

## Terms of Reference

<b>Committee:</b>	<b>Quality &amp; Patient Safety Committee</b>
<b>Frequency Of Meetings:</b>	Monthly
<b>Committee Chair:</b>	GP Board Member
<b>Membership:</b>	<ul style="list-style-type: none"> <li>▪ GP Board Member (Adult Safeguarding, Quality &amp; CEG Lead) - Committee Chair</li> <li>▪ Chief Nurse</li> <li>▪ Lay Member (PPI) - Deputy Committee Chair</li> <li>▪ Lay Member (Governance)</li> <li>▪ GP Board Member (Children Safeguarding Clinical Lead)</li> <li>▪ Practice Manager Board Member</li> </ul>
<b>Attendance:</b>	<ul style="list-style-type: none"> <li>▪ CCG Chair shall not be a member of the committee, but will attend one meeting per year and is entitled to attend each meeting.</li> <li>▪ (Acting) Interim Accountable Officer shall not be a member of the committee, but will attend one meeting per year and is entitled to attend each meeting.</li> <li>▪ Deputy Chief Nurse</li> <li>▪ Quality &amp; Patient Safety Manager/s</li> </ul> <p>Other representatives may be invited with the Committee Chair's approval</p>
<b>Lead Officer:</b>	Chief Nurse
<b>Secretary:</b>	Administrator, Business Support
<b>Quorum:</b>	At least four committee members

<b>Approval:</b>	CCG Board
<b>Date Approved:</b>	
<b>Version</b>	v4.0
<b>Review Date:</b>	August 2016

## **DELEGATED AUTHORITY**

The Board (CCG Governing Body) has established a Committee of the Board to be known as the Quality & Patient Safety Committee (the Committee), in accordance with the CCG Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation. The Committee is not an executive Committee of the Board, although some delegated responsibilities for decision making have been defined within this Terms of Reference for the Committee with regard to setting CCG Policy.

The Committee will apply best practice in the decision-making process and in all areas of operation. Where possible, it will take the agreed practices of the CCG, as set out in the Constitution, as the model for functioning. The Committee will have full authority to commission any reports, research etc. as it deems necessary to ensure delivery of safe effective care.

The Committee's ToR is available upon request and shall be published on the website of the CCG.

The Committee will report directly to the CCG Board, providing assurance on the quality of services commissioned on behalf of the patients to ensure quality, safety and a positive patient experience & that the CCG's statutory responsibilities in this respect are met.

It is acknowledged that the Board is ultimately accountable for the actions of the Committee and therefore the Committee will:

- I. report on its work by presenting the minutes of its meetings to the Board.
- II. report to the Board on an annual basis, the work undertaken in the previous year and the intended programme of work for the forthcoming year.
- III. review the ToR annually and submit for Board approval.

## **PURPOSE OF COMMITTEE**

The purpose is to develop a work plan based on:

- The remit of the Quality & Patient Safety Committee is to provide oversight and give assurance to the Board of the quality of services commissioned, including joint commissioning, to promote continuous improvement, learning and innovation with respect to safety of services, clinical effectiveness and patient experience.

## **DEVOLVED FUNCTIONS**

The CCG Constitution describes the CCG functions and duties delegated to the Board. The Board delegates to the Committee those functions relating to areas outlined in the remit and responsibilities of the Quality & Patient Safety Committee stated below.

## REMIT & RESPONSIBILITIES

The key responsibilities of the Committee are to:

