

CLINICAL AND CARE GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1 The Clinical and Care Governance Committee will provide assurance to the Integrated Joint Board (IJB) on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.

2. REMIT

- 2.1 To provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB.
- 2.2 To provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.

3. MEMBERSHIP

- 3.1 The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall comprise of:

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Members of the Committee:

- 4 members of the IJB to include 2 voting members, a third sector or public representative and a staff representative

In attendance as professional advisors:

- Chief Social Work Officer
- Chief Officer
- Professional Lead – GP*
- Professional Lead – Nurse/AHP*
- Head of Social Work Adult Services
- Head of Clinical Governance

* The Medical Director and Director of Nursing will provide support and advice to the Professional leads

- 3.2 The Chair and members of the Committee will be appointed by the IJB. Committee membership and Chairmanship will be reviewed annually.

- 3.3 Where a member is unable to attend a particular meeting, a named representative shall attend in their place.
- 3.4 The Committee may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines or as is required given the matter under consideration. This may include NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.
- 3.5 The Committee may co-opt additional advisors as required with approval of the Chair.

4. QUORUM

- 4.1 Half of the voting members will constitute a quorum.

5. FREQUENCY OF MEETINGS

- 5.1 The Committee shall meet quarterly and will meet at least 4 times a year
- 5.2 The Chair may, at anytime, convene additional meetings of the Committee
- 5.3 Two development workshops/activities will be held each year.

6. CONDUCT OF BUSINESS

- 6.1 A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members
- 6.2 The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting
- 6.3 Administrative support shall be provided by NHS Forth Valley or Falkirk Council whichever organisation is providing support to the IJB.

7. AUTHORITY

- 7.1 The Committee is authorised on behalf of the IJB to investigate any matter that falls within its Terms of Reference and obtain professional advice as required.
- 7.2 The Committee may form one or more sub-groups to support the clinical and care governance function within the Partnership.

8. DUTIES

The Committee shall be responsible for the oversight of clinical and care governance within Falkirk Health and Social Care Partnership. Specifically it will:

- 8.1 Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.
- 8.2 Monitor the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant threat to patient /service user care, safety and service provision.
- 8.3 Have oversight of the processes within the Partnership to ensure appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, complaints and learning. Also ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
- 8.4 The Chief Social Work Officer will provide appropriate professional advice to the Clinical and Care Governance Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- 8.5 The Professional Leads nominated by NHS Forth Valley will be supported by NHS Forth Valley's Medical Director and Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the IJB.
- 8.6 The Chief Officer has delegated responsibilities from both Chief Executives, for the professional standards of staff working in integrated services. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure appropriate professional standards and leadership.
- 8.7 An important element of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. The quality of decision making by Mental Health Officers with regard to practice, including AWI/Guardianship responsibilities, although direction of their work will remain the responsibility of the Council, to maintain their independence as required by statute. The quality of practice in relation to adults with Incapacity, Adult Support and Protection and Mental Health Care and Treatment statutory framework. Clear delineation of responsibility/accountability

will be developed around the roles and interdependencies of the Chief Officer and the Chief Social Work Officer.

- 8.7 Through the Clinical and Care Governance Committee, the Chief Officer will ensure that clear strategic objectives for clinical and care governance are agreed, delivered and reported through an annual clinical and care governance action plan. This will include actions to assure the quality of service delivery including that delivered through services procured from the third and independent sector.

9. REPORTING ARRANGEMENTS

- 9.1 The Clinical and Care Governance Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent IJB meetings. These minutes will be made publically available.
- 9.2 The Chief Officer will provide assurance to the IJB on the development and completion of the Annual Clinical and Care Governance Action Plan
- 9.3 The Committee will provide assurance to the IJB and inform the NHS Clinical Governance Committee on the operation of clinical and care governance within the Partnership.
- 9.4 The Committee will conduct a review of its role, function and membership within the first year and then regularly at a frequency to be determined