CCGs working together

Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG

Terms of Reference

Joint Quality Committee

1. Accountability arrangements and authority

The Joint Quality Committee has been established as a committee of the CCG, in accordance with the CCG's constitution, standing orders and scheme of delegation.

The remit, responsibilities, membership and reporting arrangements of the Joint Quality Committee are set out in these terms of reference and shall have affect as if incorporated into the CCG's constitution. The Joint Quality Committee has no executive powers, other than those specifically delegated in these terms of reference.

The Joint Quality Committee is accountable to member practices via the Council of Members or Representatives of each CCG. The Joint Quality Committee is also required to provide assurance on its work to the Governing Body.

The Joint Quality Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the CCG or member of the Governing Body or Clinical Board / Executive and they are directed to co-operate with any request made by the Committee within its remit as outlined in these terms of reference.

The Joint Quality Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing so the committee must follow any procedures put in place by the CCG for obtaining legal or professional advice.

2. Relationships and reporting

The Joint Quality Committee is accountable to member practices via the Council of Members or Representatives of each CCG.

Draft minutes of the Joint Quality Committee meetings will be circulated to members within 10 working days of a meeting and will be subject to ratification by the next Committee meeting.

Minutes of the Joint Quality Committee will be provided to the Governing Body of each CCG. The Chair of the Joint Quality Committee shall draw to the attention of the Governing Body and / or Council of Members or Representatives any significant issues or risks relevant to that CCG.

The Joint Quality Committee will present annual report of its work to the Councils of Representatives / Members via the CCGs' Annual Reports. As required by CCG Annual

Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Committee's work over the year.

Reports on specific issues will also be prepared when necessary for consideration by the Governing Bodies, Clinical Executive / Boards and / or Council of Members / Representatives.

The Primary Care Commissioning Committees (PCCC) for all 3 CCGs will be responsible for the comprehensive performance and quality management. The General Practice Quality Improvement Group (GPQIG) for BCCCG and BDCCG will be responsible for quality improvement in primary medical care. The Joint Quality Committee will in pursuit of its operating model, review priority themes and issues and provide assurance to the Governing Bodies. In so doing it will work closely with the chairs of each PCCC and the primary care Contracts Assurance Group (CAG).

3. Role and function

The Joint Quality Committee is responsible for advising and supporting the governing body in:

- providing assurance on the quality of services commissioned; and
- promoting a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

The scope of the Joint Quality Committee will be all services commissioned by the CCGs, including those delegated by NHS England, for children, young people and adults including those services that are jointly commissioned with the local authority and those services commissioned from the voluntary and community sectors.

4. Responsibilities

- To provide the CCGs with an assurance and scrutiny function in relation to quality of all commissioned services relating specifically to patient safety, patient experience and clinical effectiveness, and to ensure appropriate action is taken where such assurance is lacking.
- Test, challenge, inquire and explore intelligence in a wide range of forms evidencing the quality, safety, effectiveness and impact on clinical health outcomes of services commissioned to identify areas of concern and good progress, commission and approve action plans and other initiatives in relation to areas of concern. Intelligence considered will include:
    - Data analysis and contract performance intelligence
    - Patients', service users' and carers' reports, surveys, complaints and concerns
    - Evidence from key clinicians and managers from commissioned services
    - Other intelligence agreed to be important and reliable
- To ensure that all services, where possible are reflective of and responsive to local populations and people's experiences
- On the basis of the tests, challenges, inquiries and explorations of intelligence, provide assurance to the governing bodies of the quality, safety, and effectiveness of

commissioned services, and the contribution services make to achieving good health outcomes for local people. Where assurance cannot be provided in part or in full, to provide the governing bodies with details of remedial actions being taken and/or being recommended

- Commission or receive (as appropriate) and review reports arising from the following, and commission and approve action plans and other remedial initiatives in line with agreed processes and procedures, for:
    - serious incidents (SIs)
    - serious case reviews (SCRs)
    - domestic homicide reviews (DHRs)
    - child and adult safeguarding investigations
    - 'never events'
    - system failures
    - individual care failures
    - 'near misses'
    - CQUINs (commissioning for quality and innovation)

- To ensure that any concerns regarding clinical outcomes within commissioned services is effectively identified and managed via contract mechanisms and that the wider implications and trends are addressed.

