NHS
North East and
North Cumbria

Clinical Effectiveness and Governance (CEG) Subcommittee

Terms of Reference

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Establishment

The Clinical Effectiveness and Governance (CEG) Subcommittee is a subcommittee established by the Executive Committee, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution. The Clinical Effectiveness and Governance Subcommittee will also provide assurance on clinical guidelines and prescribing quality and safety to the Quality and Safety Committee.

Terms of reference:

Definition of terms: The terms of reference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions set out in this SOP (Establishing sub committees).

Publication: The terms of reference will be published in the ICB's Governance Handbook which is accessible here: https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/

Purpose

The purpose of the subcommittee is to support the Executive Committee to provide assurance and oversight of the delivery of effective care and treatment in the North East and North Cumbria ICS (system wide).

The subcommittee will review data and intelligence, implementing continuous service improvement, making informed evidenced based decisions, and ensuring the delivery of high-quality care. The subcommittee will develop an audit plan for the year ahead, based on priorities identified through the measurement of compliance with national standards including the National Institute for Health and Care Excellence (NICE), mortality reviews and Getting it Right First Time (GIRFT).

The NENC Clinical Effectiveness and Governance Subcommittee aims to improve patient centred healthcare whilst driving a reduction in health inequalities across the NENC population.

Roles and responsibilities

This section describes the Sub committee's duties, authority, accountability, and reporting.

Duties

The subcommittee's duties are as follows:

a. Support the NHS England vision to establish a strategic framework of policy, clinical leadership, and governance to ensure all aspects of clinical effectiveness and medicines optimisation are integrated and coordinated at every level of the ICS healthcare system.
b. Oversee and monitor delivery of key statutory requirements in relation to clinical effectiveness and governance and ensure corrective action has been taken by system partners and managed. Where gaps are identified in relation to system level clinical effectiveness and medicines, risks, and issues to be escalated to the Executive Committee where necessary.

c. To review adherence to best practice/research in the delivery of the ICB Clinical Conditions Strategic Plan and Medicines Strategic Plan.
d. To improve patient outcomes and ensure the equitable, safe, sustainable, appropriate, functional, and efficient use of resources across the ICS.
e. To promote and enable system clinical curiosity, providing opportunities for analysis and discussion of current practice.
f. To support and monitor the implementation at strategic level of clinical effectiveness and best practice around medicines and treatment including NICE guidelines and technology appraisals. To facilitate rapid and consistent implementation across the ICB in a manner which reduces health inequalities and unwarranted variation.
g. To ensure that robust governance structures, systems and processes are in place across all providers of clinical services and that these have been developed in line with national and regional commissioning expectations.
h. To assess the clinical impact and outcomes of any commissioning, decommissioning decisions, or proposed changes to commissioned services. To recommend any changes to commissioning of services or pathways post audit data reviews or review of local intelligence.
i. Receive and agree Value Based Clinical Commissioning (VBCC) policies from sub-group (the VBCC group will formally report into this subcommittee).
j. To redirect proposals to other committees and groups within the ICB and ICS where appropriate.
k. To define role and set terms of reference for subgroups of the Clinical Effectiveness and Governance Subcommittee and ensure integrated multidisciplinary membership.
l. To assign sub-group and functionality as appropriate and ensure integrated multidisciplinary membership including the governance of clinical policy and pathways including prescribing guidance and PGDs.
m. Review and monitor those risks on the board assurance framework and corporate risk register which relate to clinical effectiveness and medicines, and high-risk operational risks which could impact on patient care.
n. To enable local NHS stakeholders and clinicians to exert a population health approach to the prioritisation, improvement, and development of healthcare delivery.

The scope of the subcommittee is all aspects of NHS physical and mental healthcare delivered across the ICB footprint regardless of setting.

The function of the subcommittee is to continually develop and promote the vision, values, and culture of quality patient care, ensuring that commissioned healthcare services meet national and local clinical standards, and in turn, high quality patient care outcomes across the ICB.

The Clinical Effectiveness and Governance Subcommittee will achieve this by:

- Developing and governing an annual clinical audit plan based on identified priorities.
- Reviewing system wide mortality data, identifying trends and subsequent recommendations.
- Ensuring continuous improvement and a learning culture environment

- Setting high quality outcomes standards and monitoring and reporting against these standards with the aim of improving outcomes, reducing unwarranted clinical variation, and reducing health inequalities across the population.
- Develop a population health management approach with better utilisation of digital systems, data, and analytics, through uniform implementation of agreed data collation and communication platforms, and utilising this to develop a broader population health approach to reducing health inequalities and improving outcomes.
- Develop a suite of indicators which promote and strengthen clinical effectiveness of commissioned services.
- Monitoring system-wide investment on medicines and treatment, ensuring value is obtained.
- Developing and implementing robust system-wide clinical guidance and pathways (including medicines) decision making processes for the ICB, (in accordance with the decisions delegated by the Scheme of Reservation and Delegation to manage entry, use and provision of medicines.

Authority

The subcommittee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Investigate	Commission reports required to help fulfil its obligations. Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer. Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the subcommittee.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Groups	Groups may be established by the subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.

