

## TERMS OF REFERENCE

Title of group / committee	<b>CLINICAL GOVERNANCE COMMITTEE</b>
Date terms of reference ratified	5 April 2016
Date of next review of terms of reference	February 2017 for April 2017

### 1 Purpose and Aims of the Committee

The Clinical Governance Committee reports to the Integrated Quality Committee – a subcommittee of Trust Board.

Its role is to oversee the operation of clinical governance across the Trust. Specifically this will include ensuring:

- That there is a systematic and co-ordinated approach to the provision of good quality clinical care across all areas of the Trust.
- Continuous improvement of clinical services.
- Patient safety and risks are effectively assessed, revised and managed.
- Compliance with regulatory requirements

### 2 Core Delegated Responsibilities and Accountabilities

2.1 Monitoring and reviewing the clinical effectiveness of services and risks that relate to patient and staff safety.

2.2 Ensuring that this Trust can demonstrate compliance with nationally recognised clinical standards and is taking actions where necessary to ensure and improve compliance against identified best practice.

2.3 Ensuring clear accountabilities exist to demonstrate good quality care in all areas.

2.4 Reviewing the risk register of the Trust on a quarterly basis

2.5 Reviewing integrated quality outcomes data to inform trends and determine future improvement actions

#### The committee will undertake the following roles

- Driving quality improvement across all clinical teams.
- Ensuring the use of a systematic and planned approach to the reduction of risk.
- Ensuring appropriate development of policies, the mechanisms and guidance to support delivery and implementation of high standards of care.
- Ensuring that patients are at the heart of everything we do.

The committee will be responsible for the co-ordination of operational clinical teams to deliver quality services in line with Trust wide strategy and policies. This will include responsibilities for the following.

- Ensuring the Trust meets all national clinical requirements and responsibilities with regard to clinical treatment and care. This will include responding to Care Quality Commission and NHS England.

- Approving all policies, procedures, protocols and guidelines as designated by the Trust Policy on Policies. Ensuring that appropriate policies and procedures are developed and coordinated with the appropriate arrangements made to ensure that policies are implemented.
- To receive and approve the annual clinical audit programme ensuring that it is consistent with the audit needs of the Trust
- To have overview responsibility for Qualitative Outcomes as described by the Care Quality Commission
- To contribute to the development and implementation of the Trust's Quality Goals
- To contribute to the development and implementation of the Trust's Quality Strategy
- To monitor on a quarterly basis a suite of quality and safety related indicators
- To provide an engagement forum with the leaders of Clinical Service Areas to ensure regular and constructive scrutiny of activities and risks
- To review on a quarterly basis the high level risk being escalated from clinical service areas making recommendations for any potential moderation into the Clinical Quality Committee
- To review the implications of National reports including patient experience reports, bench marking reports, National Confidential Enquiry and endorse, approve and monitor internal improvement plans arising from them.
- Approving and monitoring the related work of sub groups as required to meet the overall clinical governance requirements of the Trust.
- Monitoring and reviewing the adequacy of quality governance and risk processes at both corporate and service level.
- To oversee the effectiveness of the Trust's approach to lessons learnt

Ensuring that appropriate mechanisms are in place and working across the Trust for the appropriate engagement of service users, carers and members of the public in the development and monitoring of services.

Ensuring that clinical governance decision making and process engages all staff

Ensuring the appropriate professional input, leadership and ownership of decisions from all clinical teams.

The Clinical Governance Committee will report to the Integrated Quality Committee at least quarterly via an 'Assuring Local Governance Arrangements' report.

The minutes of the committee will be posted on the Trust intranet and circulated to all Clinical Directors and Service Leads.

A summary of the meeting will be disseminated to all Programme Clinical Governance Committees

### **3 Membership**

**The members** of the Clinical Governance Committee are:

- Committee Chair (Executive Director of Nursing)
- Medical Director (Deputy Chair)
- Deputy Medical Director (Clinical Governance)
- All Clinical Directors

- All Clinical Professional Leads
- Associate Director of Governance
- Head of Patient Experience
- Associate Director of Operations

**In Attendance:**

- Trust Chair and Chief Executive of the Trust will have ex officio membership of the Clinical Governance Committee, an open invitation to attend the Clinical Governance Committee meetings and will routinely receive the agenda and minutes.
- The Chairs of the Clinical Governance sub-committees

Clinical Directors and Professional leads are expected to ensure that a named deputy attends in their absence to reflect their service area in the event of their inability to attend.

