

**Basildon and Brentwood Clinical Commissioning Group
Patient Safety and Quality Committee
(Reviewed July 2016)**

Terms of Reference

1. Introduction

The remit of the Patient Safety and Quality Committee is to provide oversight and when necessary, identify risks to the CCG Board of the quality of services commissioned directly by the CCG and/or those that serve the population of the CCG. To promote continuous improvement, learning and innovation with respect to safety of services, clinical effectiveness and patient experience.

The Patient Safety and Quality Committee (the Committee) is established in accordance with Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and which is affected in the CCG's constitution and standing orders.

2. Membership

Membership of the Patient Safety and Quality Committee will be as follows:

CCG representation:

Lay Representative to chair (will also chair the Governance Committee)

Chief Nurse

Deputy Chief Nurse

Patient and Quality Safety Manager

Senior Commissioning Lead

Public and Patient Engagement Board Lay Lead

GP representation for the 4 localities – Partnership and BIC representative (vice chair)

Locality Manager representation

Additional officers and representatives from other bodies may be invited to attend as appropriate.

3. Secretary

The Patient Safety and Quality Committee will be supported by administrative support from the CCG, in terms of arranging meeting times and venues, ensuring meetings are quorate, circulating agendas and paper in advance and at meetings. The minutes of the Patient Safety and Quality Committee will be formally recorded and submitted to the Audit Committee, Governance Committee and the CCG Board.

4. Lead Officer

The Lead Officer for this Committee is the Chief Nurse, who is also the Executive Officer with responsibility for patient safety and quality.

5. Quorum

The Committee will be considered quorate when there is representation from

- Either chair or vice chair of the Committee
- Minimum of 2 GP Clinical Lead representatives
- Minimum 2 members of the Quality Support Team (Chief Nurse or Deputy Chief Nurse plus at least 1 Quality and Patient Safety Manager)
- Minimum 2 other representatives
- The meeting will be considered quorate if the minimum requirements for attendance in the first 4 bullet points are met

6. Frequency and Notice of Meetings

The meetings of the Patient Safety and Quality Committee will be held bi-monthly with extraordinary meetings should the Chair judge necessary to discharge the responsibilities of the Committee.

Bi-monthly

2.30 - 5.00pm 1.30PM – 4PM

CCG Head Quarters

7. Remit and Responsibilities of the Committee

The remit of the Patient Safety and Quality Committee is to provide oversight and alert the Board where there are concerns about the quality of services commissioned directly by the CCG and/or those that serve the population of the CCG. To promote continuous improvement, learning and innovation with respect to safety of services, clinical effectiveness and patient experience.

To develop a work plan based on the work of the Committee to include the monitoring of systems and processes in place for quality, clinical effectiveness, patient safety, patient engagement and patient experience across all health care providers. This work plan details the reports required and the frequency of reporting.

The key responsibilities of the Committee are:

- Seek assurance that the commissioning strategy for the CCG 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.
- To develop and implement the Quality Strategy for the CCG. To have oversight of the early warning systems in place to enable swift response to assure the safety of the population that we serve.
- Provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality is central to everything the clinical commissioning group does. This will include jointly commissioned services.

- To have oversight of the Quality Impact of proposed QIPP plans, making recommendations to the Board as to the safety of their adoption and implementation
- To have oversight of the Quality Impact of provider cost improvement programmes (CIPs)
- To have oversight of the quality aspects of the contracts for driving improvements within the providers from which we commission services
- Have oversight of the process and compliance issues concerning serious incidents requiring investigation; being informed of all Never Events and informing the governing body of any escalation or sensitive issues in good time. Ensuring all opportunities are taken to embed any learning.
- Seek assurance on the performance of commissioned organisations in compliance with the Care Quality Commission Essential Standards, Monitor terms of authorisation and any other relevant regulatory bodies
- Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans to promote opportunities for shared learning.
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern
- To provide assurance to the Board that the CCG is meeting its statutory obligations (including those for safeguarding children and vulnerable adults)
- This Committee has responsibility for monitoring quality across services commissioned by the CCG. The Committee will be mindful of the importance of gaining and tracking “soft” intelligence about services in addition to the more formal quantitative indicators of quality. This soft intelligence may include patient feedback through formal complaints and informal concerns, comment cards, media coverage and trends of low-level incidents. The CCG Chief Nurse will act as a conduit for both hard and soft quality information between the Patient Safety and Quality Committee and the Essex-wide Quality Surveillance Group.
- To have oversight of the CCG’s role in respect of research and development working with Academic Health Science Networks

8. Relationship with the Governing Body

Delegated Powers from the Board

The Patient Safety and Quality Committee reports directly to the CCG Board, providing assurance on the quality of secondary, community and tertiary health services provided to the CCG's population to ensure quality, safety and a positive patient experience & delivery of the CCG's statutory responsibilities.

Delegated Responsibility

The Patient Safety and Quality 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 Patient Safety and Quality Committee will produce an annual report detailing the achievements against its objectives and the outcome of its annual committee effectiveness review for the CCG Board

9. Conduct of the Committee

Members of the CCG Patient Safety and Quality 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 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 CCG Board and reviewed annually.
- The Committee will undertake an annual self-assessment effectiveness sub-committee

**Last Reviewed July 2016
Next Review Due July 2017**

