NHS

North East and North Cumbria

Integrated Care Board

North Cumbria

Quality and Safety Area Subcommittee

Terms of Reference

Table of Contents

1.   **Establishment**

The Quality and Safety Area Subcommittee, as established by the Board, is a Subcommittee of the Quality and Safety Committee in accordance with the NHS North East and North Cumbria'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 Subcommittee has been established to provide the Quality and Safety Committee with assurance that is delivering its functions in a way that delivers high quality safe patient care in commissioned services and secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the 'Shared Commitment to Quality' and enshrined in the *Health and Care Act 2022*. This includes reducing inequalities in the quality of care.

The Subcommittee exists to scrutinise the robustness of and gain and provide assurance to the Quality and Safety Committee, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Subcommittee will provide regular assurance updates to the Quality and Safety Committee in relation to activities and items within its remit.

4.   **Roles and responsibilities**

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

4.1   **Duties**

It is expected that the Subcommittee will carry out the following for the geographical area for which the Subcommittee is responsible:

- Be assured that there are robust processes in place for the effective management of quality and safety

- 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. Escalate to the Quality and Safety Committee and significant/material performance issues for action.

- Oversee and monitor delivery of the ICB key statutory requirements in relation to quality, safety and clinical effectiveness

- Escalate quality and safety risks to the Quality and Safety Committee for consideration of inclusion in the risk register

- 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

- 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

- Oversee and seek assurance on the effective and sustained delivery of the ICB 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

- 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, 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, and that it learns from Trusts' Learning From Deaths (LFD) reports (including coronial inquests and LFD reports)

- To be assured that people drawing on services are systematically and effectively involved as equal 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 (in conjunction with the NENC Integrated Care System Safeguarding Health Executive Group: Children, Adults and Cared for Children Subcommittee)

- 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 equality and diversity as it applies to people drawing on services

- Have oversight of and approve the terms of reference and work programmes for any working groups reporting into the Subcommittee

- Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient 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.
Commission	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 Chief Finance Officer.
	Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Subcommittee must follow

The Subcommittee is authorised to:	
	any procedures put in place by the ICB for obtaining professional advice.
Create Groups	Groups may be established by the Subcommittee, 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.

Accountabilities	Description
Draft minutes 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 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.
Continuous improvement	The Subcommittee utilises a continuous improvement approach in its delegation.
	Members review the effectiveness of the meeting at each sitting.

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	Director of Nursing - North
Deputy Chair	Subcommittee members may appoint a Vice Chair from amongst the members.
Absence of Chair or 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	The membership will include the following or their deputies as agreed with the Chair: - ICB - Director of Nursing – North - ICB - Medical Director - ICB - Director of Delivery – North Cumbria - ICB - Deputy Director of Nursing – North - ICB - Clinical Quality & Safety Manager - North - ICB – Designated Nurse for Safeguarding – North Cumbria - NCIC - Chief Nurse - NCIC - Quality Governance Director - NECS - Transformation and Delivery Manager - CNTW - Associate Director - North Cumbria - CHOC – Head of Nursing - Cumberland Council - Assistant Director Quality and Resources Adults & Housing - Cumberland Council – Director of Public Health and Communities - Westmorland and Furness Council – Senior Manager, Adult social care - CVS - Voluntary Sector Lead / 3rd Sector - PCN/CD Representative Deputies as agreed by the Chair have the same voting rights as those that they are deputising for. **EDI:** When determining the membership of the group, consideration will be given to diversity and equality.

Composition/ quoracy	Description of expectations
	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.
	Conflicts: Consideration must be given to material conflicts in the appointment of members.
Attendees and procedure for absence	Only members have the right to attend meetings.
	Other attendees: The Chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.
	Procedure for absence:
	Where a member or any regular attendee of the Subcommittee is unable to attend a meeting, a nominated 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 Inquoracy	**Threshold:** A minimum of half the membership.
	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 Subcommittee 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.

Frequency/ format	Description
	The parent committee Chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.
Public vs closed	Meetings will be held in private. 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 must 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 Subcommittee'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. Keep 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	28/03/2023	Board	First Issue
V2.0	02/06/2023	North Cumbria First Draft	For consideration at the first North Cumbria Area Quality & Safety Subcommittee
V3.0	14/03/2024	Quality and Safety Committee	Second Issue

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes
V2.0	02/06/2023	Brenda Thomas	Y	Insertion of Members for consideration at the first meeting
V3.0	17/10/2023	Brenda Thomas	Y	Membership amended
V4.0	15/01/2024	Rebecca Herron	Y	Section 7.1 Attendees and procedure for absence – suitable alternative changed to nominated alternative

Review date: March 2025
Contact: ICB Corporate Governance Team

Document control
The controlled copy of this document is maintained by the governance team in the Governance Handbook, here https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/

Any copies of this document held outside of the Governance Handbook, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.