

# Quality and Patient Safety Committee

## Terms of Reference

Reviewed at QPSC August 2019

## **NHS Barnsley Clinical Commissioning Group Quality and Patient Safety Committee**

### **1. Introduction**

- 1.1 The Clinical Commissioning Group has established a committee reporting to the Governing Body known as the Quality and Patient Safety Committee.
- 1.2 The Committee is established in accordance with NHS Barnsley Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

### **2. Authority**

- 2.1 The Committee is authorised by the Governing Body to establish and maintain effective systems to monitor Quality and Patient Safety for the services the Clinical Commissioning Group commissions.
- 2.2 The Committee will have other sub-committees or groups reporting to it or informing its discussions. See 4.2 for details, in addition any others as determined by the committee or the governing body.
- 2.3 The Committee will commission, where appropriate, any reports or surveys it deems necessary to assist in discharging its obligations.

### **3. Purpose**

- 3.1 The purpose of the Committee is to assure the CCG regarding all elements of quality, patient safety, clinical effectiveness and patient experience of the services commissioned for the people of Barnsley.
- 3.2 The Committee will:
  - a) Support the development of the commissioning strategy and monitor its implementation and improvement to ensure that quality sits at the heart of everything the CCG does. This will provide assurance to the Clinical Commissioning Group that there is an effective and consistent process for commissioning for quality and safety in Barnsley.
  - b) Gain assurance that commissioned services are being delivered in a high quality, safe and effective manner for people across all its commissioning responsibilities.

This includes jointly commissioned services either with other Clinical Commissioning Groups, the Local Authority or other specialised commissioners.

- c) Ensure that any concerns about quality are duly considered by the relevant function/committee at BCCG.
- d) Advise on and oversee the management of clinical risks in relation to commissioned services on behalf of the Governing Body via regular review of the QPSC risk register and due consideration of emerging risks
- e) The committee will use a modified Quality Risk Profile tool (Primary Care Quality Improvement Tool) to obtain, and provide to the Governing Body, assurance regarding the quality and safety of primary medical care services in Barnsley.

#### **4. Responsibilities**

4.1 The duties of the Quality and Patient Safety Committee will be driven by the priorities for NHS Barnsley Clinical Commissioning Group and any identified risks or areas that need quality improvement. The Committee will operate to the brief below which is flexible to new and emerging priorities and risks.

4.2 The Committee will;

- a) Receive reports and guidance from regulatory, national and other competent bodies and where applicable ensure action plans are developed to improve performance or adopt best practice in Barnsley.
- b) Receive relevant information regarding the management of:
  - i. Serious Incidents including Never Events
  - ii. Homicide investigations, by exception
  - iii. Infection prevention and control
  - iv. Safeguarding children and adults, including Domestic Violence, and Mental Health Reviews
  - v. Medicines Safety
  - vi. Clinical staffing levels
  - vii. Primary Care

This list is not exhaustive and includes some of the most common sources of information reflecting the quality and safety of services

- c) Receive reports and action plans in respect of:
  - i. National Institute of Clinical Excellence (NICE) Technology Appraisals , clinical guidelines and Quality Standards compliance
  - ii. Clinical Audit performance (these are usually ad hoc and not routine)
  - iii. Research governance and implementation (these are usually ad hoc and not routine)
  - iv. Patient/Public Experience: patient surveys and reports
  - v. Staff survey information in relation to quality and patient safety
  - vi. Reports from Care Quality Commission and any other relevant regulatory bodies re inspections, guidance and recommendations
- d) Review the CCG's Assurance Framework and Risk Register in accordance with the CCG's Integrated Risk Management Framework.
- e) Receive minutes/briefings from the following meetings:
  - i. Area Prescribing Committee – minutes/annual report
  - ii. Primary Care Quality & Cost Effective Prescribing Group-minutes
  - iii. Quality Surveillance Group - briefing
  - iv. Barnsley Intelligence Sharing Meeting (Healthwatch) – action log
  - v. BHNFT Clinical Quality Board - minutes
  - vi. SWYPFT Clinical Quality Board - minutes
  - vii. Health of Children in Care and Care Leavers Steering Group – action log
  - viii. Health Protection Board - minutes
  - ix. Out of Hours Contract Meeting - briefing
  - x. South Yorkshire and Bassetlaw YAS 111/999/IUEC Clinical Governance and Quality Steering Group and Contract Monitoring Meeting - briefing

4.3 The Committee will agree a clear escalation process, with the governing body, including appropriate trigger points to enable appropriate engagement of the Clinical Commissioning Group and external bodies on areas of concern.

