



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

TERMS OF REFERENCE

CLINICAL & CARE GOVERNANCE COMMITTEE

1. Purpose

The key role of the Clinical and Care Governance Committee is to agree the clinical and care governance work schedule for all care provided and commissioned by NHS Western Isles and Comhairle nan Eilean Siar's (CnES) adult social work and social care services. It will monitor activity, give assurance on clinical and care governance and identify priorities for action.

The Committee will report to NHS Western Isles' Health Care Governance and Audit Committee and to the CnES, via the Integrated CMT and the Health Board's CMT, providing assurance on clinical and care governance issues across all relevant clinical and care areas.

2. Objectives

- 2.1 Ensure that a Clinical and Care Governance work plan is in place and discharged effectively, efficiently and within agreed timescales.
- 2.2 Ensure preparation for external reviews, inspections and self-assessments are completed appropriately and ensure that effective planning takes place
- 2.3 Ensure that action plans to address findings, recommendations and requirements from any relevant local and national reviews are produced and that these actions are assigned to owners and implemented.
- 2.4 Monitor the dissemination and implementation of relevant best practice and quality improvement standards/guidelines from professional organisations and regulatory and advisory bodies

3. Membership

Core members

- Medical Director (Co Chair)
- Chief Social Work Officer (Co Chair)
- Nurse Director
- Associate Medical Director (Community)
- Medical Lead Acute
- Hospital Manager
- Nurse Lead Acute
- Nurse Lead Community
- Associate Director Mental Health
- Infection Control Manager
- Head of Clinical Governance and Professional Practice
- Chief Officer, Health and Social Care
- Head of Locality Services
- Head of Partnership services

The Committee is free to invite other individuals to attend to speak on specific agenda items as required

The Chief Executives of NHSWI and CNES, and the Chair of ACF, may attend at their discretion, can raise Agenda items and will receive Agenda and Minutes



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Core members unable to attend can send an appropriate deputy.

4. Key Documents for this Group

4.1 Work Plan

4.2 Minutes of the following groups: Unscheduled Care Governance Group; Laboratory Quality Group; Uist & Barra Hospital Clinical Governance Forum; Learning Review Group, Maternity Services Clinical Governance Forum, Critical Care and Resuscitation Committee, Hospital Transfusion Committee (HTC), Radiation Committee, Area Drug and Therapeutic Committee (ADTC), Infection Control Committee (ICC).

4.3 Other reports which include but are not limited to: Clinical Benchmarking reports; GP Cluster Group output; Prescribing Lead's Reports; Incident Reports CSWO reports; Data Analyses (eg. Mortality and morbidity)

4.4 Major national report including inspections and reviews (preparation and outcome)

4.5 Local inspections

4.6 Relevant internal audit reports where a clinical and care governance issue is identified

4.7 The following groups will report to the Clinical and Care Governance group:
Area Drugs and Therapeutics Committee; Infection Control Committee; Learning Review Group; Maternity Services Clinical Governance Forum; Hospital Transfusion Committee; Radiation Committee

4.8 Subgroups will be formed as required

5. Reporting Arrangements

5.1 Minutes go to the ICMT and CMT, and then on to NHSWI Healthcare Governance and Audit Committee and CNES Audit Committee. The Committee will produce brief exception reports using a standard reporting template, with links to documents as appropriate

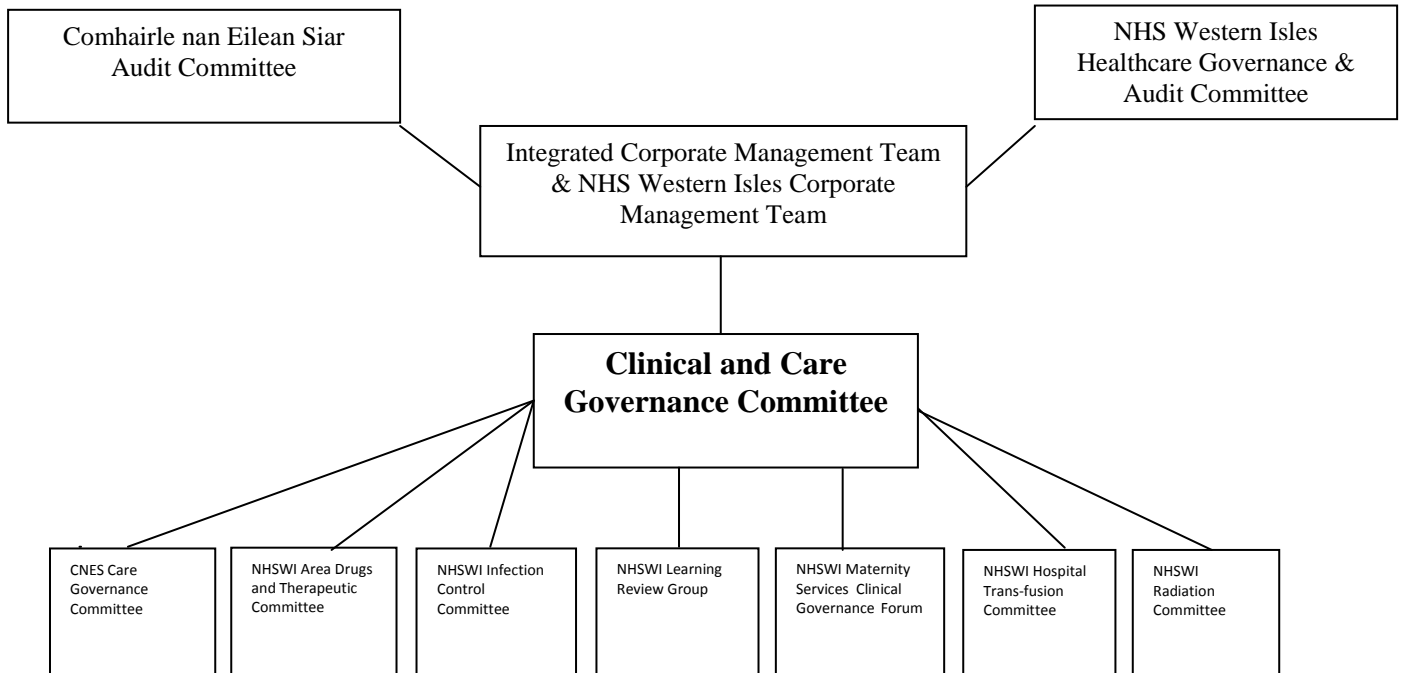
5.2 The Co-Chairs will provide an annual summary report on the work of the Committee to NHSWI Healthcare Governance and Audit Committee, IJB Audit Committee and CnES Audit Committee



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Organisational chart:



6. Administration

- 6.1 The Co-Chairs will meet with the Head of Clinical Governance and Professional Practice prior to each meeting to agree the Agenda. Agenda and papers will be distributed 5 working days before each meeting. The action points will be available for committee members within 5 working days of the meeting
- 6.2 Members will raise agenda items and provide papers and updates on action points at least 10 working days prior to each meeting.

7. Quorum

The quorum necessary for the formal transaction of business shall be 6 members and shall include one of the Co – Chairs and at least 2 members each from CnES and NHSWI.





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8. Meeting Frequency

The group will meet on a Two monthly basis

9. Review of Terms of Reference

9.1 The Committee will review these terms of reference annually

9.2 The Co-Chairs will ensure these Terms of Reference are amended in light of any major changes in committee structure or remit.

10. Standing Agenda Items

In addition to the work plan the following will be standing agenda items:

- Mortality Reviews
- Root Cause Analyses and Incident Reports
- Audit Reports
- Clinical Governance Related Guidance



