Portsmouth Hospitals NHS
NHS Trust

Division of Medicine for Older People
Management and Governance Committee
Terms of Reference

1. Constitution

The Trust Governance and Quality Committee (TGQC) hereby resolve to establish Divisional committees for Governance and Quality. The Medicine for Older People Management and Governance Committee (M&GC) Committee has been set up to ensure there is integrated governance and management within the Division. The Division comprises the following specialisms acute care, stroke care, general rehabilitation, palliative care, day hospital care and community geriatrics and has the district consultant lead for falls.

2. Purpose/ Objectives

The purpose of this committee is to ensure that there is continuous and measurable improvement in the management and quality of the services provided and that the TGQC is assured that the risks associated with Divisional activities are appropriately managed and where possible resolved. Any risks, which cannot be resolved locally, are escalated to the TGQC. The M&GC is responsible for the local delivery of the Trust's Governance Strategy and for the ongoing monitoring of compliance with national standards and requirements, including Standards for Better Health, Clinical Negligence Scheme for Trusts (CNST) and National Health Service Litigation Authority (NHSLA) standards.

The objectives of the DGMC are to:

- Ensure all aspects of risk within the Division are appropriately managed by the Divisional Management team (DMT) and that a live Risk Register (RR), summary of agreed actions and assurance mechanisms are regularly updated and reviewed at meetings.
- Identify risks associated with finance, workforce and activity and incorporate in the Risk Register.
- Receive quarterly Complaints, Litigation, Incidents and PALS (CLIP) reports and share widely.
- Ensure the Division's compliance with all the core domains as set out in Standards for Better Health (2007Any deficits will be addressed and managed locally or escalated to TGQC if local resolution is not possible. Any serious breach in compliance will be added to the Risk Register.
- Promote a just and open culture in which risk management will continue to develop as an integral, seamless component in the delivery of healthcare.
- Review the implementation of the Trust Governance Strategy and other associated strategies, including those of Risk Management and Clinical Audit.
- Monitor compliance with CNST and NHSLA Risk Management Standards.
- Receive exception reports from specialty care groups which should include incidents (including serious untoward incidents and near misses), complaints and claims, failure to minimise hospital acquired infection and the outcomes of any root cause analysis including the identification of trends to ensure the whole Divisional team and the organisation learns and improves its performance.
- Ensure user involvement in service improvement and planning.
- Inform future educational requirements for the Trust and external organisations.
- Ensure that research and development is translated to the benefit of clinical care.

- Ensure National guidance e.g. from the National Institute for Health and Clinical Excellence (NICE) and National Service Frameworks (NSFs) informs delivery of care and development of services and DGMC receives assurance on their implementation and ongoing progress.
- Receive and act on reports from the Healthcare Commission, Confidential Enquiries and any other National reports and also any relevant local reports (e.g. from the Local Safeguarding Children Board).
- Ensure compliance with Health & Safety policies and standards.
- Ensure compliance with the Trust Equality and Diversity policy.

3. Authority

The M&GC is authorised by the TGQC, to which it accounts, to investigate any activity within its terms of reference.
The M&GC is not authorised by the TGQC to obtain outside legal or other independent professional advice without deferring to the Chair or nominated representative of the TGQC.

4. Reporting

The summary of agreed actions and minutes of the Committee meetings will be formally recorded by the Committee Clerk (dedicated clerical support allocated).
The Divisional governance leads, or nominated representative,will draw to the attention of the TGQC any issues that require executive action.
The Committee will report regularly (at least 4 monthly) to the TGQC and prepare an Annual Report at the end of each financial year (to include a summary of activity, incidents, complaints, litigation etc.).

5. Communication

The members of the Committee will ensure timely dissemination of information to the various specialties in the Division and encourage the cascade of relevant information to all staff in the Division.
The M&GC is accountable to the TGQC on all aspects of assurance.
The M&GC will receive regular (at least every 4 months) reports on progress and compliance with all the Standards for Better Health from the Specialty Governance Leads.
The M&GC will seek assurance from clinical specialties that they implement the activity required to achieve compliance with service and corporate governance standards.
All timetabled reports will be sent to the Committee Clerk one week prior to the meeting.

6. Membership

The Committee will consist of the following members:

- Divisional Clinical Director (Chair)
- Divisional General Manager
- Divisional Senior Nurse
- Divisional Governance Lead
- Divisional Workforce Manager
- Divisional Finance Manager
- Divisional Performance Manager

- Operational Managers
- Divisional Administration Manager
- Medical Services Manager
- Committee Clerk

When required to report or on self request of agenda item

- Governance Leads from each specialty (free invite to attend any meeting)
- DMOP Clinical Audit Lead
- DMOP Medications Error Lead
- DMOP Pharmacy Manager
- OT Representative
- Physio therapy representative
- SALT Representative
- Chaplaincy services representative

7. Attendance

Attendance is required at all meetings (minimum 75% of meetings per annum). Members unable to attend should indicate in writing to the Committee Clerk at least 3 days in advance of the meeting (except in extenuating circumstances). Members are requested to nominate a deputy to attend who is appropriately briefed to participate in the meeting. Attendance will be recorded in the minutes and reviewed at regular intervals.

8. Meetings

Monthly meetings will be held at the outset and reviewed regularly for effectiveness and to reflect the aims and function of the Committee.
The timetable for a (financial) year's meetings will be agreed by February of the preceding year.
Each meeting will last two and a half hours (2:30 - 5pm on the 4th Monday of the month) and the agenda will be scrutinised by the Chair to ensure the content is realistic and to allocate fixed timescales for each item.
Any additional items for the agenda should be submitted to the Committee Clerk a minimum of one week prior to the meeting.
Members wishing to discuss an item on the agenda must attend the meeting.
A Summary of Agreed Actions will be distributed two weeks in advance of the meeting.
Progress should be reported by those tasked one week prior to the meeting.

9. Other Matters

The Chair of the Committee will take advice on the content of the agenda and will be responsible for ensuring actions are taken forward through appropriate dissemination of the Summary of Agreed Actions and Minutes.
The Committee will have the administrative support of the Clerk, whose duties in this respect will include:

- Ensuring the agenda is set and agreed by the Chair and collation of papers.
- Taking the minutes and keeping a summary of agreed actions.
- Advising the Committee on scheduled agenda items.
- Inviting or co-opting attendees as required.

10. Review

The Terms of Reference shall be reviewed annually and ratified by the TGQC.

11. Updating

The Terms of Reference must be kept up to date between reviews for changes in membership and purpose etc.

Date agreed by the M&GC: 30 October 2008

Date agreed by the TGQC: ?? 2008

Date to be reviewed: April 2009

DMOP M&GC
Membership/Circulation at October 08

Attendance and Circulation:
Lesley Humphrey
Ann Dowd
Ian Reid
Kim Bezzant
Neil Martin
Chris Ash
John Corben
Gill Gould
Julie Turk
Rachel Newman
Brenda Gould
Jonathan Hayes
Chrissie Immins
Carol Farmiloe
Jane Williams (Stroke)

Circulation and attendance when required:
Sue Poulton (Falls)
????? (In patients)
Rachel Powis (Clinical Audit)
Viv Macdonald (Medication Errors)
Jane Marshall (Pharmacy)
? Therapy reps
? Chaplin