- Where independent investigation reports have been commissioned either by the committee or by another authorising body, to recommend publication plans in light of the NHS's commitment to transparency and openness

- Identify, where appropriate, issues relating to data quality, completeness or accuracy of intelligence in all forms, and commission improvements where required

- To discharge our responsibilities in relation to securing continuous improvement in quality of general medical services (including approval of arrangements for supporting NHS England in discharging its responsibilities for this).

- Regularly review the CCGs' clinical risk management processes, systems and culture, to ensure their effectiveness, commissioning changes and improvements as appropriate. This should also include the CCGs governing body assurance framework and risk register.

- Undertake such quality surveillance activity for commissioned services as from time to time required by the West Yorkshire Quality Surveillance Group.

- To review changes in national guidance relating to quality and safety, together with any implications for the CCGs.

- Maintain appropriate liaison with regulatory bodies especially the Care Quality Commission and NHS Improvement and any relevant professional regulatory bodies in order to ensure appropriate information flows on matters within the committee's remit.

- To support at all times the creation, maintenance and development of a patient-focused culture within the CCGs and the wider health system

- Advise clinical boards in the formulation of overall clinical commissioning strategy including the scrutiny of QIPP plans to ensure quality is not compromised by financial imperatives.

- Review and monitor the Corporate Risk Register in respect of quality risks. Request action by accountable individuals to manage aforementioned risks and variation in performance, ensuring plans are put in place to address the achievement of objectives and targets. Ensure that variance against target performance levels is reflected in the Risk Register reports and Governing Body Assurance Framework as appropriate.

To review and approve any CCG policies and procedures relevant to the committee's remit.

5. Membership

- Lay Member for Patient and Public Involvement (AWC)
- Lay Member for Patient and Public Involvement (BDCCG)
- Lay Member for Patient and Public Involvement (BCCCG)
- Registered Nurse (AWCCG, BDCCG,BCCCG)
- Secondary Care Consultant (AWCCG)
- Secondary Care Consultant (BCCCG, BDCCG)
- Lay Representative (invited from Healthwatch)
- Elected GP member of the Clinical Executive (AWC)
- Elected GP member of the Clinical Board (BCCCG)
- Elected GP member of the Clinical Board (BDCCG)
- Director of Quality and Nursing (AWCCG, BDCCG,BCCCG)
- Associate Director of Corporate Affairs

Members can send deputies to represent them. Deputies will count towards quorum but will only have voting rights if they have formal acting up status.

Members are normally expected to attend at least 75% of meetings during the year.

6. Chair

The Chair of the Joint Quality Committee shall be one of the Lay Members and the Chair shall rotate on an annual basis between the 3 CCGs.

The Deputy Chair of the Joint Quality Committee shall be one of the Lay Members.

Where both Joint Quality Committee Chair and Deputy Chair cannot attend or is conflicted, committee members present will elect one of their numbers to act as the Chair that occasion.

7. Decision-making & voting

Generally, it is expected that meeting decisions will be reached by consensus. Should this not be possible, each voting member of the Joint Quality Committee will have one vote. Decisions will be by majority vote.

In the event of a tied vote, the Chair of the Joint Quality Committee will have the second and casting vote.

Should a vote be taken, the outcome of the vote and any dissenting views will be recorded in the minutes of the meeting.

8. In attendance

Regular attendees will include:

- Head of Patient Quality & Safety
- Head of Patient Outcomes
- Head of Patient Engagement & Experience
- Deputy Director of Quality and Nursing

Other CCG staff may be requested to attend in an advisory capacity.

Any member of the Governing Body or Clinical Executive / Board of each CCG is entitled and encouraged to attend this committee with observer status.

