

NHS England's and NHS Improvement's Quality Committees: combined Terms of Reference

Approved by the Boards on 30 July 2019

NHS England and NHS Improvement



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 Quality 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 securing continuous improvement in the quality of services and outcomes in relation to the safety of services, the effectiveness, of services and the quality of the experience undergone by patients.

2. Composition

Membership

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

For NHS England:

- 2.1.1 two Non-Executive Directors of NHS England;
- 2.1.2 Chief Executive;
- 2.1.3 National Medical Director; and
- 2.1.4 Chief Nursing Officer.

For NHS Improvement:

- 2.1.5 two Non-Executive Directors of NHS Improvement;
- 2.1.6 two Patient and Public Voice members;
- 2.1.7 the National Medical Director; and
- 2.1.8 the Chief Nursing Officer.

Committee Chair

- 2.2 The Committee will be chaired by a Non-Executive Director of NHS England for NHS England and a Non-Executive Director of NHS Improvement for NHS Improvement. In their absence, the respective other Non-Executive Directors 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

- 3.1 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.
- 3.2 The quorum for meetings is one-third of all members, including a Non-Executive Director for NHS England and a Non-Executive Director for NHS Improvement. 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.
- 3.3 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.
- 3.4 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
- 3.5 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.
- 3.6 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. Declarations 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

The Committee will:

- 5.1 Give assurance to the NHS England and NHS Improvement Boards that the following questions can be answered:
 - How is quality in the NHS overall? In particular,
 - Is care safe?
 - Is treatment effective?
 - Are patients having a positive experience?
 - Is quality improving?
 - What are we doing to improve the quality of care?
- 5.2 Determine whether the NHS is maintaining and improving the quality of patient care and health outcomes within the context of delivering the NHS Long Term Plan.
- 5.3 Nurture a quality improvement culture across NHS England and NHS Improvement and celebrate achievement in quality improvement.
- 5.4 Monitor national level quality indicators, including outcome measures, via the Single View of Quality, and identify strategic themes.
- 5.5 Seek assurance from executives that robust mechanisms are in place to identify, manage and escalate quality risks and issues from local to regional to national levels.
- 5.6 Facilitate the sharing of data and intelligence about quality risks and issues and the sharing of learning and best practice at national level.
- 5.7 Oversee the identification and deployment of appropriate resources to tackle escalated quality risks and issues and support quality improvement activities at national level.
- 5.8 Escalate quality risks and issues to the Delivery, Quality and Performance Committee if required.
- 5.9 Refer national cross-system quality risks and issues to the National Quality Board.
- 5.10 Explore quality matters that may need increased focus.
- 5.11 Review and approve the risk rating for quality in the Corporate Risk Register based on the inputs it receives.

Other

- 5.12 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.

- 5.3 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 DQPC after each meeting.
- 6.2 The Committee shall make whatever recommendations to DQPC it deems appropriate on 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 DQPC; and
- 7.1 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.