

Clinical Governance Committee

Terms of Reference

Lead Author:

Board Secretary

Signature:**Identifier:****Reviewer:**

Clinical Governance
Committee

Signature:

Committee Chair

Review Date:

12 November 2024

Approver:

NHS Grampian Board

Signature:

Board Chair

Approval Date:

UNCONTROLLED WHEN PRINTED

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1. PURPOSE

The Clinical Governance Committee is a sub-committee of Grampian NHS Board (Board) and obtains assurance on behalf of the Board for the quality of clinical care provided by the Board.

The Committee is convened as a statutory requirement as outlined in MEL (1998) 75, further amendments in MEL (2000) 29, HDL (2000) 11 and HDL (2001) 74, all of which describe arrangements for clinical governance systems within Boards.

The Committee will take account of the need to assure itself on the sustainability of the actions reported to it, and the impact of the actions being monitored on reducing health inequalities across the population served by NHS Grampian.

2. ROLE AND REMIT OF THE COMMITTEE

The role of the Committee is to obtain assurance on behalf of the Board about high level measures of clinical and care quality and safety and that a system is in place for oversight and consideration by the organisation to respond appropriately.

In order to carry out this role the Committee has responsibility to:

- 2.1 Satisfy itself that there is a process in place for clinical quality and safety of care risks to be managed appropriately. To provide assurance that those risks which have been escalated to the Committee have an appropriate action plan in place to manage the risk. Where assurance is not in place the Committee will escalate this to the Board.
- 2.2 Critically review reports and action plans arising from the work of internal audit, external audit, review agencies and inspectorates as they relate to the assurance on the effectiveness of quality and safety of the health and care system.
- 2.3 Assure the Board that there is system in place that enables learning from adverse events, complaints and feedback to be shared, supporting system changes to processes and models of care.
- 2.4 Ensure that NHS Grampian has in place a managed system and network for engaging with Integration Joint Board Clinical and Care Governance groups/ Committees.
- 2.5 Provide line of accountability on behalf of the Board, of key clinical governance structures in compliance with the Scottish Government direction.
- 2.6 Consider the cross Board Committee connections required to opportunities to identify inequalities and gaps in quality outcomes for the population of Grampian are not missed.
- 2.7 Provide appropriate information for inclusion in the NHS Grampian Annual Statement of Internal control which takes account of the strategic outcomes of the Board and key risks relevant to the role and remit of the Committee.

- 2.8 Ensure that NHS Grampian complies with essential professional standard, established good practice and mandatory guidance for registered and professional staff in order to ensure the highest standards of safety and quality of care and enable staff to maintain professional registrations.
- 2.9 Ensure good communication and relationships with other standing committees of the board and other stakeholders and that Committee decisions are communicated appropriately to internal and external audiences.
- 2.10 Ensure Committee members are provided with appropriate information and training to support them in carrying out their roles and review development needs at least annually.
- 2.11 Prepare a committee annual work plan which takes account of the strategic outcomes of the Board and key strategic risks relevant to the role and remit of the Committee.
- 2.12 Prepare an annual report which takes account of the strategic outcomes of the Board and key strategic risks relevant to the role and remit of the Committee and summarises how the Committee has discharged its responsibilities over the year.
- 2.13 Ensure that all elements of the Committee's Terms of Reference are being scrutinised effectively through use of a matrix to monitor frequency of relevant items against each term of reference in the agendas for the Committee meetings and include a summary of this matrix in the Committee's annual report.

3. RELATIONSHIP TO OTHER COMMITTEES AND ASSURANCE MAP

The Committee's relationship to other Board and operational committees, and sources of assurance, is shown on the below assurance map – Appendix 1.

The committee will review this assurance map at least annually and update to ensure it reflects the management and operational structure of the organisation, taking advice from the Executive Lead on this issue.

4. EXECUTIVE LEAD

The designated joint Executive Leads are the Executive Nurse Director and Medical Director who support the Chair of the Committee in ensuring that the Committee fulfils its agreed Terms of Reference by:

1. Liaising with the Chair in agreeing a programme of quarterly meetings, as required by its remit.
2. Overseeing the development of an assurance report for the Board which is congruent with the Committee's remit and the need to provide appropriate assurance.

3. Agree with the Chair an agenda for each meeting, having regard to the Committee's remit.
4. Oversee self-assessment on the effectiveness of the Committee and agree with the Chair a programme of development for members of the Committee

5. MEMBERSHIP AND ATTENDANCE

Chair:	The Committee Chair is a Non-Executive Board Member as agreed by the Grampian NHS Board on recommendation of the Chair.
Members:	There will be 4 Non-Executive Board Members and one public representative.
In Attendance:	Executive Nurse Director Medical Director Director of Public Health Chief Executive, NHS Grampian Chair of Grampian NHS Board Infection Prevention & Control Manager/Clinical Lead Integration Joint Board Clinical Governance representatives Director of Public Protection & Allied Health Professions Chair of the Grampian Area Clinical Forum Associate Directors supporting clinical and care governance Acute Services Medical Director Primary Care Governance Lead
Administrative Support:	Associate Director, Quality Improvement & Assurance or deputy. Quality Improvement & Assurance Administrator(s).

In the event of the Medical Director, Executive Nurse Director or the Director of Public Health being unable to attend, it is expected that a deputy will attend in their place and that deputy will be notified to the Chair in advance of the meeting.

All Board Members have a right to attend as observers. It will be expected that the Chief Executive, Medical Director, Executive Nurse Director, and Director of Public Health will attend all meetings.

Other staff will be invited to attend Committee meetings to inform and/or report on specific matters or by prior arrangement as observers.

6. QUORUM

At least three members must be present to form a quorum for the meeting.

7. DEPUTIES

The Chair will appoint a Meeting Deputy (to cover unavoidable absence) from the members.

8. MEETINGS

Meetings are held quarterly with dates agreed and set in advance for the year.

Agenda setting meetings are held at least 6 weeks prior to the meeting and Committee papers are issued one week in advance.

Written documentation will be expected in support of all agenda items, except for those under “Matters Arising”.

When confidential and sensitive information requires to be discussed, this will be held within a closed session. The minute of closed sessions are confidential and will not be shared out with the membership of the Committee.

9. MINUTES AND REPORTS

The business of the Committee is recorded in a formal minute which, once approved, is circulated to the Board. At that time, they are available to all staff on the NHS Grampian intranet and can be accessed under the provision of the Freedom of Information Act (Scotland) 2002.

When confidential and sensitive information requires to be discussed this will be held within a closed session. The minute of closed sessions are confidential and will not be shared out with the membership of the Committee.

10. STANDING ORDERS

The provision of the NHS Grampian standing orders for Board meetings shall apply to this Committee as far as is practicable and appropriate

Appendix 1: NHS Grampian Clinical Governance Committee Assurance Framework 2024

