



County Durham
and Darlington
NHS Foundation Trust



TERMS OF REFERENCE

1. Purpose and Scope

The purpose of the Quality & Governance Meeting is to provide a forum through which

Surgery Care Group Quality and Governance Meeting

March 2023

2. Chair and membership

The meeting will be chaired by Associate Director of Nursing and in their absence by designated officer such as Matron or Care Group Clinical Director.

Membership from Care Group

- Associate Director of Nursing (Chair)
- Associate Director of Operations
- Care Group Clinical Director
- Senior Medical Staff – Governance Leads
- Matrons
- General/Service Managers
- Allied Health Professional
- Clinical Governance Officer/Facilitator
- Patient Safety Manager
- Representative Infection Control
- Representative from Medicines Management
- Representative from Cardiac Arrest Prevention Team
- Patient Experience Officer
- Senior Clinical Audit Lead
- Representative from Assurance, Risk and Compliance

Allocated leads / champions for particular aspects of governance are also required to attend where their area is being discussed. AHPs, pharmacists and scientists affiliated to the speciality / service are encouraged to do so. Other medical, nursing and support staff are welcome to attend and contribute.

3. Frequency and administration of meetings

The meetings will be held monthly.

All meetings will have administrative support. Minutes will be required. However, if committee is not quorate certain items (see 4 below) will need to be noted and actions agreed during the meeting logged for follow up Escalation to Care Group Business Meeting highlighting issues of attendance.

4. Quorum

At least **5** including the chair must be present at each meeting with representatives from each of the Clinical Divisions. Attendance at meetings will be monitored.

4. Reporting

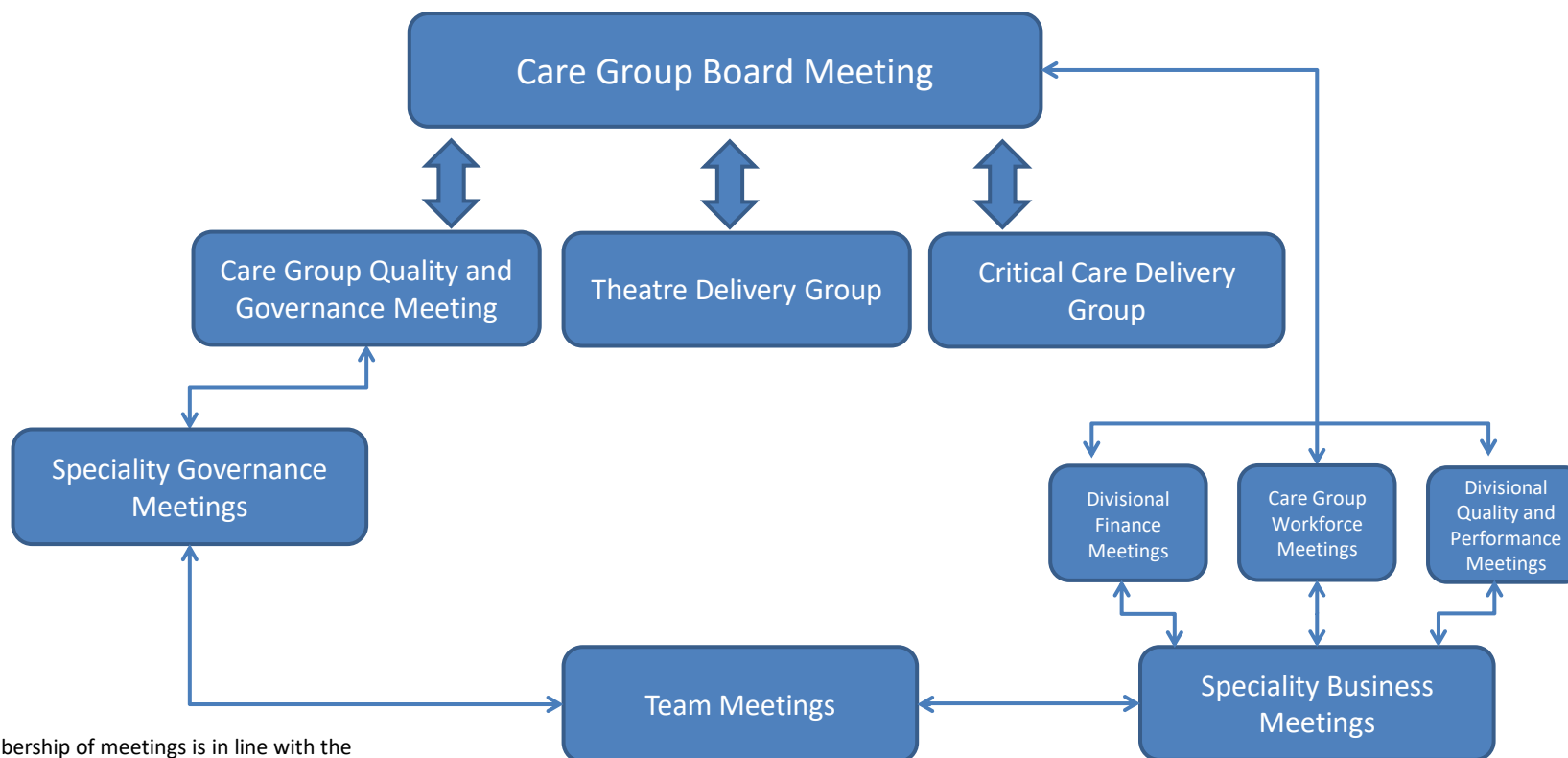
In keeping with the purpose of the meeting, the emphasis will be on encouraging active discussion and learning. As such, the group is not required to make formal reports; simply to ensure that the Care Group is aware of significant matters arising.

