

Lancashire and South Cumbria Integrated Care Board

Quality and Outcomes Committee Terms of Reference

1. CONSTITUTION

- 1.1. The Quality and Outcomes Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2. 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.
- 1.3. The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2. AUTHORITY

- 2.1 The Quality and Outcomes 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) 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.
- 2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. PURPOSE

3.1 The Quality and Outcomes Committee (“the Committee”) exists to contribute to the overall delivery of the ICB’s strategic objectives by providing oversight and assurance to the Board that the ICB is discharging its functions and meeting its statutory requirements with regard to continuous quality improvements and enabling a single understanding of and shared commitment to quality care across the system that is safe, effective, equitable, and that provides a personalised experience and improved outcomes with reduced health inequalities. The commissioning of services by the ICB is driven by the need to meet its core purpose defined by the four aims:

- a) improve outcomes in population health and healthcare
- b) tackle inequalities in outcomes, experience and access
- c) enhance productivity and value for money
- d) help the NHS support broader social and economic development.

3.2 The Committee is responsible for scrutinising performance against mandated national and regional metrics as well as locally agreed indicators and metrics, and assurance that the ICB is meeting its defined objectives insofar as they relate to quality and safety, access to services and patient experience.

3.3 The committee will seek assurance that key quality and outcomes priorities included within the 5 Year Strategic Commissioning Plan seek to address variation and inequalities in care and that the ICB’s commissioning intentions are reducing inequality and unwarranted variation and are implemented to address equity in access, improved experience and outcomes.

3.4 The committee will seek assurance on the implementation of a framework and process of quality and equality impact assessments for any significant service and/or policy change.

4. DUTIES

4.1 Assurance of Statutory Responsibilities

- Scrutinise arrangements for safeguarding vulnerable adults and children in line with the ICB’s statutory responsibilities.
- Scrutinise arrangements for ensuring the safe and effective management of medicines optimisation.
- Scrutinise arrangement for meeting the ICB’s equality duties quality and diversity as it applies to people drawing on services
- Scrutinise the arrangements for compliance with the ICB’s statutory responsibilities for infection prevention and control
- Scrutinise the robustness of the arrangements for compliance with the ICB’s statutory responsibilities for learning disabilities and autism

- Seek assurance that the ICB is meeting its statutory responsibilities relating to Special Educational Needs and Disabilities (SEND) Seek assurance that the ICB is meeting its statutory responsibilities relating to the duty to receive and respond to complaints (also see 4.2 of ToR)

4.2 Quality Improvement and Oversight

- Seek assurance over how mechanisms such as pooled and shared budgets are being used to enable better outcomes for people
- Seek assurance that the ICB's quality strategy and shared quality improvement priorities and plans have collective system ownership and are reflective of local quality challenges and focused on reducing inequalities in the quality of care.
- Scrutinise arrangements in place to work with partners to support system quality management, combining quality planning, quality assurance and control, and quality improvement, ensuring system structures operate effectively with timely action being taken to address areas of concern.
- Seek assurance on the monitoring and delivery of the ICB key statutory requirements in relation to quality performance indicators and seek assurance on the quality, safety and effectiveness of commissioned services.
- Seek assurance that the ICB's arrangements include effective and transparent mechanisms with regard to monitoring, learning and improvement. This will include monitoring mortality and learning from death, learning from incidents, never events, patient engagement and complaints, ensuring quantitative metrics are triangulated with qualitative data, professional insight and regulatory intelligence to fulfil this function effectively (such as complaints, 'You and Your General Practice', Freedom to Speak Up, Patient Safety Incident Response Framework and safety incident data)
- Seek assurance that learning is disseminated and embedded and that appropriate mechanisms are operating within NHS trusts/foundation trusts within the system. Clearly identifying a learning culture within system partners.
- Seek assurance of, and monitor delivery of remedial action plans in respect of identified quality and safety performance issues and escalate to the Board as appropriate
- Seek assurance on the safety and quality of primary care commissioned services using the appropriate assurance frameworks and any plans to address concerns

4.3 Improving Outcomes

- In line with the Core20PLUS5 approach, seek assurance on how the ICB 5-year commissioning plan (population health improvement plan) will narrow any gaps for different population groups in relation to access to services, experience and outcomes
- Seek assurance on the delivery of agreed strategic priorities for the ICS Health

Inequalities Strategy and seek assurance of actions aligned to Core20PLUS5. Seek assurance that strategies, commissioning intentions and transformation schemes are reducing inequality and unwarranted variation and are implemented to address equity in access, improved experience and outcomes.

