#### **Appendix 2**

### **Quality and Clinical Governance Board**

#### **Terms of Reference**

The purpose of the Quality and Clinical Governance Board is to assess clinical governance information in order to provide assurance to Leicestershire County Council's Corporate Management Team and Corporate Governance Committee and to Rutland County Council's SMT and Governance Group that quality standards and clinical governance obligations for Public Health Services are being met across the following three domains:-

- 1. Patient Safety
- 2. Patient Experience
- 3. Effectiveness of Care.

This work will be carried out in line with the Quality & Clinical Governance Board Four Stages of Assurance Framework (see below) and will incorporate the following dimensions: -

#### 1. Patient Safety

- (a) To monitor the delivery of clinical contracts to ensure that quality standards and clinical governance obligations are met and to ensure that remedial action plans are in place and compliance with them monitored.
- (b) To ensure that the principles of clinical governance and quality assurance are integral within consultation, service redesign, evaluation of services and patient experience.
- (c) To provide arrangements for the management of clinical risks and escalate concerns as appropriate.
- (d) To consider and review patient safety incidents and serious incident reports from the two County Councils' commissioned public health service providers to identify themes and trends and make recommendations for change in practice.
- (e) To ensure that processes are in place to safeguard children and adults in receipt of public health clinical services.
- (f) To manage the adoption of Patient Group Directives (PGDs), in relation to prescribing activity, from other organisations and oversee their development, authorisation, implementation and review.

#### 2. Patient Experience

(g) To consider complaints and commendations reports in relation to public health services and, where themes and trends have been identified, make

- recommendations for changes in practice through the commissioning process.
- (h) To consider any issues relating to patient experience raised by Leicestershire or Rutland Healthwatch.
- (i) To ensure that due regard is paid to the Public Sector Equality Duty through the delivery of Public Health clinical contracts.

#### 3. Effectiveness of Care

- (j) To develop and monitor key performance measures for clinical quality, patient safety and clinical standards.
- (k) To receive and respond to assurance reports regarding the implementation of NICE guidance.
- (I) To receive and respond to reports on Healthcare Associated Infections providing the Board with assurance that all clinical commissioned services are compliant with the requirements set out in the legislation in force for the time being.
- (m) To monitor the implementation of recommendations and actions arising from national inquiries and national and local reviews undertaken by external agencies (e.g. the Care Quality Commission) of public health services.
- (n) To receive and respond to reports regarding education and workforce development where such reports identify areas for change in practice.
- (o) To ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit.
- (p) To ensure that variations in clinical practice are identified and addressed and that clinical intervention is based upon best available evidence.

#### 4. Joined Up Working

- (q) To ensure that the County Council's quality and clinical governance processes are aligned with those of the CCGs and NHS England Local Area Team.
- (r) To work proactively with the Leicestershire CCGs and provider organisations to develop a culture of quality improvement and promote safety and excellence in patient care across partners.
- (s) To identify ways in which quality can be improved across the patient pathway rather than in individual organisations.

### Membership

The membership of the Quality and Clinical Governance Board will be as follows:-

Director of Public Health (Chair)

Representative of LCC Chief Executive's Department (Legal Services)

Representative of LCC Adults and Communities Department

Representative of LCC Commissioning Support Unit

Representative of LCC Children and Young People's Service

RCC Head of Commissioning or delegated representative

Chairman of Safeguarding Adults Board and Local Safeguarding Children Board (coopted)

Patient/Public Representative

If any member is unable to attend they nominate a deputy of appropriate strategic level to attend.

Membership will be reviewed regularly.

The Quality and Clinical Governance Manager will support the Board.

