CLINICAL STANDARDS & THERAPEUTICS COMMITTEE

TERMS OF REFERENCE

Constitution

The Foundation Trust Board of Directors’ Clinical Standards & Therapeutics Committee is formally constituted under paragraph 5.9 of Standing Orders for the practice and procedure of the Board of Directors.

Delegated Powers

Under Standing Orders paragraph 4.3, the Board of Directors has delegated powers to be exercised by the Clinical Standards & Therapeutics Committee.

The main purpose of the Clinical Standards & Therapeutics Committee is to exercise on behalf of the Quality & Healthcare Governance, the functions delegated to it relating to:

- Promote and ensure the cost effective, evidence based and safe use of medicine.
- Ensure that the Trust achieves recognised national and local clinical standards, and commits itself to support a programme of continuous quality improvement.
- Review the systems in place within the organisation to monitor and improve the standards of healthcare provision delivered to patients within the Trust.

The Clinical Standards & Therapeutics Committee will:

- Be responsible for a work programme determined by the QHG on an annual basis in accordance with strategic objectives and the annual plan.
- Have delegated authority to review progress and take decisions within a framework approved by the QHG and linked firmly to the annual business cycle;
• Ensure Terms of Reference recognise key inter-relationships to ensure focus and minimise duplication.

Objectives

1. Members of the committee should consider the following 5 aspects when reviewing each agenda item:
   a. Has the patients’ perspective been considered?
   b. Is it safe?
   c. Is it quality?
   d. Is it efficient?
   e. How will this service improve patient care and compassion?

2. To advise the Trust on all aspects related to medicines management, with particular reference to the safe, effective and economic use of medicines.

3. To support the work of the Quality & Healthcare Governance Committee (QHGC) ensuring that appropriate Care Quality Commission Standards (Essential Standards of Quality and Safety) are met.

4. Policies, Protocols & Guidelines
   a. To review and monitor, in conjunction with other groups within the Trust, policies concerning medicines use to ensure the safe and appropriate use of medicines. Final approval of policies will be at QHGC.
   b. To approve and monitor, in conjunction with other groups within the Trust, drug protocols, and guidelines concerning medicines use to ensure the safe and appropriate use of medicines

5. Access to Medicines
   a. To advise the Trust Board on the introduction of new drugs.
   b. To work closely with the Area Prescribing Committee (APC which includes NHS County Durham and Darlington and Tees Esk & Wear Valley FT) to ensure robust introduction of new drugs into the health economy and review of existing drugs through control mechanisms such as a formulary.
   c. To ensure that new drug applications have an identifiable source of funding. Where an application has been approved on clinical grounds but no funding has been identified the Chair will seek Executive & Clinical Leadership or Trust Board approval.
   d. To ensure audit is undertaken of the appropriate usage of new drugs and in particular to review actual usage against that proposed in initial bids.
   e. To advise clinicians with respect to the prescribing and administration of unlicensed, ‘off license’ and non-formulary medicines and, where appropriate, to seek consultants attendance at the committee to justify their individual prescribing practice.
   f. To identify issues and recommend changes to improve safety, quality, effectiveness and economy throughout the medicine management process including issues that occur across the primary care / secondary care interface.
   g. To promote governance in relation to all aspects of medicine use including working closely with the Safety Committee and Care Group Governance Structures to reduce harm caused by medication errors.

6. Clinical Standards:
   a. To monitor clinical standards across the Trust, ensuring mechanisms are identified to enable all clinical teams to review performance in respect of appropriate standards. To monitor information available in relation to said standards and review/agree subsequent action plans.
   b. To receive/review and approve in principal proposals for implementing new clinical systems/process/techniques as part of Trust agreed business planning procedures.
   c. To ensure that new clinical systems are implemented within a framework of robust clinical governance, improve patient care and experience.
7. To review and support the implementation of, and to receive routine (quarterly) monitoring reports on, relevant:
   a. National Patient Safety Agency publications, guidance and recommendations,
   b. National Institute for Clinical Excellence publications, guidance and recommendations
   c. North East Treatment Advisory Group (NETAG) recommendations
   d. and other relevant national guidance and make decisions in the context of the CS&TC, where appropriate, based on available national guidance.

