

## **CLINICAL AND CARE GOVERNANCE COMMITTEE**

### **TERMS OF REFERENCE 2017-18**

#### **1.1 Purpose**

To provide Tayside NHS Board with the assurance that robust governance, management systems and processes are in place and effective throughout the whole system\* for NHS Tayside

(\* whole healthcare system – NHS Tayside in partnership with the Integration Joint Boards (IJB)

#### **1.2 Composition**

- A minimum of six Non-Executive Members including the Chair of the Area Partnership Forum (Employee Director) and the Chair of the Area Clinical Forum
- Chief Executive
- Medical Director
- Nurse Director

##### **In attendance**

- Medical Director, Operational Unit
- Associate Nurse Director
- Board Secretary
- Associate Director, Clinical Governance and Risk
- Associate Director, Patient Safety

#### **1.3 Meetings**

Meetings of the Committees will be quorate when at least five Members are present, at least three of whom should be Non-Executive Members of Tayside NHS Board.

## 1.4 Remit

To provide Tayside NHS Board with the assurance that robust clinical governance and risk management systems and processes are in place and effective throughout NHS Tayside in the areas of Clinical Risk Management, Clinical Care and Public Health Effectiveness, Person Centredness and Continuous Improvement.

To support the work of this Committee and provide assurances, it will establish a performance review monitoring process and a Clinical Quality Forum. These assurances should be provided through the agreement of a work plan within the first quarter of the financial year, receipt of reports, action notes and an annual report.

### SCOPE OF CLINICAL GOVERNANCE





## Clinical Risk Management

*To provide assurance regarding Adverse Event Reporting, Regulating Compliance, Continuity Planning, Risk Management, Significant Clinical Event Analysis (SCEAs) and Patient Safety and that there are adequate systems and processes in place across the system for NHS Tayside to ensure:*

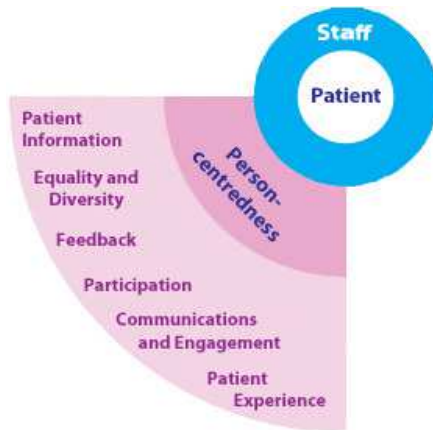
- Robust clinical control frameworks are in place for the effective management of clinical risk and that they are working effectively across the whole system for NHS Tayside.
- Adverse event management and reporting is in place and lessons are learned from adverse events and near misses.
- Clinical standards and patient safety are not compromised within the Board's annual efficiency programme which is overseen by the Transformation Programme Board and that the financial and capital frameworks support the clinical framework.
- Data and measurement systems underpin the delivery of care and these are monitored through organisational performance review and reported at the Clinical Quality Forum
- Robust workforce and workload planning and evidence to support this
- Assurance of standards and quality of care
- The Committee will receive an update at each meeting in relation to strategic risks aligned to the Committee



## Clinical and Public Health Effectiveness

*To provide assurance regarding evidence based practice, research and development, health economics, outcome measures, clinical audit and guidelines and that there are adequate systems and processes in place across the whole system for NHS Tayside to ensure:*

- Compliance with national standards for quality and safety
- Where results of inspection are below required standards, appropriate action plans will be developed and monitored by the Clinical Quality Forum and reported to the Committee
- The Committee will receive reports on the effectiveness of controls in place to mitigate against clinical risks
- Where performance improvement is necessary for the whole system for NHS Tayside, the Committee will approve appropriate improvement intervention and seek assurance regarding the reliability of the improvement intervention
- Assurance is provided that governance arrangements for Research and Development are in place and effective: the Committee will receive an annual report relating to the quality of research and processes within the whole system for NHS Tayside.



## Person Centredness

*To provide assurance regarding patient experience, equality and diversity, feedback, patient information, participation, communication and engagement*

- Feedback and complaints are handled in accordance with national guidance and lessons are learned and improvements made from complaints investigations and their resolution. Improvements are also made from investigation by the Scottish Public Services Ombudsman (SPSO), Mental Welfare Commission (MWC) and the Equality and Human Rights Commission (EHRC)
- To provide assurance that NHS Tayside is complying with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and to provide assurance that robust equality and diversity systems and processes are in place and effective throughout NHS Tayside.



## Continuous Improvement and Professional Standards

*To provide assurance regarding Healthcare Improvement Scotland Collaboratives, Improvement Programmes and Professional Standards and Regulations and that there are adequate systems and processes in place across NHS Tayside pertaining to:*

- Staff governance issues which impact on patient care, service delivery and quality of services are appropriately managed through clinical governance mechanisms and effective training and development is in place for all staff.
- Assurance is provided about training and education and the Committee will receive an annual report that NHS Tayside is providing an appropriate learning environment at undergraduate and postgraduate level across the professions
- The Committee will receive an Annual Report from the Academic Health Science Partnership (AHSP) which will include improvement and research elements
- The Committee will receive an annual report in relation to Additional Cost of Teaching (ACT)
- The Committee will receive an annual report in relation to Medical and Nursing and Midwifery revalidation

## **Clinical and Nursing and Midwifery Policies**

The Committee will adopt all Clinical Policies and Nursing and Midwifery Policies.

### **Donation Committee**

To provide assurance on the framework for the ethical and legal implications of organ donation in NHS Tayside, a Donation Committee will be established. The Clinical and Care Governance Committee will receive an annual report from the Donation Committee.

### **1.5 Best Value**

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from Tayside NHS Board. The Committee will put in place the arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Tayside has systems and processes in place to secure best value for these delegated areas. The assurance to the Chief Executive should be included as an explicit statement in the Committee's Annual Report.

### **1.6 Authority**

The Clinical and Care Governance Committee is accountable to Tayside NHS Board and as such is authorised by the Board to approve Clinical Governance and Improvement within its terms of reference, and in doing so is authorised to seek any information it requires in this area.

In order to fulfil its remit, the Clinical and Care Governance Committee may obtain whatever professional advice it requires, and require Directors, IJB Chief Officers or other officers of NHS Tayside bodies to attend meetings.

### **1.7 Reporting Arrangements**

The Clinical and Care Governance Committee reports to the Tayside NHS Board.

Following a meeting of the Clinical and Care Governance Committee the Minute and a summary of that meeting should be presented at the next Tayside NHS Board meeting.

The Clinical and Care Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Clinical and Care Governance Committee.

The Clinical and Care Governance Committee will produce an Annual Report for presentation to the Audit Committee. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Audit Committee that the Committee has met its remit during the year. The Annual Report must be approved by the Clinical and Care Governance Committee before it is presented to the Audit Committee considering the Annual Accounts.