purpose

- 1.1 The Committee Terms of Reference is established in accordance with NHS Calderdale Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.2 The Committee is a committee of the Governing Body to which it is accountable.
- 1.3 The role of the Committee is to advise and support the Governing Body:
- on the assurance of the CCG's plans and programmes for financial and performance management including reporting;
 - in challenging, scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCG's Strategic and Operational Plans;
 - by providing assurance that effective quality arrangements underpin all services provided and commissioned on behalf of the CCG, regulatory requirements are met and patient safety is continually improved to deliver a better patient experience and safeguarding;
 - by providing direction to the development of systems and processes for managing quality, finance and performance governance.
- 1.4 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2.0 Authority

- 2.1 Authority is delegated to the Committee as set out in Schedule of Reservation and delegation (i.e.)
- Approving policies in respect of all areas of the Committee's responsibilities;
 - Approving arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes;
 - Approval of arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in quality of primary medical services;
 - Approving the CCG's arrangements for handling complaints.
- 2.2 The Committee is authorised by the Governing Body to commission any reports or surveys it deems necessary to help it fulfil its obligations. In doing so the Committee

must operate within the requirements of the CCG's Standing Financial Instructions and Standing Orders.

- 2.3 The Committee is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated within these Terms of Reference (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.

3.0 Membership

- 3.1 The committee shall be appointed by the Governing Body and consist of:

- Chief Operating Officer
- Director of Finance
- Chief Quality and Nursing Officer
- Two GP Members of the Governing Body (one of whom will act as Chair)
- Lay Member to the Governing Body (Finance and Performance)
- Lay Member to the Governing Body (Patient Public Involvement)
- Registered Nurse (or the Secondary Care Specialist as nominated deputy)

In attendance:

- Head of Quality
- Head of Contracting and Procurement
- Head of Primary Care Quality and Improvement
- Head of Service Improvement
- Performance Manager

Or nominated Deputy can attend.

- 3.2 The Committee shall be chaired by one of the GP members of the Governing Body.
- 3.3 The Deputy Chair shall be one of the Lay Members on the Committee.
- 3.4 The Public Health Consultant (Calderdale Council) will attend as required.
- 3.5 Any member of the Governing Body is entitled and encouraged to attend this committee with observer status.
- 3.6 Officers can also request to attend meeting of the committee as an observer.

4.0 Arrangements for the Conduct of Business

4.1 Chairing the Committee

The meetings shall be run by the Chair. In the event of the Chair's absence the meeting shall be chaired by the Deputy Chair of the Committee.

4.2 Quoracy

4.2.1 Meetings shall be considered quorate when the following are present:

- a) One GP member of the Governing Body
- b) One Lay Member to the Governing Body
- c) Either the Chief Operating Officer or Director of Finance
- d) Chief Quality and Nursing Officer (or the Head of Quality as their deputy)

Where one or more members of the Committee are unable to take part in a particular agenda item due to a conflict of interest, the alternative quoracy arrangements will be made up of at least three remaining members of the committee.

4.2.2 Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available and with prior approval by the Chair of the meeting or if the Chair of the meeting is not present, by the Deputy Chair of the meeting. Participation in a meeting by any of these means shall be deemed to constitute presence in person at the meeting and should be captured in the minutes.¹

4.3 Voting

Should a vote need to be taken, only the core members of the Committee shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

4.4 Frequency of meetings

The Committee shall meet a minimum of 4 times a year.

4.5 Declaration of interests

Any conflicts of interest (real or potential) shall be managed in line with the CCG's Policy and guidance on the management of conflicts of interest. All declarations of interest shall be minuted.

4.6 Administrative Support

4.6.1 NHS Calderdale Clinical Commissioning Group Lead Officers are the Chief Officer and Chief Quality and Nursing Officer.

