



# System Quality Group

## Terms of Reference

<b>Date of last review</b>	June 2022
<b>Review frequency</b>	Annually (or subject to changes)

### 1 Purpose

**1.1** The purpose of the System Quality Group (SQG) is to provide a strategic forum at which partners from across health, social care, public health and wider within the ICS can join up to consider common priorities, routinely and systematically share insight and intelligence, identify opportunities for improvement and concerns/risks to quality, and develop system responses to enable ongoing improvement in the quality of care and services across the ICS.

**1.2** SQGs are not statutory bodies and members will remain accountable to their respective statutory bodies with the SQG helping to ensure that quality as a statutory function is supported and delivered in an integrated way.

### 2 Scope

- 2.1** The SQG is concerned with services:
- Commissioned by the NHS (either by the ICB or NHS England and NHS Improvement)
  - Jointly commissioned by the NHS and local authorities
  - Commissioned by local authorities from NHS and non-NHS providers
  - It includes services within its population boundary regardless of whether the ICB commissions services from that provider, consideration of out of area placements and providers that cross ICS and regional boundaries. Independent providers are also included

**2.2** The focus will be on population health and ICS quality priorities, e.g., across pathways/settings with particular emphasis on reducing inequities in access, experience and outcomes.

**2.3** The SQG does not have executive powers and will not:

- Directly intervene in performance management, contractual or regulatory functions, though it can advise on necessary changes and improvements
- Substitute the need for individual organisations to act promptly when pressing concerns become apparent
- Have responsibility for ensuring the ICB is fulfilling its statutory functions and system leadership role regarding quality (e.g safeguarding, serious incidents, freedom to speak up), including monitoring and managing them effectively.

However, the SQG is responsible for ensuring the ICB is aware of the risk that it carries if it fails to fulfil these duties satisfactorily.

### **3 Authority**

**3.1** All members of the System Quality Group are requested to assist with any requests made by the Chair.

### **4 Aims and Responsibilities**

**4.1** The SQG will provide the ICB, local authority and wider partners within the ICS with a strategic mechanism to:

- Routinely and systematically share and triangulate intelligence, insight and learning on quality matters in the ICS
- Identify ICS quality concerns/risks and opportunities for improvement and learning, including addressing inequalities. This includes escalation to the ICB, local authority assurance and regional NHS England teams as appropriate (refer to SQG Operating Framework for escalation process)
- Develop ICS responses and actions to enable improvement, mitigate risks and demonstrate evidence that these plans have the desired effect. This may include commissioning other agencies/using ICS resources to deliver improvement programmes/solutions to intelligence identified above (e.g clinical networks, AHSN)
- Test new ideas, sharing learning and celebrating best practice

**4.2** The SQG will collectively consider and triangulate information and intelligence to safeguard the quality of care. In particular, the SQG will consider:

- What the data and emerging intelligence is indicating about where there might be concerns regarding the quality of services
- Where the SQG is most worried about the quality of services
- Whether further action is required to address concerns; and
- Where is there a lack of information and so a need for further consideration and / or information gathering.

## **5 Identifying and Managing Risks**

**5.1** The SQG will play a key role in quality risk management and risk balancing within the ICS working closely with local and regional teams.

**5.2** Relevant risks will be managed as close to the point of care as possible.

**5.3** System risks will be placed on the ICS risk register and managed through existing risk management processes.

**5.4** The SQG will hold a risk and issues log which will be reviewed at each meeting.

**5.5** It is the role of the SQG to engage system partners to work collaboratively to mitigate and find solutions to risks.

**5.6** Significant risks which cannot be addressed by the SQG or a risk which has wider implications across a pathway of care may need to be escalated to the regional NHSE team via the Regional Quality Group.

**5.7** There is a quality risk escalation process detailed in the SQG Operating Framework.

## **6 Chair**

**6.1** The ICB Chief Nursing Officer is the chair for the group, with the Chief Medical Officer being vice chair.

**6.2** The Chair will ensure full participation during meetings, that all relevant matters and agenda items are discussed, and that effective decisions are made and communicated to the partners within the ICS.