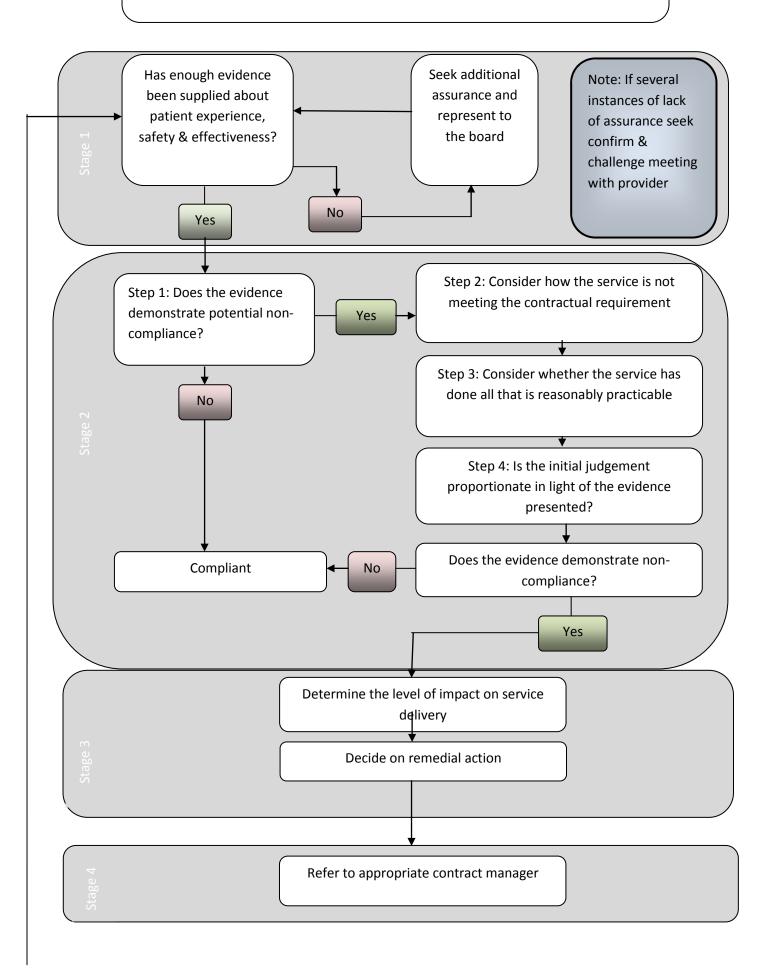
### **Standing Orders**

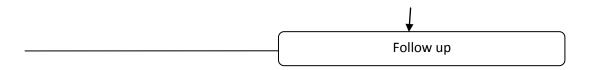
The quorum for the meeting shall be a quarter of the membership or three members to include the Director of Public Health or his deputy, whichever is the greater.

It is hoped that decisions of the Board can be reached by consensus without the need for formal voting. A decision put to the vote at a meeting shall be determined by a majority of votes of members present. In the case of an equal vote, the Chair will have a second and casting vote.

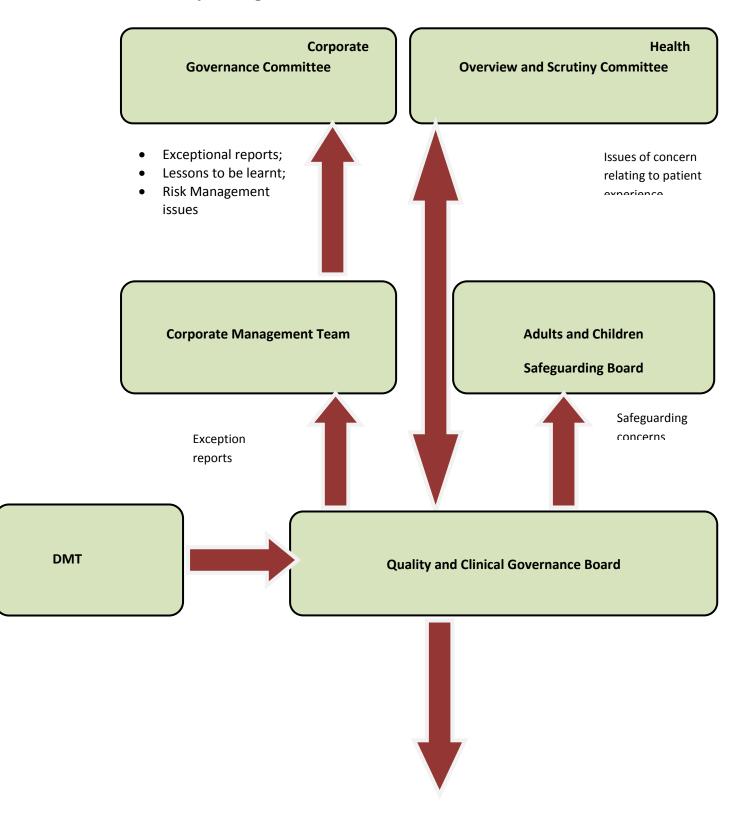
#### **Quality & Clinical Governance Board Four Stages of Assurance Framework**

(Adapted from Care Quality Commission Judgement Framework April 2012)



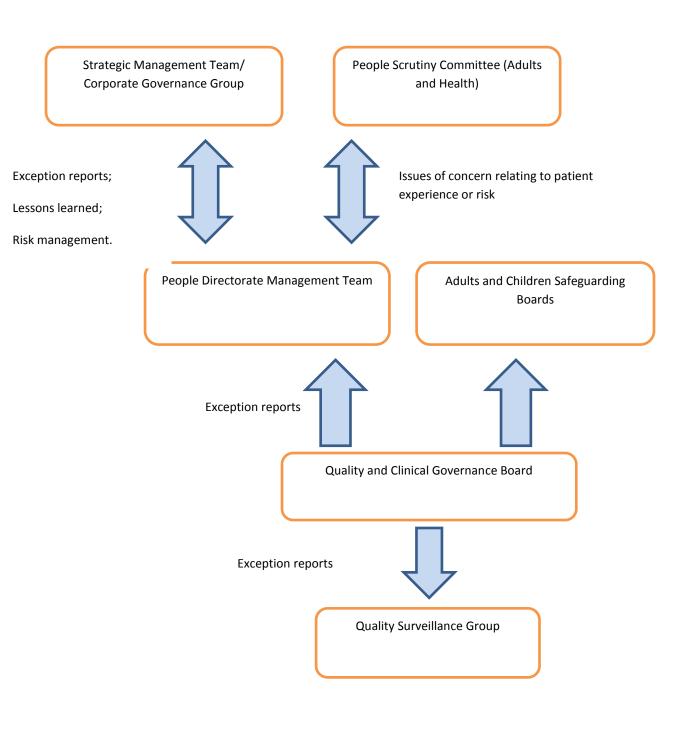


## Accountability Arrangements - Leicestershire



## **Quality Surveillance Group**

# **Accountability Arrangements - Rutland**



Signature	
Name	Mike Sandys
Position	Director of Public Health
Date terms of reference approved	24 <sup>th</sup> August 2015
Date for review	