

Safe and Effective Care Subgroup Terms of Reference

Version 1

**Better health
and wellbeing for all...**

Version Control

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1. Establishment

The Safe and Effective Care group is a formal subgroup established by the Quality and Safety Committee.

2. Terms of reference

The terms of reference are defined by the ICB.

The terms of reference will be maintained by the ICB Governance Team and published in the ICB's Governance Handbook which is accessible here:

<https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/governance-handbook/>

3. Authority

The Subgroup is authorised 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
- 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 subgroup must follow any procedures put in place by the ICB for obtaining legal or professional advice

For the avoidance of doubt, the subgroup will comply with the ICB Standing Orders, Standing Financial Instructions, and the Scheme of Reservation and Delegation (SoRD). However, as a subgroup there is no formal budget delegation to the group or delegated approval limits. Decisions made by the group will be based on safety and clinical effectiveness (not financial limits).

4. Purpose

The purpose of the subgroup is to support the Quality and Safety Committee to discharge its duties relating to the oversight of the delivery of safe and effective care and treatment in the North East and North Cumbria.

The group will review data and intelligence, implementing continuous service improvement, making informed evidenced based decisions, and ensuring the delivery of high-quality care. The group will identify any significant safety risks across North East and North Cumbria and take action to provide assurance to the Quality and Safety Committee.

The group will develop an audit plan for the year ahead, based on priorities identified through the measurement of compliance with national standards

including the National Institute for Health and Care Excellence (NICE), mortality reviews and Getting it Right First Time (GIRFT).

The group aims to improve patient centred healthcare whilst driving a reduction in health inequalities across the NENC population.

5. Roles and responsibilities

This section describes the duties, authority, accountability and reporting.

The subgroup's duties are as follows:

- Support the NHS England vision to establish a strategic framework of policy, clinical leadership, and governance to ensure all aspects of clinical effectiveness and medicines optimisation are embedded into strategic commissioning.
- Oversee and monitor delivery of key statutory requirements in relation to clinical effectiveness and governance and ensure corrective action has been taken by system partners and managed. Where gaps are identified in relation to system level clinical effectiveness and medicines, risks, and issues to be escalated to the Quality and Safety Committee where necessary.
- To review adherence to best practice/research in the delivery of the ICB Clinical Conditions Strategic Plan and Medicines Strategic Plan.
- To improve patient outcomes and ensure the equitable, safe, sustainable, appropriate, functional, and efficient use of resources across the ICB.
- To develop a risk profile framework across commissioned provider landscape.
- To set agendas for provider Quality Review Groups based on key emerging concerns and themes.
- To promote and enable system clinical curiosity, providing opportunities for analysis and discussion of current practice.
- To support and monitor the implementation at strategic level of clinical effectiveness and best practice around medicines and treatment including NICE guidelines and technology appraisals. To facilitate rapid and consistent implementation across the ICB in a manner which reduces health inequalities and unwarranted variation.
- To ensure that robust governance structures, systems and processes are in place across all providers of commissioned services and that these have been developed in line with national and regional commissioning

expectations.

- To assess the clinical impact and outcomes of any commissioning, decommissioning decisions, or proposed changes to commissioned services. To recommend any changes to commissioning of services or pathways post audit data reviews or review of local intelligence.
- Receive and agree Value Based Clinical Commissioning (VBCC) policies from sub-group (the VBCC group will formally report into this group).
- Receive reports and issues for escalation from working groups and other forums, including (but not limited to):
 - Local Maternity and Neonatal System (LMNS)
 - Learning from Lives and Deaths – People with a Learning Disability and Autistic People (LeDeR)
- To define role and terms of reference for subgroups of the Safe and Effective Care subgroup and ensure integrated multidisciplinary membership.
- To assign sub-group and functionality as appropriate and ensure integrated multidisciplinary membership including the governance of clinical policy and pathways including prescribing guidance and PGDs.
- Review and monitor those risks on the board assurance framework and corporate risk register which relate to safety, clinical effectiveness and medicines, and high-risk operational risks which could impact on patient care.

The function of the group is to continually develop and promote the vision, values, and culture of quality patient care, ensuring that commissioned healthcare services meet national and local clinical standards, and in turn, high quality patient care outcomes across the ICB.

The group will achieve this by:

- Developing and governing an annual clinical audit plan based on identified priorities.
- Reviewing system wide mortality data, identifying trends and subsequent recommendations.
- Setting high quality outcomes standards and monitoring and reporting against these standards with the aim of improving outcomes, reducing unwarranted clinical variation, and reducing health inequalities across the population.

