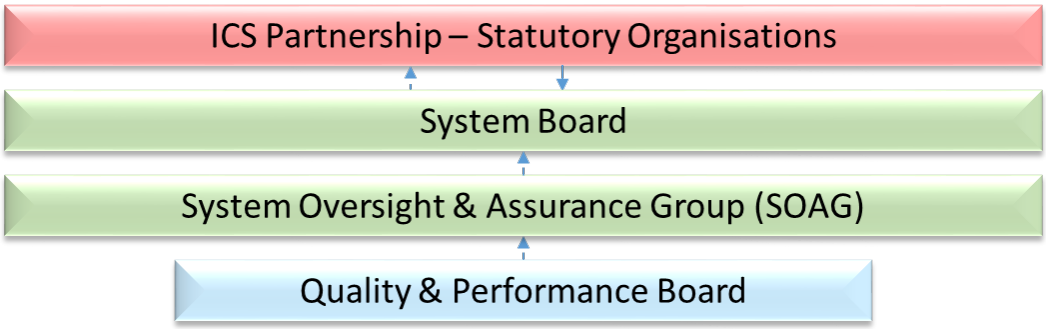
Surrey Heartlands Health & Care Partnership

Quality & Performance Assurance Board

Terms of Reference

Approved: June 2019
Next review due: June 2020



1. Background and Context - Surrey Heartlands Health and Care Partnership

1.1. NHS England planning guidance released in December 2015 set out a requirement for local areas to develop a shared five-year Sustainability and Transformation Plan, articulating how organisations in these areas would work together over the next five years to close the finance, care and quality, and health and well- being gaps. These developed into Sustainability and Transformation Partnerships (STPs) to deliver those plans, with mature systems becoming Integrated Care Systems (ICS).

1.2. Surrey Heartlands serves 850,000 people within the areas of Guildford and Waverley, North West Surrey and Surrey Downs and accounts for around three quarters of the overall Surrey population. Surrey Heartlands has a combined health revenue allocation of over £1bn and combined social care and public health budget of £294m. Compared to national distribution, Surrey Heartlands has a much larger population aged 40 –65 and 75+. Over the next 10 years the number of people aged 85+ will go up by 25% and by 2028 more than 20% of the population will be aged 65+.

1.3. NHS-funded care in the Surrey Heartlands area is commissioned and delivered by multiple organisations. This complexity has in the past inhibited efforts to tackle the significant challenges faced by the local health and social care system – demographics, workforce and infrastructure. Our opportunity, working as a full

ICS, is to address these challenges as a system, enabling us to achieve 'more than the sum of the parts'. This will also require a change in how we are held accountable as individual organisations.

1.4. At the heart of our integrated care system is a commitment to work together as a system to transform public services and secure consistent, sustainable, high quality physical and mental health and care, and the best use of financial resources, for the people of Surrey Heartlands for the long term.

1.5. This move towards working in geographical footprints requires governance arrangements to support financial development and change at a system level.

2. Principles of the Surrey Heartlands Governance Structure

2.1. The principles of the Surrey Heartlands governance arrangements are to support effective collaboration and trust between all providers, commissioners, stakeholders and the citizens of Surrey to work together to deliver improved health and care outcomes more effectively and reduce health inequalities across the system. Our governance structure will:

- Provide a framework for system level decision making and assurance with clarity on where and how decisions are made on the development and implementation of the Surrey Heartlands vision and objectives;
- Provide greater clarity on system level accountabilities and responsibilities;
- Provide assurance to individual statutory bodies1;
- Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations;
- Enable collaboration between partner organisations to achieve system level financial balance while safeguarding the autonomy of organisations;
- Enable transformation of health and care services to realise the objectives of the ICS, working towards a long-term goal of a single population based budget for health and social care services.

3. Purpose of the Board

3.1. The purpose of the Surrey Heartlands Quality & Performance Assurance Board (the Board) is to provide system-wide leadership and accountability for the performance, delivery and transformational change of the quality of care received to the residents and patients across Surrey.

