**NATIONAL WAITING TIMES CENTRE BOARD**

**CLINICAL GOVERNANCE COMMITTEE - TERMS OF REFERENCE**

**2018-19**

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 NHSScotland is delivering the highest quality healthcare.

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

1.1 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.

1.2 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

2.1 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.

2.2 assure the Board that appropriate structures and processes are in place to meet statutory obligations and any other guidance issued by the Scottish Executive and Healthcare Improvement Scotland.

2.3 Review outcomes of patient care through scrutiny of relevant reports and self assessments

1. **Membership**

The Committee shall comprise of:

* Four Non-Executive Directors of the Board, one of whom will Chair this Committee:
  + Mark MacGregor (chair)
  + Karen Kelly
  + Phil Cox
  + Jane Christie-Flight

The following people should attend the committee:

* + Jill Young, Chief Executive
  + Dr Mike Higgins, Medical Director
  + Anne Marie Cavanagh, Nurse Director
  + Laura Langan Riach, Head of Clinical Governance

The Board Chair may attend the committee.

Chairs of Divisional Clinical Governance Forums will be invited to each meeting to present and discuss updates to the Committee. Invitations may also be extended to clinicians and infection control manager to discuss specific issues. Also clinicians 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. The named Executive Lead for the Committee is the Medical Director. Specifically they will:

* 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.

**4 Quorum**

A quorum will consist of three non-executive directors.

**5 Conduct of Business**

* The Committee shall meet at least four 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 NWTC Board.
* Reports to the Board 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.

**6 Framework Agenda**

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

* Clinical Risk Management
* Adverse Incident Reporting and Response
* Control of infection / decontamination / management of healthcare environment procedures
* Monitoring and improving practice to provide Quality Assurance
* Handling of complaints
* Drugs and therapeutics issues
* Clinical records
* Clinical audit plan
* Service provision, organisation and redesign
* 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 NWTC 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:

* As part of the Healthcare Scrutiny Framework ensure an appropriate framework is in place where delivery against the Board’s Quality Risk Profile is being achieved;
* monitor and evaluate reports, strategies and implementation plans relating to safe and effective care e.g. Harm Free Care programmes and prevention of Hospital Acquired Infection
* ensure a robust system is in place for the timely submission of all clinical governance information required for national monitoring arrangements e.g. Clinical Care Self-assessments
* review and agree the clinical audit 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

**8. Review of Terms of Reference**

These terms of reference will be reviewed annually.