# Countess of Chester Hospital

## WOMEN & CHILDEREN'S CARE

**GOVERNANCE BOARD** 

TERMS OF REFERENCE

(Planned and Urgent Care Divisions)

### Membership:

Planned Care	
<b>Chair</b> Consultant Obstetrics & Gynaecology [Risk Lead Gynaecology]	Jim McCormack ( <b>JMC</b> )
Consultant Obstetrics & Gynaecology [ Risk Lead Obstetrics]	Sara Brigham ( <b>SB</b> )
Head of Midwifery (Deputy chair)	Julie Fogarty ( <b>JCF</b> )
Head of Nursing-Planned Care	Carmel Healey ( <b>CH</b> )
Manager of Gynaecology Outpatients	Karen Woodward ( <b>KW</b> )
Midwifery Manager	Jean Fisher ( <b>JF</b> )/Deputy
Supervisor of Midwives	Gwenda Jones ( <b>GJ</b> )
Urgent Care	
Consultant Paediatrician [Lead Clinician Paediatric Services]	Ravi Jayaram ( <b>RJ</b> )
Consultant Paediatrician [Lead Clinician Neonates]	Stephen Brearey ( <b>SBr</b> )
Head of Nursing- Urgent Care	Karen Rees ( <b>KR</b> )
Business Performance Manager - Urgent Care	Habeeb Braimo ( <b>HB</b> )
Lead Nurse Children's Services	Anne Murphy ( <b>AM</b> )
Corporate	
Risk & Patient Safety Lead	Debbie Peacock (DP)
Quarterly Attendance	

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**Research Nurse Paediatrics	Caroline Burchett ( <b>CB</b> )
**Research Nurse Obstetrics & Gynaecology	Nichola Kearsley ( <b>NK</b> )
Human Milk Bank Manager	Jackie Hughes ( <b>JH</b> )
To attend when requested	
**Clinical Audit Manager	Michael Spry ( <b>MSp</b> )
Any other Member of staff or external representative who can or is required to contribute to a meeting.	
To receive minutes	
Urgent Care Divisional Governance Board Planned Care Divisional Governance Board	
Minute taker	Anne Mason

\*\* Denotes scheduled attendance only (not each meeting)

#### **Duties / Responsibilities**

- Monitoring compliance of the Measurable Objectives for Risk Management (refer to Maternity Services Risk management strategy - Measurable Objectives).
- Derivide assurance to Board lead executive of effective risk management
- **D** Review & monitor the risk registers, escalate risks to the Divisional and Organisational Risk Registers.
- D Review and monitor staffing levels of obstetricians and, anaesthetists and midwifery staff
- Review & monitoring compliance for specialities clinical incidents, NPSA Level 1, 2 & 3 reviews and action plans, incident trends ensuring lessons learnt are disseminated
- D Review & monitor Complaints, Claims and PALS ensuring lessons learnt are disseminated
- Review & monitor compliance with Midwifery care metric health records audit results and action plans
- Review & monitor training & educational needs ensuring that the results of audits, learning from incidents, complaints and claims and other sources are considered as part of the on-going review for Training.
- □ Review & implement National Guidance ie MBRRACE,NCEPOD,NICE etc
- Ensure that clinical performance, quality monitoring and reporting mechanisms are working effectively.
- Review & monitor progress for Business Continuity and Pandemic Flu and ensure all action plans, and relevant training is disseminated to all staff.
- □ Ratification of policy and guidelines

#### Quorum

A quorum shall be a minimum of the Chairperson or his deputy and at least two members from Urgent and Planned Care.