**NHS Greater Glasgow and Clyde**

**Clinical and Care Governance Committee**

**Terms of Reference**

1. **Introduction**
   1. The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
   2. The Clinical & Care Governance Committee (C&CGC) is established in accordance with NHS Greater Glasgow and Clyde Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
   3. The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
   4. The overall purpose of the Clinical & Care Governance Committee is to provide assurance across the whole system regarding clinical and care governance ensuring escalation to the NHS Board.
2. **Membership**

2.1 The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board.  Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board.  The NHS Board Chair and Chief Executive will be ex officio members of the Committee.

2.2 Other officers may be invited to attend for all or part of any meeting as and when appropriate.

1. **Arrangement for Conduct of Business**

3.1 **Chairing the Committee**

The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

3.2 **Quorum**

Meetings will be considered quorate when four Non-Executive Directors of the NHS Board are present.

3.3 **Voting**

Should a vote need to be taken, all of the voting members of the Committee shall be allowed to vote, either by show of hands, or a ballot.

3.4 **Frequency of meetings**

The Clinical & Care Governance Committee shall meet a minimum of four times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

3.5 **Declaration of Interests**

Declarations of Interest will be a standing agenda item. If any member has an interest, pecuniary or otherwise, in any matter, is present at the meeting at which the matter is under discussion, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee’s consideration has been completed.

3.6 All declarations of interest will be minuted.

3.7 Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

3.8 **Administrative Support**

Administrative support for the Committee will be provided by a member of the Corporate Services Team.

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

1. **Remit**

4.1 The remit of the C&CGC is to scrutinise and provide assurance to the NHS Board regarding the following key areas. This includes approval of the delivery of Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational objectives, as required.

* Oversight of the development and implementation of the NHS Board’s Clinical Governance Policy and Quality Strategy
* Ensuring clinical and care governance arrangements are effective in improving and monitoring the safety and quality of clinical care
* Ensure oversight of person centred care and feedback reflecting learning
* That NHSGGC fulfils its statutory obligations relating the Board’s Duty of Quality - including Duty of Candour
* Provide scrutiny in respect of clinical services proposals, to ensure that they are consistent with the continued provision of safe and effective care
* That the implications of the Safe Staffing legislation, as identified through the Staff Governance Committee, are considered, and any impact on clinical care escalated
* Appropriate governance in respect of risks, as allocated to the C&CGC by the Audit and Risk Committee relating *to clinical care and safety* reviewing risk identification, assessment and mitigation in line with the NHS Board’s risk appetite and agreeing appropriate escalation
* Promotion of clinical leadership and staff engagement in the improvement and monitoring of the quality of clinical care

1. **Key Duties of the Committee**

5.1 The key duties of the C&CGC are to receive and review reports and, as appropriate, seek direct feedback from staff concerning:

* Implementation of a Clinical Governance Policy ensuring a robust system assurance is in place across the whole system
* Implementation of the Quality Strategy and monitoring delivery of the agreed priorities
* Ensure learning is shared and best practice highlighted
* Relevant data and trends in patient safety, experience and outcomes, including feedback from patient safety walkrounds, to provide assurance to the NHS Board on standards of quality in clinical care
* Compliance with relevant regulatory requirements and national clinical standards
* The processes within NHSGGC to ensure that appropriate action is taken in response to *adverse clinical incidents*, *infection control,* *complaints, feedback from patients, carers and families,* and *SPSO feedback*, that learning is disseminated (internally or externally if appropriate) and lessons are applied to provide for sustainable improvement in the quality of care
* Quality and safety related externally led inquiries or reviews and regulatory inspections, including the provision of external or public assurance with regard to the preparation and implementation of associated action plans
* Promotion of public transparency including the provision of the Annual Clinical Governance report, the reporting of any situation that may impact the quality of patient care, involvement of patients and public in clinical governance processes and compliance with the requirements of the Duty of Candour
* Review the Complaints Handling Procedure as per national guidance and make recommendations to the NHS Board as required
* Oversee the West of Scotland Research Ethics Service responsibilities in managing the West of Scotland Research Ethics Committees through the receipt of an Annual Report.
* Seek assurance regarding executive and professional oversight of NHSGGC Child Protection and Adult Support and Protection arrangements, taking into account the other public protection agendas identified in National policy including Multi-agency Public Protection Arrangements (MAPPA), Gender Based Violence (GBV), and Alcohol and Drug Services (ADS)
* Monitor and scrutinise key data and information as per the Board’s Assurance Information Framework as part of Active Governance

The C&CGC will receive minutes/reports from the:

* Board Clinical Governance Forum
* Board Infection Control Meeting
* Public Protection Forum

1. **Authority**

6.1 The Clinical & Care Governance Committee is a Standing Committee of the NHS Board.

1. **Reporting Arrangements**
   1. The C&CGC will report to the NHS Board.

