

NHS West Yorkshire Integrated Care Board

Quality Committee

Terms of Reference

Version control

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Change history

Version number	Changes applied	By	Date
1.0		Approved by the Board	01.07.22
2.0		Approved by the Board	15.11.22
2.1	Annual review	Laura Ellis	18.04.23
2.2	Revisions following discussion at the Committee	Laura Ellis	25.04.23
3.0		Approved by the Board	16.05.23
3.1	Change to Committee membership	Laura Ellis	07.11.23
4.0		Approved by the Board (under urgent decision process)	07.11.23
4.1	Annual review	Laura Ellis	24.05.24
4.2	Revisions following discussion at the Committee	Laura Ellis	17.06.24
5.0	Annual review following end of year effectiveness self-assessment	Approved by Board	25.06.2024

1. Introduction

- 1.1 The Quality Committee ('the Committee') is established as a committee of the NHS West Yorkshire Integrated Care Board (ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation.
- 1.2 These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated to it under the Scheme of Reservation and Delegation and specified in these terms of reference.
- 1.3 The ICB is part of the West Yorkshire Integrated Care System, and has four core purposes:
 - improve outcomes in population health and healthcare.
 - tackle inequalities in outcomes, experience and access.
 - enhance productivity and value for money; and
 - help the NHS support broader social and economic development.
- 1.4 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.
- 1.5 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.

2. Purpose, role and responsibilities

- 2.1 The Committee will support the ICB in delivering its statutory quality functions and strategic objectives 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.
- 2.2 The diagram at Appendix 1 sets out the relationship between the Committee and other committees/groups/boards focusing on quality.
- 2.3 Its role is to scrutinise the effectiveness of quality governance and internal control that supports the ICB to effectively deliver its strategic objectives and provide sustainable, high quality care. The Committee will obtain and provide assurance, including through regular updates, to the ICB in relation to activities and items within its remit.
- 2.4 Its responsibilities are to:
 - Be assured that there are robust processes in place for the effective management of quality
 - 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
 - Oversee and monitor delivery of the ICB key statutory requirements
 - Review and monitor those risks on the Board Assurance Framework 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 Department of Health and Social Care, NHS England and other regulatory bodies and external agencies (e.g. Care Quality Commission, the National Institute for Health and Care Excellence) 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
 - Ensure all agreed areas of improvement identified by the SQG and others have a nominated lead for delivery

- Oversee and seek assurance on the effective and sustained delivery of agreed ICB quality improvement programmes delivered at Place or by programme or provider collaborative or other.
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- 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)
- 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 safeguarding adults and children
- Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for infection prevention and control
- Scrutinise 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
- Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for medicines optimisation and safety
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee including the System Quality Group and its sub-group the Quality Leads, Infection Prevention and Control, agreed quality improvement programmes.

3. Membership and attendance

3.1 The membership will comprise:

Membership

- **Chair** Non-Executive member of the ICB with a role for quality
- **Vice-Chair** Non-Executive member of the ICB
- ICB Chief Executive
- ICB Director of Nursing
- ICB Medical Director
- Quality Lead for each Place
- Healthwatch representative

Attendees

3.2 Attendees will routinely include:

- Associate Director Strategic Operations
- Director of Corporate Affairs

3.3 Partner representatives (sector / collaborative) may be invited to attend as required.

3.4 A member of the Race Equality Network will be invited to attend.

3.5 ICB 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

3.6 Any member of the ICB Board can be in attendance subject to agreement with the Chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the vice chair shall chair the meeting.

4.2 Quoracy

For meetings to be quorate, a minimum of 50% of the membership is required, including the Chair or Vice-Chair, Quality lead for each place (or nominated representative) and one ICB executive member.

For the sake of clarity:

- a) No person can act in more than one capacity when determining the quorum.
- b) 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.

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

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. The decision of the person

presiding over the meeting regarding authorisation of nominated deputies is final.

4.3 Voting

In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

- a. All members of the committee (or nominated deputies) who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 3.1; attendees and observers do not have voting rights.)
- b. Absent members may not vote by proxy. Absence is defined as being not 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.
- 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 (or in their absence, the person presiding over the meeting) 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.

