Terms of reference – Bradford District and Craven Quality Committee

Version control

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1. General

This BD&C committee, the Quality Committee is part of the West Yorkshire Integrated Care System, which has four core purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

The ICS has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and

We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

In these Terms of Reference the following capitalised terms are given the meaning set out in the NHS West Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:

- Conflict of Interest Policy
- Constitution
- Standing Order or Standing Orders

Other capitalised terms have the meaning set out below:

- "Attendee" refers to a participant of this BD&C Committee as listed in section 6
- "BD&C Committee" refers to this Committee
- "Chair" means the chair of this BD&C Committee
- "ICB" means the NHS West Yorkshire Integrated Care Board, including any individual, organisation or committee to which its powers or responsibilities are delegated
- "ICB Business" has the meaning given to it at section 6 "ICB Committee" means a committee of the ICB
- "ICB Policies" means any policy, process or procedure formally adopted by the ICB
- "Member" refers to a member of this BD&C Committee as listed in section 5
- "NHS Foundation Trust Partner" means Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and/or Bradford Teaching Hospitals NHS Foundation Trust
- "Partner" refers to a partner organisation in the Place Partnership which is also a party to the SPA
- "Partnership Business" has the meaning given to it at section 6
- "Partnership Board" means the Bradford District and Craven ICB Committee as described in the Constitution
- "Place Lead" means that individual appointed by the ICB to oversee and help develop the Place Partnership
- "Place Partnership" means the partnership of organisations described in the SPA
- "SPA" means the Strategic Partnering Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Bradford District and Craven
- "Working Days" means a weekday that is not a bank holiday in England

"Written Resolution Procedure" is the written resolution procedure described at section 10.

This BD&C Committee shall operate in accordance with the vision, objectives and principles set out in the terms of reference of the BD&C Partnership Board. When advising or making decisions on behalf of the ICB, it will comply with relevant ICB policies.

The ICB Standing Orders shall apply to this BD&C Committee unless these Terms of Reference expressly make alternative provision that they do not.

2. Reports to

This BD&C Committee reports to the BD&C Partnership Board and the ICB Quality Committee. Members and Attendees may also report back to their respective Partner organisations.

3. Purpose

This BD&C Committee has been established to provide the Partnership Board with assurance that is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the Partnership Board, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.

The Committee will provide regular assurance updates to the Partnership Board in relation to activities and items within its remit"

This BD&C Committee has two roles:

- The first is to support the ICB on issues within its remit. If this BD&C Committee makes decisions on behalf of the ICB (see section 4 below) this is done in accordance with the authority delegated from the ICB to the Partnership Board, and from the Partnership Board to this BD&C Committee.

- The second is to support the wider Place Partnership, which comprises the ICB and various other organisations, on issues within the BD&C Committee's remit. This support is provided by advising and working collaboratively with all members of the BD&C Partnership, who come from these other organisations.

If this BD&C Committee considers that there is or may be a conflict between these two roles then the Chair shall notify the Place Lead.

In practice, this BD&C Committee carries out both roles by reporting to the Partnership Board, which comprises senior leaders from the Place Partnership and is a committee of the ICB.

4. Remit and Responsibilities

The remit of this BD&C Committee is to:

a) **Make the following decisions on behalf of the ICB, following delegation of this responsibility from the ICB to the Partnership Board and from the Partnership Board to this BD&C Committee:**

This BD&C Committee has an assurance role and will not be making decisions on behalf of the ICB.

b) **Provide advice and/or recommendations in the areas listed below to the Partnership Board, for the benefit of the ICB ("ICB Business"); and**

c) Provide advice and/or recommendations in the areas listed below to other members of the Partnership Board ("Partnership Business")

There is a significant overlap between the work that the BD&C Committee will carry out as ICB Business and the work it will carry out as Partnership Business. Any business conducted by this BD&C Committee will be both ICB Business and Partnership Business unless expressly stated otherwise in writing (for example in the agenda and/or minutes),

i. Provide assurance to the Partnership Board of the quality, safety, and effectiveness of services for BD&C, and the contribution services make to improving health outcomes for local people.

