

NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

**TERMS OF REFERENCE  
CLINICAL GOVERNANCE COMMITTEE**

**1. PURPOSE**

- 1.1 The Clinical Governance Committee (CGC) is a committee of the CCG Governing Body that exists to:
  - 1.1.1 Oversee the Clinical Governance arrangements within the CCG (Please see Appendix One for an overview of the 7 pillars of clinical governance that the CGC has adopted as an operational definition of clinical governance).
  - 1.1.2 Have oversight of the safety, effectiveness and experience of the services commissioned by the CCG.
  - 1.1.3 Provide a position statement to the CCG Governing Body on NHS contracted services contemporaneous clinical governance arrangements and quality indicators.
  - 1.1.4 Ensure a positive safety culture is embedded in the NHS and Social Care system we commission.
  - 1.1.5 Review clinical benchmarking information and approve position statements on the analysis of this and the recommendations made to address variance.

**2. TERMS OF REFERENCE**

- 2.1 The Terms of Reference of the Clinical Governance Committee are as follows:
  - 2.1.1 To challenge and support Senior Officers and Senior Leads to ensure the CCG is effectively monitoring quality in respect of the services it is responsible for commissioning in Health and Social Care.
  - 2.1.2 To ensure continuous development and improvement, the reduction of variance, in safe, effective evidenced-based practice and good experience of service delivery.
  - 2.1.3 To influence the local Health and Social Care systems safety culture and Clinical Governance arrangements.
  - 2.1.4 To challenge the analysis of quality indicator information and plans presented to address significant variance in; safety; effectiveness and experience.
  - 2.1.5 To assess the quality impact of variance in performance, local system health and social care initiatives and commissioning in relation to, but not limited to, service user outcomes.

### **3. MEMBERSHIP**

3.1 Membership of the Clinical Governance Committee is as follows:

- Director of Nursing and Quality (Chair)
- Medical Director
- GP Clinical Lead for Quality
- Designated Community Lay Members
- Chair of Market Intelligence and Failing Services (MIFS) Meeting
- Nursing Lead for Quality
- Quality Assurance Lead
- Designated Nurse for Safeguarding Adults and Children
- Quality and Experience Team Manager
- CCG Commissioning Representative
- Administrator

3.2 Membership of the Clinical Governance Committee will consist of named representatives and deputies. Attendance by deputies will need to be approved by the Chair before any meeting. Deputies may attend meetings but shall **not** vote.

3.3 The Clinical Governance Committee may require the attendance of any member of staff or senior/clinical lead from the CCG or outside organisations as and when appropriate.

### **4. QUORUM**

4.1 The Clinical Governance Committee will be quorate if 1 lay member, 1 clinical lead and 1 clinical quality team representative other than the chair are in attendance.

### **5. FREQUENCY OF MEETINGS**

5.1 The Clinical Governance Committee will meet quarterly.

5.2 Meetings of the Clinical Governance Committee will be planned for the calendar year ahead.

5.3 Decisions may be taken between formal physical meetings through email, teleconference or other 'virtual' means. Any such decisions will be recorded and taken to the following formal meeting for information.

5.4 The Chair may elect to arrange an exceptional meeting if the need arises.

### **6. REPORTING ARRANGEMENTS**

6.1 The Clinical Governance Committee reports to the Governing Body through provision of regular reports and minutes of meetings.

6.2 The Clinical Governance Committee will ensure as part of the reporting arrangements that highlights and exceptions in relation to quality are communicated internally and externally as appropriate.

6.3 Other committees shall refer issues as relevant to Clinical Governance Committee for action or attention as required, and vice versa.

## **7. MANAGEMENT**

### **7.1 Standards of Business Conduct/Conflict of Interest**

7.1.1 All Committee Members must adhere to the CCG's Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.

7.1.2 Where a member of the committee believes that he /she has a conflict of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. It will be responsibility of the Chair of Committee to decide how to manage the conflict and the appropriate course of action.

7.1.3 To further strengthen scrutiny and transparency of CCG's decision-making processes the CCG has an appointed Conflict of Interest Guardian. This role is undertaken by the CCG's Integrated Governance & Audit Chair.