1. Seek assurance that the commissioning strategy for the clinical commissioning group 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
2. Provide assurance that commissioned services (identified by spend, lead and associate contracts) are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the clinical commissioning group does. This could be extended to include jointly commissioned services
3. Oversee and be assured that effective management of risk is in place to manage and address clinical governance issues. This includes scrutiny of the relevant sections of the Board Assurance Framework and Corporate Risk Register on a quarterly basis
4. Have oversight of the process and compliance issues concerning serious incidents requiring investigation (SIRIs); being informed of all Never Events and informing the governing body of any escalation or sensitive issues in good time;
5. Have oversight of the CCG's systems and processes for managing complaints and concerns. This will include receipt of a quarterly report on the cases handled by the CCG.
6. Seek assurance on the performance of providers of NHS care against targets and standards set by the Care Quality Commission, Monitor and any other relevant regulatory bodies
7. Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans
8. Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern
9. Seek assurance that Cost Improvement Programmes (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) projects are adequately assessed so as not to impact adversely (in an unmanageable way) on the quality of services delivered.
10. Seek assurance that adequate controls exist over Medicines Management processes.
11. Ensure that 'lessons are learnt' from National enquiries / reports relating to good practice and that where appropriate National guidance is incorporated in CCG processes (and those of providers) to strengthen clinical practice (such as NICE guidance / Francis recommendations).
12. Review and endorse all clinical and safety related policies prior to their consideration by the CCG Board

## **MANAGING THE COMMITTEE**

Members of the Committee are expected to comply with the same standards of conduct expected of all CCG and Governing Body members, as set out in the CCG Constitution and the national NHS Constitution.

This includes:

- Abiding by the CCG Conflict of Interest Policy, thereby declaring all interests honestly and fully and declaring any conflict of interests.
- Abiding by the Standards of Business Conduct articulated in the CCG Standing orders.
- Abiding by the Nolan Principles of public life when discharging duties. The seven principles are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- The TOR will be agreed by the Thurrock CCG Board and reviewed annually.
- The Committee will undertake an annual self-assessment effectiveness survey.

### **Committee Chair**

In the event of the chair or deputy chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

### **Secretary**

The nominated officer who shall act as secretary is stated at the outset of this Terms of Reference. The secretary will be responsible for supporting the Chair in management of committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.

### **Frequency and notice of meetings**

The meetings of the Committee will be held a minimum of monthly with extraordinary meetings should the Chair judge necessary to discharge the responsibilities of the Committee.

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair or secretary at least 5 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for said items need to be submitted at least 5 working days before the meeting takes place to the Secretary.

The date, time and venue of all meetings will be notified to members at least 5 working days prior to the meeting.

### **Minutes and Committee Papers**

All Committee papers must be accompanied by the standard cover sheet providing an executive summary of the salient points of the paper being presented.

The minutes of meetings shall be formally recorded within 5 days of the meeting by the designated secretary and checked by the Chair of the meeting 1 week following receipt and

submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

### **Decision Making / Policy and Best Practice**

In making decisions the Committee will apply best practice in the decision making processes. This will ensure that all decisions are informed by relevant and reliable data that provides sufficient information upon which a decision can be made and in accordance with CCG procedures (for example those set out within Standing Financial Instructions).

## **RELATED COMMITTEES**

The Committee shall present the minutes of their meetings (and where appropriate papers) relating to any matter of internal control or risks stated on the Board Assurance Framework to the Audit Committee so that it is fully informed of such matters to enable them to discharge their responsibilities.

Other working groups / committees that provide assurance to the Committee are:

- Medicines Management Committee
- Adult Safeguarding Board
- Children's Safeguarding Board
- Integrated Governance Group
- CQRG – NELFT, BTUH, BHRT
- Arden GEM / PHB & CHC Contract Monitoring Committee

The Integrated Governance Group will work with the Quality & Patient Safety Committee to ensure that all aspects of governance are robust and operating effectively.

## **REPORTING & REVIEW**

### **Reporting to the CCG Board**

In addition to the CCG Board receiving the minutes, the Committee should assess its effectiveness annually against the "effective committee" checklist and report the outcome to the Board on an annual basis.

## **WORK PLAN**

The Committee will develop a Work Plan based on the remit and responsibilities of the Committee to include the monitoring of systems and processes in place for quality, clinical effectiveness, patient safety and patient experience.

This Work Plan will detail the reports required and the frequency of reporting. This will be reflected in a rolling agenda of standing items and a programme of reports presented according to the Work Plan.

## **CONFLICTS OF INTEREST**

The CCG's rules on conflicts of interest as set out in the CCG Constitution, SO and SFIs apply to the work of this Committee. Members, including those in attendance, must, at the outset of the meeting, declare any interest and, where there is a potential or actual conflict, withdraw from the discussion on that item.