8. To liaise with other committees both within and external to the Trust as is necessary to achieve the objectives of the committee. The following groups will report direct to the CS&TC:
   a. Antimicrobial Management Team meeting
   b. VTE Group

Clinical Standards & Therapeutics Committee Chairman and Membership

The Clinical Standards & Therapeutics Committee Chairman will be:

- Deputy Medical Director

In addition to the Chairman, the Clinical Standards & Therapeutics Committee will consist of:

- Associate Medical Director
- Chief Pharmacist
- Deputy Chief Pharmacist
- Associate Director Corporate Medical Services
- A medical consultant representative from each Care Group
- Care Group Governance Lead(s) (or nominated deputy) from each care group
- Consultant Microbiologist
- Associate Director of Nursing (Patient Safety & Governance)
- Clinical Audit, Effectiveness and Governance Manager
- Clinical Effectiveness Lead
- Senior Nurse Medicines Management
- Trust finance representative
- General Practitioner (nominated by County Durham & Darlington CCGs)
- North East Commissioning Support Medicines Optimisation Team Representative
- Clinical Pharmacist Representative
- Allied Health Professionals Representative

(Members may nominate deputies to attend and represent them in their absence.)

Also **in attendance** by invitation:

- Policy authors and new procedure sponsors will be asked to attend the appropriate meeting to provide specialist advice/dialogue in relation to policies submitted for approval
- The committee may co-opt relevant expertise to the membership, as and when required.
- In the event that the Chairman is absent from a meeting, or any part of a meeting, the Clinical Standards & Therapeutics Committee will be chaired by Associate Medical Director OR Trust Chief Pharmacist.

**Frequency of Meetings**

The Clinical Standards & Therapeutics Committee will meet at least 5 times in the year.
**Attendance at meetings by Clinical Standards & Therapeutics Committee members**

The members of the committee must attend a minimum of seventy percent of meetings throughout the financial year.

**Attendance at meetings by non Clinical Standards & Therapeutics Committee members**

The Clinical Standards & Therapeutics Committee Chairman may invite non Clinical Standards & Therapeutics Committee members to attend as required.

Administrative support will be provided to the Committee by the Pharmacy Secretary. The role of professional secretary is jointly performed by Deputy Chief Pharmacist & Governance Manager.

**Voting**

Decisions of the meeting will require to be approved by a majority of those attending. The Chairman, or the member who is chairing the meeting in the Chairman’s absence, will have a second or casting vote in the event of a tied vote.

When product placement is or may be affected by decisions of the committee (new product request, appeals, treatments algorithms etc.), members are required to declare any relevant interests at that time. Members may be excluded from decision making (to be judged by the Chair) where appropriate.

**Quorum**

The quorum is eight Clinical Standards & Therapeutics Committee members. The Chairman will count towards the quorum.

This must include:
- An Associate Director
- At least one medical consultant representing a care group
- A CDDFT pharmacist

**Minutes of the Meeting**

The committee will report formally to the Quality & Healthcare Governance Committee via minutes of the meeting and formal reports as they are produced.

The minutes of the meeting will also be distributed to the Care Group Governance Leads and will be available from the intranet.

Reports submitted to the committee will also be shared with other key committees where the content will be of interest to that committee.

**Sub Committees**

The Clinical Standards & Therapeutics Committee will have the power to establish sub committees / task and finish groups to enable it to deliver its objectives.

Sub-committees are:
- Antimicrobial Management Team meeting
- VTE Group
- Chemotherapy Multiprofessional Team Meeting

**Review of Terms of Reference**

These Terms of Reference will be agreed by Quality & Healthcare Governance and implemented by the Clinical Standards & Therapeutics Committee.

Date ToR implemented: 9th October 2013
Date ToR to be reviewed: 15th October 2014