

ICB System Quality and Safety Committee (SQSC) Draft TERMS OF REFERENCE

(1) Introduction

- 1.1 The Integrated Care Board (the Board or ICB) must ensure it can effectively discharge its full range of statutory functions and duties. This includes establishing committees of the ICB, to support the Board and exercise any delegated functions, to help effective discharging of their range of functions.
- 1.2 All TORs for ICB committees are published on the website, within the ICB Governance Handbook.

(2) Constitution and Authority

- 2.1 The ICB System Quality and Safety Committee (SQSC) (the Committee) is established by the ICB as a Committee of the Board in accordance with its Constitution. These TOR set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with approval of the Board.
- 2.2 The Committee is a Non-Executive chaired Committee of the Board and its members, including those who are not members of the Board or ICB staff, are bound by the ICB's Constitution Standing Orders (the Standing Orders) and other key policies of the ICB. The Committee has no executive powers, other than those delegated in the Scheme of Reservation & Delegation (SoRD) and specified in these TOR. The Committee is authorised by the Board to:
 - Investigate any activity within its TOR, including oversight of assigned Risk Management and Board Assurance Framework (BAF) activities within its lead responsibility area
 - 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
 - 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 considered 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 & Finish' sub-groups to take forward specific programmes of work as considered necessary by members – the Committee shall determine the membership and TOR of any such sub-group in accordance with ICB's Constitution, Standing Orders and SoRD, but may not delegate any decisions to such groups
 - For the avoidance of doubt, the Committee will comply with the Standing Orders, Standing Financial Instructions and SoRD, other than for any exceptions agreed by the Board

- Committee duties will be driven by ICB objectives and associated risks – an annual programme (cycle) of committee business will be agreed by Members before the start of each financial year, however, this will be kept flexible to adapt to new and emerging circumstances, priorities or risks

(3) Purpose and Core Duties

- 3.1 The Committee is established to contribute to overall delivery of ICB objectives by providing oversight and assurance to the Board on the delivery of core purposes as assigned below.
- 3.2 The primary function of the System Quality and Safety Committee (“the Committee”) is to provide assurance to the Staffordshire and Stoke-on-Trent ICS Board in relation to the quality, safety, experience and outcomes of services across the entire health economy. This includes reducing inequalities in healthcare which is a requirement for quality in ICSs.
- 3.3 In line with NQB guidance the Committee shall operate as a proactive and collaborative forum providing systems with:
- A mechanism to identify system risks to quality and opportunities for improvement, including managing variation
 - A mechanism to escalate quality risks from place to system, and system to region (in collaboration with regulators and wider stakeholders 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
- 3.4 In addition to the prime functions identified above:
- It shall ensure that through a collaborative approach to quality, system partners discharge their statutory duties in relation to the achievement of continuous quality improvement at both System and Place level
 - It shall pro-actively challenge and review delivery of continuous quality improvement expectations against the NHS Constitution, NHS Long Term Plan, Public Health Outcomes Framework and associated NHS performance regimes, agreeing any action plans or recommendations as appropriate
 - It shall, in partnership with the wider system, work to drive improvements in the health and well-being of all local communities including working at a place based level, not just with those people known to be users of services
 - It shall review Quality issues impacting on the Staffordshire and Stoke-on-Trent System. It will provide all key partners with greater clarity and detailed information about the impact and underlying performance of key services
 - It will provide one Quality exception report that will assure the system (Integrated Care Board) and (if required) each statutory board of delivery against all Key Quality

Indicators and any emerging risks and concerns. Common data sets will be used for both quality and performance reports

- It will lead the establishment of system level relationships with all regulatory bodies including NHSE/I, CQC etc. ensuring that regulatory bodies play a key role in ensuring this system oversight
- It will also establish and maintain system level relationships with professional leadership bodies such as the General Medical Council, Nursing and Midwifery Council and Health and Care Professionals Council and other associated bodies as required

