

Quality and Safety, Committee

Terms of Reference

SUMMARY

NHS Walsall Clinical Commissioning Group has established this Quality and Safety (Q&S), Committee to ensure commissioned services are of good quality, deliver safe effective care in line with its corporate objectives.

The Q&S committee will focus its work around the successful delivery of the CCG corporate objectives:

1. Improve health outcomes and reduce health inequalities
2. Provide the right care, in the right place, at the right time
3. Commission consistent, high quality, safe services across Walsall
4. Secure the best value for the Walsall pound and deliver public value

It will undertake to oversee the delegated responsibilities from the Governing Body as set out in the scheme of delegation. It will promote a culture of continuous improvement and innovation with respect to safety of services and clinical effectiveness.

1 Membership

Core members	Deputy
Chair - Clinical Lead for Quality and Safety	Nominated deputy
Lay member – Patient Public Involvement Quality and Safety	Lay member Audit & Governance Lay member Transformation
Director of Governance Safety & Quality	Head of Patient Safety and Quality Improvement
Director of Commissioning Transformation and Performance	Programme Director for Primary Care and Medicines Management
Director of Primary Care and Integration	Primary Care Commissioning Manager/ Head of Medicines Management
GP primary care representative	Nominated deputy
Public Health representative (HCAI lead)	Nominated deputy
In Attendance	
Head of Quality Assurance	Programme Director for Primary Care and Medicines Management

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Adult Patient Safety Manager	Secondary Care Consultant
Programme Director for market development	
Head of Performance	Performance Manager

Core members can nominate a deputy to attend on their behalf. The member is responsible for ensuring that the deputy is fully briefed and accountable for decisions made.

Each Member shall be entitled to cast one vote. All questions arising will be decided by a simple majority of those present and eligible to vote. In the case of equality of votes, the Chair will have a second and casting vote.

2 Quorum

4 Members of which one must be a member of the CCG Governing Body

The attendance of core members will be monitored throughout the year. There is an expectation that members will attend at least 75% of the meetings. Poor attendance will be addressed by the Chair.

3 Frequency of Meetings

The Committee will meet monthly

The Committee reserves the right to call a meeting at any time (with appropriate notice) if an urgent matter arises. Where urgent matters need to be decided, these can be made by the Chair of the Committee and the Members as required to be quorum. All such actions will be reported back to the full Committee at its next meeting and included in the minutes. Any member of the Committee may request to see the full report and/or information that were considered when the decision was made.

4 Risk Management

The Committee has a responsibility to manage any risks identified that impact on its responsibilities. Each committee will agree key risk triggers aligned to the relevant corporate objectives. The committee will keep a committee risk register to document the management of risk at each meeting which will clarify the risk, the action, the timeframe and the executive ownership. This will be reported in the monthly executive summary report to the Governing Body of Walsall CCG. All risks will be actively managed by the Committee until the residual risk is deemed tolerable when it will either be closed or tolerated.

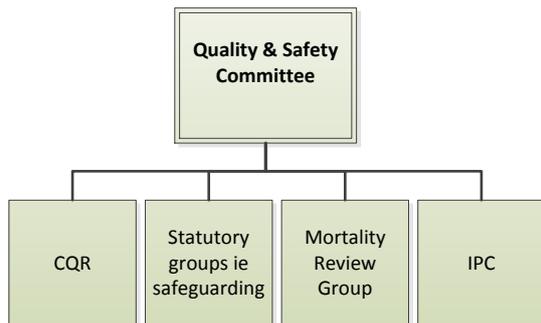
The Chair is responsible for ensuring that the:

1. register is reviewed to add, amend, close or transfer risks at each committee meeting
2. identified risks relevant to other committees are transferred to its chair
3. assurance report includes any unmitigated risks with a rating >6

4. when the key risk triggers are hit the internal escalation process is followed

5 Reporting

The Chair will provide a monthly assurance report to the Governing Body and an assurance report when requested to the Audit Committee in respect of its assurance framework activities.



6 Distribution of Minutes

To all committee members; papers may not be copied or distributed further without the written permission of the Chair.

