



**North East and
North Cumbria**

Clinical Effectiveness Subcommittee

Terms of Reference

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1. Establishment

The clinical effectiveness Subcommittee is a Subcommittee established by the Quality and Safety 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.

2. 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 Subcommittees).

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/>

3. Purpose

The purpose of the Subcommittee is to support the Quality and Safety Committee to review data and intelligence, implementing continuous service improvement, making informed decisions (based on the data) 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 NICE, mortality reviews and GIRFT. The subcommittee will identify, manage, and escalate risks to the Quality and Safety Committee.

4. Roles and responsibilities

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

4.1 Duties

The Subcommittee's duties are as follows:

- Oversee and monitor delivery of key statutory requirements in relation to clinical effectiveness.
- To review data and intelligence relating to the clinical effectiveness of commissioned services and initiate service improvements where required.
- Develop and govern the annual clinical audit plan.
- To review adherence to best practice/research in the delivery of the ICB clinical strategy.
- To develop and implement a process for local guideline sign off and assurance
- To develop a suite of performance indicators which promote and strengthen clinical effectiveness of commissioned services.
- To ensure processes are in place to implement and monitor best practice standards such as NICE.
- To review system wide mortality data, identifying trends and subsequent recommendations.
- Ensuring continuous improvement and a learning culture environment
- Reviewing new non-pharmacological NICE guidelines, disseminating guidance, and monitoring implementation of improvement actions.

- Align with the established medicines framework and associated structures. This will ensure that pathways and models of care are considered as part of a whole systems approach for example, where a new treatment is considered there will be a potential impact on commissioned pathways.
- Assessing outcomes and impact of any proposed changes to commissioned services.
- To promote and enable system clinical curiosity, providing opportunities for analysis and discussion of current practice.
- To assess the clinical impact of any commissioning or decommissioning decisions.
- Providing reports on clinical effectiveness to the Quality and Safety Committee as required.
- Review and monitor those risks on the board assurance framework and corporate risk register which relate to clinical effectiveness, and high-risk operational risks which could impact on care

4.2 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	<p>Commission reports required to help fulfil its obligations from NECS.</p> <p>Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer.</p> <p>Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.</p>
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.

4.3 Accountability and reporting

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. Approved minutes will be provided to the parent committee after each meeting, providing assurances on the business considered and escalating any concerns, where necessary.
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 utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.

5. Committee meetings

This section sets out meeting:

Composition and quoracy

Frequency and formats

Procedures

5.1 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.

Composition/ quoracy	Description of expectations
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	<p>The membership will include the following or their deputies as agreed with the Chair:</p> <ul style="list-style-type: none"> • Chief Medical Officer (Chair) • Deputy Director of Nursing - Quality • Clinical Director • Medical Director • Deputy Director (Clinical Effectiveness) and Chair of Mortality Review Group • Director of North East Quality Observatory (NEQOS) • Representative from business intelligence/data observatory <p>Deputies as agreed by the Chair have the same rights as those that they are deputising for.</p> <p>EDI: When determining the membership of the group, consideration will be given to diversity and equality.</p> <p>Involvement: In determining membership consideration will be given to the need for a patient and public involvement member.</p> <p>ICS: Membership may be from across the Integrated Care System.</p> <p>Conflicts: Consideration must be given to material conflicts in the appointment of members.</p>
Attendees and procedure for absence	<p>Only members have the right to attend meetings.</p> <p>Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p>Procedure for absence:</p> <p>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.</p> <p>The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p>
Quoracy and Procedure for Inquoracy	<p>Threshold: A minimum of half the membership. The subcommittee provides an assurance function and is not decision making.</p> <p>Absence: Where members are unable to attend, they should agree this with the chair.</p> <p>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.</p>

Composition/ quoracy	Description of expectations
	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).

5.2 Frequency and formats

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

Frequency/ format	Description
Meeting frequency	<p>The Subcommittee will meet bi-monthly.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Subcommittee chair.</p> <p>The parent committee chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.</p>
Public vs closed	<p>Meetings will be held in private.</p> <p>Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Subcommittee.</p>
Virtual meetings and extra-ordinary meetings	<p>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.</p>

5.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>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.</p>
Conflicts of interest	<p>Declarations: All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management</p>

	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: The subcommittee provides and assurance function for Quality and Safety Committee and will not routinely be making decisions. Recommendations from the subcommittee will be escalated to Quality and Safety Committee for decision as required.
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.

6. 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.
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 (when required). 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

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)

Review date: March 2025

Contact: ICB Corporate Governance Team

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/>

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