**6.3** The chair will be responsible for escalating concerns/risk to the appropriate committee

## **7**

### **Membership**

**7.1** The core membership of the SQG will include the following representatives:

- BNSSG ICB Chief Nursing Officer (Chair)
- BNSSG ICB Chief Medical Officer (Deputy chair)
- BNSSG ICB Deputy Director of Nursing and Quality
- Medical Directors from provider organisations
- Nursing Directors from provider organisations (including representation of maternity and neonatal services)
- BNSSG ICB Accountable Officers
- BNSSG ICB Clinical Lead for Clinical Quality & Governance
- Local Health watch representative(s)
- CQC Head of Inspection
- NHSE Regional Manager
- Local Authority nominated representative(s)
- Public Health England Centre Director
- Local Health Education England Director of Education Quality
- BNSSG ICB Head of Patient Safety and Quality

**7.2** While it will sometimes be necessary to deputise, organisations will endeavour to field a consistent representation, to maintain a trusting group dynamic where people feel able to share emerging intelligence.

**7.3** Providers spanning multiple regions (e.g. SWASFT) are expected to attend the meeting or submit a report detailing any matters for escalation or discussion.

**7.4** As the group matures, attendance will be extended to carer/patient/service user representatives, wider regulators etc.

**7.5** Other persons may be invited to attend, as appropriate, to enable the Committee to discharge its functions effectively.

**7.6** The group may also invite guests to attend to present information and/or provide the expertise necessary for the group to function effectively.

## **8**

### **Managing Conflict of Interest**

**8.1** Members will be required to declare any interests which may conflict with the SQG's business prior to, or at the meeting.

**8.2** The note taker will be required to record any conflicts of interest in the minutes of the meeting and in accordance with the 'conflict of interest' policy.

- 9 Quoracy**
- 9.1** To be fully quorate at least 50% of members must be present. There must be representatives from the ICB, local authority, providers, lay representatives, and regional NHS England teams.
  - 9.2** In the event of quorum not being achieved, decisions deemed by the Chair to be 'urgent' can be taken outside of the meeting via email communication, and with the agreement of a quorate number of members.
  - 9.3** The Chair, or Deputy Chair, between them, are expected to attend 100% of meetings.
  - 9.4** Other Committee members will be required to attend at least 80% of all meetings.
  - 9.5** Representation across providers and system representation will be audited annually.
- 10 Frequency of Meetings**
- 10.1** The SQG will meet as a minimum bi-monthly; workshop style meetings may be held as agreed. The frequency of the meetings will be reviewed annually or as required.
  - 10.2** Extraordinary meetings may be called at the discretion of the Chair or deputy chair.
- 11 Reporting Responsibility and Accountability**
- 11.1** The SQG will report directly into the Quality, Performance and Outcomes Committee by providing the approved minutes of the meeting. The full governance ICS governance structure is detailed in the SQG Operating Framework
  - 11.2** The SQG will also report to the regional NHS England teams on risks and issues at the Regional Quality Group.
  - 11.3** The SQG will maintain close working relationships with wider partners (including regulators) to effectively manage system risks and issues.
  - 11.4** Individual members and advisory/task and finish group leaders are responsible for reporting back on activities.
  - 11.5** The SQG will consider reports from place-based meetings, provider collaboratives, clinical senates, thematic work, national policy work and other sources in determining the level of risk being considered.

## **12 Meeting Management**

- 12.1** Administration of the group will be provided by the BNSSG ICB Nursing and Quality team.
- 12.2** Papers for the SQG will be circulated to all attendees 7 days in advance of the meeting to allow sufficient time for review and planning of the meeting. Meeting minutes and the action log will be sent out to members 10 working days following the meeting.
- 12.3** Key points from the meetings will be formally recorded and made publicly available.
- 12.4** Attendance logs will be kept from all meetings to monitor consistent representation from all system partners.
- 12.5** The SQG will have a standing agenda item for matters to be disseminated from and escalated to the Regional Quality Group.
- 12.6** Task and finish groups may be convened as required.
- 12.7** A forward work programme will be subject to review bi-monthly.
- 12.8** Formal records of meetings are required to be kept as per the retention schedule.

## **13 Sharing of Information (Including Confidential Materials)**

- 13.1** Unless confidential, all papers should be considered as subject to the Freedom of Information Act (FOI). Information sharing agreements between members will be agreed as a principle of working together.
- 13.2** Group members will give due regard to their responsibilities to comply with GDPR and DPA legislation.

## **14 Review of Terms of Reference**

- 14.1** Every 12 months the meeting will review its own performance, constitution and Terms of Reference and recommend any changes it considers necessary to the System Quality Group.