(4) Membership and Attendance

(a) *The Membership*

- 4.1 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 who are Independent Non-Executive Members and two Executive Members of the Board. Other Members are as listed below.
- ICB Chief Nursing and Therapies Officer
 - ICB Medical Director
 - Other representatives (1 acute provider, 1 primary care, 1 local authority. Other suggested: mental health, community, ambulance provider representatives)
 - Senior Healthwatch representative
 - NHSEI representatives
 - CQC
 - HEE
 - Primary Care
 - AHP representative
 - Clinical Senate Representative (NB may be addressed in existing membership)
 - Placed based Quality Leads
 - Patient representation (to be considered possibly linked to Patient Safety Partners work as this evolves)
 - Additional relevant subject experts and other representatives may be invited to attend meetings to present on specific work e.g. commissioning, children's services, safeguarding
 - Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the Committee. All deputies should be fully briefed and the Committee secretariat informed of any agreement to deputise so that quoracy can be maintained
 - The Committee may also request attendance by appropriate individuals to present relevant reports and/or advise the Committee
- 4.2 These may consist of or include persons other than Members or employees of the ICB. In order to best meet the next clause, these non-ICB Members should ideally be of a suitable calibre to conduct core business without having to continually take items back to their host organisation. (Unless the decision is a non-delegated sovereign

matter of that partner organisation required for their decision). For example, those who are *de minimus* experienced in and knowledgeable of committee functioning at their host, and ideally of board-level decision-making.

- 4.3 Members will together possess between them knowledge, skills and experience to effectively discharge the functions of the ICB, including any requisite technical or specialist issues pertinent to ICB business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

(b) Chair and Vice Chair

- 4.5 The Committee will elect to these roles at its first meeting; and thereafter shall be chaired by those appointed, unless precluded by a Conflict of interest for item(s) of business.
- 4.6 The Chair should ideally be an Independent Non-Executive Member of the Board, on account of their specific knowledge, skills and experience making them suitable to chair the Committee. The Committee may elect an alternative to this, providing they possess the equivalent skills and experience necessary to meet this suitability criterion. Members may appoint a Vice Chair who should also possess the same attributes to fulfil that role in the absence of the elected Chair.
- 4.7 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these TOR.

(c) Attendees

- 4.8 Only Members as described above shall have the right to attend Committee meetings, unless it is agreed to meet in public for part or all of the agenda to be transacted. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter. These may include for example further representatives from Health & Wellbeing Boards, Primary, Secondary and Community Providers.
- 4.9 The Chair (Vice 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) Frequency, Quoracy and Decisions

- 5.1 The Committee will meet at least 10 times a year; with arrangements and notice for calling meetings reflecting those as set out in ICB Constitution Standing Orders for Board meetings. Additional meetings may take place as required. The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 5.2 In accordance with ICB Constitution Standing Orders, the Committee may meet virtually when necessary; and members attending using electronic means will be counted towards the quorum.

(a) Quorum

- 5.3 For a meeting to be quorate, the Chair or Vice Chair must be present, alongside a minimum of one other Independent Non-Executive, plus at least the Chief Nursing &

Therapies Officer or the Chief Medical Officer, one provider representative and one Local Authority representative

- 5.4 If any Member has been disqualified from participating in an item on the agenda, by declaration of a Conflict of Interest, then that individual shall no longer count towards the quorum. If a quorum has not been reached, then the meeting may still proceed if those present agree. However, no binding decisions may be deemed as fully taken by the meeting until confirmed by all Members via offline 'virtual' methods outside of the meeting and before the next scheduled one (see section 5.7 below).

(b) Decision Making and Voting

- 5.5 Decisions will be taken in accordance with the ICB Constitution Standing Orders. The Committee will ordinarily reach its conclusions by consensus. When this is not possible the Chair may call a vote. This provision should though be seen as an exception to normal, routine decision-making.
- 5.6 Only 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.
- 5.7 Mirroring provisions set out within the Standing Orders, if an urgent or emergency decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct such business on a 'virtual' basis through the use of telephone, email or other electronic communication.

