TITLE: **Sample** CHO Primary Care Division Quality and Safety Committee Terms of Reference	**REFERENCE NO:** [insert details]
AUTHOR: [insert details]	**REVISION NO:** [insert details]
APPROVED BY: [insert details]	**DATE APPROVED:** [insert date]
REVIEW DATE: [insert month/year]	**Page** 1 of 10

<u>Sample</u>

CHO <u>Primary Care</u> Division

Quality and Safety Committee

Terms of Reference

Please note that this document has been prepared in a generic manner and can be adapted by each CHO as per specific requirements

1. Purpose: CHO Primary Care Division Quality and Safety Committee

The purpose of the CHO Primary Care Quality and Safety Committee is to provide a level of assurance to: (i) Primary Care Division Head of Service; (ii) CHO level Quality and Safety Committee; (iii) CHO Chief Officer; and (iv) the Primary Care Division national office, that there are appropriate and effective systems in place that cover all aspects of quality and safety in services which fall under the remit of the Primary Care Division within the CHO.

2. Aim

The overall aim of the committee is to provide an appropriate structure to oversee quality and safety within the CHO Primary Care Division and report accordingly to the Head of Service for Primary Care and the CHO Quality and Safety Committee.

3. Roles and responsibilities

The committee will provide a level of assurance, to the Chief Officer, Primary Care Head of Service and CHO Quality and Safety Committee that:

- Known risks are being addressed and managed through risk management processes in line with *HSE Integrated Risk Management Policy* (2017) and escalated when necessary. Risk assessments are prepared by the relevant staff and signed off by the committee.
- A process is in place for the implementation of recommendations arising from incident investigations, clinical and health care audits and external inspections (HIQA, Health and Safety Authority etc).
- There is a mechanism in place to verify that processes for incident management, safeguarding and open disclosure are being adhered to.
- There is a process in place to verify that Primary Care Services are in compliance with relevant legislation, national standards and regulations.
- There is an annual quality improvement programme and audit plan in place for the Primary Care Division which is submitted to the CHO Quality and Safety Committee for approval.
- Structures and processes are in place to support patient and staff engagement.

This will be achieved through the following key activities for the Committee:

> **Oversight and Reviewing:**
- Monitor trends in Primary Care quality of care indicators including NIMS, the National Quality Score care, the National Primary Care Quality and Safety dashboard and identify actions for improvement where required (as per performance meetings, service plan/operations plan).
- Monitor services progress in meeting relevant national standards
- Monitor the implementation of recommendations from national reports, audit reports, and investigation reports.
- Sign off of health care audit plans and monitoring of same.
- Monitor external reports relevant to primary care services.
- Reviewing key quality indicators for HSE funded services within Primary Care and taking the appropriate action (outlined in Section 38/39 service agreements).

- Identify, review and approve Primary Care divisional policies procedures, protocols and guidelines (PPPGs) developed for the CHO.
- Promote and monitor the implementation of open disclosure, protected disclosure and assisted decision making as per national policy requirements within the CHO Primary Care Division.
- Establish subcommittees / groups to lead on specific elements of quality and safety as required.
- Ensure there is a communication plan in place for the dissemination of lessons learned from significant incidents (to include Serious Reportable Events (SREs), external alerts and complaints, medical device alerts, legislation changes) which is fully implemented.

➢ **Risk/Incident Management /Safeguarding**

- Seek assurance and verification from managers that risk management processes are followed.
- Regular monitoring of CHO Primary Care Divisional risk registers and risk mitigation plans.
- Ensure risk assessments (signed off by the committee) which are for escalation, are sent to Chief Officer / CHO Quality and Safety Committee within the delegated timeframes.
- Monitor processes for incident reporting including SRE's to ensure that agreed processes are being followed i.e. identification, reporting, investigating and disclosure.
- Monitor and verify the implementation of the Safeguarding of Vulnerable Persons at Risk of Abuse Policy to include as per the requirements of the national guidelines (e.g. designated officers in all services, response times, notification requirements internally and externally)
- Alerts from Health Products Regulatory Authority (HPRA) and assurance there are systems in place and alerts are being acted on.

