

Clinical Governance Committee

Terms of Reference

Constitution

The Board of Directors hereby resolves to establish an advisory committee to advice and support the Executive Director who leads on Clinical Governance, to be known as the Clinical Governance Committee (the Committee). This committee has no executive powers other than those delegated in these terms of reference.

Membership

The Medical Director

At least one Non-Executive Director

The clinical governance leads of each clinical directorate

The outcome and effectiveness lead for the Trust and the directorate leads.

Assistant psychologists involved in routine outcome monitoring.

The Trust PPI lead.

Two patient members.

The committee will be chaired by the Medical Director. The Deputy Chair shall be nominated by the chair; the deputy shall be drawn from the directorate clinical governance leads.

Quorum

This shall at least 1/3 members, of whom at least one will be an Executive or Non- Executive Director.

Frequency

The committee will meet six times a year.

Agendas and Papers

Meetings of the committee will be called by the chair. The agenda will be drafted by the secretary and approved by the committee chair prior to circulation.

Notification of the meeting, location, time and agenda will be forwarded to committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to committee members at the same time as the agenda.

Minutes of the Meeting

The secretary will minute proceedings, and resolutions of all meetings of the committee, including recording names of those present and in attendance.

Approved minutes will be forwarded to the Audit Committee and Board of Directors for noting.

Authority

The committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee and all employees are directed to co-operate with any request made by the committee. The committee is authorised to obtain outside or legal advice or other professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

Duties

The committee's primary duty is to receive reports on the performance of clinical governance activities across the trust and advise the Medical Director. The specific duties are detailed below:

1. Developing and monitoring clinical governance activity

The committee will oversee the planning and development of clinical governance activities in the Trust in line with NHS Executive Guidance: Clinical Governance: Quality in the New NHS (HSC 1999/065). This is a statutory duty on all NHS trusts, which requires them to put and keep in place arrangements for monitoring and improving the quality of health care they provide.

The committee will carry out this function by planning and monitoring the following components of Clinical Governance:

- a. Clinical Audit
- b. Clinical Effectiveness and Evidenced-based Practice
- c. Continuous Professional Development
- d. Professional Reviews and Appraisal
- e. Patient Complaints and Clinical Claims
- f. Care Programme Approach
- g. (Clinical) Workforce Planning
- h. Clinical Risk Management

2. National Service Frameworks and HCC standards

The committee is responsible for ensuring that the Trust's clinical services are in line with the appropriate National Service Frameworks.

The committee will monitor and guide trust activity in relation to meeting both the core and developmental Healthcare Commission (HC) Standards for Better Health that relate to clinical governance activities and will alert the

Board of Directors if the Trust is failing to meet any of the required standards.

The committee will work actively to promote and maintain the ethos of multi-disciplinary teamwork at all levels, which is a feature of the work of this Trust.

3. Liaison

The committee will liaise closely with the Management Group on the budgetary and management implications of Clinical Governance.

The committee will liaise with the Risk Management Committee and the Trust Management Committee to provide assurance of effective management action in response to clinical incident reporting and investigation and clinical risk management activities across the Trust.

It will liaise with the Trust Secretary and the Trust's Information Governance Lead to ensure that the Trust's Clinical Governance activities take full account of the recommendations of Information Governance.

The committee will liaise with the Race and Equity Committee and the Research Committee in relation to relevant clinical governance issues.

The committee will work with the Audit Committee to provide assurance that the process for managing risk is sufficient to meet the requirements of the regulatory bodies.

Other matters

At least once a year the committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for consideration.

Sources of Information

The committee will receive and consider other sources of information as directed by the chair.

Reporting

The minutes of the committee will be formally recorded by the secretary and once approved by the committee will be submitted to the Audit Committee and the Board of Directors for information. The chair of the committee shall draw the attention of the Board of Directors to any issues in the minutes that require disclosure to the full Board of Directors or require executive action.

An annual clinical governance report will be presented to the Board of Directors.

The chair of the committee shall attend the Annual General Meeting (AGM) prepared to respond to any member's questions on the committee's activities.

Support

The committee will be supported by a secretary from the Medical Director's team.

Terms of Reference approved by the Board of Directors 24th July 2007.