[1] The Board has delegated responsibilities from the CCGs to provide statutory quality & performance assurance.

4. Reporting Responsibility and Accountability

4.1. The Board reports and is formally accountable to the statutory organisations in the Surrey ICS system and provides assurance to any necessary matters of escalation to the ICS System Board via the System Oversight and Assurance Group (SOAG). (Likewise, SOAG may raise concerns to this Board for them to provide the required assurance.)

4.2. The Board receives its powers and authority by delegation from each of the ICS Partners. The approval of these Terms of Reference by the ICS partners signifies the delegation of powers and authority to the Board.

- For clarity: for the Surrey Heartlands' CCGs, this Board is delegated by their Governing Bodies.

4.3. Following each Board meeting, the Independent Lay Co-chair will provide a monthly report into the ICS System Board to provide assurance on progress of critical activities. The Chair shall draw to the attention of the ICS System Board any issues that require its consideration or requires executive action.

4.4. The Board will only operate within the parameters of the responsibilities delegated to it by the ICS Partner organisations as described in these Terms of Reference. Each ICS Partner will record the delegation within their Scheme of Reservation & Delegation;

4.5. The minutes of the Board meetings shall be formally recorded, submitted to the statutory organisations in the Surrey ICS system and subject to publication in accordance with each organisation's governance procedures.

4.6. The Board is authorised by the statutory organisations in the Surrey ICS system to investigate any activity within these Terms of Reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the Board. The Board is also authorised to obtain (via a CCG Partner[2]) outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

[2] A CCG partner is selected only because the CCGs have delegated assurance responsibility to the Board.

4.7. When considering matters, Board should take into account the following points:

- All statutory requirements applicable to the ICS partner organisations (including Accounting Standards, Health and Safety, Information Security, Counter Fraud etc);
- NHSE/I & CHC Requirements and Standards;
- NHS Best Practice and Guidance;
- Emerging Risks and Issues.

5. Sub Committees & Delegation

5.1. The Board may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by Terms of Reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

5.2. The minutes from any sub committees will be a standing item on the Board's agenda.

6. Responsibilities

6.1. The key roles of the Board are as follows:

- Consider the delivery of the constitutional standards and main national "performance" metrics as set out in the CCG IAF & provider Single Oversight Framework (pending a combined ICS framework) and the LA delivery framework;
- Oversee the delivery and impact of the Surrey Heartlands Quality and Performance Strategy to ensure successful outcomes of key enablers such as: workforce, digital and citizen engagement that impact on the quality of care and experiences of the citizens of Surrey Heartlands;
- Oversee development of robust integrated quality systems for quality planning, quality improvement and quality assurance;
- Oversee the specific "quality" metrics, outcomes and work streams (Health Care Acquired Infection (HCAI), Transforming Care Partnership (TCP), safeguarding, etc) and ensures action is taken on quality concerns;
- Oversee and triangulate programme specific performance and quality improvement at both place and scale to assure citizens are receiving the best possible care and desired outcomes from transformational change programmes;
- Identify and monitor system wide issues, and escalated concerns either from Programme; ICP and Safeguarding Boards, Joint Intelligence Group

(JIG) or Regional QSG bringing together information and taking actions on areas of poor performance, including generating shared solutions.

- Oversee the safe transition and integration of quality and performance into the new system architecture and transition from individual organization to integrated system assurance at both place and scale;
- Undertake assurance activity on behalf of the SH CCGs' Governing Bodies and discharge the function of the CCG CIC Quality Committee;
- To review and monitor unwarranted variation in quality and performance across Surrey Heartlands partners to ensure that they are understood and investigated with any associated analysis and actions;
- Oversee development and delivery of recovery plans to drive overarching performance and quality improvements;
- Support initiatives that may be required for sustainable delivery of the national and Surrey Heartlands standards in accordance with guidelines and take action accordingly; and,
- Support the development of system-wide improvement and transformation.