- 4.4 The Committee will provide an annual assurance report and highlight's/escalation report and approved minutes to the Governing Body after each meeting.
- 4.5 The Committee will also oversee professional issues and responses to whistle blowing linked to quality and patient safety.
- 4.6 The Committee will identify and determine best performance, quality and value outcomes by assessing clinical effectiveness, cost effectiveness, quality standards and the views of patients and carers in Barnsley.
- 4.7 The Committee will ensure all service development and redesign, evaluation of services and decommissioning of services are subject to a Quality Impact Assessment as part of the implementation process. This will also ensure the proposal is safe for patients.
- 4.8 The Committee will receive and review reports from the Information Governance Group regarding the process for completing and submitting the Data Security Protection (DSP) and other related matters, to ensure the implementation of key standards within the CCG in relation to Information Governance and ensure effective governance systems are in place for implementing and monitoring these standards.
- 4.9 The Committee will receive regular patient safety, patient experience and complaints reports to review themes and trends and identify areas to pursue with relevant providers for improvement.
- 4.10 The Committee will satisfy itself that effective processes are in place within all its commissioned services and the Clinical Commissioning Group for safeguarding children and young people, safeguarding vulnerable adults, managing issues arising from domestic violence, forced marriage and the PREVENT agenda.
- 4.11 The Committee will also receive and approve clinical policies and clinical pathways for adoption in Barnsley.

## **5. Membership**

- 5.1 Quality of healthcare services is not the responsibility of any one individual or directorate. To ensure that Barnsley Clinical Commissioning Group functions effectively it is vital to have clinical participation and representatives in all activities, however for this

- committee it is essential that there is a clinical majority at all times.
- 5.2 As well as this committee the Clinical Commissioning Group Governing Body will also receive Clinical Advice and input to its decision making from the local Clinical Senate which will be an” independent” but linked clinical body. This group will have representation across the whole range of clinical practice.
- 5.3 The membership of the Quality and Patient Safety Committee will be:
- a) Medical Director (the Chair)
  - b) 2 other elected Governing Body Member
  - c) Deputy Chief Nurse (Deputy Chair)
  - d) Governing Body Secondary Care Doctor
  - e) 2 Membership Council Members as a clinical advisors
  - f) Head of Medicines Optimisation
  - g) Lay Member for Public and Patient Engagement and Chair of Primary Care Commissioning Committee
- 5.4 Membership will be reviewed regularly as required by committee to enable it to discharge its duty. The committee may co-opt expert members or invite other officers of the CCG to provide information as necessary with the agreement of the Governing Body.
- 5.5 A decision put to a vote at the meeting shall be determined by a majority of the votes of members and deputies present. In the case of an equal vote, the Chair of the Committee at that meeting shall have a second and casting vote.

## **6. Attendance**

- 6.1 In exceptional circumstances where committee members cannot attend, deputies, at an appropriate level, are welcomed.

## **7. Quorum**

- 7.1 A minimum of 5 members will constitute a quorum, including at least 3 Clinicians and at least 1 elected member of the Governing Body.
- 7.2 In exceptional circumstances where committee members cannot attend, deputies at an appropriate level may attend and count towards the quorum with the agreement of the Chair.

## **8. Reporting Arrangements**

- 8.1 The minutes of the Quality and Patient Safety Committee meetings shall be formally recorded and once adopted submitted to the next
- 8.2 Clinical Commissioning Group Governing Body

- 8.3 The Committee will agree upon key issues to be included in a Quality Highlight report to the next Governing Body after each meeting.

A Quality & Patient Safety Committee Annual Assurance Report will be produced for submission to the Governing Body.

- 8.4 The Committee will provide more detailed reports at agreed intervals to the Clinical Commissioning Group Governing Body and if required to NHS England.

## **9. Administration**

- 9.1 The management of the committee will be overseen by the Deputy Chief Nurse and managed and supported by the Quality Facilitator and Quality Administrator.

## **10. Frequency**

- 10.1 The Quality and Patient Safety Committee will meet bi-monthly at least six times per year. Extraordinary meetings to be held as required, either by circumstances, the Governing Body or the Committee.

## **11. Conduct of the Committee**

- 11.1 The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Standards of Business Conduct Policy.

## **12. Review**

- 12.1 The Quality & Patient Safety Committee will review its performance, membership and terms of reference at least annually. Any resulting changes to the terms of reference will be presented for approval to the Governing Body.

**Last Reviewed:** August 2019

**Next Review Due:** August 2020