Clinical Governance Committee
Terms of Reference

Reference: 10B.115
Agenda Item: 10

Board Meeting: 29 November 2010

Summary	The Clinical Governance Committee reviews its Terms of Reference on an annual basis. The last review took place on 27 September 2010. The Terms of Reference have been updated to ensure that they remain relevant.
Issues to be considered	• The reflection of the Chair as the 'Patient Champion' at Para 5.4 • Replacing references to 'Head of Governance' with 'Corporate Governance Manager' on page 5. • Inclusion of 'Medical Director' with 'Director of Public Health' on page 5.
Action required	To approve the terms of reference for the Clinical Governance Committee as set out in the Appendix to this report.
Accountable Executive Director	Helen Young, Clinical Director/Chief Nurse – 0207 599 4200 David Foord, Associate Clinical Director
Author of Paper	Keisha Aimiuwu, Corporate Governance Manager
Date prepared	November 2010
Appendix	Revised Terms of Reference of the Clinical Governance Committee

Clinical Governance Committee
Terms of Reference

1. Introduction

1.1 In accordance with Standing Order 4.1 the Trust has established a Clinical Governance Committee as a standing sub-Committee of the Board.

1.2 In accordance with Standing Order 4.4 these Terms of Reference shall have effect as if incorporated into the Trust's Standing Orders.

2. Membership and Attendance

2.1 The Committee will be appointed by the Board. The Committee will consist of three Non-executive Directors and up to three Executive Directors.

2.2 The Trust's Chair will not be one of these Non-executive Directors, although s/he may be required to attend meetings where the issues discussed are relevant to the whole Board or to the Chair directly. The Chair of the Committee will be appointed by the Board.

2.3 The Clinical Director, Medical Director and the Chief Operating Officer will normally be in attendance at Committee meetings as members of the Committee. Other Officers may attend at the discretion of the Chair of the Committee.

2.4 The quorum for a meeting will be two non-executive members.

3. Frequency

3.1 The Committee will meet at least four times a year. The Chair of the Committee may convene a meeting of the Committee at any time, or at the request of the Board.

3.2 If an event of significance to the Committee arises between meetings, the Clinical Director will alert the Chair of the Committee in writing, who will decide whether to convene a meeting of the Committee.

4. Authority

4.1 The Committee is authorised by the Board to:

4.1.1 investigate any activity within its Terms of Reference;
4.1.2 seek any kind of information they may require from any Officer;
4.1.3 obtain outside legal or independent professional advice;
4.1.4 secure the attendance of outsiders with relevant experience and expertise if necessary;
4.1.5 have access to appropriately anonymised records, documents

and correspondence relating to any clinical matter, including documents of a confidential nature; and,

4.1.6 require explanations concerning any matter under investigation.

4.2 All Officers are directed to co-operate with any request made by the Committee.

5. Duties

5.1 The Committee is responsible for oversight of the clinical governance of the Trust.

5.2 The Committee will have two key roles:

5.2.1 Systems Assurance: ensuring that clinical governance mechanisms are in place and effective throughout the Trust; and,

5.2.2 Public Health Governance: ensuring that the principles and standards of clinical governance are applied.

5.3 To fulfil these roles the Committee will:

5.3.1 ensure that appropriate structures and systems are in place to support and deliver clinical governance;

5.3.2 assure the Board that these structures are operating effectively;

5.3.3 report any specific problems as they emerge;

5.3.4 agree and monitor strategies and annual plans for Clinical Governance, Patient and Public Involvement, Clinical Audit and Research Governance processes;

5.3.5 review complaints, claims, serious adverse incidents and other forms of feedback received from service users, ensuring learning from all clinical risk management activity and making recommendations to the Board;

5.3.6 make recommendations to the Board on the development and maintenance of effective systems for knowledge management;

5.3.7 identify serious unresolved clinical and non-clinical risks to the Audit Committee;

5.3.8 develop and recommend to the Board, a clinical governance strategy and annual action plan;

5.3.9 monitor the Trust's policies relating to clinical governance and quality; and,

5.3.10 monitor the Trust's management of complaints, Clinical Audit and compliance.

5.4 The Chair of the Committee has the role of the Non-Executive Director who takes a particular interest in all matters relating to patient safety, the experience of patients using services, and the clinical effectiveness of services provided by the Trust. This role is in addition to the responsibility that all Board members have to take a close interest in these matters.

6. Reporting Arrangements

6.1 The Committee will present the minutes of its meetings to the Board.

6.2 The Committee will report to the Audit Committee on clinical risk issues.

6.3 Papers considered by the Committee will be available to other Members and the Chair upon request.

Clinical Governance Committee
Membership and Responsibilities – In Summary

Chair
Non Executive Director appointed by the Board

Membership
Three Non Executive Directors
Clinical Director
Director of Public Health/Medical Director
Chief Operating Officer

Attendees
Associate Director of Clinical Governance
Others at the request of the Chair
Corporate Governance Manager and/or representative

Quorum
Two Non Executive Directors

Frequency of Meetings
Meetings should be held at least four times a year.

Reporting Line
An Executive Summary and minutes of the Committee meeting will be presented to the Board.
To the Audit Committee on clinical risk issues.

Submission/Availability of Minutes
Minutes will be retained by the Corporate Governance Manager.

Review
The Terms of Reference of the Committee shall be reviewed by the Committee and the Board at least annually.

Support
The Committee shall be supported administratively by the Corporate Governance Manager /representative, whose duties in this respect will include:

- agreement of agenda with Chair and attendees and collation of papers
- taking the minutes and keeping a record of matters arising and issues to be carried forward
- advising the Committee on pertinent areas

Terms of reference last reviewed by the Committee: 27 September 2010
Terms of reference agreed by the Board: to be agreed 29 November 2010
Next Review date: September 2011