

Terms of Reference

Leeds Committee of the West Yorkshire Integrated Care Board

Quality and People's Experience Sub-committee

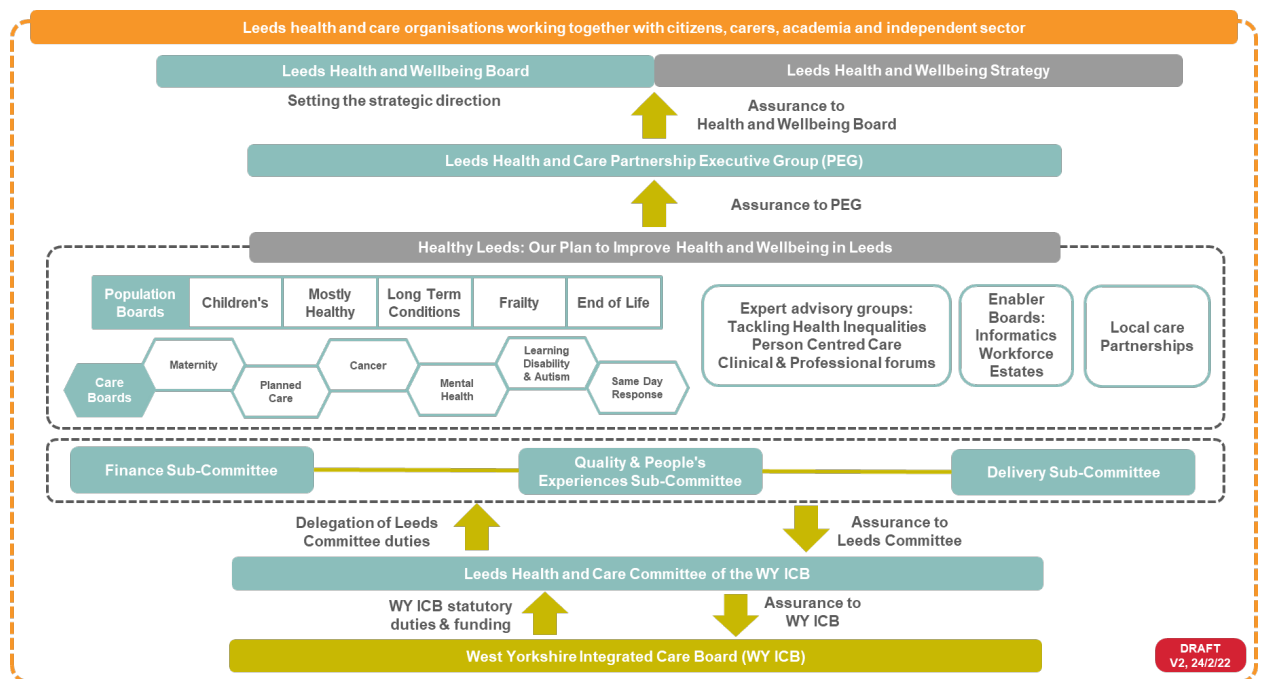
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Change history

Version number	Changes	Editor	Date
0.3	Updated in line with governance requirements	Sam Ramsey	08/02/2022
0.6	Updated by Director of Nursing & Quality & Head of Governance	Sam Ramsey	31/05/2022

1. Introduction

- 1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.
- 1.2 These terms of reference are for the Quality and People's sub-committee of the Leeds Health and Care Committee of the WY ICB. The sub-committee has no executive powers, other than those specifically delegated in these terms of reference.



- 1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:

- We will be ambitious for the people we serve and the staff we employ.
- The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.

- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.
- 1.4 The ICB has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:
- We are leaders of our organisation, our place and of West Yorkshire.
 - We support each other and work collaboratively.
 - We act with honesty and integrity, and trust each other to do the same.
 - We challenge constructively when we need to.
 - We assume good intentions; and
 - We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.
- 1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.
- 1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.
- 1.7 We have also agreed a number of partnership principles:
- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds’ citizens, carers and workforce.
 - Have ‘Better Conversations’ – equipping the workforce with the skills and confidence to focus on what’s strong rather than what’s wrong through high support, high challenge, and listening to what matters to people
 - ‘Think Family’ – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
 - Think ‘Home First’ – supporting people to remain or return to their home as soon as it is safe to do so
 - We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
 - Make decisions based on the outcomes that matter most to people
 - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
 - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well
 - We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what

we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.

- Unify diverse services through a common culture
- Be system leaders and work across boundaries to simplify what we do
- Individuals and teams will share good practice and do things once.

2. Role of this sub-committee

- 2.1 The role of the Quality and People's Experience sub-committee is to ensure that we have quality at the heart of the place-based partnership in Leeds. The main role of the sub-committee will be to seek assurance that quality outcomes are achieved for the population of Leeds, that services are safe, and they provide a good experience for our populations.
- 2.2 The sub-committee will bring a Leeds-wide lens to quality assurance and improvement, bringing together system partners from health and social care and third sector to who will be mutually accountable. A key role for the sub-committee will be assurance that quality standards are being met, but also where is not being delivered, we understand how services are applying improvement approaches to address them. The sub-committee will also seek assurance that where quality challenges span different services and providers of care, we have a collaborative approach to improvement.
- 2.3 It will be the responsibility of the sub-committee to oversee and assure itself of the quality of commissioned health and social care services in Leeds. The sub-committee will need to understand measurements of quality within the system, using metrics and outcome data to assess the situation, along with narrative and assurance from city partners, and feedback from people using the services.
- 2.4 One of the ways the Quality and People's Experience sub-committee will have a focus on quality is through the lens of Population Health and will seek to understand how quality outcomes are measured for each population group, how value is delivered, and how the service user experience is being captured and improved. Regular updates from the Population and Care Delivery Boards will feed into the Quality and People's Experience sub-committee throughout the year.
- 2.5 The Quality and People's Experience sub-committee will be required to understand any emerging quality risks in the system and actions being taken to support improvement. This will be through a regular quality reporting mechanism to the sub-committee from the Leeds Office of the ICB Quality team. The sub-committee will also receive the Leeds Office of the ICB risk register as part of its forward plan.

