



ABERDEEN CITY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. Introduction

- (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

- (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) To provide the strategic direction for development of clinical and care governance within the Partnership and to ensure its implementation.

3. Membership

- (1) The Committee shall be established by the IJB and will be chaired by a voting member of the IJB. The Committee shall ~~consist~~comprise of four voting IJB members, with two members appointed from each partner.

(2) The principal advisers to the Committee shall be:-

(a) Chief Officer ;

(b) Chief Social Work Officer;

(c) Chair of the Clinical and Care Governance Group;

(d) Chair of the Health and Safety Committee;

(e) Chair of the Joint Staff Forum;

(f) Clinical Director;

(g) Professional Nursing Lead;

(h) Allied Health Professional Lead Officer; and

(i) IJB Public Representatives.

~~(3) All other Partnership officers shall attend where appropriate.~~

- ~~• 4 voting members of the IJB~~
- ~~• Chief Officer~~
- ~~• Chief Social Work Officer~~
- ~~• Chair of the Clinical and Care Governance Group~~
- ~~• Chair of the Health and Safety Committee (this group is in development)~~
- ~~• Chair of the Joint Staff Forum~~
- ~~• Professional Lead – GP~~
- ~~• Professional Lead – Nurse/AHP~~
- ~~• Public Representative~~
- ~~• Third sector and Independent Sector representatives~~

~~(2) The Chair and members of the Committee will be appointed by the IJB. Committee membership and Chairmanship will be reviewed annually.~~

~~(43) Where a member is unable to attend a particular meeting, a named representative may shall attend in their place.~~

~~(54) The Committee may wish to co-opt additional advisers as required 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 advisers from NHS Board Professional Committees, Managed Care Networks and Adult and Child Protection Committees.~~

~~(5) The Committee may co-opt additional advisers as required with approval of the Chair.~~

4. Quorum

~~(1) Two voting IJB members will be required and a total of four other committee members (six in total) shall constitute a quorum. Three members of the Committee will constitute a quorum.~~

5. Frequency of Meetings

(1) The Committee shall ~~meet quarterly and will~~ meet at least four times a year.

(2) The Chair may, at any time, convene additional meetings of the Committee.

(3) Two development workshops/activities will be held each year.

6. Conduct of Meetings

- (1) A calendar of Committee meetings, for each year, shall be agreed by the members and distributed to members.
- (2) The agenda and supporting papers shall be sent to members at least seven days before the date of the meeting.
- (3) Administrative support shall be provided by the Health and Social Care Partnership.

7. Authority

- (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.
- (2) ~~The Committee may form one or more sub-groups to support the clinical and care governance function within the Partnership.~~

8. Duties

- (1) The Committee shall be responsible for the oversight of clinical and care governance within Aberdeen City Health and Social Care Partnership. Specifically it will:
- (2) Agree the Partnership's clinical and care governance priorities and give direction to clinical and care governance activities.
- (3) Oversee the work of the Clinical and Care Governance Group and Staff Governance Groups – receiving a quarterly report and meeting minutes for consideration and assurance as necessary.
- (4) 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 care, service provision or the reputation of the Partnership.
- (5) Oversee and direct 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 litigation. Also ensures that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
- (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.
- (9) 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 ensure the quality of service delivery including that delivered through services procured from the third and independent sector.

(10) Ensure effective IJB oversight of the scrutiny of Serious Incidents in health and social care, including monitoring and reporting systems, timely action, training and improvement activities.

9. 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 publically available.

(2) The Committee shall provide the IJB and any other relevant bodies or individuals with a written report on any matters which are agreed as requiring escalation. The Clerk will make the necessary arrangements.

- ~~(32)~~ The Chief Officer will provide assurance to the IJB on the development and completion of the Annual Clinical and Care Governance Workplan.

- ~~(43)~~ 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.

(5) The Committee will have close links with the Aberdeen City Council Public Protection Committee to explore shared risks and responses to adverse events, the preparation of action plans and the sharing of best practice and learning.

- ~~(64)~~ The Committee will conduct a review of its role and, function on an annual basis, and membership ~~within the first year and then regularly at a frequency to be determined.~~

- ~~(75)~~ The Clinical and Care Governance Group will report to the Clinical and Care Governance Committee.

(8) The provisions of standing order 10(4), relating to the access of public and press to meetings and papers shall not apply to this Committee but shall be subject to annual review.