

TERMS OF REFERENCE
Quality and Performance Assurance Group

Emphasis that as a group they review quality across all services including Glossop

1. CONSTITUTION

The Quality and Performance Assurance Group is an internal CCG and Strategic Commission Function meeting of the Governing Body of Tameside and Glossop Clinical Commissioning Group and of the Strategic Commissioning Board to scrutinise the quality and performance of the services we commission.

2. AIM

The group is a forum for reviewing and assessing risk in examining in detail the information received by the Strategic Commission and CCG pertaining to the quality and performance of commissioned services including patient experience.

The group will be the space where the numerous information sources are reviewed together and triangulated and mitigating actions discussed.

The group will not meet in public due to the confidential nature of some of the data. However it will provide public-facing assurances to the Strategic Commissioning Board, and to the Governing Body.

3. PURPOSE

The group's purpose is to provide assurance to the Strategic Commission Board, and to the Governing Body of the quality of all commissioned services.

The Quality and Performance Assurance Group is established in accordance with NHS Tameside and Glossop Clinical Commissioning Group's constitution, standing orders and scheme of delegation. It will also align with the new governance arrangements of the Strategic Commission Function, once agreed. These terms of reference set out the membership, remit and responsibilities and reporting arrangements of the group and are an appendix to the CCG's Constitution. The Quality and Performance Assurance Group will promote and provide assurances to the Governing Body and Strategic Commission Board, on all matters relating to the vision and strategy for continuous quality improvement, covering all aspects of efficient, effective services, patient safety and experience, and ensuring compliance with regulatory standards. It will provide assurance that arrangements are in place to pro-actively identify early warnings of a failing service, and that there are appropriate arrangements in place to deal with and learn from Serious Untoward Incidents (SUIs) and Never Events.

The Quality and Performance Assurance Group is authorised to commission reports, reviews, audits, hard and soft intelligence, action plans, including progress and exception reports, investigations and assurance visits through the combined resources of the CCG, Strategic Commission Function and/or local health economy, also requesting attendance of individuals and authorities from within and external to, the CCG and Strategic Commissioning Framework, with relevant experience and expertise, as it deems necessary.

The Quality and Performance Assurance Group is responsible for the development and implementation of a Quality Strategy, which sets out the framework for Quality Improvement and Quality Assurance of all commissioned services.

4. SCOPE & DUTIES OF THE GROUP

The Quality and Performance Assurance Group will:-

- 4.1 Ensure that the CCG's and SCF's Quality Strategy & Vision are developed and implemented, with tangible actions, milestones and measurable outcomes, to ensure that Commissioning incorporates and upholds the tenets of quality (patient safety, experience and clinical effectiveness) and that the quality priorities within the Operating Framework and recommendations for the National Quality Board, are met.
- 4.2 Support the Commissioning Strategic Plan and prioritisation within the planning cycle, by ensuring that quality assurance and Clinical Governance mechanisms are systematically addressed and integral to the monitoring of commissioned services, to ensure better outcomes for patients.
- 4.3 Ensure that the quality agenda leads to improvements in productivity and prevention through innovation whilst providing assurance that patient safety is paramount in decommissioning decisions.
- 4.4 Provide assurances to the Governing Body and Strategic Commissioning Board that CQUIN (Commissioning for Quality and Innovation) schemes for contracts and Provider Quality Accounts are appropriate, challenging and will lead to significant improvement in quality of services.
- 4.5 Provide assurance on progress in relation to CCG quality premiums.
- 4.6 Provide assurance to the Governing Body and the Strategic Commissioning Board that the health economy has appropriate and robust systems and processes in place to fulfil statutory duties for adult and children's safeguarding (Boards) in both Tameside and Derbyshire.
- 4.7 Ensure the CCG and Strategic Commissioning Function has robust arrangements in place to bring together and review systematically, agreed quality measures for patient safety, clinical effectiveness, patient experience and complaints.
- 4.8 Identify any areas of quality risk for inclusion within any appropriate Risk Registers and to oversee the processes for mitigation of these risks, ensuring they reflect fully, implications and actions for all Departments/areas of CCG activity.
- 4.9 Provide as a minimum, quarterly reports and assurances (and as required by exception) to the Governing Body and Strategic Commissioning Board on the quality of commissioned services, and that appropriate interventions are being taken where quality is below acceptable levels, limiting risk and supporting the improvement of public trust in the local health and social care economy.
- 4.10 Receive reports relating to safeguarding to provide the group with assurance that all commissioned services are compliant with statutory regulations.
- 4.11 Review and provide commissioning response to provider annual Quality Accounts.
- 4.12 Oversee the development and monitoring of quality indicators and metrics within commissioned services and seek assurance of implementation through quality schedules.

