**Somerset Integrated Care Board Terms of Reference**

ICB Quality Committee

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| **1 Overview of the ICB Quality Committee** |
| **1.1 Purpose**  The Integrated Care Board (ICB) Quality Committee has been established to provide the ICB with assurance that it 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 NHSE (2021) Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the outcomes of care and improving access to health care in an inclusive way.  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, effective, safe high-quality care.  With regards to safety and quality improvement, the Committee will:   * Promote a culture within Somerset Integrated Care System that focuses on Safety, Experience, Safeguarding and Quality Improvement and clinical effectiveness and outcomes * Provide assurance on all NHS Provider services governance arrangements, patient safety and performance, through the receipt of timely insight and intelligence reports. * Report areas of risk, concerns, mitigations and opportunities for improvement to the NHS Somerset Integrated Care Board. * Have strong links with the Somerset System Quality Group and onwards to the Regional System Quality Group. |

**1.2 Constitution**

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

These Terms of Reference (ToR), which are published on the NHS Somerset 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.

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.

**1.3 Delegated Responsibility**

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.

**1.4 Aims and responsibilities**

Strategically, the responsibilities of the Quality Committee will be authorised by the ICB Board. It is expected that the Quality Committee will:

* Be assured there are robust processes in place for the effective surveillance and management of the quality of services, planned, commissioned and delivered by NHS Somerset.
* Scrutinise structures in place to support all aspects of quality, including assurance, oversight, planning, insight, impact and improvement.
* Ensure structures operate effectively, where openness and transparency inform the culture and evidence of timely action is taken to identify learning opportunities and improvement, addressing areas of concern and risk as required.
* 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 quality requirements.
* Review and monitor risks on the Board Assurance Framework (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. This will require triangulation with other ICB formal committees.
* 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 (DHSC), NHS England (NHSE) and other regulatory bodies/external agencies (e.g. Care Quality Commission, National Institute of Clinical Excellence) and gain assurance 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 relevant stakeholder sites.
* Oversee and seek assurance on the effective and sustained delivery of the ICB’s quality improvement programmes, triangulating where necessary with the national, regional and local transformation programmes.
* Ensure mechanisms are in place to review and monitor the effectiveness of the quality of care planned and delivered by providers, localities, and neighbourhoods.
* Receive assurance that the ICB identifies lessons learned from all relevant sources and insight, including but not limited to; patient safety incidents, never events, statutory safeguarding adults and child reviews, complaints, compliments, learning from deaths and claims and ensures that learning is effective, disseminated and embedded.
* Develops a culture which helps to surface and supports effective use of insight to inform implementation, improvement, and impact.’
* 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 Regulation 28 Preventing Future Death reports).
* To be assured that people accessing services are systematically and effectively involved as equal partners in the design and review of quality aspects of services.
* 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 robustness of the arrangements for, and assure compliance with, the ICB’s statutory responsibilities for equality, diversity and inclusion as it applies to people accessing services.
* Scrutinise the robustness of 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 and onward escalation relating to the Quality Committee (e.g. Infection Prevention and Control, Safeguarding Boards and Partnerships, Review Learn and Improve Group, Medicines Programme Board Provider Quality Committees and Patient Safety Boards and the Local Maternity and Neonatal System, etc)
* Provide insight and engagement with relevant System Quality Groups and forums, such as Somerset System Quality Group and Somerset System Mortality Group.

Operationally the Quality Committee will undertake the following actions:

* Monitor the work programmes and effectiveness of the Quality, Safety and Improvement directorate work plan. This will include the receipt and review of relevant annual reports prepared by Senior Leads in the directorate and Quality Leads.
* Oversee patient safety incidents, risks and action plans linked to key areas of responsibility where Somerset ICB:
  + - are Lead Commissioners
    - have statutory responsibility
* or where responsibility falls directly to Somerset ICB for improving the quality of services
* Ensure that key themes and lessons learned from patient safety incidents, statutory safeguarding reviews, domestic homicide reviews, mental health homicide reviews, primary care significant event audits and all other relevant reviews are identified and shared across all NHS and care providers for continuous quality improvement of service planning, delivery and commissioning to prevent re-occurrence and inform change as required.
* Monitor mortality data and review findings, including Learning Disability Mortality Reviews (LeDeR) and the implementation of improvement actions.
* Monitor progress and performance across a range of quality metrics, promoting harm free care across all health and care providers to include a focus on organisational actions to reduce risk of harm such as provider performance dashboards, maternity dashboards, the integrated board assurance report and others as required.
* Receive assurance from the Leadership Committee and Clinical, Care and support Professionals Cabinet, and Clinical Reference Group that service strategy and redesign have prioritised quality and safety alongside service delivery efficiency.
* Review service and pathway redesign proposals and make recommendations about patient safety concerns and outcome of quality impact assessments to the ICB Leadership Committee.
* Receive focussed subject matter reports from the ICB Leadership Committee as required, with evidence that quality and patient safety issues and safeguarding alerts in respect of health services are fully considered, risks identified and reduced or mitigated.
* Have oversight of the ICBs providers integrated quality dashboard and request attendance of providers, as required.
* Provide a forum for representatives from the Finance and Performance, Strategic Clinical Services Transformation, Commissioning and Governance, and Quality, Safety and Improvement directorates to work collaboratively with members of the Committee to provide assurance around patient safety/quality improvement aspects of the Health and Care Strategy.
* Receive reports on the ICBs duty to monitor and promote quality standards and opportunities for improvement in primary care.
* Receive reports on patient experience of NHS and care services from patient surveys, real time feedback, Friends and Family test, complaints, compliments, PALS and Member of Parliament enquiries and Healthwatch to identify lessons learned and inform commissioning, planning and delivery decisions.
* Ensure engagement with Primary Care Networks and practices and establish feedback mechanisms so that lessons learnt from complaints, compliments and incidents are shared to improve and inform services.
* Ensure engagement with Somerset Council care sector services and providers, establishing a mechanism to share insight and intelligence so that the quality of jointly commissioned services are reviewed and all opportunities for learning and improvement are recognised.
* Receive reports on the quality and safety of services jointly commissioned with Somerset Council.

