NHS
North East London

North East London Medicines Safety and Quality Group (MSQG)
Terms of Reference

1. Context

1.1 North East London Integrated Medicines Optimisation and Prescribing Committee (IMOC) is the overarching committee with operational oversight for medicines optimisation and prescribing and the Medicines Safety and Quality Group (MSQG) was established as a sub-group of the committee.

1.2 The Medication Safety and Quality Group's purpose is to promote the best possible health outcomes for our local population through working collaboratively with our partners and local communities to provide organisational oversight and assurance on patient safety and quality improvements around the safe use of medicines in primary care and at the interface with our partners and other stakeholders across the integrated care system.

2. Remit

2.1 The MSQG has no executive powers other than the delegated authority from the IMOC to investigate any activity within its terms of reference.

2.2 The group will be responsible for supporting medicines safety across North East London noting that partner organisations and other stakeholders within the system will have their own Medicines Safety pharmacists/Officers accountable for medicines safety in accordance to their organisation's Medicines Safety and Governance groups and risk management structures i.e., MSQG will not replace partner organisations internal governance structures.

2.3 This group may establish short-life working groups, consisting of nominated representatives from the relevant organisations to take forward detailed work on specific topics as they arise. The working groups shall feedback progress against the set deadlines to the MSQG.

2.4 It is the responsibility of the MSQG to:

- Provide assurance for Medicines Safety across North East London in primary care and at the interface with other stakeholders
- Develop and implement a NEL ICB Medicines Safety governance and risk management system by the ICB membership of the MSQG. Partner organisations hold their own risk registers and internal governance structures.
- Act as a forum to discuss and implement a seamless process to identify, escalate, communicate and share learning from medicines safety related issues at the interface (i.e. between NEL ICS providers and the ICB).

3. Authority and Accountability

The Medicine Safety and Quality Group (MSQG) shall be accountable and report to the Integrated Medicines Optimisation Committee.

4. Roles and Responsibilities

4.1 The role of the MSQG is to ensure that all responsibilities are safely delivered in line with national targets and guidance through the effective management of system resources and adherence to agreed system principles. The group's r**esponsibilities** include:

- To provide assurance that medicines are used safely and effectively across NEL ICS in collaboration with our partner organisations.
- To identify, prevent, reduce, report, escalate as necessary, and manage risks associated with medicines across the system and at the interface between providers e.g. provider Trusts, primary care and care homes.
- To act as the forum to discuss medicines safety related national alerts or incidents affecting the ICS, and ensure that where serious concerns are raised, action is taken or escalated, and that action plans are completed and the reporting loops closed.
- To discuss and review medicines-related incidents across the interface, including significant events and Never Events.
- To share learning and best practice from Medicine Safety and Quality related themes at interface/ICS level on safe use of medicines.
- To focus on quality improvement and set medicines safety priorities to implement change across the integrated care system
- Using effective data management, ensure medication safety is effectively and consistently measured across the ICS, and where areas of concern is identified, deep dives/other reviews are conducted and delivered as needed.
- To promote Education & Training on medicine safety related issues for pharmacists and other health care professionals across the interface.

5. Governance and Risk management (NEL ICB)

Partner organisations and other stakeholders within the ICS will be responsible for their own medicine safety in accordance to their organisation's Medicines Safety and Governance and risk management structures. They will continue to hold their own risk registers in accordance with their local policies

It is the sole responsibility of the ICB membership of the MSQG to:

5.1 Develop and implement an ICB Medicines Safety governance and risk management system.

5.2 Provide assurance that medicines are used safely and effectively across NEL ICB, in primary care and at the interface with other stakeholders. The group will not replace partner organisations internal governance structures.

5.3 Work with the NEL Integrated Medicines Optimisation Committee and individual organisational medicines safety committees or groups at ICS level, depending on the issue under discussion.

5.4 Ensure key areas of medicines safety are reviewed and any actions for monitoring and/or implementation are agreed and communicated across NEL ICB e.g. but not limited to: Medicines and Healthcare products Regulatory Agency (MHRA); National Patient Safety Agency (NPSA), Patient Safety Incident Response Framework (PSIRF), medicine related CQC recommendations, Eclipse Live reports, Safe use of Controlled Drugs and Opioids, Vaccine related patient safety incidents etc.

