NHS North Central London
Integrated Care Board
Quality and Safety Committee
Terms of Reference

1. Introduction

1.1 The Quality and Safety Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a committee of the ICB's Board of Members.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

2.1 The purpose of the Committee is to provide oversight, scrutiny and assurance of the following areas on behalf of the Board of Members and to provide robust recommendations and/or directions for actions:

a) The quality and safety of commissioned services;
b) Reducing inequalities in outcomes, experience and access;
c) The effectiveness of patient care and high quality patient experience;
d) Provider service quality performance and quality improvement initiatives;
e) Continuous quality improvement and shared learning across the system;
f) Safeguarding and complaints.

3. Role

3.1 The Committee will:

a) Oversee and monitor delivery of the ICB key statutory requirements in relation to quality, safety, clinical effectiveness, professional and clinical standards;
b) Ensure that the ICB vision for quality care underpins the work of the ICB Population Health and Integrated Care Strategy;
c) Ensure that quality, patient safety and patient experience are at the core of the ICB's approach to commissioning and oversee the development and embedding of a culture within the ICB which supports this approach;
d) Understand quality from the perspective of people drawing on services, to include co-ordination/integration of care, and promote a culture of learning and improvement across the ICS;
e) Ensure that there are robust processes in place for the effective management of quality and safety across commissioned health and care services in North Central London;
f) Explore 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;
g) Devise and agree the key quality priorities in terms of access, experience and outcomes drawing on the agreed 'I' statements within the population health improvement strategy, including priorities to address variation and inequalities in care;
h) 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;
i) Ensure the ICB is kept informed of significant risks and mitigation plans;
j) Review Patient Group Directions to ensure appropriate governance is in place (before approval by the ICB Chief Medical Officer);

k) Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standards, policies, reports, reviews and best practice as issued by the DHSC, NHSE 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;
l) Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes;
m) Seek 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;
n) Seek assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and associated metrics, including Learning from Deaths ('LFD') reports (including coronial inquests and LFD reports);
o) Have oversight of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children;
p) Have oversight of the arrangements for and assure compliance with the ICB's statutory responsibilities for Infection Prevention and Control;
q) Have oversight of approaches taken by our system partners to reduce health inequalities and inequities in care oversee the robustness of these arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services;
r) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines safety and controlled drugs.
s) Approve quality, safety and clinical effectiveness policies on behalf of the Board of Members;
t) Scrutinise research proposals to ensure that there are robust processes in place for the effective management of quality and safety;
u) Provide oversight of the Integrated Medicines Optimisation Committee and receive and scrutinise reports from the Integrated Medicines Optimisation Committee as appropriate;
v) Oversee and approve the Terms of Reference for the System Quality Group.

4. Membership

4.1 The Committee shall comprise of the following voting members:

a) Two Non-Executive Members, one will have the remit and responsibility for Quality;
b) Chief Nursing Officer;
c) Chief Medical Officer;
d) Chief Strategy Officer;
e) Three Sector Representatives who bring sector experience and perspective to Committee's deliberation from:
    - Primary and/or community care;
    - Mental health or Acute;
    - Local Authority
f) Director of Quality.
g) Director of Safeguarding.
h) Place based safety representative

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 In accordance with the ICB's Constitution all voting members of the Committee must be approved by the ICB's Chair.

4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.5 Voting members may nominate deputies to represent them in their absence.

5. Participants and Observers

5.1 The following people shall attend Committee meetings as standing participants:
a) Two Community Participants;
b) A Healthwatch representative.

5.2 Participants at Committee meetings are non-voting.

5.3 The roles referred to in the list of standing participants above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.4 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.5 Standing participants may nominate deputies to represent them in their absence.

5.6 The Committee may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The Committee Chair shall be the Non-Executive Member with the remit and responsibility for Quality. The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working though difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.

7.2 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

8.1 The Committee will be considered quorate when at least the following voting members are present:
a) The Chair;
b) ICB Chief Nurse or ICB Chief Medical Officer; and,

c) A Sector Representative.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.

8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by Chief People Officer Directorate.

10. Frequency of Committee Meetings

10.1 The Committee will meet at least five times a year but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda, agreed by the Chair and Executive Lead, setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting, including the agreed action points, shall be prepared by the Secretariat and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the Board of Members and will operate as one of its committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

14.2 The Committee is authorised by the Board of Members to obtain at the ICB's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

15. Reporting Responsibilities

15.1 The Committee will report to the Board of Members on all matters within its duties and responsibilities.

15.2 The Committee may make recommendations to the Board of Members and/or any other committee or sub-committee it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

17. Virtual Meetings and Decision Making

17.1 Committee meetings may be held in person or virtually.

17.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

18. Sub-Committees

18.1 The Committee has a sub-committee with delegated functions and authorities which is:

a) Integrated Medicines Optimisation Committee.

18.2 The Committee may appoint additional sub-committees to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision making authority to any of its additional sub-committees.

19. Conflicts of Interest

19.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

20. Gifts and Hospitality

20.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

20.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

21. Standards of Business Conduct

21.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

a) The law of England and Wales;
b) The NHS Constitution;

c) The Nolan Principles;
d) The standards of behaviour set out in the ICB's Constitution;
e) The Standards of Business Conduct Policy;
f) The Conflicts of Interest Policy
g) The Counter Fraud, Bribery and Corruption Policy,
h) Any additional regulations or codes of practice relevant to the Committee.

21.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timelchy training.

22. Review of Terms of Reference

22.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the ICB.

22.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the Board of Members.

Date Approved by the Board of Members: 3 November 2025.
Date of Next Review: To be confirmed - in preparation for April 2026.

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name
Non-Executive Member	
Non-Executive Member	
ICB Chief Nurse	
ICB Chief Medical Officer	
Chief Strategy Officer	
Sector Representative - community care	
Sector Representative - Mental health or Acute	
Sector Representative - Local Authority	
Director of Quality	
Director of Safeguarding	
Place based safety representative	

Committee Chair:

Position	Name
Non-Executive Member	

The standing participants are:

Position	Name
Community Participant	
Community Participant	
A Healthwatch representative	