(6) Responsibilities of the Committee

- 6.1 The Committee's detailed duties and core responsibilities are itemised within Appendix One.
- 6.2 Matters delegated to the Committee by the Board (and as also defined by / covered within the SoRD) are also itemised within Appendix One.

(7) Declarations & Conflicts of Interest

- 7.1 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 Chair.
- 7.2 The Committee and all Members or Attendees present shall fully and continuously satisfy itself that all matters of ICB policy, systems and processes for the management of conflicts (including gifts & hospitality and bribery) are upheld in all meetings.
- 7.3 For the avoidance of doubt, any additional national or statutory policy requirements shall also guide the Committee's processes and procedures. This shall include sending any reports relating to non-compliance with ICB policy and procedures to the ICB Audit Committee.

(8) Etiquette, Behaviours and Conduct

(a) ICB Values

- 8.1 All Committee Members and Attendees will be expected to conduct business in line with the ICB's stated values and objectives.
- 8.2 Committee Members and those attending shall always behave in accordance with the ICB's Constitution, Standing Orders and Standards of Business Conduct Policy.

(b) Equality and Diversity

- 8.3 All Members must demonstrably consider the Equality and Diversity implications of any or all decisions they make. Attendees will also be required to uphold the Equality Act and Public Sector Equality Duty in any of their engagements with the Committee.

(c) Integrated Care System Compact and ICB Meetings Charter

- 8.4 In addition to the items noted in section 8.2, all Members and Attendees will be expected to adhere to the separate Integrated Care System (ICS) Partnership Leadership Compact key principles of 'Trust', 'Courage', 'Openness & Honesty', 'Leading by Example', 'Respect', 'Kindness & Compassion', 'System First' and 'Looking Forward'.
- 8.5 Similarly, all will be required to respect and apply the ICB Meetings Charter, which shall codify all of the above and help with the logistics / practicalities of running an ICB meeting in line with the Constitution and Standing Orders.

(9) Accountability and Reporting

- 9.1 The SQSC is accountable to the ICB (Board) and shall report to the Board on how it discharges its responsibilities. The minutes of the meetings shall be formally recorded by the secretariat and submitted to the Board in accordance with the Standing Orders.
- 9.2 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of Board any issues that require disclosure to Board or require action.
- 9.3 The Committee will provide the Board with an Annual Report, timed to support finalisation of ICB Annual Accounts and Annual Report (Governance Statement section). The report will summarise its conclusions from the work it has done during the year, specifically commenting on:
- The fitness for purpose, completeness and 'embeddedness' of the BAF and Risk reporting obligations of the Committee within the ICB's organisational context
 - The integration of governance arrangements to underpin the 'Triple Aim' and Core Purposes of an ICB-ICS
 - The appropriateness of the evidence that shows how the Committee is helping the ICB in fulfilling its regulatory requirements
 - The robustness of the processes behind the Committee's decisions

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

(10) Secretariat and Administration

10.1 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 ICB Standing Orders; having been agreed by the Chair with the support of the relevant ICB Executive and Governance 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
- Maintenance and reporting of the committee Conflicts of Interest Register (with the ICB Governance Lead)
- Good quality minutes are taken and distributed in accordance with ICB 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
- Actions are taken forward between meetings and progress against those actions is monitored

(11) Sub-Committees

11.1 The Committee may delegate responsibility for specific aspects of its duties to sub-groups or other working groups. The Terms of Reference of each such sub-group or working group shall be approved by the Committee and shall set out specific details of the areas of responsibility and authority.

11.2 Any sub-groups or working groups will report via their respective Chairs following each meeting or at an appropriate frequency as determined by the Committee.

