



SOUTH WEST NEUROMUSCULAR OPERATIONAL DELIVERY NETWORK (SWNODN)

CLINICAL GOVERNANCE & RISK GROUP TERMS OF REFERENCE

1. Membership

- 1.1 The SW Neuromuscular Operational Delivery Network (SWNODN) Clinical Governance and Risk Group (CGRG) will be chaired by the SWNODN Manager.
- 1.2 The membership will consist of:
 - SWNODN Clinical Director
 - Representative of SWNODN paediatric neuromuscular service (north and south)
 - Representative of SWNODN adult neuromuscular services (north and south)
 - SWNODN Manager
 - SWNODN Co-ordinator

2. Accountability

- 2.1 The CGRG will be accountable to the SWNODN Executive Board, North Bristol NHS Trust as the ODN Host, NHS England Specialised Commissioning and other ODN Provider Trusts.
- 2.2 It will have operational powers as detailed within these Terms of Reference.

3. Quorum

- 3.1 The quorum of the CGRG will be at least three members, which should consist of SWNODN Clinical Director, a representative from either paediatric or adult neuromuscular service and the SWNODN Manager or Co-Ordinator.
- 3.2 The CGRG will ensure representation on the SWNODN Executive Board.

4. SWNODN Clinical Governance Group Roles and Responsibilities

- 4.1 **SWNODN Chair/Clinical Director** – Will be responsible for identifying Standards of Care that the SWNODN will work to and the delegation of risks attached to those standards to ensure the SWNODN Service is achieving these Standards of Care.
- 4.2 **SWNODN Manager** – Will be responsible for chairing the CGRG and ensuring methods are in place to ensure the Group is able to identify, monitor and report on SWNODN risks.
- 4.3 **Clinical Leads for Neuromuscular Services** – Will be responsible for taking on particular tasks against agreed Standards of Care and to work with the Clinical Director in identifying any clinical governance issues or risks related to their service.
- 4.4 **SWNODN Coordinator** – Will be responsible for providing administrative support to the Group and supporting the SWNODN Manager in implementing the functions of this Group.

5. Frequency and Structure of meetings

- 5.1 The CGRG will meet three times a year. These meetings will be held in the hour prior to the SWNODN Executive Board meetings to facilitate prompt communication with the Board of any issues.
- 5.2 The meetings will be planned on a rolling twelve month basis.
- 5.3 At least two dates in advance should be in the diary.
- 5.4 The meetings will be for approximately one hour and arranged as per availability of delegates.
- 5.5 In addition to the above, any member of the group will be authorised to call extra-ordinary meetings, which can be held face to face or via tele/videoconferencing.

6. Operational Purpose

- 6.1 The purpose of the CGRG is to act as a working group for clinical governance and identifying other risks within the SWNODN service.
- 6.2 More specifically, the remit of the Group will be to:-
 - Develop a SWNODN Clinical Governance and Risk Policy and Process Guide.
 - Develop a process for identifying, categorising and recording risks on the SWNODN Risk Register.
 - Develop a process to ensure risks are escalated and actioned appropriately.
 - Develop a process to communicate those risks with all interested parties.
 - Undertake risk audits against identified Standards of Care.
 - Ensure all parties are aware of their responsibilities in reporting risks through a risk framework identified within Service Level Agreements.

7. Reporting Arrangements

- 7.1 As detailed in the SWNODN Risk Management Policy and Process Guide, all SWNODN staff will be responsible for reporting risks in their own areas of work and following their local risk reporting process. They will also notify the SWNODN Risk Lead/Manager of the risk and the Co-ordinator will log this on the SWNODN Risk Register as instructed by the SWNODN Risk Lead/Manager. The SWNODN Risk Lead/Manager will provisionally allocate a risk score and ownership of the risk.
- 7.2 The CGRG will review the SWNODN Risk Register at every meeting and provide updates and briefing reports on AMBER/RED risks to the SWNODN Executive Board.
- 7.3 The SWNODN Executive Board will escalate any RED risks to NHS England's South West ODN Oversight Board.

8. Probity

- 8.1 The CGRG will operate at all times in accordance with the Corporate Governance Framework of NHS England (South)/North Bristol NHS Trust.

9. Support

- 9.1 Administrative support for the SWNODN Clinical Governance and Risk Group will be provided by the SWNODN Coordinator.

Document approved by: SWNODN Executive Board on 1 August 2016

Review date: These Terms of Reference will be reviewed annually or sooner if required.