



NHS Humber and North Yorkshire Integrated Care Board Quality Committee Terms of Reference

July 2022

Terms of Reference:	Quality Committee
Authorship:	Director of Nursing and Quality
Board / Committee Responsible for Ratifying:	Integrated Care Board
Approved Date:	1 July 2022
Review Date:	July 2023
Version Number:	1.0

The online version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.



1. Constitution

The Quality Committee (the Committee) is established by the Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board who it is accountable to.

The Committee is an independent non-executive chaired committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2. Authority

The Quality Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

The Quality Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Quality Committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Quality Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Quality Committee members. The Quality Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- For the avoidance of doubt, the Quality Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.



3. Purpose

The Quality Committee has been established to provide the ICB 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 2021. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, 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 ICB in relation to activities and items within its remit.

The duties of the Quality Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

The Quality Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

4. Chair, Membership and Attendance

Chair and Vice Chair

The Quality Committee will be chaired by an Independent Non-Executive Member of the Board approved on account of their specific knowledge skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair. In the event of the Chair of the Quality Committee being unable to attend all or part of the meeting, the Vice Chair will be appointed to Chair the meeting.

The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

If a Chair has a conflict of interest, then the Vice chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.



Membership

The Quality Committee members shall be approved by the Board in accordance with the ICB Constitution.

Core Membership

The Board will approve no fewer than four members including one who is an Independent Non-Executive Member of the Board. Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

Core Membership comprises:

- Independent Non-Executive Director (Chair) from the ICB
- Independent Non-Executive Director from a provider
- ICB Director of Nursing (Deputy Chair)
- ICB Director of Clinical and Professional Development.
- 2 x lay members with lived experience (e.g. Healthwatch, patient safety partners)

Other representatives include:

- Place based quality lead from each HNY Place – Place Nurse Director
- 1 acute provider representative – an Executive Director with responsibility for Quality sourced via the Collaborative of Acute Providers
- 1 primary care representative, nominated by the primary care PCN
- 1 mental health provider representative: - an Executive Director with responsibility for Quality sourced through Mental Health collaborative
- 1 community provider representative: an Executive Director with responsibility for Quality sourced through Community and Care Collaborative
- 1 ambulance provider representative: YAS / EMAS Director or Deputy Director with responsibility for Quality
- local authority lead- one Director of Adult Social Care and one Director of Children's Services (different to those LA representatives on the SQG)

Attendees

Executive Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

Other individuals may be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper



The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

5. Meeting Quoracy and Decisions

The Quality Committee will meet every two months and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required at the discretion of the Committee Chair.

The Board, Chair or Chief Executive may ask the Quality Committee to convene further meetings to discuss particular issues on which they want the advice of the Quality Committee.

In accordance with the Standing Orders, the Quality Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quorum

The Committee will be quorate when at least four members of the Committee are present to include at least:

- Chair or Vice Chair
- The Director of Nursing or Director of Clinical and Professional Development
- One provider representative and
- One Local Authority representative.

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

6. Decision Making and Voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.



If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

7. Responsibilities of the Committee

The Quality Committee duties can be categorised as follows:

It is expected that the Quality Committee will:

- Be assured that there are robust processes in place for the effective management of quality including ensuring that mechanisms are in place to ensure Equality, Quality and other relevant impact assessments are undertaken within the ICB and ICS
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care
- Oversee and monitor delivery of the ICB key statutory requirements
- Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care.
- Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Oversee and scrutinise the ICB'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
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place for children and adults
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report) for children and adults



- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for:
 - High quality, safe services
 - Safeguarding Adults and Children
 - Child Death Reviews
 - Infection Prevention and Control
 - Equality and Diversity as it applies to people drawing on services
 - Medicines Optimisation and Safety
 - Mental Capacity Act and Deprivation of Liberty Safeguards (LPS when takes effect).
 - Maternity Services
 - Population Health
 - Others as determined by the Chair of the Committee
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee
- Comment on and contribute to the Terms of Reference and work programmes of other system groups of relevance to the Committee e.g. Safeguarding Boards
- Approve ICS Quality Policies within the remit of the Quality Committee

8. Behaviours and Conduct and ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Code of Conduct and Behaviours.

9. Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Accountability and Reporting Arrangements

The Quality Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.



The Chair of the Quality Committee will provide assurance reports to the Board (Public Session) after each meeting and provide a report on assurances received, escalating any concerns where necessary and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement

The Committee may refer matters to other ICB Committees and Groups as it sees necessary to fulfil its duties.

The Committee will receive scheduled assurance reports from its delegated groups and the approved minutes of the System Quality Group. Any delegated groups would need to be agreed by the Board through these Terms of Reference. The delegated groups for the Quality Committee are:

- System Quality Group
- Place Quality Groups
- ICS Safeguarding Groups
- Others as determined by the Quality Committee

11. Secretariat and Administration

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept
- The Chair is supported to prepare and deliver reports to the Board
- The Committee is updated on pertinent issues/ areas of interest/ policy developments



- Action points are taken forward between meetings and progress against those actions is monitored.

12. Declarations of Interest

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

13. Review

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.