



**North East and
North Cumbria**

Quality and Safety Committee Terms of Reference

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1. Establishment

The Quality and Safety Committee (the Committee) is established by the North East and North Cumbria Integrated Care Board (ICB) as a Committee of the Board in accordance with its Constitution. These terms of reference (ToR), which form part of the ICB's Governance Handbook, 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 terms of reference are published in the Governance Handbook which is accessible on the ICB's website.

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.

1.1 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.

In achieving this, the Committee will seek to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience to provide 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.

2. Roles and responsibilities

The responsibilities of the Committee will be authorised by the Board. It is expected that the Committee will:

- a. Be assured that there are robust processes in place for the effective management of quality and safety.
- b. Scrutinise 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.
- c. 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.
- d. Oversee and monitor delivery of key statutory requirements in relation to quality, safety and clinical effectiveness.
- e. 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.
- f. Oversee and scrutinise the ICB's response to all relevant (as applicable to 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

- g. 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 across all sites.
- h. Oversee and seek assurance on the effective and sustained delivery of the quality improvement programmes.
- i. 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.
- j. Receive assurance, including through the Patient Safety Incident Response Framework, that the ICB identifies lessons learned from all relevant sources, including, serious untoward incidents requiring investigation (SIs), never events, safety alerts, complaints and claims and ensures that learning is disseminated and embedded.
- k. Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and associated metrics, and that it learns from trusts' learning from deaths reports (including coronial inquests).
- l. To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities.
- m. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.
- n. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for promoting the health and wellbeing of looked after children.
- o. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- p. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.
- q. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines safety and controlled drugs.
- r. Scrutinise the robustness of the arrangements and assure compliance with the ICB's statutory duties for patient and public involvement o ensure that the views of patients are properly reflected throughout the commissioning cycle of services commissioned by health development
- s. Receive and act upon reports in relation to patient experience to ensure that the views of patients are properly reflected in the development and implementation of ICB quality and safety policies and plans
- t. 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 rom individual consultation in practice and the NHS complaints procedure.
- u. Have oversight of and approve the terms of reference and work programmes for the groups reporting into the Committee (e.g., system quality groups, infection prevention

and control, NENC local maternity and neonatal system, safeguarding partnerships/hubs, clinical reference groups etc)

- v. Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- w. Approve clinical, quality and safety policies.

2.1 Authority

The committee 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.
Commission	Commission reports required to help fulfil its obligations.
Obtain advice	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 for obtaining professional advice.
Create sub-groups/sub-committees	<p>Create task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the ICB Standing Orders and SoRD – but no decisions may be delegated to these groups. Any sub-committees would need to be formally approved by the Board.</p>

2.2 Delegation by Scheme of Reservation & Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation

The Committee is a formal committee of the Board. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Committee holds only those powers as delegated in these terms of reference as determined by the Board.

2.3 Accountability and reporting

Accountabilities	Description
Draft minutes and reports	The Committee is directly accountable to the Board. The minutes of meetings shall be formally recorded and submitted to the Board, in

private or public as appropriate. The Secretary formally records the minutes of each meeting.

The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will receive scheduled assurance reports from its delegated subgroups and subcommittees. Any subcommittees would need to be formally approved by the Board.

Monitor attendance	<p>Attendance is monitored and profiled as part of the agenda at each Committee meeting.</p> <p>Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand.</p>
Draft annual work plans	<p>The Committee produces an annual work plan in consultation with the Board.</p>
Conduct annual self-assessment	<p>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</p> <p>Any resulting proposed changes to the terms of reference are submitted for approval by the Board.</p> <p>The Committee utilises a continuous improvement approach in its delegation.</p>
Annual Report	<p>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement.</p> <p>The report includes:</p> <ul style="list-style-type: none"> • A summary of the business conducted • Frequency of meetings, membership attendance, and quoracy • The committee's self-assessment

3. Committee meetings

3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/ quoracy	Description of expectations
Chair	The Committee will be chaired by an Independent Non-Executive Member of the Board.
Deputy Chair	Committee members may appoint a vice chair from amongst the other ICB independent non-executive 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 meeting.

Composition/ quoracy	Description of expectations
Vice Chair	If the Chair has a conflict of interest, then the Vice-Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.
Membership	<p>The Committee members shall be appointed by the Board in accordance with the ICB Constitution.</p> <p>The Board will appoint no fewer than four members of the Committee including two who are independent non-executive members of the Board. Other attendees of the Committee need not be members of the Board, but they may be.</p> <p>When determining the membership of the Committee, active consideration will be made to equality, diversity, and inclusion.</p> <p>The membership of the Committee will be as follows:</p> <ul style="list-style-type: none"> • Non-Executive Member (Chair) • Non-Executive Member (Vice Chair) • Executive Medical Director • Executive Chief Nurse • Executive Director of Corporate Governance, Communications and Involvement • 1 x Area Executive Director • 1 x Partner Member, NHS Foundation Trusts • 1 x Partner Member, Primary Medical Care • Director of Public Health or Partner Member, Local Authority • 2 x Director of Nursing (North and North Cumbria) • 2 x Director of Nursing (South and Central) • Director of Midwifery • Director of Allied Health Professions • Director of Medicines • Patient Safety partner <p>Members may ask the Chair to agree a deputy. Those deputies agreed by the Chair will have the same rights and responsibilities as members, and where applicable will form part of the quoracy.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend Committee meetings, however the Committee may also invite other appropriate individuals to attend all or part of the Committee meetings to provide advice or support particular discussion(s).</p> <p>In addition to the core members, the Committee has nominated the following as attendees:</p> <ul style="list-style-type: none"> • Director of North East Quality Observatory (NEQOS)

Composition/ quoracy	Description of expectations
	<ul style="list-style-type: none"> Healthwatch representative <p>In addition to the core membership and nominated individuals, the Chair may co-opt additional members as appropriate for specific agenda items.</p> <p>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.</p> <p>Procedure for absence: Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p>
<p>Quoracy and Procedure for Inquoracy</p>	<p>No business shall be transacted at a meeting unless at least half of the whole number of core members is present and must include:</p> <ul style="list-style-type: none"> At least one Non-Executive Member Either the Executive Medical Director or Executive Chief Nurse and at least one other additional clinician. <p>In the event that a meeting of the Committee is not quorate, the Chair can decide that the meeting will progress, but where decisions are required, they will be deferred to the next meeting when the committee is quorate.</p> <p>Disqualification: If any member of the Committee 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.</p>

3.2 Frequency and formats

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

Frequency/ format	Description
<p>Meeting frequency</p>	<p>The Committee will meet in private and shall meet at least 6 times a year. Arrangements and notice for calling meetings are set out in the ICB's Standing Orders. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p>
<p>Open vs closed</p>	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole</p>

Frequency/ format	Description
	<p>committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Committee.</p>
Virtual meetings and extra-ordinary meetings	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.

3.3 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 ToR.
Conflicts of interest	<p>Declarations: All members, and those in attendance, must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Committee 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.</p>
Decision-making	<p>Decisions: 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.</p> <p>Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.</p> <p>Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.</p> <p>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.</p>
Conduct	Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's

4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee 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. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing reports for the Board. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members

5. Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V3.0	30.05.23	Board	Annually	Amendments to membership

Item: 10.2
Appendix 2

Review date: May 2024
Contact:

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