9. Quorum

50% of the membership (which equates to 6 individuals), to include the:

- Chair or Deputy Chair
- One of the: Director of Quality and Nursing, Associate Director of Quality and Accountable Care, Deputy Director of Quality and Nursing
- One Elected GP

10. Frequency of meetings

The Joint Quality Committee will normally meet monthly with a minimum of 10 meetings per annum.

11. Sub-committees / groups

The Joint Quality Committee is authorised to create sub-groups or working groups as are necessary to fulfil its responsibilities within these terms of reference.

The Joint Quality Committee may not delegate executive powers delegated within these Terms of Reference, unless expressly authorised by the Council of Members or Representatives of each CCG and remains accountable for the work of any such groups.

JQC has established the Bradford GP Quality Improvement Group as a sub-group of JCQ to lead work in this area. *[NOTE: there is a different approach to GP quality improvement work at AWC]*

12. Conduct

The Joint Quality Committee will have due regard to, and operate within, the constitution, standing orders, the scheme of delegation, the prime financial policies and other policies and procedures of the CCG.

The Joint Quality Committee will conduct its business in accordance with relevant national guidance, including codes of practice such as the Nolan Principles, which are included in the CCG constitution.

13. Management of conflicts of interest

The Joint Quality Committee will adhere to the CCG's Business Conduct & Conflicts of Interest Policy.

If any member of the Joint Quality Committee has an actual or potential conflict of interest in any matter and is present at the meeting at which the matter is under discussion, they will

declare that interest at the start of the meeting and again at the relevant agenda item and this shall be recorded in the minutes. The Chair of the meeting will determine how the interest will be managed in accordance with the CCG's Business Conduct & Conflicts of Interest Policy.

The minutes must specify how the Chair decided to manage the declared interest, i.e. did the individual(s) concerned:

- Take part in the discussion but not in the decision-making
- Did not take part in either the discussion or decision-making
- Take part in the discussion and left the meeting for the decision or
- Left the meeting for the whole of the item

In making this decision the Chair will need to consider the following points:

- the nature and materiality of the decision
- the nature and materiality of the declared interest(s)
- the availability of relevant expertise
- as a general rule (and subject to the judgement of the Chair), if an interest involves a financial interest or a significant non-financial interest, the individual should be asked to leave the meeting for the whole item

14. Administration

The quality team provide administrative support to the Joint Quality Committee and will ensure that papers are issued at least five working days before a meeting and that draft minutes are circulated within 5 working days after a meeting.

The quality team will be responsible for supporting the Chair in the management of the Joint Quality Committee business and for drawing the committee's attention to best practice, national guidance and other relevant documents as appropriate.

The quality team, in conjunction with the Chair of the Joint Quality Committee and staff from other teams, will develop and maintain a work programme to inform and guide the work of the committee.

15. Urgent matters arising between meetings

The Chair or Deputy Chair of the Joint Quality Committee in consultation with the Director of Quality and Nursing, or the Accountable Officer, or one of the deputies in the quality team may also act on urgent matters arising between meetings of the Committee.

Where an urgent decision has been taken a report, along with any background documentation, will be taken to the next meeting of the Joint Quality Committee, where the Chair or Deputy Chair will explain the reason for the action taken.

16. Monitoring of performance and compliance

The Joint Quality Committee will review its own effectiveness, its compliance with its terms of reference and the terms of reference document itself at least annually and a report of the outcomes of this review will be produced and reported to the Governing Body (or to the Audit Committee on behalf of the Governing Body).

17. Date TOR agreed

TOR agreed by JQC on 2nd August 2018.

Approved AWC Council of Members 29th November 2018, BC Council of Members 18th December 2018 (meeting not quorate – ratified by email), BD Council of Members 19th December 2018

18. TOR review date & approving body

Annually, or as and when legislation or best practice guidance is updated.

Any amended Terms of Reference will be agreed by the Joint Quality Committee for approval by a subsequent meeting of the Council of Members or Representatives of each CCG.