

CLINICAL GOVERNANCE COMMITTEE (CGC)

TERMS OF REFERENCE

- Definition** Clinical Governance is “a framework through which health organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”
Sccally G Donaldson L. Clinical governance and the drive for quality improvement in the new NHS in England. BMJ 1998; 317:61-65 (4 July)
- Establishment and Status** The CGC Committee is established by the board of Auckland PHO under its constitution. It is a standing committee of the board with ongoing responsibilities and will make non-binding recommendations to the Board and/or be delegated specific decision-making authority.
- Purpose** The purpose of the CGC is to ensure Auckland PHO is accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment of excellence.
- The six key elements of Clinical Governance are
- i. Clinical effectiveness
 - ii. Quality assurance
 - iii. Provider education and development
 - iv. Clinical audit that leads to continuing quality improvement
 - v. Risk management
 - vi. Research and development
- Responsibilities** The CGCs responsibilities are to:
- I. Monitor the PHO performance against agreed clinical targets, for example PHO Performance Management Programme Key Performance Indicators;
 - II. Develop strategies manage and support outlier clinicians or practices;
 - III. Encourage peer support and assistance for clinicians or practices who struggle to deliver quality services;
 - IV. Provide clinical input, advice and expertise to the Board on Services to Increase Access, Health Promotion and other proposals;
 - V. Develop a complaints procedure;
 - VI. Develop a Quality Plan and other plans as required;
 - VII. Provide advice on the use of performance payments;
 - VIII. Report to the board any issues arising from monitoring and/or audit of clinical safety and quality and advise the board of appropriate actions regarding these issues;
 - IX. Provide advice to the Board on new Practice membership
 - X. Provide oversight and advice for the one off funding programme
 - XI. Provide a report to Shareholders at the Annual General Meeting.

Committee Membership

Full membership to include –

- i. PHO Board Member (appointed by the Board);
- ii. General Practitioner (non-Board member, nominated from GP Reference Group);
- iii. Practice Nurse (non-Board member, nominated from the Practice Nurse Peer Groups);
- iv. Practice Manager (non-Board member, co-opted)

Advisory and liaison capacity members

- v. PHO Management including Clinical Leader

The CGC may co-opt additional members as required in an advisory and liaison capacity

Election of Chair

A chairperson shall be elected at the first full meeting of the CGC

Decision Making

All decisions shall be made by consensus in the first instance and vote if needed.

Confidentiality

Committee members will sign a confidentiality agreement

Meetings

The committee will meet at least 2 monthly and more often as required.

Committee Support

All meetings will be minuted with agenda, minutes of previous meeting and papers prepared and circulated to members one week prior to meeting.

Remuneration

This will be made in accordance with the approved Directors & Reference Group Remuneration Policy.

Quorum

Quorum shall be a half of the number of committee members, plus one.

Review

The terms of reference will be reviewed every 12 months.

Committee membership will be reviewed prior to the AGM with a view to succession planning.

Length of Term

The length of term will be determined by the CGC, with a recommendation on the term made to the Board.

Reference

Clinical Governance A Guide for Primary Health Organisations
Bpac nz

Document	Clinical Governance TOR	Version	1.1
Policy Area	Quality	Last Updated	25.11.08
Date Board Approved	26.02.08	Next Review date	November 2009
Signed Chair			
Auckland PHO Board			