

Public Services Delivery Scotland

Clinical Governance Committee Terms of Reference

1. Purpose

- 1.1. The Clinical Governance Committee, referred to hereafter as “the Committee”, shall oversee the organisation’s clinical activities and oversee clinical effectiveness and best practice. It will provide assurance to the Board that they are appropriately governed and monitored for safety, quality and effectiveness. Quality and continuous improvement, patient safety and [Realistic Medicine](#) are at the core of the Committee’s work.
- 1.2. The Committee shall operate within the Corporate Governance Framework¹ approved by the Board and in accordance with the principles outlined in the [Blueprint for Good Governance](#). It is established in accordance with the guidance issued under [MEL \(1998\) 75](#), reinforced by [MEL \(2000\) 29](#), and the [Clinical Governance Standards](#).

2. Membership and Attendance

- 2.1. At least five members will be appointed to the Committee by the Board. The Chair of the Committee will be nominated by the Chair of the Board and thereafter confirmed by the Board. The Committee may nominate a Vice Chair from among the membership to deputise for the Chair of the Committee as required. The Committee’s current composition is as follows:
 - a) **Chair:** M. McGill.
 - b) **Vice Chair:** O. Clayton.
 - c) **Members:** A. Langa; K. Redpath; G. Valiotis.
- 2.2. The Chair of the Board shall be a member of the Committee.
- 2.3. In accordance with paragraph 9.9 of the Standing Orders, the Board may appoint co-opted members to the Committee. Co-opted members shall contribute to the business of the Committee but will not have the right to vote. The Committee does not currently have co-opted members.
- 2.4. The Committee will routinely invite the Chief Executive and members of the Transitional Leadership Group to meetings, which must include the Director of Nursing and the Executive Director of Nursing, Midwifery and Allied Health Professionals and the Executive Medical Directors who will serve as the Executive Lead(s) for the Committee. Other officers may be invited to attend meetings as required.

¹ The Corporate Governance Framework includes the Standing Orders, Scheme of Delegation, Standing Financial Instructions, Board Assurance Framework, Code of Conduct and Committee Terms of Reference.

3. Meetings and Quorum

- 3.1. The Committee shall meet at least four times per year. Meetings and business will be conducted in accordance with the Standing Orders, as approved by the Board.
- 3.2. The quorum for a meeting of the Committee shall be no less than one-third of the members, as outlined in paragraph 2.1, who are entitled to vote and, in any event, not less than three members.
- 3.3. Meetings will not be held in public and the Committee may sit in private without any non-members present for all or part of a meeting if they so decide.

4. Reporting

- 4.1. The Chair of the Committee will provide a report to the Board after each meeting. A copy of the minutes may form the basis of this report. The minutes will reflect when the Committee has met in private.
- 4.2. The Committee shall develop a schedule of business each year to determine the information that it requires at meetings. An annual report shall also be prepared for the Board to provide assurance that the Committee continues to discharge its remit effectively.

5. Remit

The Committee shall:

Clinical Governance, Quality and Safety

- 5.1. Ensure that process and reporting arrangements are in place to provide assurance that clinical and related activities are appropriately governed for safety, quality and effectiveness. For clarity, this includes the requirements around Safer Staffing Regulations.
- 5.2. Confirm that clinical quality management arrangements incorporate quality planning, improvement and control, patient safety and the principles of Realistic Medicine.
- 5.3. Examine clinical activity from the perspectives of equity, equality, diversity and value. In doing so, apply triple value principles and consider the safety, timeliness and person-centred care of services.
- 5.4. Ensure that services comply with clinical and product regulatory requirements.
- 5.5. Oversee the development and implementation of the Medical Devices Policy Framework and the regulation of medical devices, liaising with the Senior Information Risk Owner(s) as appropriate.

Clinical and Patient Safety Risk Management

- 5.6. Review the Clinical and Patient Safety Strategic Risk, associated red risks and issues on the corporate risk register, and risks flagged by the Director(s) of Medical and Director(s) of Nursing.
- 5.7. Examine management actions relating to clinical and patient safety risks, in line with the PSD Scotland risk management approach.

- 5.8. Identify, assess, mitigate and manage clinical and professional risks within educational programmes, escalating risks to the Board where appropriate.
- 5.9. Provide advice to the Board on the clinical impacts of proposed new service developments.
- 5.10. Scrutinise and review assurance in relation to the organisation's response to Adult and Child Protection in line with the agreed policies. This includes Corporate Parenting and responsibilities enshrined within the United Nations Convention on the Rights of the Child (UNCRC).

Clinical Events, Incidents and Learning

- 5.11. Scrutinise reports on clinical adverse events, Duty of Candour events, clinical risks and complaints arising from the services delivered by PSD Scotland, including their identification, causes, management, learning and service improvement.
- 5.12. Review themes for educational development arising from referrals to health and social care regulators.

Blood, Cells, Tissues and Infection Control

- 5.13. Review and scrutinise arrangements for blood, cells and tissue products and services for the treatment of patients across Scotland. This includes ensuring sufficiency of the supply of blood, tissue and cell products and services for the treatment of patients in Scotland.
- 5.14. Review, scrutinise and be assured of the safety of the clinical products and services provided to confirm an adequate and safe supply and compliance with regulatory requirements.
- 5.15. Receive reports to scrutinise the quality and regulatory compliance of the products and services provided.

Clinical Programmes and National Functions

- 5.16. Review major programmes supporting clinical services to ensure they are designed and delivered in line with best practice, evidence-based standards and agreed performance measures.
- 5.17. Scrutinise activity pertaining to national clinical governance functions delivered by PSD Scotland, including screening and dental services.
- 5.18. Scrutinise activity pertaining to the role that PSD Scotland has as a Public Health Organisation.

Annual Reporting

- 5.19. Receive annual reports on:
 - a) Infection Prevention and Control
 - b) Duty of Candour
 - c) Clinical Research, Development and Innovation
 - d) Clinical Professional Appraisal and Revalidation

- e) Medical Staff Revalidation and Appraisal
- f) Patient Group Directions Audit
- g) Ionising Radiation (Medical Exposure) Regulation Advisory Group
- h) Relevant Intellectual Property activity facilitated by the Scottish National Blood Transfusion Service and other relevant clinical areas across PSD Scotland
- i) Health and Care (Staffing) (Scotland) Act 2019
- j) Child and Adult Protection – including requirements in respect of UNCRC and Corporate Parenting.
- k) Public Health Organisation Maturity Reporting

Other Responsibilities

- 5.20. Oversee governance arrangements for Board-delegated strategic risks by reviewing risk identification, assessment and mitigation in line with the Board's risk appetite and agreeing escalation where required.
- 5.21. Oversee governance arrangements for Board-delegated performance measures and report progress to the Board.
- 5.22. Address any additional matters assigned to the Committee by the Board or other Standing Committees. Activity arising from internal audit reports may be delegated by the Audit and Risk Committee.

6. Review and Approval

- 6.1. The Committee shall review these Terms of Reference at least annually. Any amendments shall be submitted to the Board for consideration and approval before they take effect.
- 6.2. The Board approved the Committee's Terms of Reference (Version 1.0) on 2 April 2026.