

HEALTHIER PEOPLE,
BETTER FUTURE



ROCHDALE
BOROUGH COUNCIL



Heywood, Middleton
and Rochdale
Clinical Commissioning Group

HMR CCG QUALITY AND SAFEGUARDING COMMITTEE / GROUP

Terms of Reference

July 2018



VERSION CONTROL

VERSION	ISSUED TO	DATE	COMMENTS
V0.1	QSC	10/06/2016	ToR January 2015 reviewed in light of committee review findings
V0.2	QSC	12/08/2016	ToR transferred to new template, updated objectives, membership, inclusion of equality & diversity, exclusion of corporate governance to reflect comments of QSC
V0.3	QSC	16/09/2016	Version agreed at QSC
V1.0	Governing Body	18/11/16	FINAL VERSION – RATIFIED
V2.0	QSC	08/12/17	TOR November 16 reviewed in light of committee review findings.
V3.0	QSC	03/05/2018	TOR December 17 reviewed in light of changes to CCG TOR updates
V3.1	Head of Quality and Safeguarding & Deputy Executive Nurse		
V3.2	Head of Safeguarding and Practice Assurance		
V3.3	QSC/Group	03/07/18	FINAL VERSION RATIFIED
V4.0	Governing Body	20/7/18	RATIFIED – to be reviewed by Integrated Commissioning Board (ICB)

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1. Introduction

The Quality and Safeguarding Committee / Group (the Committee) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) constitution, standing orders and scheme of delegation. For the purpose of reporting this meeting is established as a committee to report via the CCG's governance and a group to report via RBC governance.

These terms of reference set out the membership, remit responsibilities and reporting arrangements of the Committee / Group and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders and Rochdale Borough Council (RBC) reporting arrangements to Integrated Commissioning Board (ICB) and do not impact on the Safeguarding Board reporting.

2. Purpose of the Committee / Group

Under delegated authority from the Governing Body and ICB, the Committee / Group will promote and assure quality so that patients / citizens have effective, safe care and a positive experience of services commissioned by the CCG and RBC.

The Quality and Safeguarding Committee / Group is responsible for the development and implementation of the CCG Quality Strategy and CCG Safeguarding Strategy, Adult Care Quality Assurance Framework.

The Committee / Group will also work in collaboration with the Clinical and Professional Advisory Panel, Primary Care Commissioning Committee, Patient and Public Engagement Committee and the Corporate Governance Committee to support and inform all aspects of the CCG commissioning function and also the Adult Care Strategic Partnership Board, Adult Safeguarding Board and Children's Safeguarding Board.

The Committee / Group will conduct its business in accordance with national guidance and the Nolan principles of public life. The Committee / Group will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body and ICB.

3. Objectives of the Committee / Group

- Ensure that the CCG Quality Strategy is developed and implemented so as to support transformation. In doing so the Committee / Group will seek assurance that integrated commissioning incorporates and upholds the tenets of quality (patient safety, experience and clinical effectiveness and improving wellbeing and outcomes) and that recommendations are implemented.
- Ensure that the CCG Safeguarding Strategy and the Adult Care Quality Assurance Framework is developed and implemented to ensure that the CCG fulfils its statutory duty with regard to

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safeguarding and that integrated commissioning protects individuals human rights, promotes dignity, independence and well-being, hears and responds to the needs of children, young people, adults and carers and demonstrates assurance that any child, young person or adult thought to be at risk is safeguarded and protected from harm and abuse.

Assuring and promoting Safety

- Seek assurance on the performance of commissioned services with regard to regulatory requirements in relation to safety and quality, e.g. CQC, NHS Improvement, NICE recommendations and guidelines
- Receive assurance reports in relation to key providers of commissioned services (acute, mental health, community and Independent Sector) that identify areas of risk, compliance, themes and trends, and recommend areas for change through the commissioning process.
- Receive reports relating to Healthcare Associated Infections to provide the Committee / Group with assurance that commissioned services are compliant with statutory regulations
- Oversee processes concerning Never Events, Investigation of Serious Incidents (SI), management of risk and subsequent compliance, informing the Governing Body and ICB of any escalation or sensitive issues in line with the framework.
- Ensure investigation recommendations, including organisational learning processes are actioned in order to reduce risk of recurrence within commissioned services
- Ensure a clear escalation process, including trigger points, is in place to enable appropriate engagement of external bodies (eg National Reporting and Learning System (NRLS), Greater Manchester Health and Social Care Partnership (GM HSCP) NHS England, Care Quality Commission (CQC)
- Advise the Governing Body and ICB on actions following national enquiries, national and local reviews undertaken by external agencies (eg Care Quality Commission, Independent Mental Health Homicide Reviews) in relation to commissioned services and oversee the performance management of the implementation of recommendations
- As required by the Clinical and Professional Advisory Panel, review QIPP programmes to advise regarding the impact on patient safety and quality and to support assurance that patient safety and wellbeing is paramount in all commissioning and decommissioning decisions

Safeguarding families

- Oversee safeguarding arrangements to assure that the CCG's statutory responsibilities for safeguarding are met, and that the CCG fulfils its role as a member of Local Safeguarding Boards and Corporate Parenting Board
- Members of the Board as advisers, i.e. Nurse, Social Worker with professional oversight.

