

Quality and Safeguarding Committee

Terms of Reference v1.1

1. ESTABLISHMENT AND PURPOSE

The Quality and Safeguarding Committee (the “Committee”) has been established in accordance with the Clinical Commissioning Group’s (CCG’s) constitution.

The Committee has been established to support the CCG in the delivery of its statutory duties and provide assurance to the Governing Body in relation to the delivery of those duties. It shall:

- Monitor the quality and safety of services commissioned by the CCG and pro-actively challenge and review delivery against expected quality standards, agreeing any action plans or recommendations as appropriate.
- Monitor progress in delivery against the quality measures included within the NHS Outcomes Framework, challenge variances from plan and ensure actions are put in place to rectify adverse trends.
- Undertake “horizon scanning” to ensure the CCG keeps abreast of national, regional, and local issues relating to quality and safeguarding.
- Ensure that the CCG discharges the statutory duties in relation to the achievement of continuous quality improvement and safeguarding of vulnerable children and adults.

In particular, the Committee will provide assurance to the Governing Body on the delivery of the following statutory duties:

- *Duty as to the improvement in quality of services*
- *Duty in relation to quality of primary medical services*
- *Duty as to promoting education and training*
- *Duties in relation to safeguarding*

2. COMMITTEE REMIT AND AUTHORITY

The broad purpose of the Committee is outlined in “Purpose” section above. In order to deliver this, the responsibilities of the Committee will include:

- a) Ensuring processes are in place to seek assurance from commissioned services that they are delivering high quality services that are safe, effective, and provide patients and carers with positive experiences of care
- b) Seeking assurance that our engagement and partnership with people and communities (our look forward) is connected with the insight, experience and intelligence gathered from patient surveys, concerns, complaints, claims and incidents (our look back) and used to drive service improvements
- c) Continually developing the clinical commissioning group’s approach to quality improvement; through ensuring quality assurance and safeguarding data is used to inform commissioning decisions

- d) Overseeing the development, implementation and monitoring of quality schedules and safeguarding standards for commissioned services
- e) Overseeing the process and compliance issues concerning serious incidents and informing the governing body of any escalation or sensitive issues in good time
- f) Seeking assurance on the performance of organisations delivering NHS funded care in terms of the Care Quality Commission and any other relevant regulatory bodies
- g) Receiving intelligence about provider performance against contract requirements in relation to quality and safeguarding and seeking assurance that effective action has been taken when exceptions are reported
- h) Ensuring a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern
- i) Ensuring processes are in place to interpret and implement local, regional and national policy (e.g. Quality Accounts, Safeguarding etc.) and providing assurance that policy requirements are embedded in commissioned services
- j) Ensuring considerations relating to safeguarding children and adults are integral to commissioning services and robust processes are in place to deliver statutory functions, including:
 - Safeguarding Children
 - Looked After Children
 - Child Death Review
 - Safeguarding Adults
 - Deprivation of Liberty Safeguarding
- k) Commissioning any reports, surveys or reviews of services it deems necessary to help it fulfil its obligations, along with any scrutinising independent investigation reports relating to quality and safeguarding
- l) Oversight of infection prevention control and antimicrobial stewardship delivery plans
- m) Reviewing performance against the “quality of care and outcomes” elements of the NHS Oversight Framework
- n) Ensuring that all Equality and Inclusion requirements are monitored and actioned
- o) Escalating concerns relating to primary care quality to the primary care committee
- p) Commissioning, reviewing and authorising policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated by the Governing Body.

A list of subject areas that would typically be considered by the Committee is included at attachment 1 for reference.

The Committee is authorised to:

- Request further investigation or assurance on any area within its remit
- Bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- Make recommendations to the Governing Body
- Escalate issues to the Governing Body
- Produce an annual work plan to discharge its responsibilities
- Approve the terms of reference of any sub-groups to the committee.

3. CHAIR ARRANGEMENTS

The Committee shall be chaired by one of the “independent” members of the committee (i.e. the lay members, the registered nurse member or secondary care doctor).

If the Chair is unable to attend a meeting, they may designate a representative from among the “independent” members of the committee to act as chair.

If the Chair is unable to chair an item of business due to a conflict of interest, another member of the committee will be asked to chair that item.

4. MEMBERSHIP

Membership of the Committee may be drawn from the CCG’s Governing Body membership; the CCG’s executive team; member practices of the CCG; officers of the CCG; members or officers of other bodies in the wider health and social care system; other individuals/representatives as deemed appropriate.

The Committee members shall be:

- *Governing Body registered nurse
- *Governing Body secondary care doctor
- GP representative x 2
- Executive Clinical Director
- *Lay member (engagement, involvement and experience)
- Executive Director of Quality and Patient Experience (or nominated deputy)
- Healthwatch representative
- Public Health Representative
- Deputy Director of Quality and Associate Chief Nurse
- Associate Director of Safeguarding
- Associate Director of Communication, Marketing and Engagement

**members deemed to be “independent members” for the purposes of chairing the Committee.*

All Committee members may appoint a deputy to represent them at meetings of the Committee. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The Committee may also request attendance by appropriate individuals to present agenda items and/or advise the Committee on particular issues.

