

Integrated Care Board Quality and Performance Committee

Terms of Reference

1 July 2022

1. Introduction

- 1.1 The NHS South East London Integrated Care Board (ICB) Quality and Performance Committee [the “committee”] is established as a committee of the ICB. The committee has no executive powers other than those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board.
- 1.3 All members of staff and members of the ICB are directed to co-operate with any requests made by the Quality and Performance committee.

2. Purpose

- 2.1. The committee will bring together system partners to undertake assurance and oversight on behalf of the ICB for the identification, monitoring and escalation of quality, safeguarding and operational performance issues and concerns across the system alongside the identification and sharing of best practice.
- 2.2. The 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 Shared Commitment to Quality and enshrined in the Health and Care Bill 2021.
- 2.3. The scope of the committee’s activities will be the services commissioned by the Integrated Care Body on behalf of the resident population of south east London, within and outside of south east London. In addition, the committee will oversee the delivery of quality and performance standards on a Trust wide basis for the ICB’s five hosted acute and mental health providers.

3. Duties

- 3.1. The committee is responsible for ensuring the robustness of the systems in place across the ICB to secure effective quality governance, performance management, safeguarding governance and assurance, and internal control across the ICB.
- 3.2. The committee will see that these systems and processes allows the ICB to comply with all relevant legislation, to effectively deliver its strategic objectives and provide sustainable, high-quality care and ensuring appropriate safeguards are in place to protect the most vulnerable.
- 3.3. The committee will pro-actively identify and address declining performance and quality indicators, ensuring deterioration is managed rapidly by a designated responsible officer or responsible group. In this the committee will ensure the development and delivery of system remedial action plans where these are required due to variance against agreed standards.
- 3.4. The committee is expected to work across the system to review and endorse mitigating actions at south east London, Local Care Partnership / borough and provider collaborative level, as put forward by these partnerships and collaboratives for their agreed areas of responsibility.
- 3.5. The System Quality Group (SQG) is a designated sub-committee of the Quality and Performance Committee. The Q&P committee will act both directly and through its direction of the SQG sub-committee to:
 - input into the development shared ambitions and priorities
 - act to ensure inequalities and variation in the quality of care and outcomes are addressed
 - ensure serious quality and safeguarding concerns are managed effectively; and that learning, intelligence and improvement are shared across the system and beyond to inform ongoing improvement
 - ensure that actions are delivered in keeping with agreed timescales.
- 3.6. The committee will undertake the following specific activities:
 - 3.6.1. Receive and review a risk report to agree the main risks (internal and external) related to quality and performance. The committee will oversee the ICB's objective to minimise risk related to its responsibilities and remit to secure continuous improvement in quality, performance and outcomes for the resident population.
 - 3.6.2. Receives reports from the SQG to review identified themes and shared learning from Serious Case Reviews, Adult Learning Reviews and Domestic Homicide reviews drawing on intelligence and collaboration with place based Local

Safeguarding Partnerships, Safeguarding Adult Boards and Safer Community Partnerships, working collaboratively with ICB partners to do so.

- 3.6.3. Oversee and scrutinise the ICB's response to all relevant 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), including giving guidance to the system as required and gaining assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
- 3.6.4. Maintains 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.
- 3.6.5. 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).
- 3.6.6. Provide the ICB with assurance that it is delivering its statutory duties for safeguarding adults, children, children looked after and SEND as laid out in Section 11 - The Children Act, 2004, Working Together to Safeguard Children, 2018, The Care Act, 2014, Promoting the Health and Wellbeing of Looked After Children 2015, SEND code of practice 0-25yrs, 2015.
- 3.6.7. Comprehensively scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for:
 - infection prevention and control
 - medicines optimisation and safety
 - equality and diversity where these relate to specific performance standards or matters of care quality.
- 3.6.8. To arrange a rolling programme of deep-dive reviews across both the committee and SQG sub-committee with the aim of understanding in detail key areas of ICB performance and quality and contributing through this process to improvement activities and the promotion of shared learning.
- 3.6.9. Ensure that the SQG maintains effective processes for system-wide learning from significant events including themes and trends from incidents and safeguarding reviews. This assurance will be provided via SQG reports and supplementary papers. The committee's role is to ensure that lessons learned are implemented and make a difference.
- 3.6.10. Contribute to the development and utilisation of a common ICS quality and performance framework to measure the impact of the actions taken by the board or the ICS more broadly (including ICS transformation programmes). This

framework may include quantitative and qualitative intelligence relating to service performance and the quality and safety of care, including patient experience and outcomes.