➢ **Monitoring Quality Improvement Plans (QIP's)**

- Oversee the development of a quality and safety programme for the Primary Care Division within the CHO, (informed by the Framework for Improving Quality in our Health Services and as identified via self assessment against National Standards for Safer Better Healthcare and QA & I tool) vis a vis a Quality Improvement Plan (QIP) and ensure that the QIP:
  o Be driven by the needs of service users and staff whilst also addressing statutory and regulatory requirements and obligations
  o Provide a framework through which specific actions will be achieved arising from risks, audits, compliments, complaints, incidents, SRE's
  o Ensure that each service has an assigned accountable person for QIP's at service / local level with timelines and persons responsible identified for all actions
  o Identify systems and processes, including training and capacity building, to support the implementation of the QIP.
- The committee will devise a reporting mechanism to verify that managers are monitoring service-level Quality and Safety Teams and their related QIPs as appropriate (for all services including Quality and Safety Teams for Primary Care Services).

Identifying Trends, in:

- Quality and Safety information i.e. Incidents, SRE's, risks, audit results and findings so as to inform the annual quality and safety programme and CHO training programmes.
- HIQA Inspection reports as relevant to primary care services.
- Staff and service user feedback via compliments and complaints, Confidential Recipient surveys or other engagement forums and disseminating the learning.
- Staff and service user surveys to inform Quality Improvement Plans (QIPs).
- Promoting areas of excellence within the service.

4. Membership[1]

The Primary Care Division Quality and Safety Committee in each CHO is multidisciplinary and membership of committee may include: [insert local details as required]

- Chairperson; Head of Primary Care
- Primary Care Service Managers
- Relevant Directors of Nursing / Directors of Services
- CHO Primary Care Quality and Risk representative
- Representatives from service-level Quality and Safety Teams, encompassing a range of health and Primary care professionals where possible
- General Practitioner lead (where in place)
- Administration Support
- Consideration should be given to the inclusion of Service User/ Family Representatives
- Chairs of relevant sub-committees.

Consideration may be given to identifying core and standing members of the Primary Care Division Quality and Safety Committee. Core members would be expected to attend every meeting. Standing members would be welcome to attend all meetings; however, they are only expected to attend if there are relevant agenda items and / or if requested to attend by the Chair.

The chair may co-opt members temporarily onto the committee as and when necessary; this may include senior accountable persons from section 38/39 agencies.

Responsibilities of Committee chairperson:

- Chairing and overseeing the work of the Primary Care Division Quality and Safety Committee.
- Reporting to the Chief Officer and liaising with Primary Care at national divisional level where necessary.

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[1] Review membership as primary care teams, primary care networks and associated professional quality lead roles are progressed

Responsibilities of Committee members:

- Champion, promote and advance the importance and value of improving quality, safety and risk management.
- Attend at least 80% of the meetings.
- Present at meetings well prepared, having read the necessary documentation in advance and follow up on actions assigned during meetings.
- Members of the committee are accountable through the Chair to the Chief Officer.

5. Accountability / Reporting Relationships

The Primary Care Division Quality and Safety Committee is accountable to the CHO Chief Officer and the chair provides reports to the CHO Quality and Safety Committee.

The CHO Chief Officer will appoint the Chair of the CHO Primary Care Division Quality and Safety Committee. The Committee has the authority, to:

- Make decisions relating to quality and safety for Primary Care Division Services.
- Define and implement the structures and processes required throughout the CHO Primary Care Division to support delivery of person-centred, safe and effective care and support.
- Oversee investigations /reviews as necessary.
- Obtain advice as it considers necessary in accordance with the terms of reference.
- Establish subcommittees as required by the committee.
- Each CHO will ensure that Quality and Safety Teams are established at service level. These service level teams will report into the CHO Primary Care Division Quality and Safety Committee.

The following subcommittees will report to the CHO Primary Care Division Quality and Safety Committee using the summary template in Appendix I:

[Insert local details c/o subcommittees] and [insert organogram for subcommittees reporting into the CHO Quality and Safety Committee]

6. Frequency of Meetings

Committee meetings will be held monthly or more frequently if required. (Insert annual schedule in appendices section). A quorum includes attendance by the Chairperson and a minimum of 50% of the members. Meeting agendas will be circulated a week in advance documenting items and topics to be discussed, along with any related reports or items of information. Minutes of the meetings will be recorded to reflect decisions and action points.

