

Appendix B – Quality and Performance Committee Terms of Reference

1.0 Constitution

- 1.1 The Quality and Performance Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.
- 1.2 These Terms of Reference, 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.
- 1.3 The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

- 2.1 The Quality and Performance 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 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 Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
 - Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The 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, but may not delegate any decisions to such groups.

3.0 Purpose

- 3.1 The Quality and Performance Committee has been established to provide the ICB with assurance that it is delivering its functions in relation to the Bedfordshire Luton and Milton Keynes system in a way that secures continuous improvement in the quality and effectiveness of services provided to the population of Bedfordshire Luton and Milton Keynes, against each of the dimensions of quality set out in the NHS Quality Board: Shared Commitment to Quality¹ (safe, effective, positive experience, well-led, equitable and sustainably resourced) and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

¹ <https://www.england.nhs.uk/publication/national-quality-board-shared-commitment-to-quality/>

3.2 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 system performance management that supports it to effectively deliver its strategic objectives and ensure that sustainable, high quality care is provided to its population.

3.3 The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4.0 Membership and attendance

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint seven members of the Committee including three who are independent non-executive members of the Board.

Members

- Non-executive member (Chair).
- Two non-executive members
- Chief Nurse.
- Chief Medical Director.
- Chief of Strategy and Assurance.
- Chief People Officer.
- One primary medical services partner member who is a health care professional (Deputy Chair).
- A Member from the Integrated Care Board Health and Care Senate.

Regular Attendees

4.2.1 The Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. The following will be invited to be regular attendees:

- Director-level representatives who are able to take a system view of performance and quality risks from the alliances, places and local authorities in the system.

4.2.2 Quality committee chairs from BLMK's NHS trusts / foundation trusts and local authority directors with responsibility for quality of adults and children's services may be invited by the Chair of the Committee to attend meetings of the committee as relevant to the agenda.

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

- 4.4 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 matters.

Chair and Deputy Chair

- 4.5 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.
- 4.6 If a Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Attendees

- 4.7 The Committee may also invite other system colleagues to attend any or all the meetings, or part(s) of a meeting for specific agenda items. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote:

5.0 Meeting Quoracy and Decisions

- 5.1 The Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

Quorum

- 5.2 There will be a minimum of ~~one~~ two non-executive member, plus at least either the Chief Nurse or Chief Medical Director or one other member.
- 5.3 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.

Decision making and voting

- 5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.
- 5.5 Only members of the Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.
- 5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.
- 5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee

6.1 The responsibilities of the Quality and Performance Committee will be authorised by the Board of the ICB. The Quality and Performance Committee will develop an approach to assurance in partnership with NHS Trusts and Foundation Trusts, primary care providers, and other health and care providers operating within BLMK, which may include seeking assurance through participating in Trust assurance and governance processes to avoid creating unnecessary duplication of work (embedded assurance).

6.2 In line with the Care Quality Commission's quality statement themes and dimensions of quality prescribed by the NHS Quality Board, the Quality and Performance Committee will carry out the following responsibilities:

6.3 Leadership

6.3.1 Agree the **key quality priorities** that are included within the ICB strategy / operating plan, including priorities to address variation / inequalities in care. Ensuring shared direction and culture in order to achieve positive outcomes that reflect partnerships and communities and awareness of environmental sustainability.

6.3.2 Agree and oversee implementation of a framework and process **of equality impact assessments** and **quality impact assessments** for system-wide oversight of any significant service and policy changes and pathways redesigns and advise the Board on these matters from a quality, performance, and equality perspective.

6.3.3 Ensure effective governance and assurance in relation to risks.

6.3.4 Be assured that the system's five year and one-year operational delivery plans (including any associated transformation and efficiency programmes) deliver the **required outcomes** and ensure that high quality care is maintained, and **equality** is advanced via oversight of the ICB's **equality impact assessment** and **quality impact assessment** process reporting any significant risks and mitigation plans to the Committee.

6.3.5 Have oversight of and approve the Terms of Reference and work programmes for the task and finish groups reporting into and/or supporting the work of the Quality and Performance Committee and, in particular, approve the **evidence based intervention clinical policies** recommended by the Health and Care Senate.