5.5 Review and share learning from medicine related serious incidents (SI) reports.

5.6 Promote an integrated medicine optimisation risk management system through implementation of a medicines optimisation risk management guidance consistent with the NEL ICB Risk Management Policy and Strategy, risk appetite and risk tolerance levels.

5.7 Work closely with the NEL Quality Safety and Improvement Committee to ensure no significant gaps exist between the remit and oversight when managing corporate risks.

5.8 Challenge risk assessment and risk management arrangements in medicine related activities where specific concerns are raised by reviewing the current risk scores, setting target scores, discussing mitigating actions for implementation, and escalating risks where required.

5.9 Manage the group's work plan in collaboration with members of the MSQG group.

5.10 Provide summary reports to IMOC and NEL Quality, Safety and Improvement Committee of the key medicine risks in the ICB, the processes and mitigating actions in place to minimise and manage the risks.

6. Membership

Partner organisations who will participate in NEL MSQG include:

- NHS North East London Integrated Care Board
- Barts Health NHS Trust
- Barking, Havering and Redbridge University Hospital Trust
- Homerton Healthcare NHS Foundation Trust
- North East London NHS Foundation Trust
- East London NHS Foundation Trust

MSQG will work on medication safety related as appropriate with a range of other committees and groups including but not exhaustive of the following:

- Local Authorities - TBC
- North East London Pharmacy Leads Network
- Primary Care Networks, Prescribing Committees and Forums
- Medicine safety and governance committees at Provider Trusts and with other partners and stakeholders

System wide

- Chief Pharmacist NEL ICS/ or Deputy Head of Medicines Optimisation – NEL ICB- TBC
- Clinical Director- NEL ICB
- GP Prescribing Lead X 2 Medicines Safety Officer/Pharmacist for each provider Trust within NEL ICS
- NEL ICB Medicines Safety Officer (MSO)- TBC
- NEL ICB Quality Lead
- Clinical representation – Acute and Mental Health Trust-TBC
- PCN Practice Pharmacist representative - TBC
- Local Pharmaceutical Committee representative

Primary care:

- Chief Pharmacist NEL ICS/ Deputy Head of Medicines Optimisation NEL ICB – TBC
- NEL ICB Medicines Safety Officer (MSO)- TBC
- NEL ICB Quality Lead
- GP Prescribing Lead X 2 PCN Practice Pharmacist representative – TBC
- Care Home representative (TBC)
- Local Pharmaceutical Committee representative

- Additional attendees may be invited to provide expertise in a particular subject area e.g. public health.
- It will be the responsibility of the group to maintain an accurate and up to date membership list.

7. Meetings

The MSQG meetings will be separated into two parts:

- **Part 1** - System wide: all members of the Medicines Safety and Quality Group meeting – to provide ICS assurance, discuss and share learning of Medicines Safety and Quality issues across the system.
- **Part 2** – Primary Care: Medicines Safety and Quality group meeting for ICB internal governance and assurance - ICB and primary care members only.

7.1 **Frequency**:

- Monthly – last Thursday afternoon of each month.
- Duration: one and half hours (1.5hrs) Duration for Part 1-System wide (60 minutes) and Part 2- Primary care (30minutes)

7.2 **Quorum:**

- One third of the members is considered quorate consisting of the chair (or nominated deputy) and at least one representative from, Primary care, Acute and Mental Health.
- All members shall endeavour to send an appropriate deputy when unable to attend

Chair: Co-chairs –TBC- Chosen from membership. Tenure 2 years

8. **Secretary:** administrative support will be provided by the ICB Pharmacy and Medicines Optimisation team**.**

9. Agenda and actions

- Agenda items are required to be submitted by email to MSQG a minimum of 2 weeks prior to the next scheduled meeting.
- The agenda and any supporting documents will be circulated by email 1 week prior to the meeting. Papers may only be tabled in exceptional circumstances and with approval of the Chair.
- Minutes and action log agreed from the meeting will be circulated to the group 1 week after the meeting.

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10. Monitoring and Review

- The group will develop a work plan with specific objectives and reviewed on a 12-monthly basis.
- Monthly Highlight report shall be sent to the Integrated Medicines Optimisation and Prescribing Committee. The Clinical Advisory Group will receive an annual written report on the work of the MSQG.
- The group shall review its purpose, function, performance and terms of reference every 6 months within the first year and yearly thereafter.