7 Functions

Quality and Safety

- i. Develop the strategic vision for patient safety and clinical quality;
- ii. Agree and ensure that patient safety clinical quality indicators are included and monitored in all provider contracts;
- iii. Review information and data in regard to Serious Incidents (SIs), complaints trends, Serious Case Reviews, and clinical benchmarking from all commissioned services, to ensure that corrective and preventative action is taken and lessons learnt are widely disseminated;
- iv. Review assessment of services where clinical practice falls below the best practice;
- v. Ensure that areas for potential risk are included in the CCGs risk register and /or Assurance Framework and ensure action is taken to mitigate or eliminate such risk;
- vi. Keep under review structures, systems and processes for protecting and Safeguarding Children and Vulnerable Adults, including receipt of assurance reports from Safeguarding Groups and Boards.
- vii. Ensure that Commissioning, Quality and Innovation (CQUIN) proposals are appropriate, challenging and lead to significant improvement in quality of services;
- viii. Receive regular assurances from the Clinical Quality Review Meetings

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- ix. Oversee, develop, implement, monitor and review the strategies and development plan relevant to this committee.
- x. Ensure systems are in place to collect and analyse Patient Experience in all providers and make necessary recommendations/actions as required.
- xi. To receive assurance reports on quality issues from the medicines management committee

8 Responsibilities of members

As members each individual is required to bring their unique perspective informed by their expertise and experience and this will support decisions made by the group to ensure that:

- i. The interests of the patients and the community remain at the heart of discussions and decisions
- ii. The group acts in the best interests of the local population at all times
- iii. Good governance remains central at all times

Members of the committee are required to:

- i. Read all relevant agenda and support documentation.
- ii. Engage with other colleagues to report from meetings and collate feedback for agenda items prior to the meeting.
- iii. Notify Chair or Vice Chair if unavailable to attend.
- iv. Nominated representatives must be fully briefed and accountable for decisions made
- v. Be accountable for ensuring actions assigned are completed and fully reported upon.

9 Duties delegated from the Governing Body to Q&S

Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes

10 Strategies monitored by this committee

- i. Management of Serious Incidents Policy
- ii. Quality Improvement Strategy
- iii. Research and Innovation policy

11 Duties monitored by this committee

- i. Duty to promote research
- ii. Duty for improvement in quality of services
- iii. Duty for safeguarding

12 Agenda Items

Agenda items should be submitted 10 days in advance of the meeting to the designated officer who will subsequently ratify the next agenda with the Chair.

The papers for the meeting will be circulated to enable members to receive them 5 days before the meeting.

Papers are not to be tabled unless agreed by chair

13 Designated Officer

Director of Governance Quality and Safety

14 Review

The Governing Body will review these terms of reference annually after initial endorsement.

15 Conflicts of Interest

All member of the committee must complete a declaration of interest form to ensure that any conflicts of interest are appropriately managed. If any member becomes aware of a conflict of interest which has, is likely to have or could be perceived to have an adverse effect on any decision, this shall be declared and the Chair will determine whether the member concerned should withdraw from the meeting whilst the relevant discussion or decision related to the agenda item is in progress. All declarations and conflicts of interest and the action to manage the interest shall be minuted.

The conflict of interest guardian is the Audit Chair, who will act as the conduit and safe point of contact for anyone with concerns relating to conflicts of interest and provide independent advice and judgment in the management of conflicts.

In the event that the Chair has a conflict of interest, the vice chair that part of the meeting.

Wherever a conflict of interest may be perceived, the matter must always be resolved in favour of the public interest rather than the individual member.

Where conflicts of interest are profound and acute the management may require the committee member to step down from the committee either permanently or temporarily.

16 Confidentiality

Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

17 Data Protection Act 1998

Committee members will give due regard to the responsibilities of Walsall CCG to comply with Data Protection legislation

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18 Freedom of Information Act 2000

All papers are subject to the Freedom of Information Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the committee membership without the expressed permission of the Chair. FIO exemption 41 (duty of confidence) applies.

Reviewed and agreed 18 March 16