7.1.4 Any interests which are declared at a meeting must be included on the CCG's Declaration of interest Register. Where this is not already the case, the individual with the conflict must ensure that the item is added to their declaration as soon as is practicable following the meeting.

## **7. ADMINISTRATIVE ARRANGEMENTS**

7.1 Administrative support will be provided to the Clinical Governance Committee by the Corporate Support Team.

7.2 The Chair will draw up the agenda for each meeting.

7.3 The agenda and papers will be distributed five working days in advance of the meeting.

## **8. SUB COMMITTEES**

8.1 The standing sub committees of the committee are the:  
Effectiveness Review Group (ERG)  
Safety Review Group (SRG)  
Experience Review Group (EXRG)

8.2 Other sub committees or working parties may be established as and when required at the discretion of this committee.

8.3 Reporting from sub committees shall be through quarterly concise assurance statements. Action notes will be available to the Clinical Governance Committee membership, except where content of minutes is commercially or individually sensitive in which case reporting shall be via verbal update from

the sub-committee chair(s). All sub-committees will raise exceptions and issues with the committee as required at each meeting.

**9. TENURE**

9.1 The Clinical Governance Committee is a permanent committee of the CCG Governing Body.

**10. DATE OF AGREEMENT FOR TERMS OF REFERENCE AND DATE OF NEXT REVIEW**

10.1 These Terms of Reference were agreed by the Clinical Governance Committee on the 21<sup>st</sup> of February 2019.

**11. DATE OF TERMS OF REFERENCE RATIFICATION BY REPORTING COMMITTEE**

11.1 These Terms of Reference were ratified by the CCG Governing Body on the 29 March 2019

**12. DATE OF EFFICACY REVIEW AND FREQUENCY**

12.1 The committee will undertake a review annually of its efficacy as a committee and how well it meets its Terms of Reference

## Appendix – Clinical Governance in the CCG

### Introduction

This paper outlines the North East Lincolnshire Clinical Commissioning Group (CCG) Clinical Governance (CG) framework and the roles and functions required to be able to uphold the CG framework, and apply it to the commissioning functions of the CCG

### Background

The Department of Health define Clinical Governance as *“a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”* (DOH 1998).

NHS services hold an individual and collective professional responsibility for meeting the key requirements of clinical governance and for ensuring that the quality of the services they provide are of the highest possible standard.

As a commissioner of NHS services, NEL CCG should receive assurance that the services they commission are compliant with quality and safety standards and have robust clinical governance arrangements in place, and where appropriate are compliant with CQC Fundamental Standards and Key Lines of Enquiry (KLOE). The CCG require clear systems and processes for receiving and assessing assurances, and in turn assuring the CCG/Union Board, that commissioned services are compliant with clinical governance requirements.

### The NEL CCG Pillars of Clinical Governance

The model for clinical governance is adapted from a nationally recognised clinical governance model - “The Seven Pillars of Clinical Governance”.

NEL CCG’s seven pillars of clinical governance are:

- Clinical Risk Management
- Clinical Audit & Research
- Evidence based care and effectiveness of services
- Staffing & staff management
- Education, training and continuous professional development
- Patient/service user and carer experience and participation
- Leadership internally and across the sector

These pillars are supported by the need across the services for:

- Strategic awareness,
- Partnership working and ownership

The model of 7 pillars has been adapted to ensure we implement a commissioner’s clinical governance framework that is based on local clinical governance assurance requirements and challenges.

### **How does the 7 Pillars of Clinical Governance link with good organisational standards?**

The 7 pillars of clinical governance provides a framework reflecting safety, effectiveness and good quality and includes within it elements that are both clinical and also good organisational standards. However both are considered essential components of a holistic clinical governance model and both would be expected to be evidenced by providers. Both organisational and clinical standards are reflected under the 7 pillars of clinical governance headings in the table over the next pages on Appendix 1. The CCG will need ways to assess that these are evident in provider services and therefore give the CCG assurance.

### **Monitoring of Clinical Governance arrangements and seeking assurance.**

As the commissioner, the CCG is required to have clear processes in place to monitor elements of commissioned service delivery relevant to clinical governance. For example, we should seek assurance that providers have risk management plans, are responding to and learning from incidents, complaints and audit, that they listen to patients/service users, carers and staff groups, and that their services are underpinned by national evidence and effective care. The CCG should also assure itself of their own arrangements for clinical governance where these apply to commissioning organisations.

