NHS
Coventry and Warwickshire
Integrated Care Board

Coventry and Warwickshire Integrated Care Board

Quality, Safety and Experience Committee

Terms of Reference

Contents

1 Document Management

1.1 Revision History

Version	Date	Summary of Changes
1.0	1 July 2022	Not applicable
1.1	26 July 2022	Removal of the role of Chair of System Quality Group from the membership of the Committee at 8.1.2 following confirmation that the role will be performed by the ICB's Chief Nursing Officer who is already a member of the Quality, Safety and Experience Committee. Reduction of the quoracy number from five to four at 10.1 to reflect the reduction to the membership total as a result of the removal of the Chair of System Quality Group role.
1.2	25 October 2022	Removal of a responsibility (at 7.2.7) related to oversight of and approval of the Terms of Reference and work programmes for groups.
1.3	15 March 2023	3.2, 6.1 and 6.2 amended to reflect the delegation of Primary Dental Services and Prescribed Dental Services, Primary Ophthalmic Services and Pharmaceutical Services and Local Pharmaceutical Services from NHS England on 1 April 2023.
1.4	17 May 2023	Added (at 6.8) that an annual programme of business will be received by the Committee for assurance at the beginning of the financial year; however, this will be flexible to new and emerging priorities and risks. Added (at 7.2.12) that the committee will seek assurance that appropriate patient and public engagement and involvement is in place and best meets the needs of the population. Added (at 7.2.13) that the committee will receive assurance regarding the commissioning arrangements and management of Individual Funding Requests. Added (at 7.2.14) that the Committee will have oversight of the delivery of Schedule 2A of the Primary Care Delegation Agreement in accordance with the responsibilities of the Committee. Removal of the two Care Collaborative Member roles from membership of the Committee at 8.1.2. Reduction of the quoracy number from four to three at 10.1 to reflect the reduction to the membership total as a result of the removal of the Care Collaborative Member roles.
1.5	26 June 2023	Section 1.2 (Approved by) removed.

1.6	20 March 2024	3.3 and 6.2 - Addition of statements regarding Specialised Services.

1.2 Document Control

1.2.1 The controlled copy of this document is maintained by Coventry and Warwickshire Integrated Care Board (ICB). Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

2 Introduction and context

2.1 The refreshed National Quality Board (NQB) Shared Commitment[1] sets out some key principles for systems to adopt in delivering their overarching quality, including safety responsibilities, which have been informed by previous NQB work and recent learning from systems. Alongside these, systems are expected to adopt some consistent operational requirements for quality oversight during the transition period and beyond.

	Principles	**Consistent operational requirements**
1	Quality is a shared commitment	A **designated executive clinical** lead for quality, including safety, in the Integrated Care System (ICS), and clinical and care professional leadership embedded at all levels of the system.
2	Population focused vision	A clear **vision** and credible **strategy** to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement and assurance functions to deliver care that is high-quality, personalised, and equitable.
3	Coproduction with people using services, the public and staff	A **defined governance and escalation process** in place for quality oversight – covering all NHS commissioned services and those commissioned jointly by the NHS and local authorities (included devolved direct commissioning functions) and formally linked to regional quality oversight arrangements (Quality Committees / Joint Strategic Oversight Groups).
4	Clear and transparent decision-making	An agreed way to measure quality, including safety, using **key quality indicators** triangulated with intelligence and professional insight, which is **reported publicly** and transparently at **Board-level** to inform decision-making and effective management of quality risks. Evidence must show that this is also mirrored by **tracking of local metrics within services** to inform progress and improvement.
5	Timely and transparent information-sharing	A **defined way to engage and share intelligence on quality**, including safety – at least quarterly and delivered through a System Quality Group (refreshed Quality Surveillance Group), at least initially. This will not replace existing statutory responsibilities.
6	Subsidiarity	A defined approach for the **transfer and retention of legacy organisation information on quality** in accordance with the **Caldicott Principles**.

