

Agenda Item

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Title: Clinical and Care Governance Committee –
Terms of Reference
Meeting: Integration Joint Board
Date: 6 September 2019
Submitted By: Chief Governance Officer
Action: For Decision

1. Introduction

- 1.1. This report refers for approval Terms of Reference for the Clinical and Care Governance Committee, seeks agreement to expand the committee's membership through inclusion of a Third Sector Representative and invites the Board to consider the term of appointment to the committee.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:-

- (1) agrees the Clinical and Care Governance Committee Terms of Reference;
- (2) considers expansion of the committee's membership to include a Third Sector Representative and, if so minded, make the appointment to the committee;
- (3) agrees that the term of appointment to the Clinical and Care Governance Committee align with the of the Chair of the Board from 1 May 2021 and agrees that the current appointments will continue until 30 April 2021, and
- (4) authorises the Chief Governance Officer to make any consequential changes to the Terms of Reference as a result of the Board's decision.

3. Background

- 3.1. The Integration Joint Board established the Clinical and Care Governance Committee at its meeting on 6 April 2019 and agreed its Terms of Reference.
- 3.2. Subsequently the Clinical and Care Governance Committee has further considered its Terms of Reference at meetings on 2 October 2018, 6 December 2018, 7 February 2019, 20 June 2019 and 22 August 2019. At the meeting on 22 August 2019 the committee agreed to refer the Terms of Reference to the Board for approval. These Terms of Reference are provided

as an appendix to this report and include an expansion of membership to 5 to include a third sector representative.

- 3.3. In addition to the Terms of Reference referred by the Committee the Board is invited to consider altering the terms of appointment for Committee members. Currently the Chair and members are appointed by the Board and this is reviewed annually. It is proposed that the Board agrees to align the terms of appointment with that of the Board so that the Committee members and Chair are appointed for a two year period. Current appointments would continue until 30 April 2021. Thereafter the Board would make appointments for two year periods thereby aligning with the cycle of the Chair of the Board.

4. Conclusions

- 4.1. The committee agreed to refer to the Board the Terms of Reference and that consideration is given to expanding the membership. The Board is also invited to consider the term of appointments to the Committee.

Resource Implications

There are no resource implications arising from the report recommendations.

Impact on IJB Outcomes and Priorities

There is no impact resulting from the report recommendations.

Legal & Risk Implications

There are no legal or risk implications arising from the report recommendations.

Consultation

No consultation was required on the report recommendations.

Equalities Assessment

There are no equalities impacts arising from the report recommendations.

Submitted by: Chief Governance Officer, Falkirk Council

Author – Jack Frawley, Committee Services Officer

Date: 23 August 2019

Appendix 1 – Clinical and Care Governance Committee Terms of Reference

List of Background Papers: No background papers were relied on in the preparation of this report.

CLINICAL AND CARE GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. INTRODUCTION

- 1.1 The Clinical and Care Governance Committee will provide assurance to the Integration 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:

Members of the Committee:

5 members of the IJB including 2 voting members (1 from each constituent authority), and a non-voting member from each of the following categories: third sector, public and staff.

In attendance as professional advisors:

- Chief Officer
- Chief Social Work Officer
- Professional Lead – GP*
- Professional Lead – Nurse/AHP*
- Heads of Integration
- 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 additional advisors to attend its meetings as it determines or as is required given the matter under consideration.

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 any time, 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 Consistent with the provisions of the IJB Standing Orders all meetings of the Committee will be open to the public except in the following circumstances:-

1. where it is likely in view of the nature of the business to be transacted that there will be disclosure of exempt information, the public may be excluded from the meeting while that particular item of business is considered, or
2. where Standing Order 11.3 applies.

6.4 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 seek assurance on matters that fall within its Terms of Reference and obtain professional advice as required.

- 7.2 The committee has responsibility to obtain assurance on all in-scope services which are managed within the Health and Social Care Partnership. The NHS Forth Valley Clinical Governance Committee has responsibility to obtain assurance on in-scope services which are managed by the Health Board and have established governance frameworks in place. The Committee retains authority to seek such assurance as it deems necessary in relation to all in-scope services.
- 7.3 The Committee and the NHS Forth Valley Clinical Governance Committee may share such information and make such recommendations to the other body as are deemed appropriate.
- 7.4 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 Understand the services in scope for Clinical & Care Governance at any given time and clarify the oversight arrangements for those services, and be assured these are appropriate.
- 8.3 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.
- 8.4 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 ensure that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
- 8.5 Ensure that actions relevant to Clinical & Care Governance, either from the NHS Forth Valley Clinical Governance Committee, or directed to that Committee from Clinical & Care Governance Committee, are minuted and included in appropriate action logs.
- 8.6 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.

- 8.7 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.
- 8.8 The Chief Officer has delegated responsibilities from both Chief Executives to ensure that there are clear structures and lines of professional accountability from staff working in integrated services to the professional leads who are accountable for the professional standards of care. This includes responsibilities to ensure processes for the professional regulatory requirements of staff are in place. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure there are robust professional leadership and accountability structures in place.
- 8.9 An important element of clinical and care governance is to ensure there is a robust system for assuring the quality and safety of health and social care delivered and for the Committee to drive a culture of continuous improvement. This includes having systems in place to identify and respond when standards are not being met and issues of poor performance identified and addressed.
- 8.10 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 as part of its assurance processes. Regular reports will also go from the Clinical and Care Governance Committee to the Falkirk Public Protection Chief Officers Group and the NHS Forth Valley Clinical Governance Working Group.

The Minutes of the Clinical and Care Governance Committee will be made publicly 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, the NHS Clinical Governance Committee and Falkirk Council on the operation of clinical and care governance within the Partnership.
- 9.4 The Committee will provide assurance to the IJB on the operation of clinical and care governance through submission of an Annual Report at the end of the financial year.
- 9.5 The Committee and the NHS Forth Valley Clinical Governance Working Group will each share a copy of their Annual Plan with the other body.

9.6 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.

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