



Norfolk and Suffolk
Integrated Care Board

Quality Committee Terms of Reference

NHS Norfolk and Suffolk
Integrated Care Board

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1. Purpose

- 1.1. The Quality Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that actively works to reduce variation in quality of care and secure continuous improvement of services, defined against each of the dimensions of quality set out by the [National Quality Board \(NQB\) Shared Commitment to Quality](#) and enshrined within the Health and Care Act 2022. The Quality Committee has oversight of the ICB's internal quality management systems which support it to effectively deliver its strategic objectives and commission sustainable, high-quality, equitable care.

2. Permissions

- 2.1. The Board has delegated authority to the Quality Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time. The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board. The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these Terms of Reference.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and scope of any such task and finish sub-groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

3. Remit and Responsibilities

- 3.1. The remit and responsibilities of the Quality Committee are as follows:
- 3.1.1. To oversee and monitor delivery of the ICB's key statutory requirements for fulfilling our quality duties as a strategic commissioning body, including the improvement of population health and reduction of health inequalities.
 - 3.1.2. To have oversight of the ICB Quality Strategy and to be part of its continuous development and monitoring of impact.
 - 3.1.3. To have oversight of ICB quality management systems which enable quality planning, control and improvement and to be assured that these structures operate effectively and timely action is taken to address areas of emerging concern, with appropriate escalations.

- 3.1.4. To review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which could impact on the quality and safety of care and ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.
- 3.1.5. To oversee the ICB's response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSE and other regulatory bodies and external agencies (e.g., CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained across the organisation.
- 3.1.6. To ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers, as part of contracts, to drive quality improvement and proactively manage risks in accordance with NQB guidance. This includes reviewing patient experience and patient reported outcome data (PROMS and PREMS).
- 3.1.7. To receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded.
- 3.1.8. To receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from deaths (including coronial inquests and Reports to Prevent Future Deaths).
- 3.1.9. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.
- 3.1.10. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- 3.1.11. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for research and innovation.
- 3.1.12. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- 3.1.13. To review and approve all relevant ICB quality and patient safety policies and Terms of Reference for groups reporting into the Quality Committee.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Quality Committee is accountable to the Board and will report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.
- 4.2. The Quality Committee will advise the Audit and Risk Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
- 4.3. The Quality Committee will support the development of the overarching ICB strategy and annual plans, with a focus on improving quality and experiences of care.

4.4. The Quality Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

5. Membership

5.1. The voting members of the Quality Committee are as follows:

- ICB Non-Executive Board Member (Chair)
- ICB Executive Director of Nursing
- ICB Executive Medical Director
- ICB Executive Primary Care and Neighbourhood Director (Norfolk)
- ICB Executive Primary Care and Neighbourhood Director (Suffolk)
- ICB Director of Nursing and Quality
- Local Authority Director, Norfolk County Council
- Local Authority Director, Suffolk County Council

6. Chair (and Deputy Chair)

6.1. The Quality Committee will be chaired by the Non-Executive Member. In the absence of the Chair, the remaining voting members present may elect one of their number to chair the meeting. If the Chair has a conflict of interest, the remaining voting members present will be responsible for deciding the appropriate course of action.

7. Attendees

7.1. Regular attendees of the Quality Committee who do not have a vote are as follows:

- CEO Healthwatch Norfolk
- CEO Healthwatch Suffolk
- Minimum of two lay members with Lived Experience

7.2. The Chair may invite any other ICB staff and partner representatives to the meeting as necessary in accordance with the business of the Quality Committee. This may include providers, provider collaboratives and the NHS England Regional Team.

8. Secretary and Administration

8.1. The Quality Committee will be supported by a secretariat function that will ensure:

- 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 lead director.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair and a record of matters arising, action points and issues to be carried forward is maintained.
- Actions are logged and taken forward between meetings and progress against those actions is monitored.
- Attendance at each meeting is monitored and voting members who do not meet the minimum requirements are highlighted to the Chair. Member appointments and renewal dates are recorded, and the Board is prompted to renew membership and identify new members where necessary.

- Management of conflicts of interest within the meeting is recorded accurately.

9. Meeting Quoracy and Decision

- 9.1. The minimum attendance needed to hold a quorate meeting is three voting members. If quoracy has not been reached, then the meeting may proceed informally if those attending agree and decisions may be taken after the meeting via email.

10. Decision Making and Voting

- 10.1. Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

- 11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

- 12.1. Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

13. Review

Date Approved:	1 April 2026
Next Review:	March 2027