

QUALITY AND SAFETY COMMITTEE

TERMS OF REFERENCE

1. Introduction

- 1.1 The Quality and Safety Committee (the committee) is established as a committee of the Governing Body of NHS Sunderland Clinical Commissioning Group (the CCG), in accordance with constitution, standing orders, scheme of delegation and quality strategy.
- 1.2 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 CCG constitution and standing orders.

2. Principal Function

- 2.1 The committee is responsible for ensuring the appropriate governance systems and processes are in place to
 - commission, monitor and ensure the delivery of high quality safe patient care in commissioned services,
 - facilitate, monitor and ensure quality improvement in general medical practice working with NHS England.
- 2.2 In achieving this, the committee will seek to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience, to secure public involvement and to provide assurance to the Governing Body about the quality, safety and any relevant risks of the services being commissioned, and the overall risks to the organisation's strategic and operational plans.
- 2.3 The committee will, as delegated by the governing body, provide oversight and scrutiny of arrangements for supporting NHS England in relation to securing continuous improvement in the quality of primary medical services through the planning process and future primary care commissioning arrangements.

3. Accountability

- 3.1 The committee is a formal committee of the CCG's Governing Body.

4. Membership

4.1 Membership of the committee will consist of:

- Lay member for patient and public involvement (chair)
- Director of nursing, quality and safety (vice chair)
- Chief officer
- Medical director
- Secondary care doctor
- General practitioners x 2
- Head of quality and patient safety
- Head of medicines optimisation
- Head of safeguarding
- Head of corporate affairs
- Head of contracting, performance and business intelligence
- Director of public health
- Project director for joint commissioning

The following members of staff will be invited to attend as appropriate:

- Senior communications and engagement locality lead (NECS)
- Clinical quality officer (nursing homes)

The CCG chair will be an ex-officio member.

4.2 The chair of the committee has responsibility to ensure that the committee obtains appropriate advice in the exercise of its functions. Officers, employees, and practice representatives of the CCGs and other appropriate individuals may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time.

5. Authority

5.1 The Governing Body authorises the committee to pursue any activity within these terms of reference including to:

- (i) seek any information it requires from CCG employees, in line with its responsibility under these terms of reference and the scheme of reservation and delegation;
- (ii) require all CCG employees to co-operate with any reasonable request made by the committee, in line with its responsibility under these terms of reference and the scheme of reservation and delegation;

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- (iii) review and investigate any matter within its remit and grants freedom of access to the organisation's records, documentation and employees. The committee must have due regard to the CCG's information governance policies regarding personal health information and the CCG's duty of care to its employees when exercising its authority.
- 5.2 In discharging its responsibilities the committee will comply with the CCG's standing orders and prime financial policies and standards of business conduct policy.
- 5.3 The committee is authorised to establish sub-groups to assist it in discharging its responsibilities. Such sub-groups will include the HCAI improvement group, and joint designated named professionals group (a joint arrangement with other CCGs).

6. Roles and responsibilities

6.1 Quality in commissioned services

- 6.1.1 To develop, monitor and review the CCG's vision and framework for commissioning services that are high quality, safe, clinically effective and provide positive patient/carer experience and in line with the CCG's quality strategy.
- 6.1.2 To receive reports on the quality of commissioned services, to review any relevant risks arising and monitor progress in implementing recommendations and action plans.
- 6.1.3 Where the CCG is the coordinating commissioner ensure provision of appropriate quality assurance and improvement information to collaborating CCGs, in particular escalating any areas of concern in timely way.
- 6.1.4 To receive reports (via the integrated quality reports or separate reports where necessary) on the quality of commissioned services from other CCGs where they act as the coordinating commissioner and the CCG has contracts.
- 6.1.5 To seek assurance on the performance of NHS provider organisations in terms of the Care Quality Commission (CQC), NHS Improvement (NHSI) and any other regulatory bodies (note that NHSI's compliance framework relies on assurance from third parties, including local commissioners of services).
- 6.1.6 To receive and review the draft quality accounts of NHS providers where the CCG acts as coordinating commissioner and approve the corroborative statement to the provider within the timescales outlined in the quality account regulations.
- 6.1.7 To receive and review the published quality accounts of NHS foundation trusts which, as a minimum, will include those relating to the foundation trusts which

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provide local acute services, community health care services and mental health and learning disabilities services to the Sunderland population.

- 6.1.8 To oversee the development of quality incentive schemes e.g. CQUIN, ensuring alignment to CCG strategic priorities and national requirements.
- 6.1.9 To ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies in relation to areas of concern, with a view to an external review being carried out.
- 6.1.10 To ensure appropriate collaboration with the area team of the NHS England e.g. through local area quality surveillance groups.