ii. The development and maintenance of a strategic approach to quality assurance, reporting and monitoring, sharing learning and improvement activity across the system.

iii. Ensure concerns regarding clinical outcomes within BD&C services are identified and managed and that wider implications and trends are addressed.

iv. Ensure that services are reflective of and responsive to local populations and people's experiences.

v. Advise the Partnership Board in the formulation of overall clinical strategy including how decisions are made and the scrutiny of subsequent plans to ensure quality is not compromised by financial imperatives. This will include quality impact assessments.

vi. Test, challenge, inquire and explore intelligence evidencing the quality, safety, effectiveness and impact on clinical health outcomes of services. Commission and approve action plans and other initiatives in relation to areas of concern.

vii. Oversee and monitor delivery of the key statutory requirements relating to quality and patient safety and the Partnership's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained. This will include the Patient Safety Incident Response Framework (PSIRF).

viii. Ensure effective communication with regulators and maintain an overview of changes in the methodology employed and changes in legislation/regulation, and assure the Partnership Board that these are disseminated and implemented across all sites.

ix. Receive assurance that the Partnership identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded.

x. Identify issues relating to data quality, completeness or accuracy of intelligence in all forms, and commission improvements.

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

xii. To support at all times the creation, maintenance and development of a patient-focused culture within the BD&C Partnership.

xiii. Review and monitor the Partnership Risk Register in respect of quality and safety 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 Partnership Assurance Framework as appropriate.

xiv. Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into this Committee.

5. Members

Members contribute to discussion, participate in decision making and are accountable for decisions made. If a matter goes to a vote, then each Member has one vote save that the Chair shall have a casting vote, as set out in paragraph **Error! Reference source not found.**.

The Members of this Committee are:

- Two non-executive directors to be selected by the BD&C Partnership Board, with each director to be from a different NHS Foundation Trust Partner. One of whom will be the Chair of the Committee, and one of whom will be the deputy Chair.
- The BD&C Partnership Director of Quality and Nursing

- The Chief Nurse of Airedale NHS FT
- The Chief Nurse of Bradford District Care NHS FT
- The Chief Nurse of Bradford Teaching Hospitals NHS FT
- The Medical Director of Airedale NHS FT
- The Medical Director of Bradford District Care NHS FT
- The Medical Director of Bradford Teaching Hospitals NHS FT
- A Consultant in Public Health - City of Bradford MDC The Assistant Director of Health and Wellbeing - City of Bradford MDC
- The Assistant Director of Children's Services - City of Bradford MDC
- The Director of Health and Wellbeing – City of Bradford MDC
- The Assistant Director of Adult Social Care - North Yorkshire County Council
- Strategic Service Development Manager (Craven Locality / Care Market Portfolio) – North Yorkshire County Council
- Chief Executive of Healthwatch Bradford District
- Chief Executive of The VCS Alliance
- Chief Executive of Project 6
- Chief Executive of Community Action Bradford & District
- Chief Executive of Bradford Care Association
- Medical Director Local Medical Committee
- Chair of Citizen's Forum

6. Attendees

The following individuals will be invited to attend each meeting of this BD&C Committee as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote.

- Associate Director of Quality and Nursing – BD&C Partnership
- Assistant Director Quality Improvement – BD&C Partnership
- Senior Head of Patient Safety – BD&C Partnership
- Senior Head of Communications and Engagement – BD&C Partnership
- Strategic Communications and Stakeholder Engagement Lead - BD&C Partnership

- Deputy Director of Patient Safety, Compliance and Risk – Bradford District Care NHS Foundation Trust
- Contracting, Procurement & Quality Assurance Manager – North Yorkshire County Council
- Associate Director of Quality – Bradford Teaching Hospitals NHS Foundation Trust
- Deputy Chief Medical Officer - Quality – Bradford Teaching Hospitals NHS Foundation Trust

The Chair may invite such other Attendees to attend any meeting of this BD&C Committee as the Chair considers appropriate.