7. Reports

It is the responsibility of the Chairperson to ensure that the following reporting process is followed:

The following process will be in place for the committee:

Reports issued by the CHO Primary Care Quality and Safety Committee will include:
- Monthly report (with updated QIP) to the Chief Officer / CHO Quality & Safety Committee
- Annual Report to the Chief Officer / CHO Quality and Safety Committee and National Divisional Quality and Safety Committee.
- Additional reviews / reports as requested by the Chief Officer / CHO Quality and Safety Committee.

Reports received by the Committee:
- Reports from Primary Care Division Quality and Safety Subcommittees.
- Additional reports / reviews requested by the committee.

8. Administration of the Committees work

The person providing administration support will be responsible on behalf of the Chairperson for:

- Scheduling and organising meetings of the committee.
- Consistently using standardised agenda, minutes and action log template.
- Circulating the agenda [insert details – to be agreed locally] days before the meeting.
- Issuing the minutes / action log [insert details – to be agreed locally] days after the meeting has taken place.

9. Performance

Quality indicators and outcomes measures will be established to ensure the Primary Care Division Quality and Safety Committee is performing effectively.

Performance measures will include:

- Percentage of attendance at meetings by members.
- Completion of actions as agreed by the committee.
- An annual evaluation of committee objectives.

10. Approval and Review Date

The terms of reference are prepared by the CHO Primary Care Division Quality and Safety Committee, authorised by the Chief Officer, communicated and accepted by each member of the committee by signature below. The terms of reference will be reviewed every 12 months from date of adoption or earlier as deemed necessary.

Signature of Committee Members

Names / Titles of committee members	Signatures	Date

Signature of Chair

Name / Title of Chair	Signature	Date

Date of Approval / Review

Date of Approval	Next Date of Review

Appendix 1: Sample Agenda for CHO Primary Care Quality and Safety Committee

Below is a sample agenda for a CHO Primary Care Quality and Safety Committee meeting. This is not prescriptive, and not all issues will be covered at each meeting. Each committee can create a schedule for the frequency and the sequence of reports being considered by the committee. The agenda items are linked with the National Standards for Safer Better Healthcare (2012).

Item Number		Discussion		
Introduction		Introductions, sign-in and apologies		
		Minutes of previous meeting and matters arising		
			Frequency*To be agreed	HIQA Theme
Quality Improvement	1	Service User experience		Person-centred care and support
	2	Staff experience		Workforce
	3	Quality indicators and outcome measures* Eg: • Quality and Safety Dashboard • KPIs • Monitoring of Service Level Agreements		Effective care and support
	4	Audit Plan		
	5	Meeting National Standards and Regulations Eg: HIQA Inspection Reports and Quality Improvement Plans. Ongoing review of QIP's		
	6	Implementation of Recommendations of Audit Reports, Investigation Reports, and other National Reports		
	7	Implementation of national and local quality and safety initiatives		Safe care and support
	8	Risk management processes		
	9	Incident Management		
	10	Prevention and Control of Health Care Acquired Infection		
	11	Better health and well being for staff, patients and members of the public		Better health and well being
Capacity and Capability	12	Approval of CHO Primary Care Division PPPGs or other documents		Leadership, governance and management
	13	Reports from Service-level Quality and Safety Teams		
	14	Service specific and mandatory education and training		Workforce
	15	Risk assessment of cost containment plans		Use of resources
	16	Healthcare records management		Use of information

* Note: outcome indicators and measures can be linked to a number of themes their function in terms of monitoring and quality assurance are very much linked to theme two *Effective Care and Support of the National Standards for Safety Better Healthcare (2012)*

Detailed Sample Agenda

Guidance for each quality and safety agenda items is set out in this section. Suggestions for the issues that might be reported / reviewed / discussed under each agenda item are provided. This is not intended to be prescriptive and will vary depending on the context and services provided by the health service provider:

Quality Improvement

1. Service user experience
   - Review of compliments, complaints, patient experience survey of PCTs (trends)
   - Review of service user suggestions
   - Feedback from service user forums
   - Any issues arising from service user consent /assisted decision making

2. Staff experience
   - Review of feedback from staff (concerns, suggestions, ideas for improvement)
   - Review of results from safety culture survey
   - Review of absenteeism (trends)

3. Quality indicators and outcome measures
   - Review of quality dashboard
   - Review of quality profile

4. Audit Plan
   - Review and approve annual audit plan for the service
   - Receive updates and audit reports

5. Meeting national standards, guidelines, policies, audit and report recommendations
   - Progress on meeting National Standards
   - Compliance with regulatory and legislative requirements
   - Progress on implementation and learning from audits and report recommendations (internal and external)
   - Policy procedure protocol and guideline development
   - Progress on implementation of national clinical programmes models of care
   - Morbidity and mortality review (e.g. learning from case reviews)

6. Implementation of national and local quality and safety initiatives
   - Progress on implementation of initiatives i.e. open disclosure policy, care bundles, medication safety programmes

7. Risk management processes
   - Review of incidents / near misses and trends
   - Look back reviews
   - Review of health and safety incidents and trends
   - Update on systems analysis underway
   - Management and use of medical devices and equipment: reports of planned maintenance and replacements
   - Review of risk register controls (risks for escalation)
   - Integration between secondary, primary and community care

8. Prevention and Control of Health Care Acquired Infection
   - PCHCAI Committee Reports
   - Review of incidents of infection (trends) and learning

9. Better health and well being for staff, patients and members of the public
   - Programmes supporting health and well being of staff and teams
   - Progress with health promotion programmes (e.g. smoking cessation, vaccination, physical activity)

Capacity and Capability

10. Reports from Service-level Quality and Safety Teams
    - The frequency of reports from each committee / team reporting into the PC QS Committee should be agreed and sequenced for review

11. Review of reports of service specific and mandatory education and training
    - Reports on service specific training
    - Reports on health and safety training (fire, moving and handling)

12. Risk assessment of cost containment plans
    - Advice to the CHO on quality and safety issues arising from cost containment plans

13. Healthcare records management
    - Audit and training

Appendix 2: Related Quality and Safety Structures

Each HSE Primary Care Service/Network/Centre will establish a Quality and Safety Team to progress the development and implementation of a Quality Improvement Plan (QIP) for the service.

The aim of the Quality and Safety team is to set out a clear QIP for the service and ensure the implementation of actions and monitoring / reporting on progress as required. The objectives are:

1. To develop a QIP for the service driven by the needs of service users and staff whilst also addressing statutory and regulatory requirements and obligations.
2. To provide a framework through which the QIP will be achieved and learning from audits, complaints and incidents is demonstrated.
3. To identify persons responsible for ensuring each of the QIP actions are progressed and delivered within an agreed timeframe.
4. To identify structures and processes required to ensure quality improvements are sustained, and progress a culture of continuous quality improvement and person centeredness.

Quality Improvement Plan

The QIP will be guided by:

- Framework for Improving Quality in our Health Service (HSE 2016)
- Self-assessments undertaken by the service in respect of legislation and regulations (i.e., National Standards for Safer Better Healthcare etc.)
- Existing service-level QIPs to address action plans arising from HIQA inspection reports and National Standards
- Suggestions and ideas for improvement from service users and staff
- Feedback from the Primary Care Division / Quality Improvement Division / Quality Assurance and Verification Division
- Other related reports and recommendations.

The QIP should build on new and existing local quality improvement initiatives to meet the services' quality and safety objectives and provide the safest and most effective care to enhancing the service user experience. The QIP should be formatted based on the existing HIQA QIP for the service.

Team Membership

It is recommended that Quality Improvement Teams should comprise of:

- The manager for the service, who will Chair the group
- Representatives from the various staff disciplines within the primary care team or network i.e. nurses, midwives, health and social care professionals, health care assistants, etc.
- A service user, representative or advocate. This can include a service user, a family member or independent advocate.