- The committee will require the attendance of the relevant lead clinicians or managers to present their reports.

**All members will be expected to**

- Accept the ruling and structure set out by the chair
- Ensure that mobile phones are kept silenced during the meeting
- Ensure that electrical equipment used for access to the meeting papers (iPads and laptops) are not used for other purposes (ie. monitoring email) during the meeting
- Read the papers prior to the meeting
- Participate fully in all discussions at the meeting
- Ensure that, through all discussions, the focus is on the needs of service users and quality of care
- Ensure that contributions are succinct and reflect the agenda item.
- Ensure that other members are supported to make their point and that queries raised are responded to

**4 Quorum**

The Trust Clinical Governance Committee will have reached quorum when there are at least six members in attendance and these will include:

- *Either* the Executive Director of Nursing *Or* the Executive Medical Director
- And*
- Three Clinical Directors
- Unless acting up arrangements have been previously defined, nominated deputies will not be considered part of the quorum.

**5 Attendance Levels**

Committee members will be expected to attend at least eight meetings each year. This will be monitored and made available to the committee each month

**6 Frequency of Meetings**

The Clinical Governance Committee will meet at least ten times each year and

normally once a month.

## **7 Accountability Arrangements**

The Clinical Governance Committee is accountable to the Integrated Quality Committee

## **8 Sub Group Accountabilities and Delegated Responsibilities**

### ***Sub Group***

*The sub-groups that will report into the Clinical Governance Committee are listed below. Their frequency of reporting is quarterly, unless stated otherwise. The template to be used is in the appendix.*

- Clinical Effectiveness
- Infection Prevention and Control
- Safeguarding
- Physical Health
- Pharmacological Therapies
- Psychological Therapies
- Resuscitation
- Research and Innovation
- *Serious Incident Group*
- Integrated Risk Group
- CPA Steering Group
- Health and Safety
- *ROAD*

### ***Service Area Clinical Governance Committees***

All service areas will hold a monthly clinical governance committee which will report into the Trust CGC monthly

## **9 Effectiveness of the Committee Function**

The Committee will monitor its compliance with the terms of reference by following an annual work plan. Exceptions to the work plan will be reported to Integrated Quality committee on a monthly basis.

## BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

## TRUST CLINICAL GOVERNANCE COMMITTEE

**ADD TITLE OF PAPER HERE**

**Strategic or Regulatory Requirement to which the paper reports –**

**Author:**

**Presenter:**

**ACTION:**

*(This must be explicit – not just a single word such as “approval” or “decision”)*

**ISSUES**

*(This should include issues or concerns that the Chair wishes to bring to the CGC’s attention around):*

- *Quality of Clinical Services*
- *Operational*
- *Strategy and Policy*
- *Governance*

*The Chair should draw out the key current areas of concern or good news which he/she wishes the Board to discuss*

*Reference should be made to the work plan and if the committee is on track to deliver it*

**What are the risks arising from this report?**

**Work Programme**

	J	F	M	A	M	J	J	A	S	O	N	D
<b>Terms of reference</b>												
<b>Work programme</b>												
<b>Subcommittees</b>												
Annual Review of Committee effectiveness												
Clinical Effectiveness Group												
H&S committee												
Infection Prevention Control												
Physical Health Committee												
Psychological Governance												
Resuscitation committee												
ROAD												
Safeguarding												
Pharmacological therapies												
Research and Innovation												
Serious Incident Group												
Integrated risk group												
CPA steering group												
<b>Reports</b>												
IQC Report - verbal												
Issues for escalation from CQRG - verbal												
Inquest Report												
Policy ratification												
Quality Report												
Commissioner External Visit and Compliance report												
Clinical Audit forward plan - Approval												
Learning Lessons from Complaints												
National Confidential Inquiry												
SI Report												
Workforce												
Clinical Audit progress report												
Service Area CG Committees												
Service Area CGC Risk Registers												
Quality Account												
Patient Experience & Recovery												
CQC Compliance incl MHA CoP												
Implementing Lessons Learnt from Homicides & Suicides												