

NHS Cheshire & Merseyside ICB

Quality & Performance Committee

Terms of Reference
v0.9



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Document revision history

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Review due: August 2025

1. Introduction

The Quality & Performance Committee (the “Committee”) has been established in accordance with the Integrated Care Board’s (ICBs) constitution.

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.

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. Role and Purpose

The Quality and Performance 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 (safe, effective, person-centred, well-led, sustainable and equitable), 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, coupled with a focus on performance.

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.

The committee will focus on quality, performance data and information and consider the levels of assurance that the ICB can take from performance oversight arrangements within the ICS and actions to address any performance issues.

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

Quality

- Ensure that there are robust processes in place for the effective management and consideration of quality, safety, and patient experience.
- 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
- Oversee development of the ICB’s key quality priorities, including priorities to address variation/ inequalities in care, and recommend these priorities to the ICB for inclusion in the ICB Strategy / Annual Plan
- Oversee and monitor delivery of the ICB key statutory requirements
- 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.
- 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, NHSEI 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



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- 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
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programs
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- Ensure processes are in place to enable the ICB to identify lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Ensure that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD reports)
- Ensure that mechanisms are in place to systematically and effectively involve people that use services as equal partners in quality activities
- 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 the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people using commissioned services
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety

Performance

- Receive, review, and scrutinise the integrated performance reports for the ICB with a focus on quality, safety, patient experience and outcomes.
- Ensure that contract quality performance is monitored in a way that is proportionate to risk
- Identify and scrutinise significant variations from plan of all Key Performance Indicators (KPIs)
- Scrutinise the appropriateness and robustness of any management actions to address identified performance issues in relation to the quality of services.
- Ensure actual and forecast contract over-performance or under-performance is quantified in financial terms and activity terms
- Benchmark recovery plans against trajectories
- Agree which of the underperforming contracts need to be brought to the attention of the ICB
- Ensure the implementation of the priorities set out in the Operational Planning Guidance
- Oversee the ongoing delivery of procurements and any major service change, with a focus on quality, safety and patient experience in line with statutory requirements.
- In relation to quality of services, seek assurance that the procurement of services is consistent with relevant laws and that conflicts of interest have been declared, managed and published as required.

In particular, the Committee will provide assurance to the ICB on the delivery of the following statutory duties:

- Duties in relation children including safeguarding, promoting welfare, SEND (including the Children Acts 1989 and 2004, and the Children and Families Act 2014); Working Together to Safeguard Children (2023) and;
- Adult safeguarding and carers (the Care Act 2014).



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To deliver this, the responsibilities of the Committee will include:

- Ensuring the ICB is informed in a timely manner of significant risks, issues and mitigation plans relating to quality and performance (in line with the remit of the Committee).

3. Authority

The Committee is authorised by the Board to:

- Request further investigation or assurance on any area within its remit
- Obtain such internal information as is necessary and expedient to the fulfil its functions
- Undertake, where necessary, 'deep dives' into specific issues that will enable it to gain a greater level of understanding and assurance into specific issues that fall within its remit
- Bring matters to the attention of other committees to investigate or seek assurance where they fall within the remit of that committee
- Make recommendations to the ICB
- Escalate issues to the ICB
- Produce an annual work plan to discharge its responsibilities
- Approve the terms of reference of any sub-groups to the committee (e.g. System Quality Groups, Infection Prevention and Control, Local Maternity and Neonatal System, SEND Partnership Boards)
- Delegate responsibility for specific aspects of its duties to sub-groups. The terms of reference of any sub-groups shall be approved by the Committee.

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 other than the committee being permitted to meet in private.

4. Membership and Attendance

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

Membership of the Committee may be drawn from the ICB Board membership; the ICB' executive leadership team; officers of the ICB; members or officers of other bodies in the wider health and social care system; other individuals/representatives as deemed appropriate.

The Committee members shall be:

- Non-Executive Member of the ICB (Chair)
- Non-Executive Member of the ICB (Deputy Chair)
- ICB Director of Nursing & Care
- ICB Medical Director
- ICB Director of Performance and Planning
- Up to two ICB Partner Members
- 2 Patient Safety Partners – TBC



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Regular Attendees:

- Assistant Chief Executive
- Healthwatch
- Place Director/s
- Deputy Director Nursing and Care
- Associate Directors Quality & Safety
- Chief Pharmacist

All Committee members may appoint a deputy to represent them at meetings of the Committee. Committee members should inform the Committee Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The Committee may also request attendance by appropriate individuals to present agenda items and/or advise the Committee on issues.

Attendees

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

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 matters.

5. Chair and Deputy-Chair

The Committee shall be chaired by a Non-Executive Member of the ICB. The Deputy Chair shall be a Member of the ICB.

If the Chair, or Deputy Chair, is unable to attend a meeting, they may designate an alternative ICB member to act as Chair.

If the Chair is unable to chair an item of business due to a conflict of interest, another member of the committee will be asked to chair that item.

6. Meetings

The Committee will meet in private.

The Committee will generally meet monthly and arrangements and notice for calling meetings are set out in the Standing Orders.

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.

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.

7. Quorum

A meeting of the Committee is quorate if 505 of the membership (5) are present, to include at least 1 clinical member and 1 Non-Executive to act as

8. Decision-making and voting

Decisions should be taken in accordance with the Standing Orders.

The Committee will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the “Membership” section of these terms of reference, may cast a vote.

A person attending a meeting as a representative of a Committee member shall have the same right to vote as the Committee member they are representing.

In accordance with paragraph 6, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

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.

9. Administrative Support

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.

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; and action points are taken forward between meetings.

10. Accountability and Reporting Arrangements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.



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The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

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.

11. Behaviours and Conduct

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

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

All members shall comply with the ICB's Managing Conflicts of Interest Policy at all times. In accordance with the ICBs' policy on managing conflicts of interest, Committee members should:

- Inform the chair of any interests they hold which relate to the business of the Committee.
- Inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Committee.
- Inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, Committee members should:

- Comply with the ICBs' policies on standards of business conduct which include upholding the Nolan Principles of Public Life;
- Attend meetings, having read all papers beforehand;
- Arrange an appropriate deputy to attend on their behalf, if necessary;
- Act as 'champions', disseminating information and good practice as appropriate;
- Comply with the ICBs' administrative arrangements to support the Committee around identifying agenda items for discussion, the submission of reports etc.

12. Equality diversity and inclusion

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



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13. Monitoring Effectiveness and Compliance with Terms of Reference

The Committee will review its effectiveness at least annually

14. Review of Terms of Reference

These terms of reference will be reviewed at 12 months in August 2025/26 and thereafter at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.



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