The CCG will create clear processes to provide the monitoring of clinical governance arrangements within providers, though the role of CCG officers, for example Service leads, Clinical Leads or Quality Leads, in their usual role as commissioner. They will report and escalate assurance or concerns to a Clinical Governance (CG) group - a sub-group of the Union Board. The CCG Quality Team will support action between the commissioner & provider and will escalate to the Union Board where required.

The agenda of the Clinical Governance group will be set around the 7 pillars with a fixed agenda of standing items, aiming to seek assurance from the commissioning officers, that providers & the CCG are meeting the clinical governance requirements. In addition, the Clinical Governance group will (\*liaises with the Clinical Leads meeting to) provide a central point for consulting on new clinical pathways, policies or standard operating procedures and approve them on behalf of the CCG, ensuring any further action required is undertaken. Full Terms of Reference are at Appendix 2.

## **Pillar 1 Clinical risk management.**

<b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:
Regular incident reporting process identifies incidents
Evidence of the reporting of Serious Incidents (SI's) through STEIS or other route
Evidence of recognising near misses as a potential for learning
Processes for disseminating and learning lessons following incidents/near misses or SI's.
Clear process for closing the loop and feeding back to staff and stakeholders following incidents, near misses or other significant events
Process for reviewing and monitoring of health & safety arrangements.
Clear infection control processes and procedures
Clear processes for medicines management

## **Pillar 2 Clinical audit & research.**

<b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:
Annual audit programme of both clinical and non-clinical audit
Audit programme includes required audit of Local Safeguarding Boards.
Process is in place for staff to learn through research and audit.
Benchmarking processes in place e.g. use of Essence of Care Community Standards, other standard setting processes

## **Pillar 3 Evidence based care and effectiveness of services.**

<b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:
Evidence that the provider is aware of and acting upon best practice guidance including NICE or other national guidance.
Process for agreement and ratification of internal policy, guidance and procedures
Process is in place for monitoring the improvement of patient/service user outcomes and the effectiveness of the service being delivered
Performance data shows the service is achieving positive outcomes
Medicines management standards are demonstrated by the provider

### **Pillar 4. Staffing & staff management.**

<b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:
New national staffing guidance is met.
There is a staff supervision policy and guidance, with auditable evidence of supervision
Systems are in place to monitor professional responsibilities are met i.e. medical/Nursing Revalidation.
Where appropriate, evidence, to confirm staff have met clinical competencies
Staff feel listened to and are listened to
Any national or locally agreed safe staffing guidance is adhered to.

### **Pillar 5 Education, training and continuous professional development.**

<b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:
Staff are able to access essential training required by all employees
Staff are able to access training & development to deliver their specific job role including clinical and non-clinical skills
Where students are working, any local agreements with universities are met – LDA,

### **Pillar 6 Patient/service user and carer experience & participation.**

<b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:
Process in place for management/monitoring of & responding to complaints, PALS or concerns and compliments.
Processes for obtaining service user feedback and building into service planning and delivery
Services able to demonstrate how they involve service users in review or developments of services or pathways
The service can evidence that they involve patients/service users in the process for identifying and meeting the need of their client group.



**Pillar 7 Leadership internally & across the sector.**

<p><b>Clinical Governance arrangements</b> should ensure that providers can demonstrate:</p>
<p>Clear communication processes should be in place between commissioners and providers with regards to clinical governance</p>
<p>There is evidence of a service culture of quality standards and achieving outcomes based on performance monitoring</p>
<p>There is a clear process to ensure regulatory bodies requirements are met i.e. CQC</p>
<p>Arrangements are in place for data protection, sharing of information which includes confidentiality.</p>
<p>Clear, transparent and robust processes for performance monitoring includes reporting to DoH, commissioners and availability of data to staff groups</p>
<p>Processes to ensure good and equal access to services by all service users</p>
<p>Robust budget monitoring processes</p>
<p>Working arrangements across geographical boundaries or across service providers are clear.</p>
<p>The provider demonstrates actions in line with local strategic awareness,</p>
<p>The provider works with others in partnership and demonstrates ownership of local strategic direction</p>

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