

## Clinical Governance Committee Terms of Reference

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### CONSTITUTION

The Board has established a Clinical Governance Committee (CGC) to support the implementation of a robust clinical governance framework, which adheres to these terms of reference.

### PURPOSE OF THE CLINICAL GOVERNANCE COMMITTEE

The CGC will oversee all significant clinical governance matters to evaluate clinical risks within the organisation and ensure patient safety is prioritised. The CGC will review and sign-off on all clinical policies and provide assurance to the Board on clinical effectiveness, patient improvement initiatives and clinical audits.

### COMMITTEE MEMBERSHIP

The CGC is made up of the following members:

- Non-Exec Clinical Assurance Lead (Chair)
- Chief Medical Officer (CMO)
- Service Improvement Lead

### COMMITTEE MEETINGS

The CGC will attend Clinical Governance Assurance meetings which will coincide with every other OHG Board meeting on a 4 monthly cycle, held within the OHG office. There will be a set agenda to review key clinical governance issues and reports from the Medical Advisory Committee meeting. Data will be supplied in advance to report on the previous 4 month period and exceptional meetings will take place where urgent matters arise. Minutes will be taken and kept on record. The Chief Medical Officer's Board report will subsequently inform the Board of key points raised at this meeting for discussion and review. The Non-Executive Clinical Assurance Lead will provide assurance to the Board.

### QUORUM

A minimum of two out of the three members must attend for the committee to meet, comprising of either the Chief Medical Officer or the Non-Exec Clinical Assurance Lead.

### RESPONSIBILITIES AND DUTIES

It is the responsibility of all members of the CGC to raise risks and concerns regarding patient safety or a clinicians practise for escalation. All members are expected to be open and transparent with the Board regarding clinical issues or potential clinical risks which may pose future concern to the organisation. Governance data regarding complaints, surgical complications and clinical incidents must be reviewed and necessary action decided upon, in order to make any required improvements to practice.