

# NHS England's and NHS Improvement's Delivery, Quality and Performance Committees: combined Terms of Reference

Approved by the Boards on 30 July 2019



## 1. Purpose

- 1.1 The Boards of NHS England and of NHS Improvement (which consists of the Boards of Monitor and the NHS Trust Development Authority) have both established Delivery, Quality and Performance Committees to meet in Common (referred to in these combined terms of reference as “the Committee”) to support the discharge of each Board’s respective duties and powers and their combined responsibilities by:
  - 1.1.1 Ensuring oversight of operational, quality and financial planning and performance of the NHS, so that there is “one version of the truth”, including oversight of the delivery of operational, quality and financial targets and ongoing scrutiny of the delivery of system wide efficiency savings;
  - 1.1.2 Receiving assurance that required performance and financial outcomes are delivered with associated risks identified and mitigated. This includes holding internal directorates to account for the performance of NHS England and NHS Improvement;
  - 1.1.3 Reviewing and approving system-wide investment cases, focusing on transformational investment of NHS England revenue and capital, including assuring proposals for service change and reconfiguration. This will bring together current relevant NHS England and NHS Improvement assurance and approval processes;
  - 1.1.4 Providing oversight and assurance of the delivery of all national Five Year Forward View, GP Forward View and Long-Term Plan programmes; and
  - 1.1.5 Assist the Boards in reaching a common position on all other aspects of policy relevant to financial and performance issues affecting the commissioner sectors.
- 1.2 On all other operational matters, the role of the Committee is to facilitate discussion and agreement between NHS England and NHS Improvement, with a view to reaching a common position on financial and operational issues.

## 2. Composition

### Membership

- 2.1 The members of the Committee are appointed by the Boards and will be made up of:

For NHS England:

- Chair of NHS England;
- Deputy Chair of NHS England;
- One further Non-Executive Director of NHS England;

- Chief Executive of NHS England;
- Deputy Chief Executive;
- Chief Financial Officer;
- National Medical Director;
- Chief Nursing Officer;
- National Director for Strategy and Innovation;
- National Director of Urgent and Emergency Care;
- National Director of Transformation and Corporate Development (according to business requirements);
- Chief People Officer (according to business requirements); and
- National Director of Improvement (according to business requirements).

For NHS Improvement:

- Chair of NHS Improvement;
- Deputy Chair of NHS Improvement;
- Three Non-Executive Directors of NHS Improvement;
- Chief Executive of NHS Improvement / Chief Operating Officer;
- Chief Financial Officer;
- National Medical Director;
- Chief Nursing Officer;
- National Director for Strategy and Innovation;
- National Director of Urgent and Emergency Care;
- National Director of Transformation and Corporate Development (according to business requirements);
- Chief People Officer (according to business requirements); and
- National Director of Improvement (according to business requirements).

## **Committee Chair**

2.2 The Committee will be chaired by the Chair of NHS England for NHS England and the Chair of NHS Improvement for NHS Improvement. In their absence, the respective Deputy Chairs will Chair the meeting.

## **Secretary**

2.3 The Head of Governance or their nominee will act as the secretary to the Committee.

## **3. Meeting arrangements**

### **Attendance**

- 3.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.
- 3.2 Any Non-Executive Director who is not a member of the Committee is entitled to attend Committee meetings. At the invitation of the Committee Chair, others may

also attend the Committee meetings.

- 3.3 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

## **Meetings**

- 3.4 The Committee will meet in common (including by telephone or video conferencing) at least four times a year, or as determined by the Committee Chair. Any member of the Committee can ask for a meeting to be convened in person, by video conference or by telephone, or for a matter to be considered in correspondence.
- 3.5 The quorum for meetings is one-third of all members, including the Chair or the Deputy Chair. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the duties or powers vested in or exercisable by the Committee.
- 3.5 Unless otherwise determined by the Committee Chair, notice of each meeting confirming the venue, time and date together with an agenda and supporting papers shall be circulated to each member of the Committee, any other person invited or required to attend and all other non-executive directors, no later than five working days before the date of the meeting.
- 3.6 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
- 3.7 Draft minutes shall be sent to the Committee Chair within four business days of the meeting and submitted for formal agreement at the next meeting, where the Chair will sign them.
- 3.8 Except as outlined above, meetings for the Committee will be conducted in accordance with the relevant provisions of NHS England's Standing Orders and NHS Improvement's Rules of Procedure.

## **4. Declaration of Interest**

- 4.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required to not participate in a discussion or otherwise limit their involvement in the meeting.
- 4.2 Any member at any time is entitled to ask the Chair whether an item of business should be discussed outside of a meeting in common for any reason, including where in the member's view it may create a conflict between the powers or duties of NHS England and NHS Improvement.
- 4.3 The Head of Governance can provide advice on reporting Declarations of Interests.

## 5. Duties and Responsibilities

- 5.1 The Committee should carry out the duties set out in Annex A (for NHS England) and Annex B (for NHS Improvement).
- 5.2 In addition to the duties set out in the annexes, the Committee will hold internal directorates to account for the performance of NHS England and NHS Improvement.
- 5.3 The Committee will discuss any matter which any member of the Committee believes to be of such importance that it should be brought to the attention of the Committee.
- 5.4 Where the Committee considers an item of its business may give rise to a potential conflict by meeting in common, the Committee may refer that business to the Board.

