

##

## NHS Humber and North Yorkshire Integrated Care Board

## Quality Committee

## Terms of Reference

|  |  |
| --- | --- |
| **Terms of Reference:** | **Quality Committee**  |
| **Authorship:** | **Executive Director of Nursing and Quality** |
| **Board / Committee Responsible for Ratifying:** | **Integrated Care Board** |
| **Approved Date:** | **February 2025** |
| **Ratified Date:** | **July 2025** |
| **Review Date:** | **February 2026** |
| **Version Number:** | **5** |
| **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. **Governance**

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 and Standing Orders.

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.



1. **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 (SoRD) and Operational Scheme of Delegation (OSD), where appropriate, which may be amended from time to time.

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, OSD and the SoRD.
1. **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 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 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.

1. **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.
* 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.
* To be responsible for the oversight, monitoring, and implementation of remedial actions in relation to any risks which are aligned to the committee on the Board Assurance Framework (BAF) and on the risk registers.
* 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
* Approval clinical policies and clinical pathways and assurance that due process has been followed.
* Approve system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
* Oversee the following six functional areas: -
	+ Function 1 - Core Statutory Partnerships
	+ Function 2 - Health and Care Integration
	+ Function 3 - Quality, Safety and Experience
	+ Function 4 - Complex Care
	+ Function 5 - Maternity, Neonatal and Provider Support
	+ Function 6 - Allied Health Professionals (AHP) and Professional Development
* Assurance Reports from various external bodies, regulators, and inspectors as and when appropriate.

# **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.

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.

In the absence of the chair or vice-chair, the remaining members present shall elect one of their members to chair the meeting.

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

**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 Members(voting)

* Independent ICB Non-Executive Director (Chair)
* 2 Independent (Retained) Members
* ICB Executive Director of Nursing and Quality (Vice Chair)
* ICB Executive Director of Clinical and Professional Services.
* 1 representative from Healthwatch.
* ICB Functional Nursing & Quality team directors
* X1 HNYICB Planning & Performance representative
* 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 leads- one Director of Adult Social Care and one Director of Children’s Services (different to those LA representatives on the SQG)

**Attendees**

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 invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives with lived experience.

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.

# **Meeting Quoracy and Decisions**

**Frequency**

The Quality Committee will meet no less than 6 times per year 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 three members of the Committee are present to include at least:

* Chair or Vice Chair
* 1 x retained member.
* 1 x ICB Functional Nursing & Quality Team Directors

Where members are unable to attend, with the permission of the Chair members of the Committee may nominate a deputy to attend a meeting of the Committee that they are unable to attend. The deputy may speak and vote on their behalf and where applicable will form part of the quoracy.

No person can act in more than one capacity when determining the quorum.

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.

1. **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 (or nominated deputies) 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.

1. **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.

**Equality and diversity**

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

1. **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 secretary shall formally document the minutes of the meetings to ensure clarity and accuracy.

The Chair will provide assurance and escalation reports to the Board at each meeting, as appropriate, 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.

Subgroups

The Committee has the ability to develop sub-groups as appropriate to support the discharge of its functions but will still retain accountability for the work of any sub-group appointed.

The Committee will receive scheduled assurance report 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 groups for the Quality Committee are:

* System Quality Group (SQG)
* Patient Safety Group
* ICS Safeguarding Groups
* Special Educational Needs & Disabilities (SEND)
* Antimicrobial Resistant/Infection Prevention Control (IPC)
* others as determined by the Quality Committee
1. **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 by the secretariat. Those that do not meet a minimum of 75% attendance in a 12-month period are highlighted to the Chair.
* Records of members’ appointments and renewal dates and the committee 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 including providing members with assurance that due process has been followed.
* Action points are taken forward between meetings and progress against those actions is monitored.
* The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Committees objectives and associated risks.
1. **Virtual Meetings / Recording of Meetings**

Before starting a recording, the Chair is legally required to inform attendees if the meeting is being recorded and / that the purpose of the recording is as an administrative tool to support the provision of clear and accurate minutes. The recording is only retained for the period of drafting the minutes and then subsequently deleted from all systems. No person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner without written approval from the Chair.

1. **Declarations of Interest / Conflicts of Interest**

Conflicts of interest will be managed in accordance with the ICBs policies and procedures. All committee members and attendees must adhere to the ICB’s Constitution and Conflicts of Interest policies. Where the Chair or a member, or attendee, of the committee believes that they have any actual or perceived conflicts of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

Any interests which are declared at a meeting must be included within the minutes of the meeting. Individuals (including those employed by other organisations) must also ensure that they comply with both the ICB’s and their employing organisation’s policies / professional codes of conduct with regard to the recording of declarations.

**13. Freedom of Information Act 2000**

The minutes and papers of this Committee are considered public documents, except where matters are specifically deemed to be unsuitable for publication. This will usually be due to draft work in progress, issues of confidentiality, or commercial sensitivity.

1. **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.

**END.**