

CLINICAL GOVERNANCE COMMITTEE

TERMS OF REFERENCE

1 CONSTITUTION

By resolution of the Trust Board, a Committee of the Trust is established, to be known as the Clinical Governance Committee (“the Committee”).

2 AUTHORITY

The Committee has no executive powers other than those specified in these Terms of Reference or otherwise by the Trust Board in its Scheme of Delegation.

The Clinical Governance Committee is authorised 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 co-operate with any request made by the Committee.

The Committee is authorised to obtain independent professional advice as it considers necessary in accordance with these Terms of Reference.

3 MEMBERSHIP

Membership of the Committee shall comprise:

- ◆ A Non Executive Director;
- ◆ Executive Medical Director (Chairman);
- ◆ Executive Director of Nursing and Education;
- ◆ Executive Director of Human Resources;
- ◆ Director of Infection, Prevention and Control;
- ◆ Clinical Tutor;
- ◆ Associate Medical Director for Patient Safety;
- ◆ Patient Safety Manager;
- ◆ Chairman of Acute Care Forum;
- ◆ Chair of Drugs, Therapeutics & Medicines Management Committee;
- ◆ Senior Clinical Representatives (one from each of the four Divisions);
- ◆ Clinical Director of Pharmacy Services;
- ◆ Trust Risk Manager;
- ◆ Trust Clinical Effectiveness & Audit Manager.

The Board of Directors will review the membership of the Committee annually to ensure that it meets the clinical governance requirements of the Trust. Members will be required to attend at least half of the Committee meetings in any one year.

The Committee holds a key role in the governance of the Trust. For the avoidance of doubt Trust employees who serve as members of the Committee do not do so to represent or advocate for their Division or service area but to act in the interests of the Trust as a whole and as part of the trust-wide governance structure.

4 MEETINGS AND QUORUM

Meetings will be held monthly. Additional meetings of the Committee may be held on an exceptional basis at the request of the Chairman or any three members of the Committee.

To be quorate, at least half the total number of the members of the Committee must be present, including at least one of the Executive Directors.

5 ATTENDANCE

Only members of the Committee are entitled to be present at its meetings. The Committee may however invite non-members to attend its meeting as it considers necessary.

If members are unable to attend any meetings of the Committee they may arrange for a deputy to attend in their place with the agreement of the Chairman of the Committee. Any such deputy attending a meeting of the Committee shall be counted for the purposes of the quorum required as per Section 4 above.

6 DUTIES

The duties of the Committee are as follows:

- 6.1 The Committee will ensure that adequate and appropriate governance structures, processes and controls are in place across the Trust and in each of its Divisions to:
 - (a) promote safety and excellence in patient care;
 - (b) identify, prioritise and manage risk arising from clinical care on a continuing basis;
 - (c) ensure the effective and efficient use of resources through evidence-based clinical practice;
 - (d) protect the Health & Safety of employees and all others to whom Trust owes a duty of care.

The Committee will further:

- 6.2 agree Trust-wide clinical governance priorities and give direction to the clinical governance activities of the Trust's Divisions, not least by reviewing and approving each Division's annual Clinical Governance Plan;
- 6.3 approve the Terms of Reference and membership of its Reporting Sub-Committees (as listed at 8.1 below and as may be varied from time to time at the discretion of the Committee), and oversee the work of those sub-committees, receiving reports from them as specified by the Committee in the sub-committees' Terms of Reference for consideration and action as necessary;
- 6.4 monitor the Trust's Risk Register and escalate to the Executive Board and/or Trust Board any identified unresolved risks arising within the scope of these Terms of Reference that require executive action or that pose significant threats to the operation, resources or reputation of the Trust;
- 6.5 receive and approve the annual Clinical Audit Programme ensuring that it is

consistent with the audit needs of the Trust;

- 6.6 oversee the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information to ensure that this is in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998;
- 6.7 promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care;
- 6.8 ensure that there is an appropriate process in place to monitor and promote compliance across the Trust with mandatory clinical standards and guidelines such as NICE guidance, radiation use and protection regulations (IR(ME)R) and the NHSLA Risk Management Standards;
- 6.9 oversee the processes within the Trust to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that examples of good practice are disseminated within the Trust and beyond if appropriate;
- 6.10 ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit and the recommendations of any relevant external reports (e.g. from the Care Quality Commission);
- 6.11 receive reports from the Trust's Risk Manager;
- 6.12 consider matters referred to the Committee by its sub-committees;
- 6.13 review and approve relevant policies and procedures, including but not limited to:
 - ❖ Infection Prevention and Control Annual Report and Programme;
 - ❖ Annual Clinical Audit Priorities & Annual Report;
 - ❖ Obstetric and Gynaecology Risk Management Strategy;
 - ❖ Health & Safety Policies & Procedures;
 - ❖ Complaints Policy;
 - ❖ Claims Policy;
 - ❖ Incident Reporting Policy;
 - ❖ Consent Policy;
 - ❖ Safeguarding Children Policy;
 - ❖ Safeguarding Adults Policy.
- 6.14 review the Trust's Risk Management Strategy prior to its presentation to the Board of Directors for approval;
- 6.15 monitor the Trust's compliance with those licensing standards of the Care Quality Commission that are relevant to the Committee's area of responsibility, in order to provide relevant assurance to the Trust Board so that it may approve the Trust's annual Declaration of Compliance;
- 6.16 make recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters that

fall within these Terms of Reference;

- 6.17 oversee the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the Trust (e.g. licences granted by the Human Tissue Authority) receiving such reports as the Committee considers necessary;
- 6.18 undertake an annual review of the performance and function of the Committee and its satisfaction of these Terms of Reference.

7 REPORTING

- 7.1 Minutes are to be taken of meetings of the Committee and are to be presented to the Executive Board and Trust Board. The Chair of the Committee shall draw to the attention of the Trust Board any issues that require its particular attention, or require it to take action.
- 7.2 The Committee will report to the Board annually on the outcome of its annual review (as per Clause 6.18 above). This annual report will include information concerning compliance with the required attendance at meetings (in accordance with Clause 3 above) and the reporting arrangements for sub-committees (as per Clause 6.3 above).

8 OTHER MATTERS

8.1 Reporting Committees

The following Sub-Committees currently report to the Clinical Governance Committee:

- ❖ Health & Safety Committee;
- ❖ Patient Safety Committee;
- ❖ Infection Control Committee;
- ❖ Division Governance Committee;
- ❖ Drugs, Therapeutics & Medicines Management Committee;
- ❖ Clinical Effectiveness Committee;
- ❖ Organ Donation Committee;
- ❖ Patient and Public Involvement Committee;
- ❖ Clinical Incidents, Claims and Complaints Review Committee;
- ❖ Research Governance Committee;
- ❖ Norwich Clinical Ethics Group;
- ❖ O&G Risk Management Committee.