

## Quality, Safety and Improvement Committee of North East London ICB

### TERMS OF REFERENCE

<b>Status</b>	<ol style="list-style-type: none"><li>1. The Quality, Safety and Improvement Committee (“the Committee”) is established by the Integrated Care Board (“the ICB”) as a Committee of the Board of the ICB (“the Board”).</li><li>2. These Terms of Reference (“ToR”) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board. Additionally, the membership of the Committee must be approved by the Chair of the Board.</li><li>3. The Committee and all of its members are bound by the ICB’s Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB.</li></ol>
<b>Authority</b>	<ol style="list-style-type: none"><li>4. The Committee is authorised by the Board to take all necessary actions to fulfil the remit described within these terms of reference, including obtaining professional (including legal) advice, commissioning reports and creating groups. The Committee will follow the processes described by the Board for commissioning any professional advice. The Committee may establish groups to assist the committee to undertake its functions but it cannot delegate decisions to such groups.</li></ol>
<b>Purpose</b>	<ol style="list-style-type: none"><li>5. The Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the <a href="#">Shared Commitment to Quality</a>, and as enshrined in law by National Health Service Act 2006 (as amended by the Health and Care Act 2022).</li><li>6. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the Board that there is an effective system of quality governance and internal control that supports the ICB to effectively deliver its strategic objectives and provide sustainable, high quality care.</li><li>7. The Committee will provide regular assurance updates to the Board in relation to activities and items within its remit.</li></ol>
<b>Responsibilities of the Committee</b>	<ol style="list-style-type: none"><li>8. It is expected that the Committee will:</li><li>9. Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively, and timely action is taken to address areas of concern</li></ol>

- (a) Agree and put forward for Board approval the key quality priorities that are included within the ICB's Joint Forward Plan and the North East London (NEL) Integrated Care Partnership's Integrated Health and Care Strategy and be assured of their delivery. The Committee will contribute to the development of those plans/strategies, as appropriate and relevant to quality matters.
- (b) Be assured of the delivery of the ICB's statutory duties relating to Quality.
- (c) Review and monitor such 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.
- (d) Inform and assure the Committee, that relevant Quality related national and regional guidance/ legislation has been reviewed and relevant actions have been undertaken.
- (e) Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes, across NEL, at Place, within programmes, at Provider Collaboratives, supporting the development of one system approach to quality improvement.
- (f) Receive assurance that the ICB has continuous regard to ensuring and improving its systems and processes to maintain patient safety, including identifying lessons learned from all relevant sources including: incidents; never events; complaints and claims; and ensure that learning is disseminated and embedded across the ICS.
- (g) Receive updates in relation to any investigations relevant to matters in the purview of the Committee.
- (h) Insofar as relates to quality matters, approve and oversee the adaption of legacy policies for use across the ICB until new policies are developed.
- (i) Receive thematic updates regarding learning from Quality matters across NEL ie learning from deaths, complaints, serious incidents and PFD reports.
- (j) Be assured that people receiving services are systematically and effectively involved as equal partners in quality activities.
- (k) Approve Terms of Reference and work programmes for, any groups reporting into the Committee.

**Chairing  
arrangements**

10. The Committee will be chaired by a Non-Executive Member of the Board, appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Committee and will agree the

## Membership

Committee's agenda and ensure that its work and discussions meet the objectives set out in these terms of reference.

11. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.
12. The Vice Chair will be a Non-Executive Member of the Board
13. The Committee Executive Lead will be the Chief Nursing Officer
14. 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.

15. The Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Committee.
16. The Board will appoint no fewer than four members to the Committee including two non-executive members of the Board. As set out in the Constitution, the Committee may include persons who are not ICB members or employees.
17. When determining the membership of the Committee, active consideration will be made to diversity and equality.

18. The Committee shall have the following members:

### ICB leadership

- (a) Non-Executive Member (Chair)
- (b) Non-Executive Member (Vice Chair)
- (c) Non-Executive Member
- (d) Associate Non-Executive Member
- (e) Primary Care Partner Member
- (f) Local Authority Partner Member or nominated representative
- (g) NHS Trust Partner Member
- (h) Chief Nursing Officer
- (i) Chief Medical Officer
- (j) Chief Participation and Place Officer
- (k) Healthwatch
- (l) Voluntary and Community Sector

## Participants

19. Only members of the Committee have the right to attend Committee meetings. However, the following individuals who are not members of the Committee, will also be expected to attend meetings:
- (a) Director of Nursing
  - (b) Director of Quality Development
  - (c) An ICB officer lead with a remit for each of the following:
    - Infection, Prevention & Control
    - Continuing Health Care
    - Individual Funding Requests
    - Adult Safeguarding
    - Children's Safeguarding
20. Meetings of the Committee may also be attended by the following individuals for all or part of a meeting as and when appropriate:
- (a) those with expertise in the following areas: technology, innovation, research and development, education, academic health science networks;
  - (b) Other providers of health or social care, or related services.
21. Where an individual who is invited to attend 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.
22. The Chair may ask any or all attendees to withdraw to facilitate open and frank discussion on particular matters.
23. For the avoidance of doubt, paragraph 16 applies equally to participants as to members

## Collaborative Working

24. In exercising its responsibilities, the Committee may work with the provider alliances/collaboratives, joint committees, committees, or sub-committees which have been established by the ICB or wider partners of the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups.
25. The Committee will work with the ICS System Quality Group to ensure system improvement is undertaken to improve the quality of services and experiences of our residents across north east London thereby reducing health inequalities

## Meetings, Quoracy and Decisions

26. In particular, the Committee is expected to work with, and receive reports from, relevant Committees/ Groups.

27. The Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Handbook and wider ICB policies and procedures, except as otherwise provided below:

### Scheduling meetings

28. The Committee shall ordinarily meet on a bi-monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

29. The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

### Quoracy

30. The quoracy of the Committee will be at least five and must include:

- (a) one Non-Executive Member;
- (b) the Chief Nursing Officer or Chief Medical Officer;
- (c) one Partner member

31. If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

32. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### Nominated deputies

33. With the permission of the Chair, the members set out above, may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.

### Voting

34. 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 simple 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.

### Papers and notice

35. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings will comprise venue, time

and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

36. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

#### Virtual attendance

37. It is for the Chair to decide whether or not the Committee will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

#### Recordings of meetings and publication

38. Except with the permission of the Chair, no person admitted to a meeting of the Committee shall be permitted to record the proceedings in any manner whatsoever, other than in writing

#### Confidential information

39. Where confidential information is presented to the Committee, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

#### Meeting minutes

40. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Committee together with the action log as soon after the meeting as practicable. The minutes will be submitted for agreement at the next meeting where they will be signed by the Chair.

#### Governance support

41. Governance support will be provided to the Committee will be provided by the ICB's governance team.

#### Conflicts of interest

42. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England.

## **Behaviours and Conduct**

43. Members will be expected to behave and conduct business in accordance with:

	<ul style="list-style-type: none"> <li>(a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business;</li> <li>(b) The NHS Constitution;</li> <li>(c) The Nolan Principles;</li> </ul> <p>44. Members must demonstrably consider equality, diversity and inclusion implications of the decisions they make.</p>
<p><b>Accountability and Reporting</b></p>	<p>45. The Committee is accountable to the Board and will report to the Board on how it discharges its responsibilities.</p> <p>46. Exception reports will be presented to the ICB Board by the Chair of the committee. The minutes of the committee will be presented to the ICB Board once approved by the committee.</p> <p>47. The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.</p>
<p><b>Review</b></p>	<p>48. The Committee will review its effectiveness at least annually.</p> <p>49. 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.</p>

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