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- Receive assurance reports in relation to safeguarding children, young people and adults that identify areas of compliance, themes and trends, and recommend areas for change through the commissioning process.

Professional / Clinical Effectiveness

- Oversee the development and monitoring of quality indicators and metrics within commissioned services and seek assurance of implementation through quality schedules
- Provide assurance to the Governing Body and ICB that quality assurance and professional / clinical governance mechanisms are integral to monitoring commissioned services, to ensure better outcomes for patients
- Oversee the development and monitoring of CQUIN schemes (Commissioning for Quality and Innovation) and other incentive schemes to promote quality improvement in commissioned services
- Promote research and development within commissioned services and seek assurance of robust research governance that is in accordance with the UK Policy Framework for Health and Social Care Research
- Review and provide commissioner response to provider annual Quality Accounts
- Seeking assurance about Quality Arrangements in Adult Care.

Service User / Patient experience

- Receive reports relating to patient experience, including PALS and complaints, and surveys that identify themes and trends in order to recommend areas for change through the commissioning process
- Receive reports from CCG conducted provider site visits, ensuring recommendations and appropriate actions have been acted on.
- Receive reports in relation to equality and diversity to ensure that the CCG is fulfilling its statutory duties, for example Public Sector Equality Duty, and to assure that commissioned services comply such duties
- This also includes reports / feedback from Healthwatch, Carer / User Forum / Third Sector Organisations and others as appropriate

4. Membership

The Committee shall operate as a sub - Committee / Group of the Governing Body and ICB. The membership shall comprise:

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ROLE	RESPONSIBILITY	VOTING/NON-VOTING
Director of Operations and Executive Nurse	Chair; Executive leadership for quality, safety & safeguarding	Voting
General Practitioner (2)	Clinical expertise/ perspective to inform and advise QSC; link with CPAP	Voting
CCG Governing Body Lay Member	Patient perspective Scrutiny of QSC to fulfil its delegated duty	Voting
Healthwatch Representative	Patient perspective/voice	Non-Voting
CCG Quality and Safeguarding Lead – Adults	Quality & Safety expert adviser to QSC	Voting
CCG Head of Quality and Safeguarding / Deputy Executive Nurse	Deputy Chair: Safeguarding expert adviser to QSC	Voting
CCG Designated Nurse - Children	Quality & Safeguarding expert adviser to QSC	Voting
CCG Designated Nurse - Adults	Quality & Safeguarding expert adviser to QSC	Voting
Head of Safeguarding and Practice Assurance	Principle Social Worker and Safeguarding Adviser	Voting
Senior Commissioning Team representative	Commissioning expert adviser to QSC and link with commissioning work streams	Voting
Primary Care Team Representative	Ensure links with the Primary Care Agenda and Quality	Voting

In attendance:

CCG Patient and Public Engagement Lead
Public Health Representative
CCG Quality and Safeguarding Manager
CCG Designated Nurse Cared for Children (LAC)
Equality & Diversity Adviser

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

Members are required to attend a minimum of 70% of annual committees / groups. If members are unable to attend, a deputy must attend on their behalf. Deputies must be fully briefed and hold the represented members full delegated authority.

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5. Quoracy

For each meeting to be deemed quorate attendance must include four of all members with at least two of those being members of the Governing Body.

6. Frequency of Meetings

The frequency of meetings will be every 2 months.

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

8. Accountability

The Quality and Safeguarding Committee / Group will report to Governing Body and ICB following each meeting, the minutes of the Committee shall be formally recorded, and a summary report submitted to Part 1 of the subsequent meeting of the Governing Body and ICB.

Any Chairs action taken between meetings must be ratified at the next meeting of the Committee / Group

The Committee / Group will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

Adult Care submits a NMDS (workforce analysis).

MCA and DoLS annually to NHS Digital

Self-Assessment for Safeguarding Board

Safeguarding Adult Collection (SAC) to NHS Digital

9. Scheme of Delegation

The Quality & Safeguarding Committee / Group does not have any delegated authority in relation to financial decisions or budget allocation.

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10. Corporate Sustainability

As a health and social care commissioner, the CCG is committed to planning and buying health and social care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

1. Commissioning for Sustainability and Adaptation
2. Being a Sustainable Organisation
3. Promoting sustainability with member practices
4. Delivering our commitments and Assessing our Performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services which provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually as a minimum.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the committee's business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting

13. Conduct of Committee / Group

The Committee / Group will set an annual work programme/schedule, it will review annually the terms of reference and membership and the chair will also produce an annual report of business areas.

Items for the agenda and all relevant supporting papers should be submitted to the CCG Quality and Safeguarding Committee Administrator for approval by the Committee / Group Chair a minimum of 10 working days prior to the meeting.

All members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

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