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- 4.13 Advise the Governing Body and Strategic Commissioning Board on actions required following National Enquiries, Serious Case Reviews (SCRs) – Domestic Homicide, Mental Health assessments learning reviews, National and local reviews undertaken by external agencies (e.g. Care Quality Commission) in relation to commissioned services and oversee the performance management of recommendations implementation.
- 4.14 Ensure a clear escalation process is in place to enable appropriate engagement of external bodies (e.g. GM Health and Social Care Partnership) on areas of concern in commissioned services.
- 4.15 Seek assurance on the performance of commissioned services with regard to regulatory requirements in relation to quality and safety, e.g. CQC, Monitor, NICE recommendations/guidelines.
- 4.16 Publish an annual report setting out progress against the Commissioning for Quality Framework (Appendix 1 – currently being updated).

5. STANDING ITEMS

Reports to be received:

Monthly (circulated for virtual review if no meeting held):

Performance and Quality report (Business Intelligence)

Directorate reports detailing concerns or issues relating to all commissioned services - by exception.

Reports from all Health and Social Care Improvement Boards.

STELs – Serious Incidents reported in a timely manner with detail of any mitigating action

Updates from improvement Boards

Bi-monthly:

Feedback from the GM Quality Board report

Quarterly:

Adult and Children's Social Care reports

GM Safeguarding Stakeholder report

CQUINs report

Primary Care report

Care Homes/Home Care report including all CQC outcomes and performance visits

Quality Premiums report

Quality report (overall)

Annual:

Safeguarding report (Prior to full Board)

Local Safeguarding Boards Adult and Child reports (Prior to full Board)

Quality Accounts for main providers.

Reports received from Quality Summits or Improvement Boards

HealthWatch Intelligence reports

Annual Report on Quality Premiums

6. MEMBERSHIP

6.1 The membership of the Quality and Performance Assurance Group shall consist of:-

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CCG Governing Body Nurse (Chair)
TMBC Executive Member (Deputy Chair)
Governing Body GP and Clinical Lead for Quality
Director of Commissioning
Director of Public Health
Head of Business Intelligence and Performance
Director of Quality and Safeguarding
Director of Adults and Children's Services
HealthWatch (Tameside and Glossop)
Corporate Communications and engagement representative

NB: These will all need to reflect the new roles and needs to state or deputy with authority.

Provider representatives will be invited to attend for specific items at the request of the committee.

Officers of the Strategic Commission Function will attend on an invitation only basis to present reports.

6.2 The group may also co-opt other senior clinicians or managers or clinical representatives from commissioned services as necessary. These will be non-voting members of the group. The Chair of the Governing Body and the Chief Executive of the Strategic Commission has the right to attend any meeting. Additionally, Executive Directors not included in the core membership above, have an open invitation to attend all meetings, and may be requested to attend for specific items.

7. QUORUM & ATTENDANCE

7.1 A quorum will be a third of all members; with a minimum of two of those being members of the Governing Body and the Strategic Commissioning Board, and at least one clinical member should be present.

7.2 An annual calendar of meetings will be agreed. Fourteen days' notice shall normally be given of all meetings, including extraordinary meetings where required. Where fourteen days is not possible, the Group's Chair (in the Chair's absence the Deputy Chair) shall approve any arrangements at short notice. Agenda and supporting papers will be circulated as far as possible seven days before the meeting.

7.3 Fully briefed deputies, with relevant and appropriate decision making authority shall be permitted, where necessary, with the agreement of the Chair.

7.4 Each member is expected to attend a minimum of 75% of scheduled meetings per annum, and, otherwise be represented by a designated deputy.

8.0 FREQUENCY OF MEETINGS

Meetings will be held at such intervals as the Chair should deem necessary for the group to discharge its responsibilities, but shall be at least every two months.

9.0 CONFLICTS OF INTEREST

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how those discussions will be conducted.

10.0 AUTHORITY

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The Quality and Performance Assurance Group Committee is empowered on behalf of the Governing Body and the Strategic Commissioning Board to examine and investigate any activity pursuant to the above scope/duties.

11.0 REPORTING

The Chair will present bi-monthly assurance update reports (not minutes) to the Strategic Commissioning Board Governing Body following each meeting of the group. The Executive Member will be able to support these presentations regarding the level of scrutiny undertaken by the group.

The Quality and Performance Assurance Group will report to each CCG Governing Body and Strategic Commissioning Board meetings, providing assurances in respect of the areas within its remit. Key matters, concerning performance and risk, including mitigating actions and decisions requested by the Governing Body and Strategic Commissioning Board within the Quality and Performance report and by separate reports by exception when necessary. The Quality and Performance Assurance Group will ensure all relevant matters have been brought to the attention of the Executive Team, and the Audit Committee, in a timely manner, including copies of the minutes of each meeting.

12.0 REVIEW OF TERMS OF REFERENCE

These Terms of Reference will be reviewed by this group in 3 months and as a minimum every 12 months thereafter.