Any individual wishing to attend a meeting of this BD&C Committee should make request to the Chair by writing to the committee administrator, to be received at least three Working Days to the meeting. Attendance is at the Chair's discretion.

7. Deputies

In accordance with the Standing Orders, with the permission of the Chair, a Member may nominate a deputy to attend a meeting of the Committee that the Member is unable to attend. The deputy may speak and vote on their behalf. The decision of the meeting Chair regarding acceptance of nominated deputies is final.

Any requests for a deputy to be appointed should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

Any reference to Member in these terms of reference includes a deputy appointed in accordance with this paragraph.

8. Chair

The Chair of this BD&C Committee shall be one of the non-executive directors from an NHS Foundation Trust Partner that is a Member and selected as follows.

The first Chair of this BD&C Committee shall be appointed by the BD&C Partnership Board and shall be appointed for a term of eighteen months.

Subsequent Chairs shall be appointed for a term of eighteen months. Such Chairs shall be appointed by the BD&C Partnership Board.

One person may not serve more than three consecutive terms as Chair. If the Chair is unable to attend a meeting or carry out the role of the Chair between meetings this shall be taken on by the Deputy Chair.

The Deputy Chair of this BD&C Committee shall be one of the non-executive directors from an NHS Foundation Trust Partner that is a Member and selected as follows.

The first Deputy Chair of this BD&C Committee shall be appointed by the BD&C Partnership Board and shall be appointed for a term of eighteen months.

Subsequent Deputy Chairs shall be appointed for a term of eighteen months. Such Deputy Chairs shall be appointed by the BD&C Partnership Board.

One person may not serve more than three consecutive terms as Deputy Chair.
If both the Chair and the Deputy Chair are absent then the Members present at the meeting shall appoint a temporary Chair for the purposes of that meeting and if they wish any preparation needed in advance of the next meeting.
References to Chair shall be read accordingly.

9. Quoracy

No decisions shall be made unless at least 50% of the Members are present and at least one Member representing each of the ICB and at least one of the three NHS Foundation Trusts within the BD&C Partnership

If a meeting is or becomes inquorate, this will be minuted. Members may discuss matters but no formal decisions will be made. Any discussions will be summarised at the start of the next meeting of this BD&C Committee.

The expectation of the Partners is that this BD&C Committee will meet regularly as scheduled. The Partners recognise that even if a meeting is not quorate, useful discussions may take place. However, if the Chair has received apologies for a meeting in advance that indicate that a quorum will not present, the Chair may cancel the meeting if they are satisfied that this is the more appropriate use of Members' time.

An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

10. Conduct of meetings

Meetings of this BD&C Committee will be run by the Chair. The expectation is that Members will attend meetings in person. However, in accordance with the Standing Orders, the Chair shall have discretion to permit a Member or Attendee to participate in a meeting by telephone, video or by other electronic means where they are available and the Chair is satisfied that there is good reason for the request, such as clinical commitments. Participation by any of these means shall be constitute presence in person at the meeting provided all Members and Attendees in attendance can be heard and hear one another. Any request to participate in a meeting by telephone, video or by other electronic means should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

The Chair may also require that a meeting take place entirely by telephone, video or by other electronic means where there is good reason to do so, for example the difficulties of managing hybrid meetings or public health concerns.

