

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

Approved by the Boards on 14 May 2021

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 and Innovation Committees to meet in common (referred to in these combined terms of reference as “the Committees”) 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 Committees are appointed by the Board and will be made up of:

For NHS England:

- 2.1.1 one or more Non-Executive Directors of NHS England;
- 2.1.2 National Director of Transformation;
- 2.1.3 National Medical Director;
- 2.1.4 Chief Nursing Officer; and
- 2.1.5 National Director of Patient Safety

For NHS Improvement:

- 2.1.6 one or more Non-Executive Directors of NHS Improvement;
- 2.1.7 National Director of Transformation
- 2.1.8 National Medical Director;
- 2.1.9 Chief Nursing Officer;
- 2.1.10 National Director of Patient Safety; and
- 2.1.11 two Patient and Public Voice members

Committee Chair

- 2.2 The respective Committees will be chaired (refers to as “the Chairs”) by a Non-Executive Director from each organisation. In their absence, another Non-Executive Director will chair the meeting.

Secretary

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

3. Meeting arrangements

Attendance

- 3.1 Members of the Committees are expected to attend meetings wherever

possible. In exceptional circumstances and subject to prior approval from the Chairs, a deputy can attend.

- 3.2 Any Non-Executive Director who is not a member of the Committees is entitled to attend Committee meetings. At the invitation of the Chairs, others may also attend meetings of the Committees.
- 3.3 The Chairs 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 Committees will meet in common (including by telephone or video conferencing) four times a year, or as determined by the Chairs. Any member of the Committees 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 two members for each Committee, including a Non-Executive Director from either organisation and one of either the National Director of Transformation, the National Medical Director or the Chief Nursing Officer. A duly convened meeting of the Committees 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 Committees.
- 3.3 Unless otherwise determined by the Chairs, 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 Committees, 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 Committees, including recording the names of those present and in attendance.
- 3.5 Draft minutes will be sent to the Chairs 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 Committees 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 Committees must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chairs 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

Quality oversight

- 5.1 The Committees will assist the Boards of NHS England and NHS Improvement in ensuring that the quality of care provided to patients, areas concerning patient safety and patient experience are improving and developing to meet the needs of patients in England. In doing that the Committees will ensure these strategies are to continually improving quality, safety and experience of care. 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.
- 5.2 Nurture a quality improvement culture across NHS England and NHS Improvement by overseeing existing quality improvement programmes.
- 5.3 Review the Quality Dashboard, query apparent underperformance and escalate any quality risks and concerns to executives for addressing and/or, if appropriate, the Boards.
- 5.4 Receive reports from the National Quality Board and the Executive Quality Group on quality risks and/or issues (such as outdated policies, misalignment of functions, systematic service issues) that require escalation to national level and provide advice on how these risk and/or issues should be addressed.
- 5.5 Oversee learnings from quality issues that have been escalated to national level for action.

Patient safety

- 5.6 Review and monitor the implementation of the Patient Safety Strategy and advise on the areas of priority.
- 5.7 Receive regular updates on issues identified by the five National Patient Safety Improvement Programmes and, when appropriate, provide advice on how issues identified should be addressed.
- 5.8 Receive biannual updates on issues identified by the Patient Safety Expert Groups and, when required, provide advice on how those issues should be addressed.
- 5.9 Receive biannual updates on issues identified by the Patient Safety Incident Response Framework and, where required, provide advice on how to address serious patient safety incidents identified through this framework.

5.10 Review major patient safety incidents from providers, primary care and the wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning.

Patient experience

5.11 Consider themes and trends emerging from patient feedback and oversee actions to address any concerns that require a national response and/or steer.

Innovation

5.12 Oversee implementation of innovation strategies. In doing this the Committees will receive regular period updates from the Accelerated Access Collaborative and a detailed report once a year.

Corporate Risk Register quality risks

5.13 Review the relevant quality related risks within the Corporate Risk Register and escalate quality risks and issues to the Audit and Risk Assurance Committees if appropriate.

Investment in specialised services

5.14 Review and approve the recommendations by the Clinical Priorities Advisory Group for discretionary investments in specialised services.

Other

5.15 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.

5.16 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 Boards, in private session, after each meeting.

6.2 The Committee shall make whatever recommendations to the Boards 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 the Boards; 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 Boards' approval. For legal advice, the Director of Governance and Legal or one of the Deputy Directors of Legal shall be consulted prior to procurement of external advice; and
- 8.3 to appoint, with the agreement of the Boards, sub-committees with such membership and terms of reference as the Committees may determine and delegate any of its responsibilities to such a sub-committee.