[1] Position Statement: Managing Risks and Improving Quality through Integrated Care System, National Quality Board 27 April 2021

3 Constitution

3.1 The Board of the Integrated Care Board (the Board) has established a committee known as the Quality, Safety and Experience Committee. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

3.2 The Committee will not function as a corporate decision-making body for the management of those functions delegated by NHS England to the ICB in respect of Primary Medical Services as set out in Schedule 2B, 2C and 2D of the Delegation Agreement.

3.3 The Committee will not function as a corporate decision-making body for the management of those functions delegated by NHS England to the ICB in respect of nor for Specialised Services delegated from NHS England to the ICB.

3.4 The Committee is a non-executive chaired committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

3.5 The Terms of Reference for the Committee outlined below are defined by the Board and may be amended by the Board at any time.

3.6 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.

3.7 The primary aims of the Committee is to ensure:

- the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation.
- the quality and effectiveness of commissioned services are continuously improved, in a way that makes a real difference to the people using them.
- good quality oversight, management of risks, sharing intelligence and working with regulators.
- a focus on population health and system quality priorities and outcomes e.g., across pathways/settings with particular emphasis on reducing inequities in access, experience, and outcomes.

4 Delegated Authority

4.1 The Quality, Safety and Experience 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.

4.2 The Quality, Safety and Experience Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

5 Authority

5.1 The 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 in order to take forward specific programmes of work as considered necessary by the Committee. 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.

5.2 For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these Terms of Reference.

6 Purpose and Scope

6.1 For the avoidance of doubt, the scope of the Committee does not include functions that have been delegated from NHS England to the ICB set out in the Delegation Agreement in Schedule 2B - Primary Dental Services and Prescribed Dental Services, Schedule 2C - Primary Ophthalmic Services and Schedule 2D - Pharmaceutical Services and Local Pharmaceutical Services.

6.2 For the avoidance of doubt, the scope of the Committee does not include oversight and assurance to the Board with respect to those Specialised Services delegated from NHS England to the ICB.

6.3 With the exception of those services identified in 2B, 2C and 2D of the aforementioned Delegation Agreement, the Quality, Safety and Experience 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. This includes reducing inequalities in the quality of care.

6.4 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.

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

6.6 In particular the committee will assure the board about:

- quality-related issues within the system assurance framework.
- the effectiveness of those quality-related interventions taken by the ICB.
- the executive system of holding ICS partners and other service delivery organisations to account is sound and fit for purpose.

6.7 The Committee will be a proactive and collaborative forum, providing the Board with:

- a mechanism to identify system risks to quality and opportunities for improvement, including variation.
- a mechanism to escalate quality risks from place to system, and system to region (in collaboration with regulators and wider stakeholders/forums, e.g., safeguarding boards)
- opportunities to coordinate actions to drive improvement, respecting statutory responsibilities.
- opportunities to identify, share and celebrate learning and best practice across the system.

6.8 The committee will support the Board in developing and assuring the system quality strategy. It will also support the system in developing its quality and quality assurance structures to ensure they are competent and well designed.

6.9 An annual programme of business will be received by the Committee for assurance at the beginning of the financial year; however, this will be flexible to new and emerging priorities and risks.

6.10 In carrying out its responsibilities and in its decision making the committee must have regard to the wider effect of decisions, in relation to the health and wellbeing of people in England and the need to address inequalities, the quality of services provided by different bodies, and the efficiency and sustainability in relation to the use of resources.

7 Responsibilities of the Committee

7.1 The responsibilities of the Quality, Safety and Experience Committee will be authorised by the ICB Board.

7.2 **The Committee's duties are set out below.**

7.2.1 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.

7.2.2 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.

7.2.3 Review and monitor those risks on the 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.

7.2.4 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, NHSE 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.

7.2.5 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.

7.2.6 Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes.

7.2.7 The committee will ensure the effective delivery of quality performance across the full range of commissioned services and seek assurances that sound systems for quality improvement and clinical governance are in place in line with statutory requirements, by:

a) monitoring the quality performance of all providers, including detailed reports on services that are commissioned across acute, community and primary care.

b) reviewing specific action plans or recovery plans as they relate to quality.

c) approving arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes, including the arrangements for dealing with exceptional funding requests.

d) reviewing quality performance with regard to commissioning for value.

