CLINICAL GOVERNANCE SUB-COMMITTEE

TERMS OF REFERENCE

1. VALUES

The Sub-Committee will role model the Trust values:

Compassionate

- Supporting recovery for all and maintaining hope for the future.
- Being kind to others and myself.
- Showing empathy for others and appreciating vulnerability in each of us

Inclusive

- Treating people fairly, with dignity and respect.
- Challenging all forms of discrimination.
- Listening with care and valuing all voices.

Committed

- Striving to deliver the best work and keeping patients at the heart.
- Taking responsibility for my work and doing what I say I will.
- Courage to question to help us learn, improve and grow together

2. Purpose and Aims of the Sub-Committee

All Trust Board Committee structures are responsible for scrutinising and providing assurance on key issues allocated to them. Agendas are set to enable QPES (Quality Patient Experience & Safety Committee) to be assured that scrutiny processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Terms of Reference of the Clinical Governance Sub-Committee are reviewed on an annual basis and, if appropriate, amended to reflect any changes to the Sub-Committee's remit and role, any changes to other Sub-committees and revised membership. The Sub-Committee is a non-executive Sub-committee of QPES and has no executive powers other than those specifically delegated in these terms of reference.

The Clinical Governance Sub-Committee provides assurance to Quality, Patient Experience and Safety through to the Trust Board on service quality and the application of controls assurance in relation to clinical services. It scrutinises the systems in place for effective care coordination and evidence-based practice and focuses on quality improvement to ensure a coordinated holistic approach to clinical risk management and clinical governance is in place, protecting standards of clinical and professional practice.

It will have an oversight of clinical risks, providing additional scrutiny of any such risks which are outside the Trust's Risk Appetite, giving assurance to QPES around the management of such risks.

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.
- Learning and continuous improvement of clinical services.
- Patient safety and risks are effectively assessed, revised and managed. Compliance with regulatory requirements

3. Core Delegated Responsibilities and Accountabilities

3.1 The Sub-Committee provides assurance to Quality, Patient Experience and Safety Committee on service quality, practice effectiveness and the application of controls assurance in relation to clinical services and ensures the Trust is discharging its responsibilities regarding clinical governance and clinical safety including the approval of relevant strategies and policies, and monitoring of implementation of strategic objectives relevant to clinical governance, care delivery and practice effectiveness, such as implementation of care management processes and clinical information management, providing assurance that these are appropriately managed and resourced.

2.2 Clinical governance

- To provide assurance to QPES that appropriate and effective clinical governance arrangements are in place throughout the organisation through receipt of exception reports from relevant Directorates to demonstrate that they have discharge their accountability for parts of their portfolios relating to clinical governance. This covers the areas of practice effectiveness, medicines management, infection prevention and control, diversity, , managing violence and aggression, medical education, safeguarding children, research and development, compliance, and health and safety.
- To provide assurance to QPES that the Trust is meeting national requirements for clinical governance and clinical safety.
- To assure QPES that there are systems in place that encourage and foster greater awareness of clinical governance and clinical safety throughout the organisation, at all levels.

2.3 Compliance

- To monitor, scrutinise and provide assurance to QPES on the Trust's compliance with national standards, including the Care Quality Commission, the quality elements relating to NHSE (NHS England & Improvements) and NICE (National Institute for Clinical Excellence) guidance.
- To provide assurance to QPES that the Trust is compliant with relevant legislation.

- To provide assurance that the Trust has effective arrangements for the prevention and control of infection, safeguarding adults and children, and the safety elements covered by the Health and Safety and regulatory compliance.

2.4 Clinical safety management

- To provide assurance through committee structures that environmental risks, including those identified because of PLACE (patient led assessments of the care environment) inspections or environmental audit, are addressed, and monitor appropriate action plans to mitigate these risks.
- To provide assurance through QPES to the Trust Board that robust arrangements are in place for the proactive management of complaints, adverse events and incidents, including scrutiny of quarterly and annual reports on incidents and complaints and implementation of action plans.
- To provide assurance that there are robust systems for learning lessons from complaints, adverse events and incidents, and action is being taken to minimise the risk of occurrence of adverse events.
- As delegated by QPES, to monitor implementation of action plans relating to reviews of complaints by the Health Service Ombudsman and of action plans identified through independent inquiry reports relating to the Trust.

2.5 Community Outcomes & Reducing Health Inequalities

To comply with our BAF for QPES, we need to ensure we are transforming how we work to provide the best care in the right place at the right time, with joined up care across health and social care. The QPES BAF states “Failure to continuously learn, improve and transform mental health services to promote mentally healthy communities and reduce health inequalities.

