



Aberdeen City Health & Social Care Partnership  
*A caring partnership*



**ABERDEEN CITY INTEGRATION JOINT BOARD**

**TERMS OF REFERENCE**

**CLINICAL AND CARE GOVERNANCE COMMITTEE**

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#### **CLINICAL AND CARE GOVERNANCE COMMITTEE**

#### **1. Introduction**

- (1) The Clinical & Care Governance Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
- (2) The Committee will be known as the Clinical & Care Governance Committee (CCG) of the IJB and will be a Standing Committee of the Board.
- (3) The purpose of the Committee is to scrutinise reports in order to:
  - a) 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.
  - b) 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.
  - c) Escalate any risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership to the IJB.
- (4) The Clinical Director shall be the operational lead for the CCG Committee.

#### **2. Constitution**

- (1) The IJB shall appoint four members to the CCG Committee all of whom shall have voting rights. These members shall be nominated by each partner. Each partner shall nominate two members.
- (2) The IJB may appoint such additional members to the CCG Committee as it sees fit. These may consist of one Public Representative, one Patient



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Representative and one Carer's Representative, neither of whom shall have voting rights.

- (3) A voting member who is unable to attend a meeting shall arrange insofar as possible for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place. This substitute shall have voting rights.
- (4) A non-voting member who is unable to attend a meeting may arrange for a suitable substitute to attend the meeting in their place.

**3. Chairperson**

- (1) The Committee will be chaired by a non-office bearing voting member of the IJB and will rotate between NHS Grampian and Aberdeen city Council.
- (2) Where the Chair is unable to attend a meeting, any substitute attending in their place shall not preside over the meeting.
- (3) The Chair shall be appointed by the IJB for a period not exceeding three years.

**4. Quorum**

- (1) Three voting members of the Committee will constitute a quorum.

**5. Attendance at meetings**

- (1) The principal advisers to the Committee are required to attend the Committee as a matter of course and shall be:-
  - (a) Chief Officer;
  - (b) Chief Social Work Officer;
  - (c) Chair of the Clinical and Care Governance Group;
  - (d) Clinical Director; and
  - (e) Professional Nursing Lead.
- (2) Other professional advisors and senior officers are required as a matter of course and shall attend meetings at the invitation of the Committee. These persons may include, but are not limited to:
  - (a) Chair of the Health and Safety Committee;



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- (b) Chair of the Joint Staff Forum;
  - (c) Social Work Lead; and
  - (d) Allied Health Professional Lead.
- (3) The Committee may wish to co-opt additional advisers as required. This may include advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.
- (4) Where a member is unable to attend a meeting, a named representative should attend in their place.
- (5) The Clinical Director shall be the operational lead for the CCG Committee. Their role is to ensure that committee reports are submitted in a timely manner and monitored prior to the committee date.
- (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.
- (7) The Professional Leads nominated by NHS Grampian will be supported by NHS Grampian'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) 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 particularly during times of transition.



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**6. Frequency of Meetings**

- (1) The Committee shall meet four times each financial year.
- (2) The Chair may, at any time, convene additional meetings of the Committee.
- (3) Except where required by statute, no item of business shall be considered at a meeting unless a copy of the agenda including the item of business and any associated report has been issued by the Clerk and open to members seven days before the Committee date unless, the Chair determines otherwise.
- (4) In the event that an item of business has to be considered on an urgent basis, a meeting may be called at 48 hours' notice by the Chair following consultation with the Chief Finance Officer. The Urgent Business meeting shall retain all the AP's functions and powers.
- (5) Two development workshops/activities will be held each year. One of these will be a joint review session with the Clinical and Care governance group.

**7. Conduct of Meetings**

- (1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members by the clerk.
- (2) Clerking support shall be provided by Aberdeen City Council.

**8. Authority**

- (1) The Committee is authorised to investigate any matter that falls within its Terms of Reference and obtain professional advice as required. It shall report its findings to the IJB when it has done this.

**9. Duties**

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

- (1) Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.



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- (2) Oversee the work of the Clinical and Care Governance Group and Staff Governance Groups – receiving a quarterly report for consideration and assurance as necessary.
- (3) Review unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.
- (4) Contribute to the regular review of the Partnership's Risk Register from a clinical and care governance/staff governance perspective and escalate any risks to the IJB, NHS Grampian or Aberdeen City Council, as appropriate.

**10. Reporting Arrangements**

- (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 publicly available.
- (2) The Committee shall provide the IJB and any other relevant bodies or individuals with details on any matters which are agreed as requiring escalation, this may include a referral via recommendation in the minute or via a written report by relevant officers.