7.2.8 The committee will seek assurance that effective systems are in place to monitor and improve patient experience by:

a) receiving patient experience reports and information relating to commissioned services.

b) reviewing themes and trends and ensuring lessons learned are translated into changes in way services are provided.

c) approving arrangements for the handling of patient complaints, concerns, or enquiries in accordance with relevant regulations.

d) receiving assurance on how people drawing on services are systematically and effectively involved as equal partners in quality activities.

7.2.9 The committee seeks to gain assurance that there are effective systems and processes in place to monitor and gain oversight of clinical effectiveness. This will include:

a) receiving assurance that there is appropriate monitoring of compliance with guidance including NICE guidelines and technical appraisals.

b) monitoring the performance of trusts against the agreed Commissioning for Quality and Innovation scheme (CQUINs).

c) receiving Quality Account updates.

d) receiving assurance that providers have robust clinical audit procedures that address trust priorities, facilitate service improvement, and provide assurances that agreed clinical standards are being met.

7.2.10 The committee shall seek assurances regarding safety by:

a) receiving assurance that the accepted recommendations of national inquiries and national and local reviews have been considered and actioned with respect to the ICB and commissioned services including primary care.

b) overseeing safeguarding arrangements to assure that ICB statutory responsibilities for safeguarding children and adults at risk are met and that robust actions are taken to address concerns via receipt of regular reports.

c) overseeing and seeking assurance that effective systems are in place in relation to services including serious incident management, continuing healthcare and medicines management.

d) receiving 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).

7.2.11 The committee will monitor delivery of and provide the Board with assurance on the ICBs delivery of its statutory responsibilities for:

a) securing continuous improvement in the quality of services (including primary medical services).

b) securing health services that have regard to the NHS constitution.

c) reducing inequalities.

d) infection prevention and control.

e) equality and diversity as it applies to people drawing on services.

f) medicines optimisation and safety.

7.2.12 The committee will seek assurance that appropriate patient and public engagement and involvement is in place and best meets the needs of the population.

7.2.13 Receive assurance regarding the commissioning arrangements and management of Individual Funding Requests.

7.2.14 Oversight of the delivery of Schedule 2A of the Primary Care Delegation Agreement in accordance with the responsibilities of the Committee.

7.2.13 **Risk management**

a) To review relevant risks on the ICB's Corporate Risk Register to receive assurance that risks are being managed appropriately.

b) In conducting the duties set out above, seek assurance that risks have been correctly identified and are being managed appropriately.

c) Highlighting any gaps in assurance or concerns about key risks to the Board as part of the committee's report.

8 Membership and attendance

8.1 Membership

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

8.1.2 The Members of the Committee are:

- Two ICB Non-Executive Members, one of whom is the Chair of the Committee.
- ICB Chief Medical Officer.
- ICB Chief Nursing Officer.
- A Public Health Officer.
- A Voluntary, Community and Social Enterprise sector Member.

8.1.3 Other members of the Committee need not be members of the Board, but they may be.

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

8.1.5 The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.

8.1.6 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.

8.2 Chair and Deputy Chair

8.2.1 In accordance with the Constitution, the Committee will be chaired by a Non-Executive Member of the ICB appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

8.2.2 Committee members will appoint a Deputy Chair from amongst the members who must be a Non-Executive Member of the Board that the Committee considers has the requisite skills and experience to act in that capacity.

8.2.3 In the absence of the Chair and Deputy Chair, or if the Chair and Deputy Chair have a conflict of interest, the remaining members present shall elect one of their number to Chair the meeting.

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

8.2.5 The Chair will also meet regularly with the Chairs of the relevant Board Committees from NHS providers within the ICB's area in order to facilitate system working and so as to ensure that the agenda of the Committee complements and builds on assurances that Board Committees at individual organisations have gained.

8.3 **Attendees**

8.3.1 The ICB Chief Executive Officer has a right to attend any committee meeting in accordance with their role as the ICB's accountable officer.

8.3.2 Only members of the Committee and the ICB's Chief Executive Officer have the right to attend Committee meetings, but the Chair may invite relevant staff and individuals to attend the meeting (for all or part of a meeting) as necessary in accordance with the business of the Committee. Such attendees will not be eligible to vote.