4. Membership

The members of the Clinical Governance Sub-Committee are:

Executive Director of Quality and Safety/Chief Nurse	Chair of the Sub-Committee
Medical Director	Vice Chair of the Sub-Committee
Chief Operating Officer	Executive Operational Leadership
Safety Partner	
Clinical Director Dementia & Frailty and Specialties	Clinical Leadership and chair of Local CGC
Clinical Director Secure Care	Clinical Leadership and chair of Local CGC
Clinical Director ICCR	Clinical Leadership and chair of Local CGC
Clinical Director Acute Care	Clinical Leadership and chair of Local CGC
Clinical Director Urgent Care	Clinical Leadership and chair of Local CGC
Clinical Director Children & Young People	Clinical Leadership

Deputy Medical Director (Quality and Safety)	Clinical Leadership and SME(subject matter expert) on Least Restrictive Practice, CRAM (clinical risk assessment model), Physical Health and Learning from Deaths
Associate Chief Nurse for Policy, Practice & Professions	Leadership for complaints, professions, policy and practice
Chief Psychologist	Clinical Leadership and SME on psychology and the psychological workforce
Associate Medical Director for Pharmacological Therapies or Head of Pharmacy	Clinical Leadership and SME on pharmacological therapy, medicines & pharmaceutical governance and practice
Chief AHP (allied health professionals) / Associate Director for Recovery, Experience & Spiritual Care & Deputy to Chief Nurse	Clinical Leadership and SME on AHP practice and workforce, patient experience, recovery and family and carer engagement including bereavement support
Heads of Nursing	From all areas within the Trust
Patient Safety Specialist	
Head of Regulatory Compliance	
Head of Safeguarding	

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

- 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 (i.e., 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.

5. Quorum

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

- *Either* the Executive Director of Quality and Safety/Chief Nurse 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.**

6. Attendance Levels

Sub-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 by way of an attendance list below the minutes.

7. Frequency of Meetings and Location

The Sub-Committee will meet a minimum of ten times per calendar year. It is the responsibility of the Associate Director of Clinical Governance to ensure items are identified for the Committee's agenda in line with the Committee's terms of reference, its work programme agreed at the beginning of each year and the current risks facing the organisation and to agree these with the Executive Director of Quality and Safety/Chief Nurse.

Meetings will be held on location at an agreed venue.

8. Authority

The Clinical Governance Sub-Committee is accountable to Quality, Patient Experience and Safety Committee. The Sub-Committee is authorised by QPES to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

The Sub-Committee is also authorised by the Quality Patient Experience & Safety Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

9. Subgroup Accountabilities and Delegated Responsibilities

To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Sub-Committee will receive reports from identified sub-groups including but not limited to:

- Medication Optimisation Committee
- Directorate Clinical Governance Committees
- Resuscitation Management Committee
- Learning From Deaths Group
- Infection Prevention & Control Committee
- Physical Health Committee
- Nursing Care Quality and Safety Metrics Group
- Quality Assurance Group

10. Administration

9.1 The meeting will be closed and not open to the public.

9.2 The Chair of the meeting will ensure there is appropriate secretarial and administrative support to the Committee.

9.3 An action list and minutes will be compiled made available to the CGC members within 7 days of the last meeting. Queries or issues about the action list must be raised within 7 days of receiving them.

9.4 Final papers for CGC must be submitted at least 7 days before the meeting.

9.5 The agenda for each meeting will be agreed by the Executive Director of Quality and Safety (Chief Nurse). The agenda, minutes and reports will be circulated 5 working days before the meeting and any issues with the agenda must be raised with the CGC Chair and administration within 2 working days.

9.6 The Chair of the Meeting will be responsible for updating the forward plan with input from the administrator of the meeting

11. Monitoring of Sub-Committee Effectiveness

The Sub-Committee will monitor its performance in terms of providing assurance to the committee structures by way of an annual self-assessment and annual workshop.

12. Assurance to Trust Board and Other Bodies

Assurance to Trust Board is provided via a 'Triple A Report' which is provided to QPES (Quality Patient Experience & Safety) Committee after the Clinical Governance Committee meeting ensues. In turn QPES meeting reports to Trust Board.

The CGC will supply a monthly Triple A report to the Mental Health Provider Collaborative.

13. Declaration of interest

All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur. Alternatively, if a member is conflicted with an item on the agenda, the Chair shall adopt a sensible and pragmatic approach in managing conflict during the meeting as they may permit the conflicted member to participate and contribute to the debate and discussions on the item (so as to inform better decision-making) but abstain or recuse themselves from any related voting. (Check section 3.12 – Managing conflict of interests during meetings in the Trust`s Declaration of Interest Policy for more details)

14. Voting

The Chair will seek consensus to a vote taking place by a show of hands. If the Committee members do not agree unanimously to be vote being taken by a show of hands it should be done by roll call beginning with the Chair. The Chair has a casting vote which means if there is a tie in the number of votes the Chair has a second or casting vote.

Non-members do not have voting rights.

Date Updated: December 2025

Date approved by the Quality Assurance Sub-Committee: (Approved via Chair`s Action – January 2026)

Date Ratified by QPES: 21st January 2026

Date of Next Review: December 2026

Version: 2.1