At the end of each meeting, consideration will be given to any matters that should be reported to the Care Group Management Meeting. These may include matters to be escalated on grounds of risk, or due to the requirement for Care Group support, significant achievements or improvements, or lessons learned with application beyond the specialty / service. The Chair should ensure that a note of such items is taken at the meeting and that they are communicated, in writing, to the Care Group Management Team.

In addition, there is a need to ensure that all staff within the Care Group are made aware of the key messages from the meeting, for example in respect of lessons learned or agreed changes in practice. Again, the Chair should ensure that a note of such items is taken at the meeting and a formal bulletin of key messages is produced and issued within one week of the meeting taking place.

5. Authority and Accountability

Care Group Governance Model Surgery Care Group



(Membership of meetings is in line with the Governance Handbook)

18/11/2019

6. Roles and Responsibilities

Care Group Committees exist to support the Care Group in fulfilling its responsibilities for Clinical Governance. The primary role of each Committee is to give assurance to the Care Group management meeting and relevant Board meetings.

The Committee must satisfy itself that:

- Risks are being identified and appropriately assessed;
- Controls are either in place or being put in place;
- Residual risks are regularly reviewed by the Committee and actions plans are in place and are being implemented;
- An appropriate level of assurance is being sought on controls for its significant risks to support the requirements for the Statement on Internal Control.
- To lead on all quality, mortality, patient safety, audits, complaints, litigation and patient experience performance across the care group.
- To ensure compliance with regulatory requirements, including CQUIN, and CQC.
- To receive & review the SI action plan, ensuring appropriate action is taken where necessary.
- To receive and review complaints, PALS reports and Litigations ensuring action is taken where necessary.
- To develop and agree the forward clinical audit plan for the Care Group linking in where necessary to POPG/ Corporate Nursing to deliver clinical audits requested from external agencies e.g. NHS County Durham & Darlington.
- Receiving and monitoring Clinical audit process, including
 - Approval of the care group's Clinical audit forward plan on behalf of the Care Group clinical director
 - 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
- To review the group assurance framework in relation to quality & healthcare issues incl. arrangements for clinical governance within individual services.
- To receive minutes from Speciality Clinical Governance and identify any key risk for escalation in this forum..
- To ensure group policies, protocols and procedures with respect to healthcare delivery are regularly reviewed and kept up to date Including the approval of local guidelines specific to the care group and quality review of policies before being presented at the relevant approval committee.
- To ensure that NICE guidelines, NPSA alerts and recommendations from national confidential enquiry reports etc. are implemented appropriately.
- To review all matters relating to infection control/ CAP/ meds management/ H&S reports/ Quality Matters results.
- Review and approval of patient information leaflets.
-

7. Meeting arrangements

Standing information will be designed to be succinct and easy to digest, minimising the time required to prepare for meetings and allowing meetings to focus on dealing with issues arising, and on learning and improvement.

Approximately one week prior to the meeting, the meeting administrator will issue the final agenda and information in the form of documents to all attendees.

Implemented: 18 February 2015

Review Date: 09 March 2023

Next Review Date: 09 March 2025