6.2 Improving quality in general medical practice

- 6.2.1 To assist and support NHS England in relation to our duty to improve the quality of primary medical services through agreements and processes with the CCG's member practices with regards to patient safety, risk, safeguarding and patient experience and through the CCG's co-commissioning delegated responsibilities for primary medical care services.
- 6.2.2 To ensure an appropriate interface and collaborative working with NHS England is maintained in relation to quality in general medical practice to help contribute to improved patient outcomes.

6.3 Patient safety – overarching systems

- 6.3.1 To receive reports on any relevant by exception, incident reporting, serious incidents, never events, complaints and claims and monitor progress in implementing recommendations and action plans.
- 6.3.2 To ensure oversee development/adaptation of a patient safety assurance framework with systems for monitoring quality and safety of care, with reference to a range of indicators which might include CQC ratings and reviews, NHSI ratings and any other relevant sources of external assurance.
- 6.3.3 To receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans as part of the serious incident reporting and safeguarding processes.
- 6.3.4 To receive reports on the management of infection control performance, especially health care acquired infections.
- 6.3.5 To receive reports on assurance in relation to medicines optimisation, including safety alerts and cost effectiveness prescribing, not less than quarterly.
- 6.3.6 To receive assurance in relation to controlled drugs and receive a reports as appropriate (liaising with NHS England as appropriate).

6.3.7 To receive minutes from the medicines optimisation and guidelines group.

6.3.8 To ensure that appropriate strategies and training plans are in place for safeguarding of children and vulnerable adults, receiving appropriate reports pertaining to the CCG's safeguarding duties.

6.4 Patient experience

6.4.1 To ensure that the views of patients and the public are properly reflected in the development and implementation of CCG policies and plans and to receive and act upon reports on patient experience.

6.4.2 To oversee the development and implementation of a structured and planned approach to the collection and use of patient reported experience in both provider management processes and commissioning decisions. This will also include using feedback from individual consultations in practice.

6.5 Patient and Public Involvement

6.5.1 To ensure arrangements are in place to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.

6.5.2 To ensure patient and the public are involved, engaged and consulted with in accordance with the relevant legislation and through the development and publication of a patient and public involvement strategy.

6.6 Clinical effectiveness

6.6.1 To promote and encourage an evidence based culture within the CCG and wider health economy ensuring CCG's commissioning takes account of national guidance such as NICE guidance, including technology appraisals, NICE quality standards and other relevant standards e.g. from royal colleges and professional bodies.

7. General

7.1 To consider and approve relevant policies and procedures as appropriate on behalf of the Governing Body. This duty may be delegated to sub-committees or executive arrangements.

8. Administration

8.1 The head of corporate affairs will ensure an appropriate minute of the meeting is taken and provide appropriate support to the chair and committee members.

9. Quorum

- 9.1 The quorum shall be one third of the membership of the committee, including at least one lay member or the vice chair and one executive clinical member (doctor or nurse).

10. Decision making

- 10.1 Generally it is expected that decisions will be reached by consensus. Should this not be possible then a view of members will be required. In the case of an equal vote, the person presiding (i.e. the chair of the meeting) will have a second, and casting vote.

11. Frequency and notice of meetings

- 11.1 Meetings will be held at such interval as the chair shall judge necessary to discharge the responsibilities of the committee, but shall be at least six times per year.

12. Attendance at meetings

- 12.1 The members of the committee are required to provide information to progress and inform the agreed agenda items.
- 12.2 The committee members are required to attend each meeting or if apologies are made any information they are expected to contribute must be supported either through a deputy or in writing to the chair.
- 12.3 In addition to the core membership the committee may co-opt additional members as appropriate to enable it to undertake its role.

13. Reporting Arrangements

- 13.1 The minutes of the meetings shall be formally recorded and submitted to the Governing Body.
- 13.2 The chair of the committee shall draw to the attention of the Governing Body any issues that require disclosure to the Governing Body, or require executive action.
- 13.3 The committee will report to the Governing Body, at least annually on its work.

14. Policy and best practice

14.1 The committee will apply best practice in its decision making, and in particular it will:

- ensure that decisions are based on clear and transparent criteria
- comply with CCG policy and procedures for the declaration of interests

14.2 The committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations and to invite individuals to attend as appropriate to provide advice on its functions.

15. Conduct of the committee

15.1 All members of the committee and participants in its meetings will comply with the standards of business conduct for NHS staff, the NHS code of conduct and the CCG's standards of business conduct policy which incorporate the Nolan principles.

16. Date of Review

16.1 The committee will review its performance, membership and these terms of reference at least once per financial year. It will make recommendations for any changes as a result to the Governing Body for approval.

16.2 No changes to these terms of reference will be effective unless and until they are agreed by the Governing Body.

Date agreed by committee: 14 November 2017

Date ratified by Governing Body: 28 November 2017