7.2 The draft minutes will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the C&CGC and distribution to the C&CGC for ratification at the next Committee meeting. The ratified minutes of the C&CGC will be presented to the NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.

7.3 In addition, the NHS Board Meeting will receive a Chair’s Report, which summarises the key issues considered at the most recent meeting of the Committee.

7.4 The Chair of the Committee shall routinely draw to the attention of the NHS Board any issues that require escalation or noting.

1. **Conduct of the Committee**

8.1 All members will have due regard to and operate within the Board’s Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee’s remit and membership, to be submitted to the NHS Board for approval.

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| **Version Control** | **June 2023** |
| Author: | Director of Corporate Governance and Administration |
| Responsible Executive Lead: | Medical Director |
| Approved by: | Clinical and Care Governance Committee |
| Approved date: | June 2023 |
| Date for review: | April 2024 |
| Replaces previous version: | June 2022 |

**APPENDIX 1**

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| **Corporate Objectives Approved June 2022** |

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| **Code** | **Corporate Objective** | **Lead Committee** |
|  | **Better Health** |  |
| COBH1 | To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment. | Population Health and Wellbeing Committee |
| COBH2 | To reduce health inequalities through advocacy and community planning. | Population Health and Wellbeing Committee |
| COBH3 | To reduce the premature mortality rate of the population and the variance in this between communities. | Population Health and Wellbeing Committee |
| COBH4 | To ensure the best start for children with a focus on developing good health and wellbeing in their early years. | Population Health and Wellbeing Committee |
| COBH5 | To promote and support good mental health and wellbeing at all ages. | Population Health and Wellbeing Committee |

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| **Code** | **Corporate Objective** | **Lead Committee** |
|  | **Better Care** |  |
| COBC6 | To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people. | Clinical & Care Governance Committee |
| COBC7 | To ensure services are timely and accessible to all parts of the community we serve. | Finance, Planning and Performance Committee  /Acute Services Committee |
| COBC8 | To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. | Clinical & Care Governance Committee  /Acute Services Committee |
| COBC9 | To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. | Clinical & Care Governance Committee  /Acute Services Committee |
| COBC10 | To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community. | Finance, Planning & Performance Committee |

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| **Code** | **Corporate Objective** | **Lead Committee** |
|  | **Better Value** |  |
| COBV11 | To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. | Finance, Planning & Performance Committee |
| COBV12 | To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management. | Finance, Planning & Performance Committee |
| COBV13 | To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. | Finance, Planning & Performance Committee |
| COBV14 | To utilise and improve our capital assets to support the reform of healthcare. | Finance, Planning & Performance Committee |

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| **Code** | **Corporate Objective** | **Lead Committee** |
|  | **Better Workplace** |  |
| COBW15 | To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. | Staff Governance Committee |
| COBW16 | To ensure our people are well informed. | Staff Governance Committee |
| COBW17 | To ensure our people are appropriately trained and developed. | Staff Governance Committee |
| COBW18 | To ensure our people are involved in decisions that affect them. | Staff Governance Committee |
| COBW19 | To promote the health and wellbeing of our people. | Staff Governance Committee |
| COBW20 | To provide a continuously improving and safe working environment. | Staff Governance Committee |

**APPENDIX 2**

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| **Table 5.1 Clinical Governance** | | | |
| **Line** | **Area of Responsibility** | **Committee Approval Required** | **Officer Responsible** |
| 1 | Oversight of delivery of the relevant Corporate Objectives as delegated by the NHS Board. | Clinical and Care Governance Committee | Medical Director and Nurse Director |
| 2 | Oversight of relevant Corporate Strategies as delegated by the Board | Clinical and Care Governance Committee | Medical Director and Nurse Director |
| 3 | Oversight of relevant risks allocated by the Audit and Risk Committee, reviewing risk identification, assessment and mitigation in line with the NHS Boards risk appetite and escalating as appropriate. | Clinical and Care Governance Committee | Medical Director and Nurse Director |
| 4 | Approval of research and development studies including associated clinical trials and indemnity agreements for commercial studies | Research and Ethics Committees with Annual Report to Clinical and Care Governance Committee | Medical Director |
| 5 | Approval of Patients Complaints Policy and Procedure as per model Complaints Handling Policy | Clinical and Care Governance Committee | Nurse Director |
| 6 | Monitoring and reporting of Patients complaints and feedback including trends and learning | Clinical and Care Governance Committee | Nurse Director |
| 7 | Achievement of SG targets for reduction in Healthcare Associated Infection (HAI) rates | Clinical Care Governance Committee and onwards to Board– this is presented in the HAIRT and therefore Board has oversight | Nurse Director |