

## MODEL TERMS OF REFERENCE

### Name of Clinical Directorate Healthcare Governance Group

#### PURPOSE

To ensure that the Directorate meets the requirements of the Healthcare Governance Arrangements Policy through a systematic and structured approach covering all operational aspects of Healthcare Governance.

#### DUTIES/RESPONSIBILITIES

To review high risk cases (e.g. Serious Untoward Incident or high risk complaint) and any other serious issues, provide scrutiny and oversee responses and action plans.

To advise the Directorate Executive Group of significant risk or governance issues and action that needs to be taken to improve performance results

To receive updates from Directorate specialist governance leads (e.g. patient experience lead) about key messages cascaded from corporate governance leads and Trust-wide specialist governance groups

To receive and review written quarterly monitoring reports from Directorate specialist governance leads (e.g. patient experience lead) about directorate performance and any issues that need to be addressed. This includes:-

- Reports of incidents, complaints, claims, coroner's inquests or other adverse events to ensure that trends are identified and appropriate action is being taken to manage the event and to prevent recurrence
- Infection prevention and control performance i.e. MRSA data, Clostridium difficile data, Root Cause Analysis reports, progress with the Infection Control Programme and Accreditation Status
- Results that can be accessed via corporate healthcare governance reporting systems (e.g. Performance Management Framework, Nurse Sensitive Indicators, e-Clinical Assurance Toolkit) including contractual quality measures reported to commissioners e.g. CQUIN data

To consider significant Directorate service development and business cases with regard to the governance risks and issues

To consider and approve proposed introductions of new techniques and treatments into the Directorate to ensure that all risk and governance issues are adequately addressed

To receive and review reports of external visits, accreditations and inspections on Directorate services and ensure that recommended actions are implemented

To receive and review the findings from the Healthcare Governance Risk Management Audit Programme and Quality Governance Inspections, ensuring action plans are implemented to address any significant issues and disseminate learning

To consider in detail and approve Directorate quality assurance declarations and quality improvement plans e.g. the healthcare governance section of the annual Business Plan

### **ACCOUNTABLE TO**

The Directorate Healthcare Governance Group is accountable to the Directorate Executive Group.

### **REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

Minutes are circulated to the Directorate Executive Group on a monthly/quarterly basis, and significant issues are raised as an agenda item for the Executive Group if appropriate. Brief annual report to Directorate Executive Group.

### **Circulation**

Members, Executive Group & Trust Patient and Healthcare Governance Department

### **MEMBERSHIP - NAME/DESIGNATION/CHAIR OR DEPUTY**

*Members (N.B. The list provided within this template is indicative, membership will vary according to the professions employed within the clinical directorate and there is no restriction on the number of members.)*

NAME	DESIGNATION	CHAIR/DEPUTY
	Medical Governance Lead/Clinical Director	Chair
	Deputy Nurse Director	Deputy Chair
	Healthcare Governance Lead	
	Matron	
	Service Manager	
	Professional Manager	

Serviced by

NAME	DESIGNATION
	Secretary to Governance Team

### **QUORUM**

A quorum shall be four members one of which should be the Medical Governance Lead/Clinical Director/Deputy Nurse Director/Professional Manager.

### **MEETING FREQUENCY AND PROCEDURES**

Meetings will be held quarterly as a minimum.

Meetings will ideally be scheduled to follow on from the Executive Group meeting.

Agendas and papers will be circulated one week in advance of the meeting.

### **DATE TERMS OF REFERENCE WERE APPROVED**

Month and Year

### **REVIEW DATE**

Month and Year

## **PROCESS FOR REVIEWING EFFECTIVENESS**

The minutes of the group will be audited against the Terms of Reference and the findings will be provided as an annual report to the Directorate Executive Group. The audit should measure performance against the following standards:

- Meetings were quorate
- Members attended the majority of the meetings
- The duties within the Terms of Reference were carried out
- The actions within the minutes were carried out

The Terms of Reference will be reviewed annually and included in the annual report to the Directorate Executive Group for approval.

A sample of minutes from the group will also be audited as part of the Healthcare Governance Risk Management Audit Programme. The Healthcare Governance Committee will review the audit results.