

CLINICAL GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1. GENERAL PURPOSE

The Trust acknowledges the importance of an effective system for managing clinical governance. The main purpose of the Committee is to oversee the Trust's Clinical Governance arrangements, both Trust-wide and at directorate level. The Committee is to ensure that a robust system is in place for managing Clinical Risks in line with and in compliance with the Care Quality Commission's 16 Patient Safety & Quality standards. (See structure – **Appendix 1**)

2. DUTIES

- a) Set, agree and review the Trust's Clinical Governance Framework
- b) To receive assurance from Directorates on Clinical Governance issues confirming compliance with Care Quality Commission standards
- c) To monitor individual directorate's Clinical Governance performance and their action plans.
- d) To receive reports from the sub-committees (**Appendix 2**) Report to and advise the Trust's Board of Directors on clinical risk through the Medical Director
- e) Report to and advise the Hospital Executive Board on clinical risk (especially their wider implications, including identification and dissemination of good practice) through the Medical Director
- f) To identify clinical risks to the Corporate Governance Group through the Medical Director
- g) Encourage harmonisation of trust-wide and directorate audit programmes through the Medical Director
- h) Advise the Trust's Board of Directors and the Hospital Executive Board on risks associated with Research and Development through the Medical Director

3. REPORTS

All reports should address the following issue: "*Are our services delivering high quality, safe care and if there are issues that restrict this, how can they be addressed and any resultant changes to practice embedded?*", as well as demonstrating alignment of policies, guidelines and procedures across the Trust following the acquisition Heatherwood and Wexham Park Hospitals in October 2014. Reports should also demonstrate Directorate/departmental compliance with MAST.

4. MEMBERSHIP

Medical Director (Chair)
Chief Executive
Director of Nursing (Deputy)
Deputy Medical Directors
Deputy Directors of Nursing
Commanding Officer MDHU/MDHU Representative
1 Non-Executive Director
Chairman of Clinical Effectiveness Committee

Consultant Representative for Consultant body
Representative from Infection Prevention and Control
Chief Pharmacist
R&D Representative
2 x Public Governors
2 Junior Doctor Representatives
Representative from North East Hants & Farnham CCG
Clinical Governance Leads

5. QUORUM

50% of the **19** core members to be present at each meeting, one of which will be either the Director of Nursing or Deputy, the Medical Director or Deputy, and one Non-Executive Director. The members of the Committee will be expected to attend at least 75% of the meetings.

6. TIMINGS OF MEETINGS

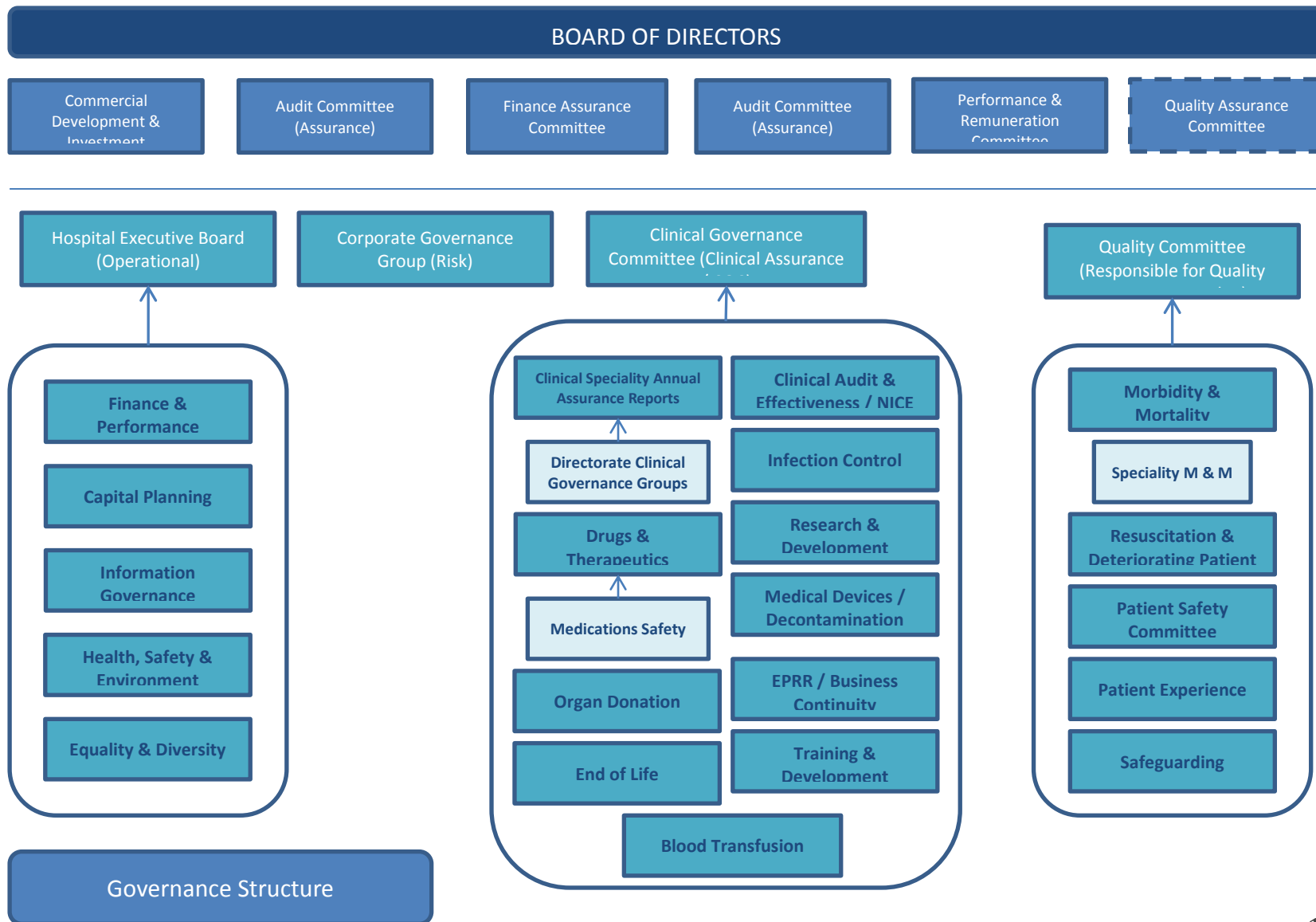
The Committee will meet on a monthly basis.