## 6 Reporting responsibilities

- 6.1 The Committee's Chair shall report formally to the Board, in private session, after each meeting.
- 6.2 The Committee will make whatever recommendations to the Board it deems appropriate in any area within its remit where action or improvement is needed.

## 7 Other matters

The Committee will:

- 7.1 have access to sufficient resources to carry out its duties, including access to the Head of Governance for assistance as required;
- 7.2 consider any other matters where requested to do so by the Board; and
- 7.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

## 8 Authority

The Committee is authorised:

- 8.1 to seek any information it requires, or request attendance at a meeting, from any employee of NHS England or NHS Improvement or any other person in order to perform its duties;
- 8.2 to obtain, at NHS England or NHS Improvement's expense, legal or other professional advice on any matter within its terms of reference, subject to Board approval. For legal advice, the General Counsel, Director of Governance and Legal or Head of Legal shall be consulted prior to procurement of external

advice; and

- 8.3 to appoint, with the agreement of the Board approval, sub-committees with such membership and terms of reference as the Committee may determine and delegate any of its responsibilities to such a sub-committee.

## **ANNEX A: DUTIES FOR NHS ENGLAND**

### **Financial and operational delivery and performance**

- A1 With the underlying objective of supporting the financial position across the wider NHS, the Committee will support the oversight of operational, quality and financial planning and performance of the commissioning sector, including Specialised and other services directly commissioned by NHS England, in the context of the need to deliver the advice on decisions and seek assurance from executives on the coordination of the actions required to mitigate or manage quality risks/issues NHS Long-Term Plan;
- A2 Review, on a quarterly basis, the delivery of NHS plans as a whole, and assure this delivery against operational, quality and financial targets. This will include scrutiny of the operational, quality and financial performance of CCGs, NHS England Direct Commissioning and NHS England allocations;
- A3 The Committee will also advise the NHS England Board (and Statutory Committee where appropriate) on the operational, quality and financial policy framework for the commissioning system, and will maintain oversight of the implementation and delivery of the new financial frameworks and policies within the commissioning system.
- A4 The Committee will review on a quarterly basis the delivery and impact of the NHS Long Term Plan. Any recommendations for changes are to be made to the Strategy Committee for approval;
- A5 The Committee will also assure progress against the clinical priorities set out in the NHS Long Term Plan;
- A6 The Committee will oversee the delivery of progress against delivery of the General Practice Forward View, including delivery of the Primary Care Network strategy and primary care aspects of the NHS Long Term Plan; and
- A7 The Committee will oversee the delivery of the key enabling work streams in the NHS Long Term Plan including efficiency, workforce, technology and innovation.

### **Investment**

A9 The Committee will:

- A9.1 Scrutinise and advise the NHS England Board or Statutory Committee as appropriate on high value revenue expenditure relating to NHS England central programme activity
- A9.2 Scrutinise and approve expenditure relating to the use of NHS England capital
- A9.3 Assure and advise the NHS England Board or Statutory Committee as appropriate on commissioner support to high value or complex service change and reconfiguration schemes in line with NHS England guidance, and assure other commissioner investment deemed novel or contentious

- A9.4 Oversee the shape of transformation and capital allocations (held by NHS England)
- A9.5 Align decision making across all of the areas above so that the NHS England Delivery, Quality and Performance Committee is making aligned decisions with respect to investment cases which impact on NHS health systems across the health sector

## **ANNEX B: DUTIES FOR NHS IMPROVEMENT**

### **Financial and operational delivery and performance**

- B1 With the underlying objective of supporting the financial position across the wider NHS, the Committee will support the oversight of operational, quality and financial planning and performance of the provider sector, in the context of the need to deliver the advice on decisions and seek assurance from executives on the coordination of the actions required to mitigate or manage quality risks/issues NHS Long-Term Plan;
- B2 The Committee will review, on a quarterly basis, the delivery of NHS plans as a whole, and assure this delivery against operational, quality and financial targets. This will include scrutiny of the financial and operational performance of the provider sector;
- B3 The Committee will review on a quarterly basis the delivery and impact of the NHS Long Term Plan. Any recommendations for changes are to be made to the Strategy Committee for approval;
- B4 The Committee will also assure progress against the clinical priorities set out in the NHS Long Term Plan;
- B5 The Committee will oversee the delivery of the key enabling work streams in the NHS Long Term Plan including efficiency, workforce, technology and innovation; and
- B6 The Committee will hold internal directorates to account for the performance of NHS Improvement.

### **Investment**

- B7 The Committee will take an independent and objective view of proposals for investment across the following areas:
- B8 The Committee will:
  - B8.1 Review and monitor the annual capital plan for the NHS providers;
  - B8.2 Provide assurance and approval of service change and capital schemes and pipeline, and system capital in line with the delegation scheme and approvals limits agreed with the Department of Health and Social Care (DHSC) and HM Treasury (HMT), and refer these as appropriate; and
  - B8.3 Monitor capital expenditure of NHS providers on a quarterly basis.