

### ***Mental Health Directorate Clinical Governance Committee***

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#### **Purpose**

To provide clinical governance leadership within the Mental Health Directorate, using a multidisciplinary representation

To monitor progress and approve Directorate-level resources; discuss and make decisions on clinical governance matters and items of interest to the directorate

To provide venue for Quality Initiative/Clinical/Operational proposals to be presented to the Mental Health Directorate

#### **Objectives**

The Mental Health Directorate Clinical Governance Committee will:

- Promote and actively encourage all clinicians and managers within MHD to participate in a range of quality activities that are designed to evaluate and continually improve the care provided to patients and the systems within which that care is provided.
- Identify and minimise risk and take appropriate action in accordance with C&CDHB's Risk Management Policy and guideline
- Promote a culture of patient safety, quality improvement and risk management
- Ensures direction, priorities and recommendations of HHS Clinical Governance Committee and sub-committees are implemented and progress is regularly reviewed.
- Report on organisation wide issues beyond the MHD ability to resolve, together with recommendations, to the HHS CGC
- Monitor and manage the quality of care provided
- Provides a monthly report on the quality improvement activities to HHS CGC

#### **Decision Making Process**

Decisions are made within the Directorate's area of responsibility and accountability

Decisions are based on sound clinical practice and business principles

If the Directorate is unable to make a decision the issue is escalated to Clinical Governance Executive Committee

#### **Accountability**

The Mental Health Directorate Clinical Governance Committee reports to the Clinical Governance Executive Committee

## Membership

Clinical Director  
Operations Director  
Associate Director of Nursing (MH)  
Quality Consultant  
Kaumatua Kaunihera  
Professional Leader representation  
Consumer Adviser  
Family Adviser  
Operations Manager representation  
Clinical Leader representation  
Learning and Development Consultant

## Chair

Mental Health Executive Clinical Director

## Meetings

Monthly meetings  
2<sup>nd</sup> Tuesday of month 1300-1400hrs

## Administration support

Minutes are taken by the Clinical Director PA or delegate and disseminated to all members one week after the meeting

## Reporting Responsibilities

The Mental Health Directorate Clinical Governance Committee provides a monthly report on Clinical Governance activities to the Clinical Governance Executive Committee

MHD Clinical Governance Committee	Monthly 2 <sup>nd</sup> Tuesday	CD/OD/ADON/QC/PL/CL consumer/family/Ops Mgr/Kaumatua
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The Mental Health Directorate Clinical Governance Committee receives reports from Clinical Governance Sub-committees

Clinical Governance Groups	1 monthly	CL, OM, PLs, TL, CNS, AH staff, Consumer Advisors
Patient Safety Group	1 <sup>st</sup> Tuesday 3 <sup>rd</sup> Tuesday 4 <sup>th</sup> Tuesday	CD/OD/QC/ADON + PSO + complaints + legal
Professional Leaders Group	3 monthly	ADON. CD or CL PL – SW/OT/ Psychology/Admin/
Medicines Committee	2-monthly	Pharmacist/ADON/SMO/ Nurse/consumer/QC
Mortality & Morbidity Group	1 monthly	CD/SMO/RMO
Project Groups	As arranged	As required

**Attendance**

Clinical Governance Committee meetings are a critical component of the Mental Health Directorate quality systems. All identified team members are required to make attendance at meetings their highest priority barring exceptional circumstances

A quorum is met when four or more attendees are in attendance

Meetings are monthly and should normally not go beyond 1 hour. Unfinished matters, if they can be deferred, are rescheduled for the following meeting

Special meetings may be arranged for matters of urgency

**Agenda**

The Clinical Director provides a consistent agenda format

Notice of meetings to invited participants will be at least a week in advance unless a particularly serious and urgent matter needs to be discussed and then notice will be on an 'as needed' basis

**Record Keeping**

All actions, responses, recommendations secondary to agenda items are minuted

This meeting is not covered by PQAA

**TOR Agreed and Accepted:**

<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>Allison Masters</b>		
<b>Nigel Fairley</b>		

Review Date: February 2012