6.2. Escalation

6.2.1. The Board will provide an exception report to the Surrey Heartlands Accountable Officers' System Oversight & Assurance Group (SOAG).

6.2.2. The Board will also report to the Regional Quality Surveillance Group using the escalation process as set by the National Quality Board by exception. Bring together information and take joint action on areas of underperformance, including generating shared solutions.

6.2.3. The Board is authorised to determine matters within its remit where those matters involve expenditure up to the delegated limits. Where the expenditure involved exceeds these sums, the Board is authorised to make representations to the ICS Partner organisations in respect of those matters.

7. Membership

7.1. The membership of the Board consists of:

Board Membership
Independent Lay Member, who shall be a Board Co-Chair;
Independent Nurse CCG Member, who shall be a Board Co-Chair;
Deputy Independent Nurse who shall be the Board Deputy Chair[3];
3 CCG Lay Members (PPE)[3];
ICS Director for Quality and CCG Chief Nurse

[3] This post is subject to change on 1st April 2020 as part of the proposed CCG Merger.

ICS Director of Performance/Deputy
Public Health Representative
ICP Directors SD, NWS and G&W
Surrey County Council –name TBC
ICP Lead for Quality x4
ICS Director of Surrey Wider Services
ICS Surrey wide services lead for Quality and Performance
Healthwatch
Director of Specialised Commissioning (TBC)
Clinical Leads – link with clinical leadership model for correct reps (TBC)
ICS Director of Workforce (TBC)
NHSE/I Quality Leads
CQC representative
Potential transition arrangement until leads identified
Director of Quality and Performance for SABPT
Director of Quality and Performance Ashford and St Peters
Director of Quality and Performance Royal Surrey County Hospital
Director of Quality and Performance SECAMB
Director of Quality and Performance CSH
Director of Quality and Performance Epsom and St Helier Hospital
Director of Quality and Performance First Community Health and Care
Director of Quality and Performance SaSH

7.2. Members of the Board should aim to attend all scheduled meetings. The Board may make representation to the relevant ICS Partner organisation in any circumstances in which a Member's attendance falls below 75% attendance.

8. Co-opted members / deputies / attendees

8.1. The Board may not co-opt additional members.

8.2. Board members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

8.3. The following individuals shall routinely attend meetings:

- None

8.4. Other relevant senior managers and other individuals may be invited to attend the Committee as required.

9. Quoracy

9.1. No business will be transacted unless:

- At least 50% of members are present at the Board; and
- There will be at least:
  - One Co-Chair;
  - One ICS Director / Deputy;
  - One Member from each ICP;
  - One Surrey-wide Services Representative
  - Surrey County Council Representative.

10. Chair

10.1. The ICS Partner organisations will appoint two co-chairs:

- An independent chair (2yr term with option for second term);
- An Independent Nurse CCG Member.

10.2. The co-chairs will alternate as Chair of a meeting except where the Board members indicate before a meeting that an agenda item should be chaired by a specific individual.)

10.3. The Chair of the Board will ensure:

- Full participation during meetings;
- All relevant matters and agenda items are discussed, and
- Effective decisions are made and communicated to the ICS partners.

10.4. Each member is responsible for leading the delivery of the key decisions and actions in their own organisations and relevant Integrated Care Partnership board.

11. Meeting Management

11.1. The Board will meet monthly and have an annual rolling programme of meeting dates and agenda items.

11.2. All members will be able to propose agenda items.

11.3. The Board will operate in accordance with the CCG's Standing Orders[4]. (For simplicity, this should be just one of the ICS partner organisations and the same as the partner organisation providing the admin support. This ToR version

[4] For simplicity, this should be just one of the ICS partner organisations and the same as the partner organisation providing the administrative support. This ToR version assumes that the CCG will provide this service.

assumes that the CCG will provide this service.) The CCG Corporate Office will be responsible for ensuring administrative support to the Board. This will include:

- Giving notice of meetings (including, when the Chair of the Board deems it necessary in light of the urgent circumstances, calling a meeting at short notice);
- Issuing an agenda and supporting papers to each member and attendee no later than 3 days before the date of the meeting (where possible);
- Ensuring an accurate record (minutes) of the meeting.

