

## **Quality and Safety Committee Terms of Reference**

### **1. Introduction**

The Quality and Safety Committee (the committee) is established as a committee of the CCG Governing Body, in accordance with constitution, standing orders and scheme of delegation.

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**

The Quality and Safety Committee is responsible for ensuring the appropriate governance systems and processes are in place to commission, monitor and assure the delivery of high quality safe patient care in commissioned services.

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, to promote research and the use of research and to provide assurance to the Governing Body about the quality, safety and risks of the services being commissioned, and the overall risks to the organisation's strategic and operational plans.

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.

Quality and Safety Committee has responsibility for oversight of the CCG's arrangements for the discharge of its safeguarding duties, clinical governance and corporate governance, unless reserved to Governing Body, as reflected in the scheme of delegation.

The Committee will recommend for approval to Governing Body arrangements for risk management; handling complaints; for business continuity and emergency planning.

It has delegated authority to approve policies (unless otherwise stated in the scheme of delegation); arrangements for handling Freedom of Information requests; conflicts of interest, information governance arrangements; equalities & diversity arrangements, and health & safety arrangements.

### **3. Accountability**

The Quality and Safety Committee is a Committee of the CCG Governing Body.

### **4. Membership**

Membership of the Committee is:

- A Lay Member of the Clinical Commissioning Group (Chair of the Committee)
- Secondary Care Specialist Doctor
- Medical Director
- Chief Operating Officer & Executive Director of Nursing and Transformation
- Member Practice GP representative
- Member Practice GP Practice manager
- Head of Governance
- Deputy Director of Nursing, Quality and Patient Safety
- Head of Safeguarding: Designated Nurse Safeguarding Children
- Head of Planning & Commissioning

The Chair has the 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. This may include, for example, representatives from the Commissioning Support service.

### **5. Authority**

5.1 The CCG Governing Body authorises the Committee to pursue any activity within these Terms of Reference including to:

- a) 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;
- b) 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;
- c) 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 Information Governance

Policies of the CCG, 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.

## **6. Roles and responsibilities**

### **Clinical Governance**

- 6.1 To review the CCG's vision for commissioning services ensuring that plans are safe, high quality and clinically effective
- 6.2 Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- 6.3 Approval of clinical, quality and safety strategies and policies.
- 6.4 To receive reports on the quality of commissioned services, to review risks arising and monitor progress in implementing recommendations and action plans.
- 6.5 To receive reports on clinical risks, incident reporting, serious incidents, 'Never Events', CQUIN development, complaints, claims and safety alerts; and monitor progress in implementing recommendations and action plans.
- 6.6 To oversee development 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 Care Quality Commission ratings and reviews, Monitor ratings and any other relevant sources of external assurance.
- 6.7 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.
- 6.8 To receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.
- 6.9 To seek assurance on the performance of NHS provider organisations in terms of the Care Quality Commission, Monitor and any other regulatory bodies. (Note that the Monitor's compliance framework relies on assurance from third parties, including local commissioners of services).
- 6.10 To receive and review the Quality Accounts of NHS Foundation Trusts which, as a minimum, will include those relating to the Foundation Trusts which provide local acute services, community health care services and mental health and learning disabilities services to the North Tyneside population.

- 6.11 To receive reports on the management of infection control performance, especially health care acquired infections.
- 6.12 To receive reports on Medicines Management by exception, as advised by the Medical Director.
- 6.13 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.
- 6.14 To ensure that the CCG promotes research and the use of research.
- 6.15 To ensure that agreements and processes in place with the CCG's members to secure improvements in the quality of primary medical services in terms of clinical effectiveness, patient safety, risk, safeguarding and patient experience in GP practices.

### **Corporate Governance**

- 6.16 To recommend risk management arrangements for the CCG, including risk policy, to the Governing Body.
- 6.17 Review risks, assurance and controls relevant to the Quality & Safety Committee's remit (and as aligned to corporate objectives).
- 6.18 Approve human resources policies for employees and for other persons working on behalf of the Group (as per scheme of delegation).
- 6.19 Recommend for approval to Governing Body, the Group's arrangements for business continuity and emergency planning.
- 6.20 Recommend for approval to Governing Body, the Group's arrangements for handling complaints.
- 6.21 Approve the Group's arrangements for Information Governance, ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.
- 6.22 Approving arrangements for handling Freedom of Information requests.
- 6.23 To ensure that all systems are in place and operating effectively for the identification, assessment and prioritisation of potential risk relating to this committee's remit i.e. quality and patient safety, financial risk (as it affects quality & safety) including regarding QIPP, health and safety, emergency preparedness, business continuity, information governance and sustainable development, and to report on any major strategic issues and any associated financial implications to the Governing Body and to other external agencies as appropriate including the National Reporting and Learning System.

- 6.24 To approve policy, strategy and practice in respect of equality, diversity and human rights (supported through the Equality Delivery System), including the Equality Diversity and Human Rights Annual Report to ensure the statutory and legal obligations of the CCG are met.
- 6.25 To approve all policies except those specifically reserved to the Governing Body or other committee (Schedule D of Constitution).
- 6.26 To review and recommend for approval to the Audit Committee the Group's counter fraud and security management arrangements.
- 6.27 To oversee arrangements for the effective management of conflicts of interest and compliance with statutory guidance.

## **7. Administration**

The Deputy Director of Nursing, Quality & Safety will ensure that a minute of the meeting is taken and provide appropriate support to the Chair and Committee members.

## **8. Quorum**

The quorum shall be four members of the committee, including at least two clinical members (doctor or nurse).

## **9. Decision Making**

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.

## **10. Frequency and notice of meetings**

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.

## **11. Attendance at meetings**

- 11.1 The members of the Committee are required to provide information to progress and inform the agreed agenda items.
- 11.2 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.

11.3 In addition to the core membership the Committee may co-opt additional members as appropriate to enable it to undertake its role.

## **12. Reporting Arrangements**

The minutes of the meetings shall be formally recorded and submitted to the Governing Body.

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. The committee will report to the Governing Body, at least annually on its work.

## **13. Conduct of the committee**

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 Policy on Standards of Business Conduct and Declarations of Interest which incorporate the Nolan Principles.

The committee will review its performance, membership and these Terms of Reference at least once per financial year. It will make recommendations for any resulting changes to these Terms of Reference to the Governing Body for approval.

No changes to these Terms of Reference will be effective unless and until they are agreed by the Governing Body.

Date reviewed: 20 June 2014; agreed by Governing Body 23 September 2014

Date reviewed: 7 April 2015: agreed by Governing Body 25 August 2015

Date reviewed: 5 April 2016: agreed by Governing Body May 2016

Date approved by Governing Body: 27 September 2016

Date approved by Governing Body: 28 March 2017

Date approved by Governing Body: 25 July 2017

Date approved by Governing Body: 26 June 2018

Date approved by Governing Body: 27 November 2018