Appendix 8



Integrated Care Board

Safeguarding Health Executive Group:

Children, Adults and Cared for Children Subcommittee

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1. Establishment

The Safeguarding Health Executive Group: Children, Adults and Care for Children Subcommittee (the subcommittee) is established by the Board as a subcommittee of the Quality and Safety Committee, in accordance with the NHS North East and North Cumbria ICB's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

2. Terms of Reference:

Definition of terms: The terms of reference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions set out in the Establishing Subcommittees Standard Operating Procedure.

Publication: The terms of reference will be published in the ICB's Governance Handbook which is accessible here: https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/

3. Purpose

The purpose of the Subcommittee is to support the Quality and Safety Committee to discharge its duties relating to safeguarding and care for children.

4. Roles and responsibilities

This section describes the subcommittee's duties, authority, accountability and reporting.

These terms of reference describe the role and responsibilities of the Subcommittee. The functions of the subcommittee do not in any respect or change current ICB and or provider statutory responsibilities. It is also noted that these terms of reference will remain under review as required and in response to Acts or draft legislation where but there is currently no statutory guidance yet published.

4.1 Duties

The subcommittee's duties are as follows:

To make formal recommendations to the Safeguarding Partnerships
 /Adult Boards as per the health governance structure on future

commissioning arrangements for safeguarding, including any proposed changes to delegated decision making

- To make formal recommendations to the Safeguarding Partnerships/Adult Boards, ICB Quality and Safety Committee and Board and Integrated Care Partnership (ICP) as appropriate and local organisations on future provision and delivery of safeguarding services
- Provide a single strategic oversight body providing assurance to the Safeguarding Partnerships/Adult Boards, ICB and ICP and local organisations on quality, outcomes, finance, and performance.
- Be an active voice and partner in shaping the proposal and implementation of an overall strategic programme of work to deliver the ambitions, priorities, and plans for safeguarding (endorsed with Safeguarding Partnerships/Adult Boards).
- To provide health executive leadership for safeguarding, facilitating and promoting joint working and best practice within and across the whole North East North Cumbria Integrated Care System
- To enable Subcommittee members to provide a strategic link back to the ICB Quality and Safety Committee and Board, ICP and local organisations ensuring that the programme has a strong balance between strategic leadership and local system delivery
- To provide assurance to the Safeguarding Partnerships/Adult Boards, ICB Quality and Safety Committee and Board, ICP and local organisations as appropriate on the discharging of statutory duties in-line with the legislative requirements
- To make formal recommendations to the ICB Quality and Safety Committee, Board, ICP and local organisations as appropriate on any proposed investments/disinvestments in safeguarding arrangements
- To seek assurance on safeguarding compliance and delivery and hold the Senior Safeguarding Leadership Group and Collaborative Forums to account on delivering the strategy and priorities agreed by the ICB and Partnership Boards.

In addition, it will be the responsibility of each local organisation and ICB representative to ensure that information and reporting on progress and outcomes is disseminated in line with the agreed arrangements and the ICB governance framework. All parties will ensure relevant wider stakeholder engagement is in place.

4.2 Roles

The role of the members of the Subcommittee is to:

 Provide strategic leadership to the programme being open and transparent in the pursuit for system improvement

• To ensure that there is a coordinated programme to progress commissioning for improved quality and outcomes.

5. Authority

The subcommittee is authorised to:			
Investigate	Investigate any activity within its terms of reference.		
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.		
Investigate	Commission reports required to help fulfil its obligations from NECS.		
	Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Executive Director of Finance.		
	Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the sub committee.		
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the sub committee must follow any procedures put in place by the ICB for obtaining professional advice.		
Create Groups	Groups may be established by the sub committee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.		

6. Accountability and reporting

The subcommittee is accountable to its parent committee and reports to its parent committee on how it discharges its responsibilities.