¹ Paragraph 9.10.2, NHS Calderdale CCG, Constitution v.5 (revised August 2018)

4.6.2 Administration support to the Committee shall be provided by the CCG's administrative team. The administrative support to the Committee shall:

- agree the agenda with the Chair in consultation with the CCG Lead Officers;
- circulate agendas and supporting papers to Committee members at least five working days prior to the meeting;
- attend to provide appropriate support to the Chair and Committee members and take the meeting minutes;
- Keep an accurate record of: attendance; the management of conflicts of interest; and matters arising to be carried forward;
- maintain an on-going list of actions, specifying members responsible, due dates and keeping track of these actions;
- draft minutes for approval by the Chair within 10 working days of the meeting and then distributed to the committee members for electronic approval within 15 working days.

4.6.3 The Agenda shall be determined by the Chair and/or the Deputy Chair of the Committee in consultation with the Committee Lead Officers. Other members of the Committee should submit their agenda items to the Chair.

4.6.4 Agendas and supporting papers shall be sent to members five working days prior to the meeting.

4.6.5 An agenda setting meeting will be established to take place the week prior to the distribution of the agenda and papers.

5.0 Duties/ responsibilities of the Committee

The Committee shall:

5.1 Carry out a regular review of the overall performance of NHS Calderdale CCG.

This shall include:

- Performance against the delivery of the Operational Plan, advising the Governing Body on progress against any action plans stemming from performance issues.
- Progress and achievement against regulatory and key national, regional and local targets for service improvement.
- Progress and achievement against outcomes and targets agreed with external partner organisations.
- An assessment of pressures within the whole system and how these affect contracts and performance.
- Opportunities to further improve performance through benchmarking and identification of best practice.
- Providing advice / feedback to management teams on the setting of performance indicators within plans and strategies.

- Seeking assurance from providers, raising formal queries and referring issues to the Governing Body where there are significant concerns, which may compromise performance, quality and patient safety.
 - Ensuring that there are clearly defined escalation processes in place for performance issues and safety and quality measures, taking action as required to ensure that improvements are implemented where necessary.
 - Overseeing the continued development of the corporate performance framework and making recommendations concerning the same to the Governing Body.
- 5.2 Ensure financial and contract management achieves value for money, efficiency and effectiveness in the use of resources with a continuing focus on cost reduction and achievement of efficiency targets.
- 5.3 Review performance against the CCG's annual budgets and short term financial plans.
- 5.4 Actively review and oversee operational delivery of the CCG's programme of work to improve and support delivery of Quality, Innovation, Productivity and Prevention (QIPP) ensuring that evidence from quality assurance processes drive the quality improvement agenda.
- 5.5 Monitor and review the quality, performance and finance agenda as it pertains to the co-commissioning of Primary Medical Services.
- 5.6 Satisfy itself that children and adult's safeguarding duties are being met and that robust actions are taken to address concerns.
- 5.7 The Committee has delegated authority from the Governing Body to make decisions in respect of:
- a) Reviewing the effectiveness of quality governance arrangements to ensure that the health care commissioned on behalf of NHS Calderdale Clinical Commissioning Group is safe and of high quality.
 - b) Ensuring that systems to monitor the quality of commissioned services are in place and are functioning appropriately.
 - c) Reviewing quality information from a range of sources in accordance with the work plan.
 - d) Ensuring that the Governing Body develops a culture of excellence by involving patients, their carers, staff and key stakeholders and by seeking patient feedback on their experiences of health care.
 - e) Providing leadership to the quality work of the organisation overseeing the systems and processes that are in place to ensure quality is embedded in the commissioning organisation, including approval of service specifications.
 - f) Giving direction and overseeing the delivery of the statutory requirements in respect of equality and diversity.
 - g) Overseeing research governance.
 - h) Seeking assurance of the clinical quality of the continuing care function of the CCG.
 - i) Considering best practice in quality and make recommendations to the Governing Body for local application.

- j) Scrutinising and monitoring quality work-streams, including the approval of implementation plans such as:
- Patient safety (including Safeguarding adults and children and Infection Prevention and control)
 - Clinical Effectiveness
 - Patient and Public Engagement and Experience
- k) Oversee work on improving clinical effectiveness including sharing lessons learnt and approving the CCG arrangements for the handling of complaints.

