

# BSW ICB Quality Assurance Committee

## Terms of Reference

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### 1. Introduction

- 1.1 The Quality Assurance Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a formal Committee of the Board in accordance with its Constitution.
- 1.2 The Board has delegated authority to the Committee as set out in the Scheme of Reservations and Delegations (SoRD), and these may be amended from time to time. The Committee holds only those powers as delegated in these Terms of Reference, and as determined by the ICB Board.
- 1.3 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

### 2. Purpose

- 2.1 The Committee is a non-executive 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.
- 2.2 Members individually and the Committee collectively must demonstrably consider the equality and diversity implications of decisions they make.

### 3. Responsibilities/Duties

- 3.1 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 Act 2022. This includes reducing inequalities in the quality of care.
- 3.2 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. Within this remit, the Committee shall cover the following areas, and recommend decisions to the Board, as appropriate:

- a. Regularly receive and scrutinise integrated quality, finance and performance reports; identify issues and risks; agree and recommend mitigating actions;
- b. Be assured that there are robust processes in place for the effective management of quality at place and system levels;
- c. Scrutinise the structures that are in place to support quality planning, control and improvement, in order to be assured that these structures operate effectively, and that timely action is taken to address areas of concern; if the committee is not assured of the structures' effectiveness, it will highlight this to the Board, and may recommend, and / or instruct the ICB Chief Nursing Officer and ICB Chief Medical Officer to implement remedial action;
- d. Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place;
- e. Inform and influence system and place strategies and plans to ensure quality of care, patient safety, variations and inequalities, equality, diversity and inclusion are appropriately addressed;
- f. Based on a holistic view of the interrelations of quality, finance, workforce and performance, agree ICB quality improvement programmes, and oversee and seek assurance on their effective and sustained delivery;
- g. Oversee and monitor delivery of the ICB key statutory requirements as to quality;
- h. 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 that the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- i. 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 / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained;
- j. Maintain an overview of changes in the methodology employed by regulators and changes in legislation and regulation, and assure the ICB that these are disseminated and implemented across all sites;
- k. Receive assurance that the ICB
  - i. identifies lessons learned from all relevant sources, including incidents, never events, complaints and claims, and ensure that learning is disseminated and embedded;

- ii. has effective and transparent mechanisms in place to monitor mortality and that it learns from deaths (including coronial inquests and PFD report);
  - iii. systematically and effectively involves the people who draw on services as equal partners in quality activities;
- I. Scrutinise the robustness of the arrangements for, and assure compliance with the ICB's statutory responsibilities for
- i. equality and diversity as it applies to people drawing on services;
  - ii. safeguarding adults and children;
  - iii. infection prevention and control;
  - iv. medicines optimisation and safety;
- m. Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Committee.

#### **4. Membership**

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

4.2 The following are members of the Committee, i.e. they have the right to attend meetings, receive meeting documents, and participate in decision-making and voting:

- The ICB Non-Executive Director (Quality)
- The ICB Non-Executive Director (Public and Community Engagement)
- ICB Chief Nurse Officer
- ICB Chief Medical Officer
- One Partner Member of the Board
- One BSW Place Clinical and Care Lead
- One BSW Director of Adult Social Services
- One BSW Director of Children's Services

4.3 In addition, the Chair, on behalf of the Committee, may invite such individuals to the Committee's meetings as are considered necessary to enable the Committee to conduct its business effectively. For the avoidance of doubt, such invited attendees cannot participate in the Committee's decision-making and must not vote.

4.4 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.

4.5 The Non-Executive Director (Quality) will chair the Committee. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

#### **5. Quorum**

5.1 A quorum shall be four members including the Chair.

5.2 If the meeting becomes inquorate, it shall either be suspended, or decisions ratified at the next meeting of the Committee.

## **6. Reporting**

- 6.1 After each of its meetings, the Committee will report, through its Chair and / or its Vice-Chair to the Board about business transacted and decisions taken. For this purpose, the Committee will submit a report highlighting reporting items as agreed by the Committee, and make the meeting minutes available.
- 6.2 In addition, and as agreed with the Committee, the Chair shall report on any matters within the remit of this Committee which in the Chair's view require the Board's attention and/ or executive decision making.

## **7. Authority**

- 7.1 In furtherance and support of its business, this 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's members. 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 SoRD but may/ not delegate any decisions to such groups.
  - Request and review reports from external experts and from individual functions within the ICB, as appropriate.
  - For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

## **8. Frequency of Meetings**

- 8.1 Meetings shall normally be held monthly, or otherwise as required.
- 8.2 The Board, Chair or Chief Executive may ask the Quality Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

## **9. Secretariat**

- 9.1 The Secretariat for the Committee is provided by the ICB Corporate Affairs team. The Secretariat will ensure 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 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;
- Governance advice is available and easily accessible for Committee members.

## **10. Conduct of meetings**

10.1 Committee meetings will be conducted in accordance with the BSW ICB's Constitution and Standing Orders.

10.2 Members of the Committee will

- conduct the Committee's business in accordance with any national guidance and relevant codes of conduct / good governance practice, including the Nolan principles of public life;
- comply with the standards of business conduct', including the protocols for managing conflicts of interest, as determined in the ICBs Constitutions, Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations .

10.3 A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

10.4 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.

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

10.6 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

## **11. Review**

- 11.1 The Committee will regularly review its performance, its membership and these terms of reference, and recommend to the ICB's Board any amendments it considers necessary to ensure it continues to discharge its business effectively.

**Effective date:** 1<sup>st</sup> July 2022

**Review date:** July 2023

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