4. Accountabilities, authority, and delegation

- 4.1. The authority delegated to the committee is set out in the ICB's Scheme of Reservation and Delegation.
- 4.2. The committee will act to agree and report against all duties within its scope as recorded in section 3 (above). It will report on risks and planned improvements related to its performance and quality assurance activities and update on improvement work to the ICB Board.
- 4.3. The committee will receive reports from its sub-committees / groups as well as minutes of meetings and relevant supplementary reports.
- 4.4. The committee will be provided with a regular opportunity to hear from representatives of its sub-committees / groups. It will be able to act on recommendations or proposals that arise at its sub-committees in line with the ICB Scheme of Reservation and Delegation.
- 4.5. The committee will link with local authority assurance processes including safeguarding and Oversight and Scrutiny.
- 4.6. The committee may establish a working group or task and finish group to lead work under a defined term of reference/ engagement. The committee must agree by majority on the establishment of any of the groups and formally agree their terms of reference.

5. Membership and attendance

- 5.1. The committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2. The Board will appoint no fewer than four members of the Committee including two who are Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.
- 5.3. When determining the membership of the committee, active consideration will be made to equality, diversity and inclusion.
- 5.4. 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 particular matters.
- 5.5. The committee will be constituted of the following members:

- a. Partner member (Chair)
 - b. Non-Executive Director (Deputy Chair)
 - c. ICB Chair
 - d. ICB Chief Executive
 - e. ICB Chief Nurse
 - f. ICB Medical Director
 - g. 2 x LCP / Borough Executive Lead
 - h. ICB Director of Planning
 - i. ICB Chief of Staff
- 5.6. The committee will meet with the following in attendance:
- a. 3 x Provider Collaborative / Network leads
 - b. ICB Director of Quality
 - c. ICB Primary Care Lead
 - d. Director of Public Health
 - e. Healthwatch representative
- 5.7. Any member of the ICB Board additional to those listed as committee members may join the committee in attendance.
- 5.8. Other individuals from across the Integrated Care System may be invited to attend as required for specific items.
- 5.9. The committee is permitted with agreement of the chair and a majority of members to formally co-opt additional members and/or other subject matter specialists to broaden the range of input should this be deemed necessary.
- 5.10. 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.
- 5.11. 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.
- 5.12. Members must demonstrably consider the equality and diversity implications of decisions they make.

6. Chair of meeting

- 6.1. The meeting will be chaired by a partner member of this committee. The deputy chair will be a non-executive member of this committee that is not the ICB chair.
- 6.2. At any meeting of the committee, the chair if present shall preside. If the chair is absent, the deputy chair shall preside. If the chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside.

7. Quorum and conflict of interest

- 7.1. The quorum of the committee is at least 50% of members of which the following must be present:
 - The ICB Chief Nurse or Chief Medical Officer
 - ICB Director of Planning
 - One non-executive member
 - 1 x LCP / Borough Executive lead
 - 1 x Provider collaborative / partner lead
- 7.2. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICS's standards of business conduct. Compliance will be overseen by the chair of the committee.
- 7.3. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.4. Committee members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy (included within the Standards of Business Conduct Policy). Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8. Decision-making

- 8.1. Where a decision is required, it is expected that this will be reached by consensus. Where a vote is required to decide a matter, each member may cast a single vote. In the event of equal votes, the chair will have a casting vote.

9. Procedure of decisions made outside of formal meetings

- 9.1. The committee chair will arrange for the notice of the business to be determined and any supporting paper to be sent to members by email. The email will ask for a response to be sent to the committee chair by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response, states that they are in favour.
- 9.2. The ICB's corporate and business support team will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting. A clear summary of the issue and decision agreed will then be recorded in the minutes of this meeting.

10. Frequency

- 10.1. The committee will meet monthly and at least six times over the course of a year.
- 10.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3. Members are responsible for identifying a suitable deputy should they be unable to attend a committee meeting which needs to be agreed with the chair, and notified to the meeting secretariat, in advance.
- 10.4. Nominated deputies will count towards the meeting quorum if attendance has been agreed by the committee chair.
- 10.5. Members and staff from ICS partner organisations are expected to contribute to reasonable requests for information and input to the work undertaken by the committee.

11. Reporting

- 11.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 11.2. The committee will report on its activities to the ICB Board via minutes. In addition, an accompanying report will summarise key points of discussion, items recommended for decisions, the key assurance and improvement activities undertaken or coordinated by the committee; any actions agreed to be implemented.
- 11.3. The minutes of meetings shall be formally recorded and reported to the ICB Board for the purposes of assurance and made publicly available as part of ICB meeting papers.

12. Committee support

- 12.1. The committee will be supported by members of the ICB's governance team.
- 12.2. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

13. Monitoring adherence to the Terms of Reference

- 13.1. The chair of the committee will be responsible for ensuring the committee abides by the terms of reference.

14. Review of Arrangements

- 14.1. The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.
- 14.2. These terms of reference shall be reviewed by the committee chair and ICB chair on an annual basis, with changes proposed for approval to the ICB board.