In line with the Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each Member will have one vote, the process for which is set out in the section below:

a. All Members of this BD&C Committee who are present at the meeting will be eligible to cast one vote each.
b. Absent members may not vote by proxy. Absence is defined as being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so. However, they are able to appoint a deputy in accordance with paragraph **Error! Reference source not found.**.
c. A resolution will be passed if more votes are cast for the resolution than against it.
d. If an equal number of votes are cast for and against a resolution, then the Chair will have a second and casting vote.
e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

If the Chair considers it appropriate, decisions may also be taken through the Written Resolution Procedure set out below:

a. The Chair will arrange for an email to be written that:
    - confirms the resolution(s) that the Members are being asked to approve;
    - includes, by way of an attachment, all of the relevant information to enable the Member to reach a decision on the proposal(s);
    - contains the deadline (date and time) for response that shall be at least ten Working Days from the date of the email; and
    - confirms the email address to which the Member's vote should be sent.

b. The Chair will arrange for the email and accompanying documents to be sent by e-mail to all Members on the same date.

c. Each Member shall reply to the designated email address by the deadline given setting out whether they accept, reject or abstain in relation to each resolution set out in the email. Once a Member has responded stating they accept, reject or abstain in relation to a resolution they may not amend or retract their vote.

Exceptions:

d. The following decisions may not be taken by way of the Written Resolution Procedure:

Passing the written resolution:

e. In order for the written resolution to be passed the quorum rules must be complied with. If any Member does not respond to a resolution proposed by the Written Resolution Procedure by the deadline given they are not present for the purpose of the quorum. Responses received after the deadline will be disregarded.

f. Provided the quorum requirements have been complied with a resolution will be passed if the majority of Members responding by the deadline approve the resolution.

g. The Chair will arrange for Members to be notified of the outcome of the Written Resolution Procedure within five Working Days of the deadline.

h. The outcome of all uses of the Written Resolution Procedure will be recorded in the papers for the next meeting. This will include details of votes approving or rejecting each resolution, any abstentions and details of any Member that did not respond by the deadline.

11. Frequency of meetings

This BD&C Committee will meet at least once in any three month period.

The Chair may call an additional meeting at any time by giving not less than 10 Working Days' notice in writing to all Members and Attendees.

The Partnership Board may require that this BD&C Committee meet within a reasonable timeframe to discuss a particular matter. Such requests should be submitted to the Chair. Members and Attendees shall be given at least ten Working Days' notice of any meeting save that in emergency situations the Chair may call a meeting with three Working Days' notice by setting out the reason for the urgency and the decision to be taken. Papers shall be circulated at least two Working Days before the meeting.

12. Urgent decisions

In the case of urgent decisions needed in extraordinary circumstances, every attempt will be made for this BD&C Committee to meet. Where this is not possible the following will apply:

a) The decision-making responsibilities which are delegated to this BD&C Committee, may for an urgent decision be exercised by the Chair and the BD&C Partnership Director of Quality and Nursing. The Chair shall also consult the Deputy Chair.

b) The exercise of such powers shall be reported to Members by email within 2 Working Days.

c) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken, and report the decision to the Partnership Board for oversight.

Extraordinary circumstances will usually be unforeseen and be such that either calling an extraordinary meeting or using the Written Resolution Procedure will not be appropriate.

13. Declarations of Interest

If any Member or Attendee has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible before the meeting and act in accordance with the Conflicts of Interests Policy.

The Chair will determine how a conflict of interest should be managed in accordance with the Conflicts of Interests Policy, taking into account any previously agreed arrangements for managing a conflict of interest. The Chair may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

14. Support to the Committee

Administrative support will be provided to this BD&C Committee by the BD&C place based team of the ICB. This will include:

- Agreement of the agenda with the Chair
- Sending out agendas and supporting papers to Members and Attendees at least five Working Days before the meeting.
- Taking minutes of the meetings, including an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Drafting minutes for comment and approval by the Chair within five Working Days of the meeting. Following Chair's approval, distributing the minutes to all Members and Attendees within five Working Days of the approval. Updating minutes in accordance with any amendments agreed at subsequent meetings
- Maintaining an on-going list of actions, specifying the Member(s) responsible for each action, due dates, progress and completion.
- Maintaining an annual work plan.
- Receiving notifications and requests on behalf of the Chair, including notifications relating to conflicts of interest, requests for meetings and/or nomination of deputies

Notifications and requests to the Chair must be sent to the committee administrator.
It is the responsibility of Members and Attendees to ensure that they provide their contact details to the Chair (email and direct dial telephone number) and keep these up to date.