- Develop a population health management approach with better utilisation of digital systems, data, and analytics, through uniform implementation of agreed data collation and communication platforms, and utilising this to develop a broader population health approach to reducing health inequalities and improving outcomes.
- Develop a suite of indicators which promote and strengthen clinical effectiveness of commissioned services.
- Monitoring system-wide investment on medicines and treatment, ensuring value is obtained.
- Developing and implementing robust system-wide clinical guidance and pathways (including medicines) decision making processes for the ICB, (in accordance with the decisions delegated by the Scheme of Reservation and Delegation to manage entry, use and provision of medicines.
- Have oversight of the work programmes for the subgroups and assurance groups reporting into the Safe and Effective Care subgroup. Reporting subgroups and assurance groups can be found in Appendix 1.

6. Delegation by Scheme of Reservation & Delegation (SoRD)

Support the Quality and Safety Committee to discharge its duties relating to the oversight of the delivery of safe and effective care and treatment in the North East and North Cumbria (including decisions within the scope of the group's agreed terms of reference).

7. Accountability and reporting

As a formal subgroup, the subgroup is accountable to its Parent Committee and reports (via minutes/actions) to its Parent Committee on how it discharges its responsibilities. The secretary formally records the minutes of each meeting and all confirmed minutes will be provided to the Parent Committee once approved, providing assurances on the business considered and escalating any concerns, where necessary.

In order to aid agenda planning, the subgroup may produce a cycle of business in consultation with its Parent Committee.

8. Membership and attendance

Chair and Vice Chair

- Chief Medical Officer and Chief Nursing Officer (Co-Chair)
- Director of Medicines and Pharmacy and Director of Nursing (Quality and Secondary Care) (Co-Vice Chair)
- In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number to Chair the meeting.

Membership (subject to ICB Chair's approval as above)

- Director of Finance (Corporate and Insights)
- Director of Commissioning
- Medical Directors x 4
- Director of Population Health
- Director of North East Quality Observatory (NEQOS)
- Directors of Nursing x 3
- Chief Clinical Information Officer
- Head of Insight
- Deputy Director Medical Directorate
- Deputy Director Quality
- Deputy Director of Medicine and Pharmacy
- Director of Nursing and Patient Safety

Attendees

Only members of the subgroup have the right to attend meetings, however all meetings of the subgroup may also be attended by the appropriately nominated individuals who are not members.

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. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

Attendance

Where a member of the subgroup is unable to attend a meeting, a nominated deputy may be agreed with the Chair. Once agreed, that person will have the same voting rights and responsibilities as the member. Conflicts of interest will need to be considered for any nominated deputies.

Where an attendee of the subgroup (who is not a member) is unable to attend a meeting, a nominated alternative may be agreed with the Chair (or Vice Chair in his/her absence).

9. Meeting Quoracy and Decisions

The subgroup will meet in private.

The subgroup will meet at least 10 times a year and arrangements and notice for calling meetings are as set out in the Standing Orders. Additional meetings may take place as agreed by the Chair (or Vice Chair in his/her absence).

The Parent Committee may ask the subgroup to convene further meetings to discuss particular issues on which they want the subgroup's advice.

In accordance with the Standing Orders, the subgroup may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

10. Quoracy

As this is a formal subgroup quoracy is required. For a meeting to be quorate a minimum of 50% members is required, and must include the following:

- Chair or Vice Chair
- 1 x Medical Directors (or their nominated deputy)
- Director of Nursing (or their nominated deputy)

If any member has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

In the event that the quorum cannot be achieved due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the Chair of the meeting will determine the action to be taken in accordance with the constitution.

In these circumstances, an alternative quoracy of one third of the non-conflicted members will apply.

11. Decision making and voting

There is no formal budget delegation to the group or agreed delegated financial approval limits. Decisions made by the group will be based on safety and clinical effectiveness (not financial limits).

Decisions will be taken in accordance with the Standing Orders and will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the subgroup may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

12. Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Conflicts of interest

In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to the NHS guidance on managing conflicts of interest and the ICB Standards of Business Conduct and Declarations of Interest Policy.

Conflicts of interest must be declared and recorded at the start of each meeting. A register of interests is maintained by the ICB with an extract considered before and during each meeting. If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant point.

Equality and diversity

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

13. Secretariat and Administration

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

The subgroup shall be supported with a secretariat function which will ensure 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.
- Any additional conflicts of interest are recorded and handled appropriately.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept and taken forward between meetings.
- The Chair is supported to prepare and deliver reports to the Parent Committee and/or Board.
- Confirmed minutes and areas of escalation from agreed subgroups are reported to each meeting.

14. Review

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Parent Committee for approval.

Appendix 1 – Quality and Safety Governance Arrangements