- 2.6 The sub-committee will receive updates on Patient Safety from the Leeds place, the implementation of the new patient safety framework, and the safety improvement plans that are part of the framework.
- 2.7 It is envisaged that there will be expert and advisory groups that support the work of the Quality and People's Experience sub-committee. These groups may already exist within the system. Examples of these groups may be Tackling Health inequalities, Person Centred Care, or 'How does it feel for me' around people's experience
- 2.8 The sub-committee will report directly into the Leeds Committee of the WY ICB. It will also feed into the West Yorkshire System Quality Group, with the chair of the Quality and People's Experience sub-committee providing an update to this meeting. The Director of Nursing and Quality is a member of the system quality group and feeds into this partnership group.

2.9 Commitments

- 2.10 The sub-committee through some preparatory workshops have agreed a number of commitments to help guide its work. These are:
- 2.11 We will ensure that the fundamental standards of quality are delivered across the Leeds Health and Care system
- 2.12 We will continually improve the quality of the services we deliver, and apply Quality Improvement (QI) principles to system quality challenges
- 2.13 We will listen to people who receive care about their experience and commit to continuously improving this experience
- 2.14 We will engage our clinical leaders in quality improvement work that spans across organisational boundaries
- 2.15 We will agree our shared priorities for quality improvement, holding each other mutually accountable for delivery of those improvements
- 2.16 We will work on the triple aim of delivering high-quality care, improved outcomes and value for money in everything we do
- 2.17 We are leaders of our organisation but also in our place and we will support each other in partnership around a shared approach to quality
- 2.18 We act with honesty and integrity, and trust each other to do the same
- 2.19 We challenge constructively when we need to, but always demonstrating respectful behaviours
- 2.20 We assume good intentions and work collaboratively around this work.

3. Membership

3.1 This part of the terms of reference describes the membership of the sub-committee.

3.2 Core membership

The membership of the sub-committee will be as follows:

- Chair – Independent Chair
- Independent Member – Health Inequalities and Delivery
- Executive Members (Leeds Office of the WY ICB)
 - Director of Nursing and Quality
 - Director of Population Health
 - Medical Director
- Director level representative with responsibility for quality assurance and improvement
 - Leeds Teaching Hospitals Trust
 - Leeds Community Healthcare Trust
 - Leeds & York Partnership Foundation Trust
 - Leeds City Council Adults Services
 - Leeds City Council Children and Young Peoples Services
- Director of Leeds Strategic Workforce & Health and Care Academy
- Independent Chair of Leeds Safeguarding Adults Board (LSAB)
- Independent Chair of Leeds Children and Young Peoples Partnership (LSCP)
- Chair of the Safer Leeds Partnership
- Public Health/ Public Health consultant
- Office of Data Analytics representative
- Third Sector representative
- Healthwatch Leeds
- Primary Care representative

3.3 Required attendees

- Deputy Director of Quality and Nursing (Leeds Office of the ICB)
- Head of Quality (Leeds Office of the ICB)
- Head of Quality Improvement and Patient Safety (Leeds Office of the ICB)
- Head of Safeguarding/Designated professional for Safeguarding (Leeds Office of the ICB)

3.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

3.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the sub-committee being unable to attend all or part of the meeting, the remaining members of the sub-committee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 50% of the membership is present. The quorum is 9 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- Executive member of the Leeds Office of the WY ICS
- At least three other members from the core membership.

4.5 For the sake of clarity:

- a) No person can act in more than one capacity when determining the quorum.
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the sub-committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the sub-committee may nominate a deputy to attend a meeting of the sub-committee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The sub-committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific

matter. Under exceptional circumstances, any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The sub-committee will meet bi-monthly with six meetings scheduled each calendar year. Development sessions may also be held throughout the year.

4.14 Declarations of interest

4.15 All sub-committee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Quality and People's Experience sub-committee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the sub-committee

4.20 Administrative support will be provided to the sub-committee by the Corporate Governance team within the Leeds Office of the WY ICS. This will include:

- Agreement of the agenda with the chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.

- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the sub-committee

- 5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

6. Authority

- 6.1 The sub-committee will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance, the sub-committee is authorised to commission more detailed reports on specific areas for assurance and learning.
- 6.2 The sub-committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the sub-committee.
- 6.3 The sub-committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.
- 6.4 The sub-committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the sub-committee must follow procedures put in place by the ICB for obtaining legal or professional advice.
- 6.5 The sub-committee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

- 7.1 The sub-committee will report directly into the Leeds Committee of the WY ICB and will present a Chair's Summary to each meeting. The chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.
- 7.2 The sub-committee will also report into the West Yorkshire System Quality group.

8. Conduct of the sub-committee

- 8.1 Members 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.

- 8.2 Members of the sub-committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 8.3 Information obtained during the business of the sub-committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.
- 8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the sub-committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

- 10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the Sub-committee

- 11.1 The sub-committee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.
- 11.2 The sub-committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed

changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.

- 11.3 These terms of reference and membership will be reviewed initially after six months, and thereafter at least annually following their approval.