Accountabil	ities Description		
Draft minutes	The subcommittee receives scheduled assurance reports from its established groups.		
and reports	The secretary formally records the minutes of each meeting.		
	The chair of the subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.		
Monitor attendance	Attendance is monitored and profiled as part of the agenda at each subcommittee meeting.		
	Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.		
Draft annual work plans	The subcommittee produces an annual work plan in consultation with its parent committee.		
Conduct annual self-	The subcommittee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.		
assessment	Any resulting proposed changes to the terms of reference are submitted to the parent committee for agreement and action as the 'Establishing Sub Committees' SoP.		
	The subcommittee utilises a continuous improvement approach in its delegation.		
	Members review the effectiveness of the meeting at each sitting.		
Annual Report	The subcommittee provides its parent committee with an annual report, timed to support finalisation of the accounts and the governance statement.		
	 The report includes: The governance cycle A summary of the business conducted, Frequency of meetings, membership attendance, and quoracy The committee's self-assessment 		

7. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

7.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/			
quoracy	Description of expectations		
Chair	ICB Executive Chief Nurse		
Deputy Chair	Subcommittee members may appoint a vice chair from amongst the members.		
Absence of Chair or	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the		
Vice Chair	meeting.		
Membership	 ICB Executive Chief Nurse ICB Strategic Safeguarding Lead /ICB Director of Nursing (North) ICB Director of Nursing (South) NHS England Regional Lead Nominated Designated Nurse (Children) Nominated Designated Nurse (Adults) Nominated Designated Doctor Nominated Cared for Children lead Nominated Head/Director of Midwifery Acute/Community Provider Executive Directors of Nursing NEAS Director of Nursing and Quality NWAS NEAS Director of Nursing and Quality Mental Health Provider Executive Director of Nursing Named GP Safeguarding Lead EDI: When determining the membership of the subcommittee, 		
	consideration will be given to diversity and equality. Involvement: In determining membership consideration will be given to the need for a patient and public involvement member.		
	ICS: Membership may be from across the Integrated Care System. However, the balance of decision making must sit with the ICB.		
Conflicts : Consideration must be given to material confl the appointment of members.			
Attendees	Only members have the right to attend meetings.		
and procedure for absence	Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.		

Composition/ quoracy	Description of expectations		
	Procedure for absence:		
	Where a member or any regular attendee of the subcommittee is unable to attend a meeting, a suitable alternative may be agreed with the chair.		
	The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.		
Quoracy and Procedure for	Threshold: A minimum of half the membership and where the ICB members present exceeds the other members present.		
Inquoracy	Absence: Where members are unable to attend, they should agree this with the chair.		
	Disqualification: If any member of the subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.		
	Inquoracy: If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken.		

7.2 Frequency and formats

This section on Sub Committee meetings describes the meeting frequency and formats.

Frequency/ format	Description	
Meeting frequency	The subcommittee will meet bi-monthly Additional meetings may be convened on an exceptional basis at the discretion of the subcommittee chair.	
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	which they want the sub committee's advice.	
Public vs closed	Where this is warranted by the nature of the business arising, the agenda may be divided into two parts. Part 1 is open to the whole subcommittee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.	

Frequency/ format	Description		
	External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the subcommittee.		
Virtual meetings and extra-ordinary meetings	In accordance with the Standing Orders, the subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.		

7.3 Procedures

Procedure	Description of rules and expectations:		
Agenda	The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.		
	Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.		
Conflicts of interest Declarations: All members and those in attendance medical declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.			
	Exclusions: The subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.		
Decision- making	Decisions: Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.		
Conduct	The sub committee's conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations		

8. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the subcommittee in the following ways:

Functions	Description	
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead.	
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.	
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.	
Minute Taking Take good quality minutes and agree them with the chair. Ke a record of matters arising, action points and issues to be carried forward.		
Support for Chair & Committee	Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.	
Provide updates	Update the subcommittee on pertinent issues/ areas of interest/ policy developments.	
Governance advice	Provide easy access to governance advice for subcommittee members	

Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	28/3/20 23	Board TBC	First Issue

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes

Review date: March 2024

Contact: Louise Mason-Lodge, ICB Director of Nursing

Document control

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