

Community Services Performance, Education, Governance and Assurance Meeting (PEGA)

Terms of Reference

Name of Group:	Community Services Performance, Education, Governance and Assurance Meeting (PEGA)
Accountable To:	Community Services Senior Leadership Group Meeting
Function of the Group:	To ensure that there are comprehensive systems of internal control in place to ensure make recommendations on the effectiveness of internal control within the Care Group.
Responsibility of members:	The Community Services Performance, Education, Governance and Assurance Meeting has been given the delegated authority by Community Services Senior Leadership Group Meeting, to review, discuss and make decisions regarding safety, clinical quality and patient experience issues relevant to the clinical divisions within the Community Services Care Group of County Durham and Darlington Foundation Trust. It will also examine the evidence required to provide assurance to the Community Services Senior Leadership Group Meeting and make recommendations on the effectiveness of internal control mechanisms within the Care Group.

The Committees objectives:

- Monitoring and reviewing issues in relation to Infection Prevention and Control.
- Monitoring and reviewing issues in relation to Medicines Management.
- Monitoring and reviewing issues in relation to Cardiac Arrest Prevention and the management of deteriorating patients.
- Receiving and reviewing Patient Safety Updates , including:
 - Corporate Safety Committee report.
 - Incident investigation report and actions plans.
 - Trend analysis of incidents from clinical specialities.
 - Monitoring reports in relation to the dissemination and compliance of safety alerts (CAS Alerts) cascaded within the care group.
 - Falls management and associated actions.
- Approval of SI reports / RCA investigation / Rapid Review investigation and associated actions plans.
- Receiving and reviewing Patient Experience Updates, including:

- Details of new complaints.
- Details of closed complaints and subsequent action plans.
- Patient experience project reports and evidence of improvements.
- Receiving and monitoring Clinical audit process, including:
 - Approval of the Care Group's Clinical audit forward plan.
 - Monitoring of clinical audit progress and completion of action plans (monthly).
 - Receipt and approval of clinical audit reports and action plan (as and when finalised).
 - Receiving corporate clinical audit reports by exemption.
 - Approval of additional clinician interest audits.
- Receiving and ratifying documentation including:
 - Clinical policies, procedures and guidelines.
 - Clinical documentation developed within the care group.
 - Patient information Leaflets.
- Reviewing and monitoring both clinical and non-clinical litigation.
- Receiving and monitoring reports in relation to the dissemination and compliance of NICE guidance documentation.
- Receiving and reviewing Health and Safety Updates, including:
 - Non clinical incident management.
 - Lone work compliance.
- Receiving and reviewing Performance Updates including:
 - Tendable
 - Family and Friends Test.
- Receiving and reviewing compliance with the monitoring of Mortality data for the Care Group highlighting any areas for concern or lessons learned.
- Receiving and monitoring the CQUIN programme and subsequent progress of individual indicators.
- Receiving and reviewing external visits / regulatory body quality assurance reports and the monitoring of subsequent actions plans through to completion.
- Reviewing and monitoring of risks identified on the care group Risk Register.
- Providing a forum for sharing information, best practice and learning around all
- Receiving and reviewing quarterly updates from the following areas:
 - Back Care.
 - Cardiac Arrest Prevention Team
 - Tissue Viability
- Identifying Performance, Education, Governance and Assurance issues for escalation to Community Services Senior Leadership Group Meeting.

Membership

The membership of the Performance, Education, Governance and Assurance meeting:

- Associate Director of Nursing (Chair)
- Associate Director of Therapies (Deputy Chair)
- Associate Director of Operations
- Medical Director
- Clinical General Managers
- Matron for Governance
- Matron for Performance

- Business Manager
- GP Business Manager
- Professional Lead for Adult Physiotherapy
- Professional Lead for Occupational Therapy and Wheelchair Services
- Professional Lead for Podiatry and Orthotics
- Professional Lead for Nutrition and Dietetics
- Professional Lead for Speech & Language Therapy
- Clinical Governance Officer

In attendance quarterly and by exception as required:

- Patient Safety Manager
- Representative from Infection Control Team
- Representative from Medicine's Management
- Representative from Assurance, Risk & Compliance
- Representative from Patient Experience
- Representative from Clinical Audit
- Representative from Tissue Viability Service
- Representative from Cardiac Arrest Prevention Team

Members may nominate deputies to attend and represent the service in their absence. Members or their deputies must attend 75% of meetings held per year. Attendance will be monitored and continued failure to attend will result in escalation to the Community Services Senior Leadership Group Meeting.

Other staff or representatives may be requested to attend by invite if required.

Minutes will be taken by the Clinical Governance Administrator/Facilitator.

Frequency of meetings: Monthly

Quorum: At least five members.

Agenda and Papers: The agenda and supporting documentation will be issued five working days prior to the next meeting. Requests for items to be included on the agenda should be sent to Clinical Governance Administrator at least ten working days before the meeting. Any additional agenda items identified out of the above timescales will be discussed under 'Any other Business' subject to time being available.

Minutes: Minutes of the meetings will be taken and an action log developed. Lessons learned to be disseminated using the identified template within 7 days of each meeting.

Confirmed minutes of the meeting will be received by the
Community Services Senior Leadership Group Meeting.

The minutes will be kept electronically for a period of two years
and then destroyed confidentially. *Ref: Records management:
NHS code of practice Annex D2: Business and Corporate (Non-
Health) Records Retention Schedule Jan 2009.*

APPENDIX 1 – PROTOCOL FOR THE MANAGEMENT OF CONFLICTS OF INTEREST

Conflicts of Interest relating to officers or Directors of Subsidiary Companies.



PROTOCOL FOR THE
MANAGEMENT OF CC

Review of Terms of Reference: These ToR will be reviewed annually.

Date ToR implemented	January 2023
Date ToR to be reviewed	January 2024