11.4. The Board will meet in private. Agendas and papers will not be published. However, the minutes for the Part I section of the Board will be published by each organisation under their requirements.

- For clarity: For each of the Surrey Heartlands' CCGs, the minutes of this Board will be presented at their Governing Body meeting in public for noting. Any minutes from the confidential section of this Board will be presented at the Governing Body Part II meeting in private.

11.5. Papers will be tabled only by prior agreement with the Chair.

11.6. Meetings may not be held by conference call or by electronic means.

11.7. With the agreement of the Chair, and by exception, one or more Members of the Board may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

11.8. An extra meeting of the Board can be called at the request of any two members of the Board.

11.9. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days' notice. Notification will be given by email.

11.10. Non-voting people may be required to withdraw from the confidential part of the meeting

11.11. Members of the Board have a collective responsibility for the operation of the Board. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

12. Agenda Preparation

12.1. The Board will develop a forward-looking rolling Agenda programme, maintained by the secretariat.

12.2. The Co-Chairs will work with the secretariat on the preparation of the next meeting agenda.

13. Values and Behaviours

13.1. Members of the Board will work together in such a way that embodies the agreed values of the Surrey Health & Care Partnership and in doing so will demonstrate expected behaviours such as:

- Trusting each other's positive intent;
- Working as one team for the people of Surrey Heartlands;
- Valuing the contribution of each partner;
- Sharing and learning together.

13.2. All members are expected to uphold and support the vision, aims and objectives of the ICS Partnership and will bring perspectives from their individual organisation(s) to ensure that the strategy and programme of work reflects the diversity of the ICS footprint and can be implemented within each of the different parts of the ICS.

13.3. Individual organisations will not undermine, overturn or fail to implement collective agreements/ decisions agreed by this Board and ratified by the System Board.

14. Conflict of Interests

14.1. The members of the Board must comply fully with NHS England Guidance and CCG Policy regarding Conflict of Interest[5].

14.2. The Co-Chairs are responsible for managing conflicts of interest at a meeting of the Board. If a Chair has a conflict of interest then the co-chair or, if necessary, another member of the Board will be responsible for deciding the appropriate course of action.

14.3. At the start of the meeting, the Chair will invite members to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests.

14.4. The Chair will decide any necessary course of action to manage a declared conflict of interest as advised by the CCG Conflict of Interest Policy. (Again for simplicity only one should be referred to and ideally the same as the secretariat organisation.)

14.5. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the CCG Standards of Business Conduct and Conflict of Interest Policy. In summary the information recorded is:

- the name of the person noting the interest;

[5] The Management of Conflicts of Interest is included in the CCG Standards of Business Conduct Policy.

- the nature of the interest and why it gives rise to the conflict;
- the item of the agenda to which the interest related;
- how it was agreed that the conflict should be managed;
- evidence that the conflict was managed as intended.

15. Board Decision-making

15.1. The aim of the Board is to achieve consensus decision-making wherever possible.

15.2. Each voting member of the Board shall have one vote.

15.3. If, necessary, a vote will be passed with a simple majority of the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.

15.4. The result of the vote will be recorded in the minutes.

15.5. All decisions taken in good faith at a meeting of the Board shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting.

16. Emergency / Chair's action

16.1. Either of the co-chairs may take emergency action when exceptionally required. The CCGs Independent Nurse Co-Chair may take Emergency/ Chair's action with regards to functions delegated to the Board by the CCGs and the Independent Co-Chair, for any other areas on condition that the following criteria are met:

- One other member of the Board is consulted with and this agreement is obtained in writing. This member must be from an organisation to which the decision pertains (for clarity, for a CCG/s decision, this must be a CCG member); and
- Prior consent is obtained from the respective organisation/s' Chair/s (for clarity, for a CCG/s decision, this will be the CCG Clinical Chair; for any other decisions in relation to the ICS, this will be the Senior Responsible Officer for the Surrey Heartlands Health and Care Partnership); and;
- The action is reported at the next meeting of the Quality & Performance Board.

