Item: 8.1
Enclosure: Appendix 6

NHS
North East & North Cumbria

Integrated Care Board

QUALITY and SAFETY COMMITTEE – TERMS OF REFERENCE

1. Constitution

The Quality and Safety Committee (the Committee) is established by the North East and North Cumbria Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution.

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 a formal committee of the ICB. 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 ICB Board.

3. Purpose of the Committee

The Committee has been established to provide the ICB 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 Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, 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 Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4. Membership and Attendance

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than four members of the Committee including two who are Independent Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity, and inclusion.

The Board has appointed 14 Members of the Committee, as follows:

- Non-Executive Member (Chair)
- Non-Executive Member (Vice Chair)
- Executive Medical Director
- Executive Chief Nurse
- ~~Executive Director of Strategy and System Oversight~~ Chief of Strategy and Operations
- 1 x Partner Member, NHS Foundation Trusts
- 1 x Partner Member, Primary Medical Care
- Director of Public Health or Partner Member, Local Authority
- 1 x Place Director of Nursing (North & North Cumbria)
- 1 x Place Director of Nursing (South and Central)
- 1 x Place Medical Director (North & North Cumbria)
- 1 x Place Medical Director (South and Central)
- ICB Director of Allied Health Professions
- ICB Director of Medicines

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.

4.1 Chair and Vice Chair

The Committee will be chaired by an Independent Non-Executive Member of the Board. The Chair cannot also be the Audit Committee Chair. ~~or Vice Chair.~~

Committee members may appoint a vice chair from amongst the other ICB Independent Non-Executive Members.

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

The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

If a 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.

4.2 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.

The Board has nominated the following as attendees:

- 2 x registered Healthcare Professionals (e.g. allied health professional, nurse, medic, GP, pharmacist) from providers within the NE&NC ICS boundary
- Healthwatch representative

The Chair may agree other nominated individuals to attend regularly or for specific agenda items.

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.

4.3 Attendance

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable deputy may be agreed with the Chair.

5. Meetings Quoracy and Decisions

The Committee will meet in private.

The Committee shall meet at least 6 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

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 Quoracy

No business shall be transacted at a meeting unless at least half of the whole number of core members is present to include at least one Non-Executive Member, either the Executive Medical Director or the Executive Chief Nurse and at least one other additional clinician.

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.

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. The result of the vote will be recorded in the minutes.

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 responsibilities of the Committee will be authorised by the ICB 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 the ICB 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 ICB 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 DHSC, NHS England and other regulatory bodies / external agencies (e.g. CQC, NICE) 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 ICB that these are disseminated and implemented across all sites

h. Oversee and seek assurance on the effective and sustained delivery of the ICB 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, 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 (LFD) reports (including coronial inquests and LFD reports)

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 infection prevention and control

o. 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

p. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines safety and controlled drugs

q. Review Patient Group Directions to ensure appropriate governance is in place (before approval by the ICB Medical Director)

r. 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)

s. Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes

t. Approve clinical, quality and safety policies

7. Behaviours and Conduct

7.1 ICB values

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 Constitution, Standing Orders, and Standards of Business Conduct Policy.

7.2 Equality and Diversity

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

8. Accountability and Reporting

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

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 advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

The Committee will receive scheduled assurance reports from its delegated groups. Any delegated groups or sub committees would need to be agreed by the ICB Board.

9. Declarations of Interest

All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. 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) Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.

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.

v) The Chair is supported to prepare and deliver reports to the Board.

vi) The Committee is updated on pertinent issues/ areas of interest/ policy developments.

vii) Action points are taken forward between meetings and progress against those actions is monitored.

11. Review

The Committee will review its effectiveness at least annually and complete an annual report submitted 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.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

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