8.3.3 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.

8.3.4 The Chair of the ICB may also be invited to attend one meeting each year in order to gain a greater understanding of the Committee's operations.

8.4 **Attendance**

8.4.1 Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative (deputy) may be agreed with the Chair. In the case of members the deputy may speak and vote on the absent member's behalf and will count towards the quorum where necessary.

9 Holding meetings

9.1 The Committee will meet at least six times per year and arrangements and notice for calling meetings are set out in the Standing Orders.

9.2 Extraordinary meetings may be held at the discretion of the Chair. A minimum of two working days' notice should be given when calling an extraordinary meeting.

9.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

10 Quoracy

10.1 The quorum of the Committee is a minimum of three members. This must include one Non-Executive Member and either the Chief Medical Officer or the Chief Nursing Officer.

10.2 If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

10.3 If the Committee is not quorate then the meeting may proceed if those attending agree, but no decisions may be taken, or the meeting may be postponed at the discretion of the Chair.

11 Decision making and voting

11.1 The Committee must have regard to guidance issued by NHS England and will also have regard to NHS policy and best practice.

11.2 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.

11.3 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

11.4 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.

11.5 If a decision is needed which cannot wait for the next scheduled meeting and it is not appropriate to call an extraordinary meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.

12 Behaviours and Conduct

12.1 Benchmarking and guidance

12.1.1 The Committee will take proper account of National Agreements and appropriate benchmarking, for example guidance issued by the Government, the Department of Health and Social Care, NHS England, and the wider NHS in reaching their determinations.

12.2 Conflicts of interest

12.2.1 All members and those in attendance must at the start of the meeting, declare any conflicts of actual or potential conflicts of interest (even if such a declaration has previously been made) in accordance with the ICB's policies and procedures. This will be recorded in the minutes.

12.2.2 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.

12.3 ICB values

12.3.1 Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

12.3.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

12.3.3 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which are selflessness, integrity, objectivity, accountability, openness, honesty, and leadership

12.3.4 The Committee will apply best practice in its deliberations and in the decision-making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

12.3.5 All members of the Committee are expected to comply with all relevant policies and procedures relating to confidentiality and information governance, noting the sensitivity of the information that will be considered by the Committee.

12.4 **Equality and diversity**

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

13 Operation of the meeting

13.1 Committee members are required to:

13.1.1 Attend at least 75% of meetings, having read all papers beforehand.

13.1.2 Act as 'champions', disseminating information and good practice as appropriate.

13.1.3 If unable to attend, send their apologies to the Chair and Secretary prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.

14 Secretariat and Administration

14.1 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 and highlighting to the Chair those that do not meet the minimum requirements.

- Records are kept of members' appointments and renewal dates and that the ICB 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 ICB.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings.

15 Accountability and Reporting Arrangements

15.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities and on assurances received and will escalate any concerns where necessary.

15.2 The Committee will submit a report to the Board following each of its meetings. Where reports identify individuals, they will not be made public and will be presented at the Board meeting held in private. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

15.3 The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

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

15.5 The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

16 Review of the Committee

16.1 The Committee will produce an annual work plan in consultation with the Board.

16.2 The Committee will undertake an annual self-assessment of its performance against the annual plan, membership, and Terms of Reference. This self-assessment will form the basis of the annual report. Any resulting proposed changes to the Terms of Reference will be submitted for approval by the Board.

16.3 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**.**

17 Monitoring

17.1 Attendance will be monitored as part of the agenda at each Committee meeting and a matrix (see Appendix A) of membership attendees will be used for monitoring purposes.

17.2 The Committees Annual Report will include details of its governance cycle, a summary of the business conducted, membership attendance, and frequency of meetings and whether meetings were held in quorum

Appendix A: Committee meeting attendance record 20xx/20xx

Name of Committee	Quality, Safety and Experience Committee					
Reports to	Integrated Care Board					
Membership (as per Terms of Reference). Please give names and/or full job title below:	Meeting dates					
Was the meeting quorate? Yes / No						