

Quality and Improvement Committee

Purpose:

The purpose of the Quality and Improvement Committee is to provide Orkney NHS Board with the assurance that robust clinical governance controls and management systems are in place and effective throughout NHS Orkney.

Composition:

Four Non Executive Members including Area Clinical Forum Chair
Medical Director (lead executive for clinical governance)
Director of Public Health
Chief Executive
Director of Nursing, Midwifery and Allied Health Professions
Public Representative

In Attendance:

Health Intelligence and Clinical Governance Manager
Chief Officer Integration Joint Board

Quorum:

Meetings of the Committee will be quorate when at least four members are present and at least three of whom should be non executive members, one of whom must be the chair or vice-chair, and one executive member of NHS Orkney who should be lead or deputy.

Any non-executive Board member may deputise for a member of the Committee at any meeting.

Meetings:

The Committee will meet at least quarterly.

Remit:

Person Centred:

To provide assurance regarding participation, patients' rights and feedback:

- to provide assurance that there are effective systems and processes in place across NHS Orkney to support participation with patients and communities, to comply with participation standards and the Patient Rights (Scotland) Act 2011 generally and specifically within the context of service redesign;
- to monitor complaints response performance on behalf of the Board and promote positive complaints handling including learning from complaints and feedback;

- To provide assurance that there are effective system and governance processes for:
 - Equality and Diversity
 - Spiritual care
 - Volunteering
- To monitor performance of all services commissioned by / or with direct links to NHS Orkney:
 - Patient Advisory and Support Service
 - Advocacy Services
 - Carers
 - Veterans

Safe (Clinical Governance and Risk Management)

To provide assurance in respect of clinical governance and risk management arrangements by seeking assurance that there are adequate systems and processes in place to ensure that:

- Robust clinical control frameworks are in place for the effective management of clinical governance and risk management and that they are working effectively across the whole of NHS Orkney;
- Incident management and reporting is in place and lessons are learned from adverse events and near misses;
- Complaints are handled in accordance with national guidance and lessons are learned from their investigation and resolution including reports of the Scottish Public Services Ombudsman and Mental Welfare Commission;
- Clinical standards and patient safety are maintained and improved within the Board's annual efficiency programme and the financial and capital frameworks support the clinical strategy – Our Orkney, Our Health;

Effective (Clinical Performance and Public Health Performance and Evaluation):

To provide assurance that clinical effectiveness and quality improvement arrangements are in place.

- To ensure that recommendations from any inspections have appropriate action plans developed and monitored by Operational Clinical Governance Group and reported to the Committee;
- Where performance improvement is necessary within NHS Orkney the Committee will seek assurance regarding the reliability of the improvement intervention;
- Clinical dashboards and other data and measurement systems underpin the delivery of care;
- To ensure that the healthcare provided is informed by evidence based clinical practice guidelines;
- To ensure that staff governance issues which impact on service delivery and quality of services are appropriately managed through clinical governance mechanisms and effective training and development is in

place for all staff.

Population Health:

To provide assurance that all necessary systems and processes are in place that ensure staff engaging in population health-related activities incorporate the key components of population health governance, namely:

- Quality and clinical effectiveness
- Public information and involvement
- Population health research
- Risk management (if not dealt with in Risk Management Steering Group which remains the primary forum)

Information Governance:

To provide assurance that all necessary systems and processes are in place to ensure that the Board complies with statutory responsibilities in relation to information governance and assists the organisation to meet national requirements for Information Governance as set out in the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002.

Best Value

The Committee is responsible for reviewing those aspects of the Best Value delegated to it from Orkney NHS Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive, as accountable officer, that NHS Orkney has systems and processes in place to secure best value in these delegated areas. The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

Authority:

The committee is authorised by the Board to investigate any activity within its Terms of Reference and in doing so, is authorised to seek any information it requires from any employee.

The Committee may obtain whatever professional advice it requires, and require Directors or other officers of NHS Orkney to attend whole or part of any meetings.

The External Auditor and Chief Internal Auditor shall have the right of direct access to the Chair of the Staff Governance Committee.

Reporting Arrangements:

- The Quality and Improvement Committee reports to Orkney NHS Board
- Following a meeting of the Quality and Improvement Committee the minute of that meeting should be presented at the next Orkney NHS

Board meeting

- The Quality and Improvement Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Quality and Improvement Committee
- The Quality and Improvement Committee will produce an annual report for presentation to Orkney NHS Board. The Annual Report will describe the outcomes from the committee during the year and provide an assurance to the Audit Committee that the committee has met its remit during the year.

Reviewed and updated October 2015