- Seek assurance on the progress and delivery of key quality and outcomes priorities that are included within the 5 year Strategic Commissioning Plan, and annual operating plan and commissioning intentions including priorities to address variation and inequalities in care.
- Receive an annual risk-based assessment of contracts held, that takes account of safety, quality, finance and operational performance, and assurance that the contracting and procuring of services are aligned to the quality and health equity outcomes set out in the 5-year commissioning plan.
- Scrutinise the effectiveness and sustained delivery of the quality strategy, improvement priorities and plans; ensuring that quality of care is accessible across all segments of the ICB's population and demonstrating continuous quality improvement to ensure that services are responsive to the changing needs of the population
- Monitor and scrutinise progress on delivery of the population health outcomes elements of the 5 year Strategic Commissioning Plan.
- Seek assurance that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Monitor the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services
- Seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes.
- Seek assurance of the arrangements for identifying unwarranted variations in quality of care and scrutinise plans to address

4.4 Other

- Review and approve policies specific to the Committee's remit.
- Review and monitor those risks on the Board Assurance Framework, and Operational Risk Register which relate to the business of the committee.
- Monitor the quality of data that informs the work of the Committee; this includes review of the timeliness, accuracy, validity, reliability, relevance and completeness of data.

5. MEMBERSHIP AND ATTENDANCE

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

Constitution.

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

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 particular matters, or where there is deemed to be a conflict of interest that cannot be managed within the meeting.

5.1 Chair and Deputy

The Committee will be chaired by a non-executive member of the ICB board. In the event of the Chair being unable to attend all or part of the meeting, a non-executive from within the Committee's membership will be nominated to deputise for that meeting.

If the Chair has a conflict of interest then the vice-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

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

5.2 Membership

The Committee will have 6 members, comprised as follows:

- a) Primary Care Partner Member of the Board (non executive committee chair)
- b) Two Non-Executive Members of the Board
- c) Chief Nurse
- e) Medical Director
- g) Chief Digital Officer or Chief Strategy & Planning Officer

5.3 Attendance by Invitation

Other officers may be invited to attend to present specific papers with the Executive sponsor when appropriate to assist with discussions on any particular matter.

Nominated Deputies may attend with the approval of the Committee Chair, and it is expected that the nominated individual will be the regular deputy.

6. MEETING QUORACY AND DECISIONS

6.1 Quoracy

The committee will be quorate with a minimum of 4 members present, to include at least two non-executive members and one executive, one being either the Chief Nurse or Medical Director (not deputies for both).

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Where known, all declarations of interest should be made in advance of the meeting to allow planning for changes in quoracy during the course of a meeting.

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

6.2 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. In no circumstances may an absent member vote by proxy.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis. Where such action has been taken between meetings, then these will be reported and recorded at the next meeting.

7. BEHAVIOURS AND CONDUCT

7.1 ICB values

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, and Standards of Business Conduct Policy.

7.2 Equality and diversity

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

8. REPORTING

The Quality and Outcomes Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded, and a summary report prepared for the next ICB Board. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

The Committee will receive scheduled assurance report from its delegated sub committees or groups. Any delegated sub committees or groups would need to be agreed by the committee.

9. MEETING ARRANGMENTS

The Quality and Outcomes Committee is not a meeting held in public. Meetings of the Committee will be scheduled on a bi-monthly basis and the Committee will meet no less than ten times per year. Members of the Committee are expected to attend meetings wherever possible.

Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Part 2 meetings may take place where due to a confidential nature the item requires restricted membership and observation. Where such a meeting is called, the Chair must agree for any named deputies to be permitted.

The committee shall normally meet alternate in person and virtually via MS Teams, unless agreed otherwise by the Chair of the committee.

The Committee may meet virtually using telephone, video and other electronic means. Where a virtual meeting is convened, the usual process for meetings of the Committee will apply, including those relating to the quorum.

Virtual attendance at in-person meetings will be permitted at the discretion of the Chair.

There is no requirement for meetings of the Committee to be open to the public.

9.1 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 are held and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared for the Chair to present at the Board;
- 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.

10. DECLARATIONS OF INTEREST

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

11. REVIEW

The committee will review its terms of reference and its effectiveness at least annually and report to the Board on an annual basis.

These terms of reference will be reviewed more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: March 2026

Date of review: March 2027