Accountability and reporting

To make decisions on all aspects of medicines use and clinical pathways at system level subject to delegation from the Executive Committee (as approved by the Board through their approval of these terms of reference and the Scheme of Reservation and Delegation) and to report these decisions to the Executive Committee.

The Subcommittee is accountable to its parent committee and reports (via minutes/actions) to its parent committee on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	The secretary formally records the minutes of each meeting. The chair of the subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary. Approved Minutes will be provided to the parent committee as well as the Quality and Safety Committee.
Monitor attendance	Attendance is monitored and profiled as part of the agenda at each subcommittee meeting. Members should aim to attend at least 75% of meetings and read all papers beforehand.
Cycle of business	In order to aid agenda planning, the subcommittee may produce an annual work plan and cycle of business in consultation with its parent committee.
Continuous improvement	The subcommittee undertakes an annual self-assessment of its performance against the annual plan and terms of reference. Any resulting proposed changes to the terms of reference are submitted to the parent committee for agreement and action as the 'Establishing Subcommittees' SoP. The Subcommittee utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.

Any changes to these terms of reference must be recommended for approval by the Executive Committee.

Individual members of the subcommittee are responsible for progressing any actions relevant to their own areas and communicating decisions made through their own reporting structures to share information.

Decisions from the subcommittee will be submitted after each meeting to the Executive Committee for approval as in line with the Scheme of Reservation and Delegation.

The subcommittee will receive the minutes of the Northern Treatment Advisory and Guidelines Group and the Medicines Safety Subgroup for assurance.

Committee meetings

This section sets out meeting:

Composition and quoracy

Frequency and formats

Procedures

Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/ quoracy	Description of expectations
Chair	Appointed for their specific knowledge skills and experience and suitability. (Note: does not need to be a member of the ICB board)
Deputy Chair	Subcommittee members may appoint a vice chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting.
Membership	Membership will be multidisciplinary and will include all parts of the NENC clinical sectors. The membership will include the following or their nominated deputies as agreed with the Chair: Voting members: • Chief Medical Officer, (Chair) • ICB Clinical Director of Medicines (Deputy chair) • ICB Director of Nursing for Quality • ICB Director of Finance • ICB Director of Delivery • ICB Medical Directors x 4 • System Deputy Director (Clinical Effectiveness) and Chair of Mortality Review Group • ICB Chief Clinical Information Officer • Foundation Trust Chief Pharmacist representative • Foundation Trust Medical Director representative • ICB Director of Population Health • ICB Deputy Director of Insight • ICB Director of Strategy, Planning and Performance • Chair of Northern Treatment Advisory and Guidelines Group • Director of Allied Health Professions • Deputy Director Medical Directorate

Composition/ quoracy	Description of expectations
	• Deputy Director of Medicine and Pharmacy Deputies as agreed by the Chair have the same rights as those that they are deputising for. **EDI:** When determining the membership of the group, consideration will be given to diversity and equality. **Involvement:** In determining membership consideration will be given to the need for a patient and public involvement member. **ICS:** Membership may be from across the Integrated Care System. **Conflicts**: Consideration must be given to material conflicts in the appointment of members.
Attendees and procedure for absence	Only members have the right to attend meetings. Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so. **Procedure for absence:** Where a member or any regular attendee of the subcommittee is unable to attend a meeting, a nominated deputy may be agreed with the chair. The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.
Quoracy and Procedure for Inquoracy	**Threshold:** A minimum of half the membership and must include: • ICB Chief Medical Officer or Medical Director • ICB Clinical Director or Deputy Director of Medicine and Pharmacy • ICB Director of Finance **Absence:** Where members are unable to attend, they should agree this with the chair. **Disqualification:** If any member of the subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum. **Inquoracy:** If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken (if a decision making subcommittee).

Frequency and formats

This section on subcommittee meetings describes the meeting frequency and formats.

Frequency/ format	Description
Meeting frequency	The subcommittee will meet bi-monthly. Additional meetings may be convened on an exceptional basis at the discretion of the subcommittee chair. The parent committee chair may ask the subcommittee to convene further meetings to discuss particular issues on which they want the sub committee's advice.
Public vs closed	Meetings will be held in private. External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the subcommittee.
Virtual meetings and extra-ordinary meetings	In accordance with the Standing Orders, the subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Procedures

Procedure	Description of rules and expectations:
Agenda	The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.
Conflicts of interest	**Declarations:** All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes. **Exclusions:** The subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.
Decision-making	**Decisions:** Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.
Conduct	The subcommittee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations.

Secretariat and administration

This section describes the functions of the secretariat whose role is to support the subcommittee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward within the minutes.
Support for Chair & Committee	Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the subcommittee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for subcommittee members

Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	14 March 2024	Quality and Safety Committee	First Issue
V2.0	9 July 2024	Executive Committee	Second Issue

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)
V2.0	June 2024	Deputy Director of Medical Directorate and Governance Team	Y	

Review Date: June 2025
Contact: Deputy Director of Medical Directorate

Document control

The controlled copy of this document is maintained by the governance team in the Governance Handbook, here https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/

Any copies of this document held outside of the Governance Handbook, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.