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| Meeting: **Date:** | Board Meeting 31 March 2022 |  |
| Subject: | Clinical Governance Committee Terms of Reference 2022/23 |
| Recommendation: | Board Members are asked to:  |  |  | | --- | --- | | Discuss and Note |  | | Discuss and Approve | ✓ | | Note for Information only |  | | |
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## Background

As part of the annual review of the Clinical Governance Committee (CGC) Terms of Reference (ToRs), the attached paper details the 2022/23 update. The ToRs will form part of the Annual Report that will be presented for approval to the Clinical Governance Committee on 12 May 2022.

1. **Recommendation**

The Board are asked to discuss and approve the updated CGC Terms of Reference noting the proposed confirmation that the Whistleblowing Champion will be comprised in the membership of the Committee.

**Mark MacGregor**

**Medical Director**

**23 February 2022**

**CLINICAL GOVERNANCE COMMITTEE**

**TERMS OF REFERENCE 2022/23**

1. **Purpose**

The NHS Scotland Healthcare Quality Strategy is about putting people at the heart of everything we do, delivering measureable improvement and creating confidence that NHS Scotland is delivering the highest quality healthcare.

This Committee shall be a standing committee of the NHS Golden Jubilee Board which is part of the governance framework for NHS Boards and will:

* Lead the ‘Safe and Effective’ Ambitions within the NHS Healthcare Quality Strategy for this Board. This builds upon the responsibility to provide assurances to the Board that appropriate structures are in place for effective and safe clinical governance in accordance with MEL(2009)29 and that appropriate action is being taken to address any areas of concern.
* The Committee will work within the principles of the Scottish Government Blueprint for Good Governance (2019), to ensure effective management, improved performance and ultimately good outcomes for all stakeholders.
* Ensure that appropriate assurance, scrutiny and measures are in place that are subject to review by Health Improvement Scotland as part of the Healthcare Scrutiny Framework.

1. **Role**

The role of the Clinical Governance Committee is to

* Provide coordination and leadership to enable effective delivery of the Safe and Clinical Governance elements within the Healthcare Quality Strategy for NHS Scotland. The lead role for person centred and patient focus will be taken by the Person Centred and Staff Governance Committee.
* Assure the Board that appropriate structures and processes are in place to meet statutory obligations and any other guidance issued by the Scottish Government and Healthcare Improvement Scotland.
* Review outcomes of patient care through scrutiny of relevant reports and self-assessments

1. **Membership**

The Committee shall comprise five Non Executive Directors appointed by the Board one of whom shall be the Whistleblowing Champion. One of the Non Executive Directors will be appointed by the Board to be the Committee Chair.

The committee has a number of attendees, detailed below:

* Chief Executive
* Medical Director
* Nurse Director
* Head of Clinical Governance
* Head of Corporate Governance

The Board Chair may attend the Committee.

In addition:

* Invitations may also be extended to Clinicians and Prevention and Control of Infection Manager to discuss specific issues.
* The Senior Triumvirate Team with responsibility for Clinical Governance may be invited to attend as observers.

**3.1 Executive Director Lead**

The Designated Executive Lead will support the Chair of the Committee in ensuring that the Committee operates according to/in fulfilment of its agreed Terms of Reference. This role is supported jointly by the Nurse Director and Medical Director who will specifically:

* Support the Chair in ensuring that the Committee remit is based on the latest guidance and relevant legislation, and the Board’s best value framework;
* Liaise with the Chair in agreeing a programme of meetings for the business year, as required by its remit;
* Oversee the development of the annual schedule of reports for the Committee which is congruent with its remit and the need to provide appropriate assurance at the year-end, for the endorsement of the Committee and approval by the Board;
* Agree with the Chair an agenda for each meeting, having regard to the Committee’s remit and schedule of reports;
* Lead a mid-year review of the Committee Terms of Reference and progress against the annual plan, as part of the process to ensure that the plan is fulfilled; and
* Oversee the production of an annual report on the delivery of the Committee’s remit activity plan and reports, for endorsement by the Committee and submission to the Board.

1. **Quorum**

A quorum will consist of three Non-Executive directors.

**5 Conduct of Business**

* The Committee shall meet six times a year.
* The conduct of business will be in accordance with the Board’s Standing Orders.
* Prior to the full approved Minutes of the Committee being available, a template covering the main points of discussion will be shared at the next available Board meeting. The full Minutes of this Committee will be reported to the Board.
* Reports to the Committee will be required to have a standard cover sheet clarifying whether the report is being presented for information, for discussion or for approval.
* Papers are required to be circulated within 5 working days prior to the Committee taking place.
* There will be a requirement to produce an Annual Report at the end of each financial year.

1. **Framework**

The framework for the Committee will be scheduled as part of a forward monitoring plan and will include the following:

* Clinical Risk Management
* Adverse Event Management
* Control of infection / decontamination / management of healthcare environment procedures
* Monitoring and improving practice to provide Quality Assurance
* Learning from complaints
* Drugs and therapeutics issues
* Clinical Audit
* Developments in clinical practice
* Clinical and eHealth Information management
* Monitoring the implementation of appropriate National Guidelines and Standards
* Monitoring of Scottish Patient Safety Programme implementation

The Committee is authorised by the Board to investigate any activity within its Terms of Reference and conduct investigations within agreed procedures.

**7 Responsibilities and Remit of the Clinical Governance Committee**

The Committee will ensure the Board has mechanisms in place in respect of all relevant legislation and policy relating to the provision of safe and effective clinical care:

* Ensure an appropriate framework is in place to support management of clinical risks and overall quality of care
* Monitor and evaluate reports, strategies and implementation plans relating to safe and effective care
* Ensure a robust system is in place for the timely submission of all clinical governance information required for national monitoring arrangements
* Review and agree the clinical governance work plan
* Provide an annual report to the Board for the statement of internal control;
* To provide assurance that systems and procedures are in place to manage the issues set out in MEL (2009) 29

In meeting these responsibilities, the Committee will receive reports from the Clinical Governance Risk Management Group which oversees the Divisional Clinical Governance and a number of Specialist Sub Groups and Committees including the EHealth Steering Group.

**8 Review of Terms of Reference**

These Terms of Reference will be reviewed annually.