

# NHS Thames Valley Integrated Care Board

## Quality Oversight Committee

### Terms of Reference

#### 1. Constitution

The Thames Valley Quality Oversight Committee (the Committee) is established by NHS Thames Valley Integrated Care Board (ICB) as a sub - group of the Board in accordance with its Constitution.

These Terms of Reference (ToR), 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.

#### 2. Authority

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'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 Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

#### 3. Purpose

The purpose of the group is 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.

The duties of the Committee will be driven by the organisation’s objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

#### 4. Membership and attendance

##### Membership

With the permission of the Chair, Committee Members may nominate a deputy to attend a meeting if they are unable to attend. The deputy may vote on their behalf. The deputy will count for the purposes of the quorum. The deputy must be prepared for the meeting in order to represent the committee member.

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

Membership will comprise of:

Member	Organisation	
Chief Nursing Officer (Chair ) Chief Medical Officer (Vice Chair) Deputy Chief Nursing Officer Deputy Chief Medical Officer Director of Nursing AACCC Director of Safeguarding Deputy Chief Medical Officer LD/ND/CYP/Maternity/WH/Clinical effectiveness/R and I Deputy Chief Medical Officer Elective/Cancer/Diagnostics/Prevention/Screening/reducing HI/PHM Deputy Chief Medical Officer Community/UEC/LTC Associate Director of Quality for Perinatal Health, Mental Health, Elective, Cancer Care, LeDeR and Mortality Head of Quality for Neighbourhoods and Communities Head of IPC, Vaccine, Screening and Care Homes	Thames Valley ICB	TVICB

Head of Clinical Professional Leadership Public and Patient Experience Lead Chief Pharmacist		
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## Chair

In accordance with the constitution, the Committee will be chaired by the Chief Nursing Officer, appointed on account of their specific knowledge skills and experience making them suitable to chair the committee.

The vice chair is the Chief Medical Officer.

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

## Attendees

Only members of the Committee have the right to attend Committee meetings.

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.

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

## **5. Meetings Quoracy and Decisions**

The Committee will meet 6 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. 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.

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.

## Quorum

For a meeting to be quorate a minimum of 6 members is required, including the Chair or Vice Chair of the Committee.

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

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

## Decision making and voting

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.

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.

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.

## **6. Responsibilities**

The Identify and escalate issues and risks to the Thames Valley Quality Oversight Committee, System Quality Group, ICB/Provider commissioning/contract meetings and Regional Quality forums as appropriate.

- Be assured that there are robust processes in place for the effective management of quality
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- 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
- 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
- Oversee and monitor delivery of the ICB key statutory requirements
- Have oversight of the risks on the BAF, Corporate Risk Register and Directorate 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
- Have oversight of 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
- Have oversight 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 Programmes

- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- 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)
- Have insight into the arrangements for and assurance of compliance with the ICB's statutory responsibilities for safeguarding adults and children
- Have oversight of the arrangements for and assurance of compliance with the ICB's statutory responsibilities for infection prevention and control
- Have oversight of the arrangements for and assurance of compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services
- Have oversight of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety
- Have oversight of and approve clinical policies, guidance or procedures

## 7. Behaviours and Conduct

### The committee members will:

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, Conflicts of Interest Policy, and Standards of Business Conduct Policy.

All members of the Committee will have due regard to and operate within the Constitutions of the Partners, their Standing Orders, Standing Financial Instructions and other financial procedures.

Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of interest and agreement reached as the action to be taken as set out in the Partners' Conflicts of Interest Policy.

If necessary, the Committee may draw on third-party support to assist it in resolving any disputes, such as peer review or support from NHS England.

## 8. Accountability and reporting

The Committee is accountable to the Thames Valley ICB Board and shall report to this group on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the board in accordance with the Standing Orders.

The Chair will provide assurance reports to the Thames Valley ICB Board at each meeting and shall draw to the attention of the board any issues that require disclosure to the System Quality Group or require action/further escalation to NHSE South East regional quality group

### Secretariat and Administration

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 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.

## 9. Review

The Committee will review its effectiveness at least annually.

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 committee for approval.

Version	Date	Approved by	Review	Type of changes
1	06/03/26			