4.4 Frequency of meetings

The Committee will meet quarterly.

The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

4.5 Urgent decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

- a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and the lead Executive Director.
- b) 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 the ICB Audit Committee for oversight.

4.6 Declarations of interest

If any member 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 and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting 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.

4.7 Support to the Committee

The Committee's lead directors are the Director of Nursing and Medical Director. Administrative support will be provided to the Committee by officers of the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the Lead Directors, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- The maintenance of an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- The circulation of agendas and supporting papers to members one week before the meeting.
- The drafting of minutes for quality checking by the relevant lead officer within ten working days of the meeting, before sending to the relevant Lead Director and Chair for review within a further five working days. The draft minutes will be distributed to all members and attendees of the meeting, following review by the Chair, within one calendar month of the meeting.

- The updating and maintenance of an annual work plan on a quarterly basis.

5. Authority

- 5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.
- 5.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.
- 5.3 The 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, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.
- 5.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

6. Reporting

- 6.1 The Committee shall submit its minutes to each formal ICB Board meeting.
- 6.2 The Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.
- 6.3 The Committee's minutes will be published on the ICB website once ratified.
- 6.4 The Committee shall submit an annual report to the ICB Audit Committee and the ICB Board.
- 6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.

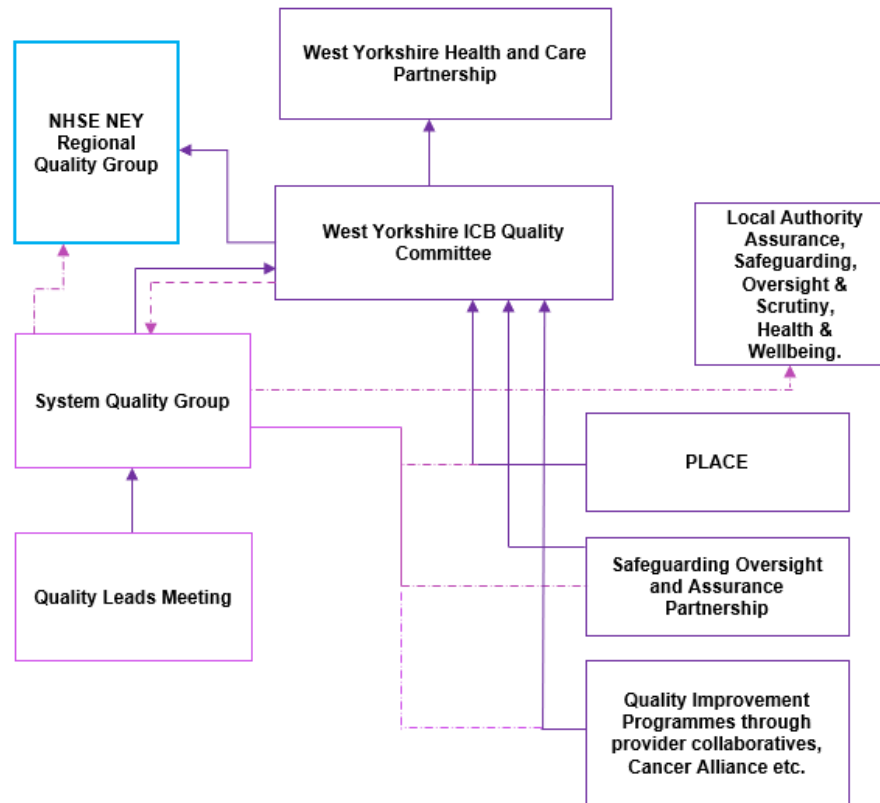
7. Conduct of the committee

- 7.1 All members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.
- 7.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

- 7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 7.4 The Committee shall agree an Annual Work Plan with the ICB Board.
- 7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.
- 7.6 Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

Quality Committee Governance Structure

taken from terms of reference)



Proud to be part of West Yorkshire Health and Care Partnership

✉ westyorkshire.ics@nhs.net

🌐 westyorkshire.icb.nhs.uk

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