

## Clinical Governance Committee Terms of Reference

### 1.0 Authority & Scope

- 1.1 The Clinical Governance Committee is a sub-committee of the Trust Board and is chaired by a Non Executive Director.
- 1.2 It has delegated authority from Trust Board to be assured that the correct structure, systems and processes are in place within the Trust to manage Clinical Governance and quality related matters and that these are monitored appropriately.
- 1.3 It is accountable to the Trust Board and required to assure the Board that work being undertaken by the clinical divisions, departments, standing committees and any sub groups in respect of clinical governance and improvement is co-ordinated and prioritised to meet the Trust's objectives.

### 2.0 Purpose

The purpose of the Clinical Governance Committee is:

- 2.1 To be assured that the structures and processes are in place to provide the framework to support an environment in which excellent clinical care will flourish.
- 2.2 To be assured that when an issue occurs which threatens the Trust's ability to enable excellent clinical care to flourish, that this is managed and escalated appropriately and actions are taken and followed through.
- 2.3 To assure the Trust Board that the controls to mitigate risk within the areas of responsibility of the committee are in place and working within a regulatory and legislative framework.
- 2.4 To assure the Board that appropriate action is taken to identify implications for clinical care provided by the Trust arising out of recommendations from external investigations of other organisations/ systems and processes
- 2.4 To assure the Trust Board that the internal audit plan and clinical audit plan are aligned and focused on the appropriate clinical governance risks
- 2.5 To assure the Board that the Trust is implementing the Quality Strategy and meeting reporting requirements for the Quality Report (Quality Account).
- 2.6 To recommend action to be taken by individuals or relevant committees so as to ensure that any identified risks are resolved and improvements in the Trust's practice can be demonstrated.
- 2.7 To work in partnership with the Audit Committee and ensure that implications for clinical care of non-clinical risks and incidents are identified and adequately controlled.

### 3.0 Reporting

3.1 In order to fulfil this requirement, the Clinical Governance Committee will receive reports as outlined in the committee workplan.

3.2 The Clinical Governance Committee will require internal audit:

- to initiate special projects or investigations on any matter arising from within its terms of reference;
- to monitor the implementation of audit recommendations by management and report progress at every meeting;

- to consider any other relevant matters, as determined by the Committee.

3.3 The Clinical Governance Committee Chairman will present a summary report to the Trust Board following every meeting.

3.4 A summary of the Clinical Governance Committee will be shared with the Audit Committee (and vice versa). There is cross membership between these two committees and additional members may be required to attend when necessary to inform the committee on specific aspects of risk.

#### **4.0 Membership**

4.1 Three Non-Executive Directors, one of whom shall chair the meeting.

4.2 The remaining membership will comprise the

- Chief Executive
- Co-Medical Director
- Chief Operating Officer
- Chief Nurse and Families' Champion
- Director of Planning and Information
- Director of Human Resources and Organisational Development
- Internal Auditor
- Head of Risk

4.3 Additional members may be added or invited to attend as appropriate.

4.4 For a quorum, there must be at least one Non Executive Director and a minimum of two members of the Executive team present.

4.5 The Company Secretary shall be the Secretary to the Committee.

#### **5.0 Frequency of meetings**

5.1 The Committee will meet quarterly and committee dates will be sent out at the beginning of the year

5.2 Members are expected to attend a minimum of 3 meetings per year.

5.3 Requests for submission of items for the agenda will be made three weeks prior to the next meeting.

5.4 Papers for the meeting will be sent out one week before the meeting.

#### **6.0 Monitoring**

6.1 The Committee shall review its terms of reference on an annual basis, including attendance at meetings, coverage of the terms of reference and workplan requirements during the year. The views of members of the committee, staff attending the meeting and receiving requests for reports will be sought as part of the review. Recommendations will be brought to the committee for consideration and approval..

6.2 The Chair of the committee shall draw to the attention of the Board any issue that requires disclosure to the full Board or requires executive action.

- 6.3 The Chair will give an account of the committee's work in the Trust's annual report.
- 6.4 The Committee shall undertake an annual review of its effectiveness which will be reported to the Trust Board.