



CLINICAL GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. PURPOSE OF THE COMMITTEE

- 1.1 The Clinical Governance Committee is a statutory Committee required to be established by a Health Board to provide assurance to the Board that appropriate clinical governance mechanisms are in place and effective throughout the organisation.
- 1.2 It seeks to ensure:
- That the principles and standards of clinical governance as reflected in the Healthcare Quality Strategy are applied to all activities of the Board; and
 - That appropriate mechanisms are in place for the effective engagement of representatives of patients and clinical staff.
- 1.3 To provide assurance to the Board that appropriate structures and processes are in place to address issues of diversity and equality, human rights, the principles of Patient Focus and Public Involvement (PFPI), and the Armed Forces Covenant.

2. COMPOSITION OF THE COMMITTEE

2.1 Membership

2.1.1 The Committee will comprise a minimum of:

- Non-Executive Chair
- Non-Executive Board Member x 4 (including the Committee Chair)
- Chair NHS 24
- Clinical Advisory Group representative

2.1.2 The Committee Chair shall be appointed by the Board at a properly constituted meeting.

2.1.3 The Board Chair can be a Member of the Committee and has the right to attend its Meetings.

2.1.4 Membership of the Clinical Governance Committee shall be disclosed in the Annual Report and Accounts.

2.1.5 Appropriate training and development will be provided to ensure that members of the Committee have the skills and knowledge to carry out this role.

2.2 Attendance

2.2.1 Other Board Members may attend Meetings of the Committee and have access to papers, should they so wish, except where the Committee resolves otherwise.

2.2.2 The Chief Executive, Director of Nursing & Care and Medical Director shall normally attend meetings. The Director of Nursing & Care is the Executive Lead for the Committee.

2.2.3 Two Partnership Forum Nominated Staff Representatives shall normally attend Committee meetings.

2.2.4 Mental Health representative shall normally attend the meetings.

2.2.5 One member of the Public Partnership Forum shall normally attend Committee meetings.

2.2.6 Meetings may be attended, in whole or in part, exclusively by Committee Members, as considered appropriate by the Committee Chair.

2.2.7 The Committee Chair should be available at the Annual Review to answer questions about the Committee's work, if required.

3. **MEETINGS OF THE COMMITTEE**

3.1 Frequency

3.1.1 The Committee shall meet as required, with Meetings normally to be held quarterly in each financial year, at a place and time as determined by the Committee and to coincide with key events during the year.

3.1.2 In addition, the Committee Chair may convene additional Meetings of the Committee to consider business which may require urgent consideration.

3.1.3 The Head of Internal Audit and the representative of External Audit will have free and confidential access to the Chair of the Committee.

3.2 Agenda and Papers

3.2.1 The Committee Chair in conjunction with the Director of Nursing & Care will set the Agenda for meetings.

3.2.2 The Agenda and supporting papers will be sent out at least five working days in advance of the meetings.

3.2.3 All papers will clearly state the agenda reference, the author, the purpose of the paper and the action the Committee is asked to consider.

3.3 Quorum

Three Non-Executive Members of the Committee shall constitute a quorum, and no business shall be transacted unless this minimum number of Members is present. For the purposes of determining whether a meeting is quorate, Members attending by either video or tele-conference link will be determined to be present.

3.4 Minutes

3.4.1 Formal minutes shall be taken of the proceedings of the Clinical Governance Committee. These Draft Minutes shall be distributed for consideration and review, to the Chair of the Meeting within ten working days of the Meeting and distributed to the Members within fifteen working days of the Meeting.

3.4.2 The Draft Minutes shall then be presented at the next Meeting of the Committee for approval.

3.4.3 Once approved by Committee Members, Minutes shall be presented at the next available Board Meeting by the Committee Chair. In addition, in the event of the Minutes not being available at the next Board Meeting, a highlight report on the business of the Committee shall be provided to ensure any questions Members of the Board may have can be addressed promptly or other matters raised.

4. **AUTHORITY**

4.1 The Committee is authorised by the Board, within its Terms of Reference, to investigate any activity in the operations of NHS 24. It is authorised to seek and obtain any information it requires from any employee and all employees of NHS 24 are directed to co-operate with any request made by the Committee.

4.2 The Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside NHS 24 or the wider NHS, with relevant expertise, if it is considered necessary.

5. **DUTIES OF THE CLINICAL GOVERNANCE COMMITTEE**

The duties of the Committee shall be as follows:

Quality Planning

5.1 Check and report to the Board that effective structures are in place to undertake activities which underpin clinical governance.

5.2 Ensure that the principles and ambitions of NHS Scotland policies and frameworks are embedded in clinical governance systems and processes.

- 5.3 Review the mechanisms which exist to engage effectively with service users, partners and staff.
- 5.4 Review the Clinical Audit Strategy and Plan.
- 5.5 Review and approve the terms of reference for clinical advisory groups.

Quality Control

- 5.6 Review the systems of clinical governance, monitoring that they operate effectively and that action is being taken to address any key areas of concern.
- 5.7 Monitor the effectiveness of the Board's arrangements for whistleblowing and whistleblowing reporting.
- 5.8 Obtain assurance that there is quality improvement and learning and that systems are in place to deliver it.
- 5.9 Obtain assurance that an effective approach is in place to identify and manage clinical risk across the system, working within the overall NHS 24 Risk Management Strategy.
- 5.10 Make recommendations to the NHS 24 Risk & Audit Committee on any requirements for Internal Audit to support clinical activities.
- 5.11 Promote a culture of positive complaints handling, advocacy and feedback including learning from adverse events.
- 5.12 Obtain assurance that mechanisms are in place for staff and others to confidently bring forward matters of clinical care and safety.
- 5.13 Obtain assurance on activities relating to NHS 24's responsibilities regarding public protection.
- 5.14 Obtain assurance that reports relating to clinical governance in NHS 24 from external monitoring bodies (e.g., Healthcare Improvement Scotland) have been reviewed and actions taken where required.
- 5.15 Receive assurance and consider reports and recommendations from clinical advisory groups (e.g., regular receipt of minutes of meetings).

Quality Assurance

- 5.16 Gain and review assurance on performance across the organisation.

- 5.17 Gain assurance that national policy developments and recommendations from other external reports as they relate to clinical governance in NHS24, have been reviewed and responded to.
- 5.18 Review the actions taken by accountable officers on any recommendations or issues arising from clinical audit reports.
- 5.19 Monitor, report and provide assurance to the Board that appropriate actions in relation to external review and monitoring of clinical governance are being taken.

6. REPORTING TO THE BOARD

- 6.1 In addition to providing the Board with the verbal updates and approved Minutes of Meetings as outlined in 3.4 above, the Clinical Governance Committee shall produce an Annual Report to the Board to be presented by the Committee Chair. The timing of this will align to the Board’s consideration of the Chief Executive’s Governance Statement for the associated financial year.
- 6.2 The Committee has a duty to review its own performance and effectiveness, including resource costs and terms of reference, on an annual basis.

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