

Quality and Safety Committee Terms of Reference

Version 5

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

Version Control

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1	1 July 2022	TBC	
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3	30 May 2023	Neil Hawkins Senior Governance Lead	Amendments to membership
4	26 March 2024	Rebecca Herron Governance Lead	A review of the Terms of Reference has taken place, there have been untracked formatting and minor changes made. There are tracked additions or deletions within the document.
5	16 April 2026	Kate Sutherland Corporate Governance Manager	Amendments to membership and titles following restructure. Minor changes to reflect changes to template for all committees. Duties updated to reflect subgroups

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Integrated Care Board

QUALITY & SAFETY COMMITTEE – TERMS OF REFERENCE

1. **Constitution**

The NHS North East and North Cumbria Integrated Care Board (NENC ICB) was established by statute on 1st July 2022.

The Board of the NENC ICB has resolved to establish the Quality and Safety Committee as a committee of the Board.

These terms of reference, 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.

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**

The 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 independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any relevant procedures put in place by the ICB for obtaining 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. However, may not delegate any decisions to such groups, other than those already in the agreed framework (Appendix 1).

For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions, and the Scheme of Reservation and Delegation (SoRD).

The Committee may not establish any subcommittees without prior Board approval as stated in the Constitution and Scheme of Reservation and Delegation.

3. **Purpose**

The Committee is responsible for ensuring the appropriate governance systems and processes are in place to commission, monitor and ensure delivery of high quality, safe patient care in services commissioned by the ICB.

The Committee will seek to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

The Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the quality, safety and risks of services being commissioned that may impact on the delivery of statutory duties, agreed organisational strategic and operational plans as a result.

The Committee will contribute to the overall delivery of the ICB objectives by delivering its remit as set out in these terms of reference. The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

4. Membership and attendance

All members of Committees and subcommittees that exercise the ICB commissioning functions will be approved by the ICB Chair. The ICB Chair will not approve an individual to such a Committee or subcommittee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

4.1 Chair and vice chair

The Committee will be chaired by an independent non-executive member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

The Committee will agree the vice chair from amongst its members. However, the vice chair must be an independent member of the Board drawn from non-executive or partner members.

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

Members will possess between them knowledge, skills and experience in accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

The Board will appoint no fewer than four members of the Committee including two who are Independent Non-Executive Members of the Board.

Membership of the Committee will comprise of:

- Non-Executive Member (Chair)
- Non-Executive Member
- Chief Medical Officer (or nominated deputy)
- Chief Nursing Officer (or nominated deputy)

- Director of Population Health Management (or nominated deputy)
- 1 x Partner Member, NHS Foundation Trusts (or nominated deputy)
- 1 x Partner Member, Primary Medical Care (or nominated deputy)
- Director of Public Health or Partner Member, Local Authority (or nominated deputy)
- Director of Medicines and Pharmacy (or nominated deputy)
- Director of Nursing - Quality (or nominated deputy)
- Director of Nursing - All Age Continuing Care (or nominated deputy)
- Director of Nursing - Safeguarding (or nominated deputy)
- Director of Corporate Governance, Communications and Involvement (or nominated deputy)

4.3 Attendees

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

In addition to the core members, the Committee has nominated the following as attendees:

- Healthwatch representative
- Patient Safety Partner

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.

4.4 Attendance

Where a member of the Committee 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.

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

5. Meetings Quoracy and Decisions

The Committee will meet in private.

The Committee will meet at least 6 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as agreed by the Chair (or Vice Chair in his/her absence)..

The Board or ICB Chair may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice. In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

5.1 Quorum

For meetings to be quorate a minimum of 50% members is required, and must include the following:

- At least one Non-Executive Member,
- Chief Medical Officer or the Chief Nursing Officer
- At least one other additional clinician.

If any member of the Committee 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.

5.2 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.

Where there is a split vote, with no clear majority, the Chair of the Committee 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.

6. Responsibilities of the Committee

The Committee's duties can be categorised as follows:

- Be responsible for quality monitoring and surveillance to enable strategic commissioning decisions
- Ensure structures in place to support quality, clinical effectiveness, and safety; planning, control and improvement programmes, to be assured that the structures operate effectively, and timely action is taken to address areas of concern.
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care.

Official

- Oversee and monitor delivery of key statutory requirements in relation to quality, safety and clinical effectiveness.
- Review and monitor those risks on the board assurance framework and corporate risk register which relate to quality, and high-risk operational risks which could impact on care. Ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.
- Oversee the ICB's response to all relevant quality directives, regulations, national standard, policies, reports, reviews, and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies/external agencies (e.g., Care Quality Commission, National Institute for Clinical Excellence) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the Board that these are disseminated and implemented
- Oversee and seek assurance on the effective and sustained delivery of the ICB's quality improvement programmes.
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by NHS and independent contractors and place.
- Receive assurance, including through the Patient Safety Incident Response Framework, that the ICB identifies lessons learned from all relevant sources, including, Patient Safety Incident Investigations), never events, safety alerts, complaints and claims and ensures that learning is disseminated and embedded.
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and associated metrics, share learning from trusts' learning from deaths reports (including coronial inquests) and ensure Trust's implement improvements.
- To be assured that people who experience services are systematically and effectively involved as active partners in quality activities.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children, and looked after children.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for All Age Continuing Care.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines safety and controlled drugs.
- Scrutinise the robustness of the arrangements and assure compliance with the ICB's statutory duties for patient and public involvement to ensure that the views

of patients are properly reflected throughout the commissioning cycle of services commissioned by health development.

- Receive and act upon reports in relation to patient experience to ensure that the views of patients are properly reflected in the decisions for strategic commissioning of services.
- To oversee the development and implementation of a structured and planned approach to the collection and use of patient reported experience in both provider management processes and commissioning decisions, including feedback from individual consultation in practice and the NHS complaints procedure.
- Have oversight of and approve the terms of reference and work programmes for the subcommittees and subgroups reporting into the Committee. Formal and assurance groups can be found in Appendix 1.
- Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- Approve clinical, quality and safety policies including the Value Based Clinical Commissioning Policy.

7. Behaviours and Conduct

7.1 ICB values

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

7.2 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 a Committee 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.

7.3 Equality and diversity

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

8. Accountability and Reporting

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Committee will submit to the Board a decision and assurance report, summarising key decisions and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The confirmed minutes of meetings shall be formally recorded and submitted to the ICB Board, in private or public as appropriate.

9. Secretariat and Administration

The Committee shall be supported with a secretariat function which will ensure that:

- i) 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
- ii) Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements
- iii) Any additional conflicts of interest are recorded and handled appropriately
- iv) 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.
- v) The Chair is supported to prepare and deliver reports to the Board
- vi) Confirmed minutes and areas of escalation from agreed subcommittees are reported to each meeting

10. Review

The Committee will review its effectiveness at least annually, reporting to the Board.

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 Board for approval and updated in the Governance Handbook.

Appendix 1 – Quality and Safety Governance Framework