7. MONITORING

Compliance with the Terms of Reference of the Clinical Governance Committee will be included in an Annual Report regarding all risk management committees with over-arching responsibility which will be presented to the Corporate Governance Group and then to the Board of Directors. The Minutes of the Clinical Governance Committee meetings are shared with the Hospital Executive Board and the Quality Assurance Committee, a sub-committee of the Board of Directors.

Agreed by the Clinical Governance Committee	21 November 2000
Terms of Reference last updated by Committee	July 2017
Revision next due	February 2020

Appendix 1



Directorates/Sub-Committees reporting to Clinical Governance Committee

DIRECTORATES	DATE	FREQUENCY
Anaesthetics/ Theatres /Critical Care (ITU)	MARCH	ANNUALLY
DMGSE Report	FEBRUARY	ANNUALLY
Emergency Department (A&E)	DECEMBER	ANNUALLY
Endoscopy	NOVEMBER	ANNUALLY
General Surgery & Urology	APRIL	ANNUALLY
Medicine – Cardiology/Cath Lab/CCU/Respiratory/ADU/CF Medicine – Gastro/Diabetes/Stroke & Care of the Elderly	SEPTEMBER	ANNUALLY
Medicine – Non bed holders	JUNE	ANNUALLY
Night Site Management Team	DECEMBER	ANNUALLY
Obstetrics & Gynaecology	NOVEMBER	ANNUALLY
Outpatients	JANUARY	ANNUALLY
Paediatrics	JUNE	ANNUALLY
Pathology	MAY	ANNUALLY
Pharmacy	JULY	ANNUALLY
Private Patient Services	MAY	ANNUALLY
Radiology	JANUARY	ANNUALLY
Specialist Surgery	JULY	ANNUALLY
Therapies (Physio/OT/Dietetics/SALT)	FEBRUARY	ANNUALLY
Trauma, Orthopaedics & Plastics	APRIL	ANNUALLY

SUB-COMMITTEES	DATE	FREQUENCY
Cancer Unit (<i>incl Clin Chemo Steering Gp</i>)	APRIL	ANNUALLY
Clinical Audit	JULY	ANNUALLY
Decontamination Report	MARCH	ANNUALLY
Director of Medical Education's Report	DECEMBER	ANNUALLY
End of Life Steering Group	MARCH	ANNUALLY
Essential Training Report	FEBRUARY	ANNUALLY
FH Area Prescribing Committee	MAY/OCTOBER	6-MONTHLY
Guidelines Policy Report	OCTOBER	6- MONTHLY
HTC (Hospital Transfusion Committee)	NOVEMBER	ANNUALLY
Human Tissue Act	SEPTEMBER	ANNUALLY
Infection Control	JANUARY/APRIL/JULY/OCTOBER	QUARTERLY
Information Governance	JUNE/DECEMBER	6-MONTHLY
IM&T	SEPTEMBER	ANNUALLY
Management of Controlled Drugs	FEBRUARY/MAY/JULY/OCTOBER	QUARTERLY
Medical Devices	DECEMBER	ANNUALLY
Occupational Health	NOVEMBER	ANNUALLY
Organ Donation Group	JUNE	ANNUALLY
Public Health	MAY	ANNUALLY