Papers will be circulated electronically. Members or Attendees wishing to receive the papers in a particular format (e.g. large print, hard copy) should make a request to the Chair. The Chair has discretion as to whether to meet the request.

15. Authority

This BD&C Committee is authorised to investigate any activity within these terms of reference. It is authorised to seek any information it requires within its remit, from any member of staff of a Place Partner and Place Partners will ensure that their staff are directed to co-operate with any such request made by this BD&C Committee.

This BD&C Committee is authorised to commission any reports or surveys it considers necessary to help it fulfil its obligations. In doing, so, this BD&C Committee must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C 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, this BD&C Committee must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Committee is authorised to create and dissolve time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, this BD&C Committee must set clear a clear scope of work and deadline for completion for such groups. Such groups shall not be able to take decisions on behalf of this BD&C Committee.

This BD&C Committee may not create any formal sub-committees, delegate any of its advisory responsibilities or establish any permanent working groups unless expressly authorised by the Partnership Board. Even if any delegation is approved, this BD&C Committee remains accountable for the work that is delegated.

16. Reporting

This BD&C Committee shall submit its approved minutes to each Partnership Board meeting. These shall be published by the Partnership Board as part of its meeting papers.

The Chair shall draw to the attention of the Partnership Board any significant issues or risks relevant to the Place Partnership or the ICB.

This BD&C Committee shall submit an annual report to the Partnership Board.
This BD&C Committee shall propose an annual work plan to the Partnership Board for approval by the Partnership Board. The Partnership Board may make such changes to the annual work plan as it considers appropriate in consultation with the Chair.

This BD&C Committee will receive for information the minutes of other meetings which are captured in the Committee's work plan e.g. minutes of its working groups.

17. Conduct of the Committee

All Members and Attendees will operate within the Constitution of the ICB, standing orders, standing financial instructions, other financial procedures and ICB Policies provided always that this requirement may be disapplied by the Partnership Board in relation to Partnership Business, such authorisation to be given in advance and in writing.

All Members and Attendees will operate in accordance with the SPA and any other relevant policies or documents agreed by the Place Board.

All Members and Attendees will attend and complete any training required by the Chair or the Partnership Board.

Members and Attendees must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new decision or recommended approach achieves positive change around inclusion, equality and diversity.

Members and Attendees will abide by the 'Principles of Public Life' (The Nolan Principles).

The requirements listed above in relation to conduct of Members and Attendees shall also apply to members of any working groups or task and finish groups reporting to this BD&C Committee.

The Committee shall undertake an annual self-assessment of its own performance against the annual work plan, these terms of reference and the SPA. This self-assessment shall form the basis of the annual report from this BD&C Committee to the Partnership Board.

The Partnership Board may remove an individual Member from this BD&C Committee if:

- That individual fails to comply with these terms of reference;
- That individual has behaved in a way, or is threatening to behave in a way, that is likely to bring this BD&C Committee, the Partnership Board and/or the ICB into disrepute;
- That individual has attended less than [75%] of the meetings of this BD&C Committee in any [12 month] period;
- The individual no longer meets the relevant membership requirement set out at paragraph **Error! Reference source not found.**, for example because they no longer hold a particular post or work for a particular organisation; or
- They qualify for membership of this BD&C Committee through their host organisation and that host organisation leaves the Place Partnership.

18. Amendments

This BD&C Committee may propose changes to its terms of reference to the Partnership Board.

Any changes to these terms of reference must be approved by the Partnership Board.

19. Review date

These terms of reference shall be reviewed annually.

20. Implementation

These terms of reference come into effect on 01/07/2022