5. QUORACY

A meeting of the Committee is quorate if the following are present:

- At least five Committee members in total;
- At least one clinician* (i.e. registered nurse, secondary care doctor or Governing Body/CCG GP);
- At least one independent governing body member* (i.e. registered nurse, secondary care doctor or Lay Member); and
- At least one Executive member (i.e. the Executive Director of Quality and Patient Experience, Executive Clinical Director or their nominated deputies).

**If regular members are not able to attend they should make arrangements for a representative to attend and act on their behalf.*

6. DECLARATIONS OF INTEREST, CONFLICTS AND POTENTIAL CONFLICTS OF INTEREST

All members shall comply with the provisions of *Managing Conflicts of Interest: Statutory Guidance for CCGs* at all times. In accordance with the CCG's policy on managing conflicts of interest, Committee members should:

- Inform the chair of any interests they hold which relate to the business of the Committee.
- Inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Committee.
- Inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

7. DECISION MAKING AND VOTING

As this is not a decision making committee any decisions will be in the form of recommendations to the Governing Body. The Committee will usually seek to make these decisions on recommendations by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the "Membership" section of these terms of reference, may cast a vote.

A person attending a meeting as a representative of a Committee member shall have the same right to vote as the Committee member they are representing.

In accordance with paragraph 6, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

8. ACCOUNTABILITY

The Committee is accountable to the Governing Body of the Clinical Commissioning Group.

9. REPORTING ARRANGEMENTS

The Committee will report a summary of its discussions to the Governing Body via a report from the Committee chair to the next meeting of the Governing Body.

Minutes of the Committee will be published to the CCG's website following approval at the subsequent Committee meeting.

10. FREQUENCY OF MEETINGS

The Committee shall normally meet 10 times a year.

11. SUB-COMMITTEES

The Committee may delegate responsibility for specific aspects of its duties to sub-groups. The terms of reference of any sub groups shall be approved by the Committee.

Approved minutes or signed off minutes by the chair of the lower sub groups to be submitted for information and future assurance.

12. ADMINISTRATIVE ARRANGEMENTS

The CCG will provide appropriate resource to ensure meetings are fully supported and business is conducted efficiently and effectively. This will include managerial support as well as administrative support.

The Committee will operate in accordance with the CCG's corporate standards "Manual". This will include the following:

- Minutes of committee meetings will be taken to ensure an appropriate record of committee discussions / decisions.
- Risks and issues will be captured and escalated as appropriate.
- Action lists and forward planners will also be maintained to ensure the committee operates efficient and effectively.

13. RESPONSIBILITIES OF MEMBERS

As well as complying with requirements around declaring and managing potential conflicts of interest (as set out at section 6), Committee members should:

- Comply with the CCG's policies on standards of business conduct which include upholding the Nolan Principles of Public Life;
- Attend meetings, having read all papers beforehand;
- Arrange an appropriate deputy to attend on their behalf, if necessary;
- Act as 'champions', disseminating information and good practice as appropriate;
- Comply with the CCG's administrative arrangements to support the Committee around identifying agenda items for discussion, the submission of reports etc.

14. REVIEW

The Committee shall undertake an annual review of its effectiveness in delivering the CCG's vision and values and report this to the CCG Governing Body.

The Committee terms of reference shall be reviewed as part of the wider annual review of effectiveness. A review log of these terms of reference is outlined in the CCG Governance Handbook.

Version Control:

Version	Date Approved	Description of revisions made
V1	1 April 2020	Adoption of Cheshire CCGs' Quality and Safety Committee TOR
V1.1	18 June 2020	Section 2 revised to reflect GB approval that the committee has authority to approve policies

Attachment – List of issues / reports typically considered at the Committee

- Child Death Reviews
- Children in Care Annual Report
- Children in Care report
- CQUIN (Commissioning for Quality and Innovation) Schemes - performance
- Equality and Inclusion / Human Rights
- General Practice Nursing
- Healthwatch intelligence
- Infection Prevention and Control – in collaboration with Public Health
- Infection Prevention and Control Annual Report - received from Public Health
- Insights for service improvement
- Medicines Management - Antimicrobial Stewardship
- Mental Capacity Act / Deprivation of Liberty Safeguards
- National survey information
- Non-medical workforce
- Patient Experience report
- Patient safety incidents report
- Quality Accounts
- Quality and Equality Impact Assessment / Risks
- Quality assurance of services - Independent sector
- Quality assurance of services - Nursing Homes
- Quality assurance of services - Primary Care
- Quality assurance of services - Secondary care providers
- Research and development
- Safeguarding Adults Annual Report
- Safeguarding Adults report
- Safeguarding Children Annual Report
- Safeguarding Children report
- Serious Incidents report