17. Secretariat

17.1. The CCG Corporate Office will ensure the provision of a Secretary to the meeting who shall attend to take minutes of the meetings and provide appropriate administrative support to the Chair and Committee members.

17.2. The ICS Director of Quality and CCGs' Chief Nurse and ICS Director of Performance will be responsible for supporting the Chair in the management of the Board's business and for drawing the Board's attention to best practice, national guidance and other relevant documents as appropriate.

17.3. The Secretary will ensure minutes of the Board will be presented to the next meeting for formal sign off and submitted to each of the ICS Partner organisations.

18. Review

18.1. The Board will self-assess its performance on an annual basis, normally starting each January, referencing its work plan to ensure that the business transacted in meetings has effectively discharged the duties as set out in the Terms of Reference.

18.2. These Terms of Reference will be reviewed annually by the Board membership. Any proposed significant changes to the ToR and responsibilities will be presented to the ICS Partner organisations for approval.

Date	Version no.	Reviewed by	Status	Comments/ Changes since last version
June 2019	2.4	CCGs' Chair/ Executive Leads	Draft	Major update for ICS focus
June 2019	2.5	CCGs' Chair	Draft	Add publication of minutes
26/06/19	2.6	Governing Bodies approved	Final	Amendments made: • Section 4: 'Oversight' clarified. 4.2 and 4.3: Delegation arrangements and reporting lines to the Governing Body made explicit. • Section 11.5: Made explicit that minutes published; • Section 16: Chair's Action updated for clarity • Section 18.3: made explicit that minutes published as part of Governing Body papers.

19. Appendix 1

ICS Partnership Organisations (plus Heartlands ICS Control Total)

The Surrey Heartlands ICS is made of the partner statutory organisations listed in the table below.

NHSE/I have created a “Surrey Heartlands Control Total” which is made up of varying percentages of the budgets for each organisation.

Guildford & Waverley CCG (100%)	100%
North West Surrey CCG (100%)	100%
Surrey Downs CCG (100%)	100%
Royal Surrey County Hospital (100%)	100%
Ashford & St Peters Hospital (100%)	100%
South East Coast Ambulance Service	100%
Surrey and Borders Partnership NHS Trust (64%)	60%
East Surrey CCG	0% (May change to 100% in Oct 2019 or Apr 2020
Epsom & St Helier Hospital Trust	0%
Surrey & Sussex Hospitals Trust	0% (May change to 100% in Oct 2019 or Apr 2020
Central Surrey Health	0% (May change to 100% in Oct 2019 or Apr 2020
Surrey County Council	0%
NHS England	0%
NHS Intelligence DC	0%
Specialist Commissioning	0%

Annex 1 = NOT PART OF THE ToR

The purposes set out below are an extract of the CCG Strategic Finance & Performance Committee. The Performance purposes are included here as an easy reference during the development of these ToR that the CCG responsibilities are include.

Performance

- Monitor and review the CCG's Performance Report and any associated performance recovery plans;
- Oversee delivery of national constitutional standards and other national targets as appropriate;
- Give assurance to the Governing Body on the CCG's performance associated with the Committee's purpose.

Annex 2 = NOT PART OF THE ToR

The purposes set out below are an extract of the CCG Quality Committee. They are included here as an easy reference during the development of these ToR that the CCG responsibilities are included.