5.8 The Committee also has delegated authority from the Governing Body to approve policies, commissioning statements and guidelines of the CCG in respect of all areas of the Committee's responsibilities.

6.0 Risk Management

6.1 The Committee has responsibility for risks relating to its responsibilities and duties as set out in the Corporate Risk Register and Governing Body Assurance Framework (GBAF).

The Committee shall:

- Review the GBAF at a frequency specified by the Governing Body providing assurance that the strategic objectives of the CCG are accurate; the principal risks to the achievement of those objectives are identified; and the controls in place to mitigate or manage those risks are identified.
- Review and monitor the Corporate Risk Register in respect of the risks for which the Committee has responsibility ensuring that variance against target performance levels is reflected on the Risk Register and Governing Body Assurance Framework as appropriate.
- Identify and respond to any corporate risks relating to health and safety, security management and Information Governance.
- Request action by accountable individuals to manage risk and variation in performance, quality and patient safety, ensuring plans are put in place to address the achievement of objectives and targets. This shall include bringing expenditure back in line with allocation and deliver financial balance or planned underspend.
- Review the clinical risks captured on the quarterly Clinical Risk Management report. These reports include incidents, complaints or claims.
- Review information about serious incidents including all Never Events and serious adult / practice reviews to identify themes/areas of risk and to ensure that actions are identified and completed to improve care delivery.

- Review and make recommendations to the Governing Body on all Quality Impact Assessments with a high risk rating.
- Provide the Audit Committee with assurance that risks for which the Committee is responsible are being managed effectively via the CCG's risk management process highlighting any issues it may wish to address via the Committee's annual report.

7.0 Reporting arrangements

7.1 The minutes of the following will be received by the Committee for assurance against key objectives and to allow the identification of any risks or issues requiring action by the CCG:

- A&E Delivery Board
- Calderdale Integrated Commissioning Executive
- Partnership Transformation Board
- Patient and Public Engagement and Experience Steering Group
- Medicines Advisory Group.
- Clinical Quality Board – Calderdale and Huddersfield NHS Foundation Trust
- Clinical Quality Board – South West Yorkshire Partnership NHS Trust
- Calderdale Health Protection Advisory Group

7.2 The minutes of the Committee shall be presented to each formal Governing Body meeting and reports shall be presented as agreed in the annual work plan.

7.4 Other reports on specific issues shall also be prepared for consideration by the Governing Body as required.

7.3 The Committee shall ensure that requests for information, documents, records or other items relating to areas delegated to it by the Governing Body, are submitted to the Secretary of State or the NHS England as necessary.

8.0 Conduct of the Committee

8.1 All members of the Committee shall abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

8.2 All members shall have due regard to and operate within the Standing Orders and Standing Financial Instructions and other financial procedures.

8.3 Apologies for absence from meetings shall be notified, in advance of the relevant meeting wherever possible, to either the Committee's Chair or secretary and shall be recorded in the minutes.

8.4 The Committee shall produce an Annual Work Plan which is in line with the Governing Body's Assurance Framework.

- 8.5 The Committee shall undertake an annual self-assessment of its performance including a review of annual plan, membership, attendance and terms of reference. This self-assessment shall form the basis of the annual report from the Finance and Performance Committee to the Audit Committee.
- 8.6 Any resulting changes to the terms of reference shall be submitted for approval by the Governing Body.

Ends: 28.01.2021

Change History

Version No.	Changes Applied	By	Date
0.1	First Draft	JS	05/09/2019
0.2	Recommendations from Q,F&P Committee	JS	26/09/2019
0.3	Recommendations from Remuneration and Nomination Committee	JS	10/10/2019
1.0	Approved by Governing Body	AOC	24/10/2019
1.1	QPFC proposed changes to membership and Quoracy to Rem and Nom Committee	AOC	17/12/2020
1.1	Rem and Nom Committee recommended proposed changes to membership and quoracy to Governing Body	AOC	18/12/2020
2.0	Approved by Governing Body	AOC	28/01/2020