11.3 Initial sub-groups will include:

- System Quality Meeting (SQG)
- Staffordshire and Stoke-on-Trent Local Maternity and Neonatal Board (Statutory)

11.4 The System Quality Meeting (SQG) as a sub-committee of this meeting shall also have sub-groups and reporting on those matters will be coordinated by the chair of the SQG.

(12) Review

- 11.1 The Committee will review its effectiveness at least annually.
- 11.2 These TOR will be reviewed at least annually and more frequently if required. Any proposed amendments will be submitted to the Board for approval (and will not be deemed as operational until that agreement has been confirmed).

Appendix One

(a) Committee Responsibilities and Duties

1. Quality Assurance and Improvement

- 1.1 Ensure that processes are in place to provide assurance that services are of a high quality, safe, effective, and provide patients and carers with positive experiences of care with an emphasis on outcomes not performance.
- 1.2 Ensure that quality assurance data and information is used to inform commissioning decisions and drive improvements in quality.
- 1.3 Have oversight of the process and compliance issues concerning serious incidents across the system; being informed of all Never Events and informing the key partners of any escalation or sensitive issues.
- 1.4 Seek and consider assurance on the quality performance of NHS organisations in terms of the Care Quality Commission (CQC) and any other relevant regulatory bodies.
- 1.5 Ensure processes are in place to interpret and implement local, regional and national policy (e.g., quality accounts, safeguarding etc.) and provide assurance that policy requirements are embedded in services.
- 1.6 Working with system partners, take action where required to investigate any quality, safety or experience concerns and to ensure that a clearly defined escalation process is in place, taking action to ensure that improvements in quality are implemented where necessary. Where appropriate to include liaison with appropriate external bodies such as the CQC.
- 1.7 Ensure that statutory obligations relating to safeguarding children and adults are integral to services and robust processes are in place to deliver the statutory functions of all NHS Organisations and system partners.
- 1.8 Receive and scrutinise independent investigation reports relating to system safety issues and agree any further actions.
- 1.9 Oversee the development of System Wide quality indicators and other relevant quality indicators linked to the quality aspects of the NHS contract.
- 1.10 Develop and implement a Quality Dashboard to report summary quality metrics in line with local and national reporting requirements.

- 1.11 Monitor Key Performance Indicators (KPIs) relating to system quality ensuring a strong focus on outcomes.
- 1.12 Receive exception reports from the appropriate system partner's Board (or equivalent) which highlight areas of concern and the actions being taken.
- 1.13 Identify areas of risk to the performance of the system and support the appropriate Delivery Board to manage these risks.
- 1.14 Support the establishment and operation of a system wide Quality Impact Assessment process and sub-group to ensure that the full impact of system wide decisions is identified, and action taken to mitigate that risk and receive feedback after action to ensure impacts do not have a detrimental effect.
- 1.15 Where necessary instigate System-wide recovery Action.
- 1.16 Establish and maintain strong links with the Clinical Senate and Assemblies ensuring regular two-way communication in respect of key quality improvement and other associated activities.
- 1.17 In partnership with other groups such as the Clinical Senate, identify areas for targeting Continuous Quality Improvement work across the system, engaging with all system partners and feeding into the CQI Sub group.
- 1.18 Agree appropriate methodology/methodologies to undertake Continuous Quality Improvement activity.
 - i. Receive reports and updates on system wide improvements
 - ii. Work in partnership with all parts of the system to extend continuous quality improvement activity and ensure it is embedded in systems and processes utilised across the ICS
- 1.19 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
- 1.20 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)
- 1.21 To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities.
- 1.22 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

These terms of reference are intended to ensure clarity of role and function for the SQSC in its current form, operating within current structures. As such they will be subject to regular review and amendment with further work to finalise once the ICS is formally established.

It should be noted that the System Quality Group, as a sub-group of this Committee, is currently being developed and some of the functions outlined above may be delivered via that meeting.

(b) ICB Board Delegations to the Committee

- [List Here]
- [List Here]
- [List Here]
- [List Here]
- [List Here]

Date of Approval:

Date of Review:

DRAFT