

## Clinical Governance Committee Terms of Reference

### 1. Constitution

The Board of Directors (“Board”) has established a Committee to the Board to be known as the Clinical Governance Committee. The Committee (“Committee”) has no executive powers other than those specifically delegated in these Terms of Reference.

### 2. Terms of Reference

#### 2.1 Purpose

To provide assurance to the Board that the Trust has a robust framework for the management of key critical clinical systems and processes

#### 2.2 Objectives

The primary objective of the Committee is to provide assurance to the Board that the key critical clinical systems and processes are effective and robust. These systems will include, but are not limited to:

- Incident Management and Reporting;
- Quality Improvement;
- Quality Care which is safe, effective with positive patient experience
- Compliance with the CQC Essential standards of quality and safety;
- NHS Resolution Compliance;
- Medical Records;
- Patient Experience;
- Research and Development;
- Maintaining clinical competence.

In addition the Committee will:

- Review the controls and assurances against relevant risks on the Board Assurance Framework, in order to assure the Board that priority risks to the organisation are being managed and to facilitate the completion of the Annual Governance Statement which forms part of the Trust’s Annual Report.
- Consider external and internal assurance reports and monitor action plans, in relation to clinical governance, resulting from improvement reviews/notices from the Care Quality Commission, Health and Safety Executive and other external assessors.
- Monitor Serious Incident Action Plans. Horizon scan for matters for consideration.

### 3. Membership

The Committee shall be appointed by the Board to ensure representation by Non-Executive and Executive Directors as well as representation of the views of users, carers and Trust services.

The membership of the Committee shall consist of:

|  |                                      |
|--|--------------------------------------|
| Author : Board of Directors’ Secretary<br>Document Approved by: Board of Directors November 2017 | Date: September 2017<br>Version: 1.0 |
| Page 1 of 3  |                                      |

- Non-Executive Director (Chair)
- Non-Executive Director
- Director of Nursing & Midwifery (Lead Executive)
- Medical Director

Each member will have one vote with the Chair having the casting vote, if required. Should a vote be required a decision will be determined by a simple majority.

The following participants are required to attend meetings of the Management Board (mandatory participants):

- Board of Directors' Secretary
- Divisional attendance by either the Head of Division or Divisional Governance Lead (or nominated Deputy)

#### **4. Quorum**

Business will only be conducted if the meeting is quorate. The Committee will be quorate with three members, including at least one Non-Executive Director (who may be the Chair) and either the Director of Nursing or the Medical Director (or their formally nominated deputy), being present.

#### **5. Attendance by Members**

The Chair and Lead Executive, or their nominated deputy, of the Committee will be expected to attend 100% of the meetings. Other Committee members and mandatory participants will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy to one meeting per annum.

#### **6. Attendance by Others**

The Chief Executive and Chair of the Board may attend.

The Committee shall co-opt as it deems necessary.

#### **7. Accountability and Reporting Arrangements**

The Committee will be accountable to the Board. The Chair of the Committee will as soon as practicable, present a report to the Board of Directors on the activity of the Committee at its last meeting. The report shall draw to the attention of the Board issues that require disclosure to the full Board, or that require executive action

The Committee shall refer to the other Board Assurance Committees (the Audit Committee and the Non-Clinical Governance Committee) matters considered by the Committee deemed relevant for their attention. The Committee will consider matters referred to it by those two Assurance Committees.

The Committee will develop and maintain a work plan which will describe the key reports it will consider during the year.

|   |   |
|---|---|
| Author : Xavier Bell, Board of Directors' Secretary<br>Document Approved by: Board of Directors November 2017 | Date: September 2017<br>Version: 1.0<br>Page 2 of 3 |
|---|---|

## **8. Frequency**

The Committee will meet at least four times a year.

Additional meetings may be arranged when required to support the effective functioning of the Trust.

## **9. Authority**

The Committee is authorised by the Board to investigate any activity within its Terms of Reference

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

## **10. Monitoring Effectiveness**

The Committee will undertake an annual review of its performance against its Terms of Reference and work plan in order to evaluate the achievement of its duties. This review will be presented to the Board in the form of the Committee's annual report.

## **11. Other Matters**

The servicing, administrative and appropriate support to the Chair and Committee will be undertaken by a nominated Executive Assistance who will record minutes of the meeting. The planning of the meetings is the responsibility of the Chair.

## **12. Review**

These terms of reference will be reviewed at least every three years as part of the monitoring effectiveness process.

Terms of Reference reviewed by the Clinical Governance Committee on 18<sup>th</sup> September 2017.

Ratified by the Board of Directors on 29<sup>th</sup> November 2017.