1.1. Continual Improvement of Services:

1.1.1. Evaluate, scrutinise and gain assurance on the best performance, quality and value outcomes by assessing clinical effectiveness, safety and experience of services,

1.1.2. Seek assurance that the commissioning strategy for the CCG fully reflects all elements of quality (patient experience, effectiveness, and patient safety), keeping in mind that the strategy and response may need to adapt and change;

1.1.3. Ensuring that effective quality surveillance systems and processes are in place;

1.1.4. Seek assurance and monitor progress against ambitions identified in the CCG Quality Strategy;

1.1.5. Review and seek assurance on the development of locally sensitive quality indicators in order to continually improve the quality of services;

1.1.6. Receive regular reports relating to core quality issues such as complaints, incidents, healthcare acquired infections and mortality reviews to review themes and trends and identify areas for recommending changes in practice;

1.1.7. Review independent, national or external agency (e.g. Care Quality Commission, Monitor, Trust Development Authority, Royal Colleges) reports on issues pertaining to quality, safety and safeguarding and ensure that the appropriate gap analysis and recommendations are conducted within the commissioned services to which they affect, and to scrutinise the recommendations to ensure they are appropriate, comprehensive and timely. To then subsequently seek assurance on the implementation and effectiveness of the recommendations longer term;

1.1.8. Suggest and take decision on the quality standards for financially incentivised schemes such as the Commissioning for Innovation and Improvement Payment Framework and Quality Premium;

1.1.9. Have oversight of the process and compliance issues concerning serious incidents and informing the Governing Body of any escalation or sensitive issues;

1.1.10. Ensure a clear escalation process, including appropriate trigger points, is in place to enable appropriate engagement of external bodies on areas of concern;

1.1.11. Operate a rolling programme upon which team representatives will deliver

presentations/ updates on topics of interest in accordance with stated topics.

1.2. Risk

1.2.1. Oversee and seek assurance that effective management of quality/ clinical risk is in place to manage, mitigate and address clinical governance and patient safety issues. To ensure that all high level risks are escalated to the Governing Body Assurance Framework (GBAF)

1.3. Statutory Duties

1.3.1. Ensure that the CCG has effective systems and processes in place to allow it to discharge its statutory requirements for safeguarding adults and children, including seeking assurance that effective processes are in place within provider organisations and the CCG for safeguarding children and young people, safeguarding vulnerable adults, domestic violence, forced marriage and the PREVENT agenda;

1.3.2. Ensure that the CCG has effective systems and processes in place to meet statutory requirements for management and mitigation of healthcare acquired infections;

1.3.3. Ensure that the CCG has effective systems and processes in place to meet the statutory requirements for continuing healthcare in line with the national framework;

1.3.4. Oversee and receive assurance that the CCG is meeting its statutory duty detailed in Section 14T NHS Act 2006 (as amended by the Health and Social Care Act 2012) whereby each CCG whilst carrying out its functions must have a regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them. Related to this duty is the Public Sector Equality Duty as detailed in the Equality Act 2010 and placed on the CCG to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities;

1.3.5. Assurance to be provided by way of Annual Equality Report and interim equality report, to include implementation of an effective Equality Delivery System review;

1.3.6. Ensuring that there are systems and processes put in place relating to equality and diversity and that quality impact assessments are carried out for programmes and projects;

1.3.7. Oversee and receive assurance that the CCG is meeting its statutory duty detailed in Section 14Z2 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to involve service users in planning commissioning

arrangements; in the development and consideration of proposals for changes and in decisions affecting the operation of commissioning arrangements where implementation would have an impact on the manner in which services are delivered or the range of services available. This involvement can be by way of consultation or otherwise;

1.3.8. Assurance to be provided by way of Patient and Public Engagement Group minutes and quarterly reports of engagement activity across the CCG's business functions.

1.3.9. Carry out the CCG's duty to promote research and the use of research by co-founding, taking a leadership role in and participating in the Primary Care Clinical Academic Group convened under the auspices of the Surrey Health Partners. This duty is monitored by the Quality Committee receiving progress reports (minimum of two per year).

1.3.10. Escalate any areas of concern to the Governing Body

1.4. Policies

1.4.1. Prepare a workplan outlining the annual scheduling of the Committee's responsibilities.