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| 1. **Scope** |
| The Quality Committee is concerned with all services:   * Commissioned by the NHS (either the ICB or NHS England) * Jointly commissioned by the NHS and local authorities * Commissioned by local authorities from NHS and non-NHS providers   It includes services within its population boundary regardless of whether the ICB commissions services from that provider, consideration of out of area placements and providers that cross ICS and regional boundaries. Independent providers are also included.  The focus will be on population health and ICS quality priorities, e.g. across pathways/settings with particular emphasis on reducing inequities in access, experience and outcomes. |

**2.1 Reporting responsibility and accountability**

The Quality Committee is directly accountable to the NHS Somerset Integrated Care Board. 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.

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

The Committee will receive scheduled assurance reports from its delegated groups. Any delegated groups would need to be agreed by the NHS Somerset Integrated Care Board.

More specifically,

* The Committee is authorised by the ICB to undertake activity within its terms of reference.
* Members of the Committee are responsible for communicating decisions (where applicable) made through their service/management lines.
* The Committee will provide a report to the Leadership Committee when required.
* Updates will be presented in a composite format to include areas of learning and areas of success, concern and risk.

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| 1. **Membership** |
| The Committee members shall be appointed by the Board in accordance with the ICB Constitution.  The Board will appoint no fewer than four members of the Committee including two of whom are Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board and would be appropriate representations from the areas reporting into the Committee.  When determining the membership of the Committee, active consideration will be made to equality, diversity, and inclusion.  The chair will ensure full participation during meetings, that all relevant matters and agenda items are discussed, and that effective decisions are made and communicated to the partners within the ICB and ICS. 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. |

* 1. **Chair and vice chair**

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 co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

* 1. **Core Members**
* Non Executive Director (Chair)
* Non Executive Director (Deputy Chair)
* ICB Chief Nursing Officer (CNO)
* ICB Chief Medical Officer (CMO)
* 1 x lay members with lived experience (e.g. Healthwatch, Patient Safety Partners)
  1. **Additional Membership**
* Deputy Director of Nursing and Inclusion
* Deputy Director of Quality and Improvement
* Associate Directors within the Quality, Safety and Improvement Directorate

The following officers will attend the Committee to present their reports:

* Deputy Director of Nursing and Inclusion
* Deputy Director of Quality and Improvement
* Deputy Director of Clinical Effectiveness & Medicines Management
* Associate Director for Safeguarding
* Designated leads for Continuing Health Care
* Designated leads for Health Inclusion
* Designated Lead for Infection Prevention and Control
* Designated lead for LeDeR
* Designated lead for Learning from Deaths
* Quality Leads – Mental Health, Autism and Learning Disablity, Planned Care, Maternity/Children and Young People/Womens Health, Patient Experience, Primary Care, Urgent and Emergency Care, Safeguarding and Care Sector

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| 1. **Meeting Arrangements, Quoracy, Decisions, and Conduct** |
| The ICB Quality Committee shall meet on a bi-monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair. Additional meetings will be held each year to undertake reviews and sign of annual reports as designated by the NHS Somerset Board and the invitation list will be extended to all members of the NHS Somerset Integrated Care Board. |

* 1. **Quoracy**

There will be a minimum of two Non Executive Members, plus at least the Chief Nursing Officer (CNO) or Chief Medical Officer (CMO).

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.

Core members are expected to attend all meetings. If they are unable to attend, they should identify an appropriate deputy and seek the agreement of the Chair, for the deputy to attend.

* 1. **Decision making and voting**

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

Only core 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. The result of the vote will be recorded in the minutes.

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. **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.

The chair will be required to ensure that any interest is recorded in the minutes of the meeting and managed accordingly within the meeting in accordance with the following NHS Guidance issue 2017: <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/>.

* 1. **Behaviours**

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 Standards of Business Conduct Policy.

Equality and diversity

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

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| 1. **Meeting Administration and Trust Secretariat** |
| The Committee shall be supported with a secretariat function which will include ensuring:   * 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 |

* 1. **Meeting management**
* Detailed guidance and standard templates for the presentation of reports to the Committee and the frequency of reporting requirements are available from the ICB Quality & Safety and Improvement Team.

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| 1. **Sharing of Information (including confidential materials)** |
| Unless confidential, all papers should be considered as subject to the Freedom of Information Act (FOI). Information sharing agreements between members will be agreed as a principle of working together.  Group members will give due regard to their responsibilities to comply with GDPR and DPA legislation. |

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| 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. |

**7.1** **Version Control, Approval Date and Review Date**

Version: v13

Reviewed: 18th October 2023

Approved: 25th October 2023