

NHS Nene and NHS Corby

Clinical Commissioning Groups

Joint Quality Committee

Terms of Reference

1. Introduction

The joint quality committee (the committee) is a decision making group established in accordance with the constitutions, standing orders and schemes of delegation of both NHS Nene and NHS Corby clinical commissioning groups.

As a joint committee, decision making responsibilities are formally delegated to individual committee members from each CCG, in accordance with the scheme of delegation from both organisations. Details of members with such delegated responsibilities are outlined in the membership section below. This delegation of responsibility to individuals allows each CCG to make different decisions if required, as long as those decisions are in accordance with these Terms of Reference and the scheme of delegation for each organisation. Decisions not covered by the schemes of delegation would need to be referred to each governing body for approval.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the clinical commissioning group's constitution and standing orders.

As outlined in the Operating Framework, the NHS is moving to a system where quality and outcomes drive everything we do. The NHS Outcomes Framework is the catalyst for driving quality improvement and outcome measurement throughout the NHS. Clinical commissioning group governing bodies must assure themselves that the services they commission meet appropriate levels of safety, quality and effectiveness, that safeguarding responsibilities are met and take relevant actions if that is not the case.

Optimal value for the patient is crucial in each of the three dimensions of quality: clinical effectiveness, patient experience and patient safety.

2. Membership

Membership comprises of Nene and Corby officers and employees, as well as lay representation. Others are asked to attend to provide advice and support as well as those asked to attend to present information to the

committee. The committee may co-opt non-voting members or seek advice from suitable professionals as appropriate.

Voting Members

Individual members with voting rights are restricted to those with delegated responsibility for decision making on behalf of each organisation, as included in the scheme of delegation for the respective organisations:

- Lay representative (Nurse Board Member) – Nene (Chair)
- Lay Representative (Nurse Board Member) – Corby (Deputy Chair)
- Accountable Officer – Nene
- Director of Quality and Outcomes - Nene
- Chief Commissioning Officer – Nene
- GP Quality Lead – Nene
- GP Quality Lead - Corby
- Chief Commissioning Officer - Corby
- Chief Operating Officer – Corby

3. Conflict of Interest Declaration

The committee chair will ask at the beginning of each meeting whether any member has conflict of interest to declare about any cases being discussed at the meeting.

If a member has a direct or indirect connection with an issue on the agenda which may impact on their ability to be objective they must declare an interest to the chair. A decision will then be taken as to whether it is appropriate or not for this member to remain in the meeting whilst the item concerned is discussed.

If a member has been approached and offered advice on the management of a case then this must be declared to the chair.

4. Secretary

The committee will have nominated secretarial support to provide continuity in the organisation and execution of meetings. The secretary will be responsible for supporting the chair in the management of the business of the committee and for drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate.

5. Quorum

The quorum for any meeting shall be at least three voting committee members.

6. Voting Rights

It is anticipated that most decisions of the committee shall be made by consensus. In the event that decisions require a formal vote, each voting member present at the meeting shall be entitled to one vote. Absent members are not entitled to a vote. In the event of an equal vote, the chair shall have the casting vote. Either organisation is able to veto this decision in respect to their own organisation, but only after presenting to and gaining agreement of their individual governing body.

7. Frequency and notice of meetings

The committee will meet once a month. Meetings for the year will be set at the beginning of each year and distributed to all members. This should fit in with the reporting arrangements to governing bodies.

Full minutes will be kept of all meetings, and circulated by confidential means to group members only.

Agendas should be agreed at least five working days before each meeting. Agendas and meeting papers should be circulated to all members at least three working days before each meeting.

8. Remit of the committee

The remit of the committee is to:

- Provide assurance that commissioned services are being delivered in a high quality and safe manner, ensuring that quality sits at the heart of everything the commissioning organisation does
- Ensure that the quality assurance data is used to inform commissioning decisions and drive improvements in quality
- Commission any reports or surveys it deems necessary to help it fulfil its obligations
- Receive and scrutinise independent investigation reports relating to patient safety issues and agree any further actions
- Provide oversight of decision making processes for the various groups that monitor safety and quality
- Monitor progress in the delivery of the NHS Outcomes Framework

- Provide assurance to the governing bodies that the quality and safety of services is being robustly monitored and action is taken when required to make improvements
- Ensure considerations relating to safeguarding children and adults are integral to commissioning services and robust processes are in place to deliver safeguarding duties.

9. Responsibilities of the committee

The principle responsibilities of the committee are to:

- Secure continuous improvement to the quality of commissioned services and to contribute to the reduction in health inequalities
- Be assured that the quality of care being provided by all commissioned services is being robustly monitored
- Ensure that a clearly defined escalation process is in place for safety and quality measures, taking action as required to ensure that improvements in quality are implemented where necessary
- Consider and review all clinical standard, safety and safeguarding issues escalated to the attention of the group and make recommendations on the best way forward
- Satisfy itself that children and adult's safeguarding duties are being met and that robust actions are taken to address concerns.
- Agree and monitor action plans submitted by any sub-group of the committee
- Review and agree terms of reference for all groups that report directly into the committee to ensure that membership and functions are satisfactory
- Review and make recommendations to the Northamptonshire Commissioning Delivery Executive on all Quality Impact Assessments with a high risk rating

10. Relationship with the governing body

The committee is a sub-committee of, and is accountable directly to, Nene CCG Governing Body and Corby CCG Governing Body.

The committee will consist of two parts. Part 1 will include the majority of items for discussion and will be suitable for public consideration. Part 2 will only be used to discuss more sensitive and confidential items. The chair will have authority to decide on the content of Part 2 of the agenda.

Reports on quality and safeguarding will be submitted to meetings. The committee will also review reports of serious incidents across the county.

Reports on quality and safeguarding will be presented to the governing bodies.

Quality and safeguarding concerns may be referred to the committee by various groups including but not restricted to:

- Controlled Drugs Local Intelligence Network (CDLIN)
- Quality Review Groups
- Infection Prevention and Control Committee
- Serious Incident Assurance Meeting
- Acute Mortality Review Group
- Safeguarding Adults & Children Boards
- Healthwatch

11. Policy and best practice

The committee will apply best practice in the decision making processes it uses in its work.

12. Conduct of the committee

The committee will conduct its business at all times in accordance with any national guidance and relevant codes of conduct and good governance practice. The committee will have regard at all times for the Nolan seven principles of public life.

Each clinical commissioning group must indemnify the other against any liability arising out of or in connection with any breach of the terms of reference or any negligent act or omission of the indemnifying organisation.

The committee will review these terms of reference and membership annually or sooner if required. Any resulting changes to the terms of reference should be approved by the governing body.

The committee will also review its own performance each year.

These terms of reference are available for open access and are published on the organisation website.

Date Agreed: 20th June 2012

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Approved by Nene CCG Governing Body on 22nd August 2012