6.3.6 Review and monitor those risks on the **Board Assurance Framework**, **System Risk Register** and **Corporate Risk Register** which relate to quality, and high-risk operational risks which could impact on patient care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.

6.3.7 Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) **directives, regulations, national standards, policies, reports,**

reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies (e.g., Care Quality Commission, National Institute for Health and Care Excellence) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.

- 6.3.8 Agree and monitor delivery of remedial action plans in respect of **significant system performance issues** and escalate to the Board of the Integrated Care Board as appropriate.
- 6.3.9 Maintain an overview of changes in the methodology employed by regulators and **changes in legislation / regulation** and assure the Board of the ICB that these are disseminated and implemented at a system-level and across NHS Trusts/Foundation Trusts within the system.
- 6.3.10 Oversee and seek assurance on the effective and sustained delivery of the ICB **Quality Improvement Programmes**. Ensuring demonstration of learning improvement, innovation led by capable, compassionate, and inclusive leaders within all programmes.
- 6.3.11 Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place including **performance against local and national, including regulatory and NHS Constitution standards**.

6.4 Quality and Safety

- 6.4.1 Oversee and monitor delivery of the ICB key **statutory requirements** in relation to performance and quality and assure the quality, safety and effectiveness of commissioned services. To include oversight of workforce and safe staffing.
- 6.4.2 Receive assurance that the ICB identifies system-level **lessons learned** from all relevant sources, including, **incidents, never events, complaints and claims** and ensures that learning is disseminated and embedded and that appropriate mechanisms are operating within NHS trusts/foundation trusts within the system. Clearly identifying a **learning culture** within system partners.
- 6.4.3 To be assured that **people drawing on services** are systematically and effectively involved as **equal partners** enabling individuals to live healthier lives and participate in quality activities at a system-level and by NHS Trusts / Foundation Trusts within the system.
- 6.4.4 Monitor the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for **equality and diversity** as it applies to people drawing on services and ensure that strategies to reduce inequality in the population are developed and implemented, ensuring equity in access experience and outcomes.

- 6.4.5 Monitor and respond to the priorities and outcomes of local safeguarding arrangements to assure compliance with the ICB's statutory responsibilities for **safeguarding adults and children**.
- 6.4.6 Receive assurance that the ICB has effective and transparent mechanisms in place to **monitor mortality** at a system-level and that it learns from death (including coronial inquests and Prevention of Future Deaths reports) and that appropriate mechanisms are operating within NHS trusts / foundation trusts within the system.
- 6.4.7 Monitor the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for **medicines optimisation and safety**.
- 6.4.8 Monitor the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for **infection prevention and control**.
- 6.4.9 To receive an annual report from the Exceptional Cases Panel covering the number of cases considered, case outcomes, alongside any issues and risks arising.

6.4.10 Monitor and respond to the priorities and outcomes of the **Local Maternity and Neonatal System (LMNS)** by receiving quarterly assurance reports.

6.5 Integration

- 6.5.1 Be assured that there are robust processes in place for the effective **management of quality and performance** at a system-level and within NHS trusts / foundation trusts within the system.
- 6.5.2 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 at a system-level and within NHS trusts / foundation trusts within the system.
- 6.5.3 Identify how services and teams work together to ensure pathways and transitions of care, care provision, integration and continuity are effective and safe with **good patient outcomes**.

6.6 Individual Funding Requests

- 6.6.1 Approve arrangements for managing Individual Funding Requests.

7.0 Behaviours and Conduct

ICB Values

- 7.1 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 Conflicts of Interest Management and Standards of Business Conduct Policy.

Equality and Diversity

- 7.2 Members must promote and consider the equality and diversity implications of decisions they make.

Declarations of Interest

- 7.3 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.

8.0 Accountability and reporting

- 8.1 The Quality and Performance Committee is directly accountable to the Board of the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.
- 8.2 The Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Governance Statement.
- 8.3 The Committee will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in Bedfordshire, Luton and Milton Keynes. Any delegated groups would need to be agreed by the Board of the ICB.
- 8.4 The Chief Nurse will report on any issues arising from meetings of the System Quality Group.

9.0 Secretariat and Administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed at least five working days before each meeting 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 attend at least 75% of meetings..
 - Records of members' appointments and renewal dates are reviewed 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 proactively monitored.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.