NHS
North East London
Integrated Care Board

Quality, Safety and Improvement Committee

North East London ICB

Terms of Reference

Status	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"). 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. 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.
Authority	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.
Purpose	5. The purpose of the Quality, Safety and Improvement Committee is to support the Board and to: • Provide strategic direction for the ICB's strategic commissioning function to drive policy and strategy development across quality planning, quality control, quality improvement and quality assurance • Offer specialised advice to strengthen accountability and ensure governance arrangements enable mitigation of risks and high-quality decision-making including through clinical leadership and accountability • Oversee and seek assurance that our commissioned services ensure that patients are receiving safe, high-quality and timely healthcare with equal access to services working closely with the Strategic Commissioning Committee • Oversee and seek assurance that the performance of our commissioned services deliver high levels of performance, in line with national, regional and local requirements including delivery of constitutional standards and national planning guidance contributes to the delivery of high quality care

	for our population recognising the interface between quality and performance 6. The Committee will provide regular assurance updates to the Board in relation to activities and items within its remit.
Responsibilities of the Committee	7. In order to fulfil its purpose, the Committees shall be responsible for: (a) Understanding the implications of the ICB's responsibilities across quality and safety and performance for the whole organisation and for its activities (b) Seeking assurance around the arrangements for discharging the ICB's responsibilities in respect of quality of care, including access, experience and outcomes through a quality improvement lens (c) Seeking assurance around the arrangements for discharging the ICB's responsibilities in relation to securing continuous improvement in the quality of services we commission (d) Have oversight of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children (e) Oversee and scrutinise the ICB's response to all relevant (as applicable to quality and performance) directives, regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI 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 (f) Understanding how the delivery of constitutional standards in respect of performance contributes to improved quality and identifying where inequity in performance may compromise quality (g) Ensuring our commissioning plans enable delivery of high performing and high quality services which provide positive health benefits and outcomes for our population , delivering performance standards in line with clinical and other guidance – (h) Highlighting where inequity and unwarranted variation are contributing to poorer quality and outcomes and where poorer quality and outcomes are driving greater health inequalities (i) Recognising the role of quality, safety and improvement and performance in delivering the three shifts for the benefit of local people
Chairing arrangements	8. 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

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

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

10. The Vice Chair will be a Non-Executive Member of the Board

11. The Committee Executive Lead will be the Chief Clinical and Quality Commissioning Officer

12. 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.

Membership

13. 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.

14. 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.

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

16. The Committee shall have the following members:

    ICB leadership

    (a) Non-Executive Member (Chair)

    (b) Non-Executive Member

    (c) Non-Executive Member

    (d) Non-Executive Member

    (e) Chief Clinical and Quality Commissioning Officer

    (f) Chief Strategy Officer

    (g) Local Authority Partner Member

    (h) Primary Care Partner Member

Participants

17. 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 Clinical & Quality Commissioning

(b) Director of Statutory Clinical Services

(c) Healthwatch representative

18. Meetings of the Committee may also be attended by other individuals for all or part of a meeting as and when appropriate:

(a) Clinical Directors who may contribute to discussion on quality and patient safety

19. 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.

20. The Chair may ask any or all attendees to withdraw to facilitate open and frank discussion on particular matters.

21. For the avoidance of doubt, paragraph 16 applies equally to participants as to members

Collaborative Working

22. 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.

23. 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

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

Meetings, Quoracy and Decisions

25. 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

26. 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.

27. 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

28. The quoracy of the Committee will be at least four and must include:

(a) one Non-Executive Member;

(b) one Chief Officer

29. 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.

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

Nominated deputies

31. 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

32. 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

33. 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.

34. 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

35. 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

36. 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 37. 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* 38. 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* 39. Governance support will be provided to the Committee will be provided by the ICB's governance team. *Conflicts of interest* 40. 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	41. Members will be expected to behave and conduct business in accordance with: (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; (b) The NHS Constitution; (c) The Nolan Principles; 42. Members must demonstrably consider equality, diversity and inclusion implications of the decisions they make.
Accountability and Reporting	43. The Committee is accountable to the Board and will report to the Board on how it discharges its responsibilities. 44. Exception reports will be presented to the ICB Board by the Chair of the committee. 45. 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.

Review	46. The Committee will review its effectiveness at least annually. The review will consider whether the Committee has: (a) Fulfilled its responsibilities set out in these Terms of Reference. (b) Provided effective scrutiny, challenge and assurance to the Board. (c) Received timely and appropriate information to support its work. (d) Maintained effective membership, attendance and participation. 47. The outcome of the review and any proposed improvements will be reported to the Board. 48. 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.

Date of approval: 29 July 2026

Date of review: July 2027

Version: 2.1