

Urgent and Emergency Care Group
Quality & Clinical Governance Committee

TERMS OF REFERENCE

Constitution

The Urgent and Emergency Care Group Quality & Clinical Governance Committee is a subgroup of the UEC Care Group Board.

Delegation of powers

The Quality and Clinical Governance Committee exists to scrutinise the robustness of and provide assurance to the Trust Board that there is an effective system of quality governance and internal control across the clinical activities of the care group that supports the County Durham and Darlington NHS Trust to deliver its strategic objectives and provide high quality care.

Duties and Responsibilities

The Quality and Clinical Governance Committee will:

1. Be assured that there are robust processes in place for the effective management of Quality and Clinical Governance within the care group
2. Agree the key priorities that are included within the Trust's Quality Strategy
3. Oversee and monitor delivery of the key priorities of the Quality Strategy within the care group
4. Oversee and monitor the delivery of the Patient Safety Strategy within the care group
5. Oversee and monitor the delivery of the Patient Experience Strategy within the care group
6. Oversee and monitor of the Quality Improvement Plans and monitor delivery against the quality improvement priorities within the care group
7. Review and monitor care group risks on the Corporate Risk Register which relate to quality, safety and high risk operational risks which could impact on patient care and ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.
8. Oversee and scrutinise the care group response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health, NHS Improvement and other regulatory bodies / external agencies (e.g. Care Quality Commission, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken and embedded.
9. Ensure that mechanisms are in place throughout the care group to review and monitor the effectiveness of the quality of care.
10. Receive assurance that the care group identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded.
11. Receive assurance on performance against all quality standards contained within NHS Standard Contracts and CQUIN within the care group.
12. Receive assurance that the care group has effective and transparent mechanisms in place to monitor mortality.
13. Scrutinise the robustness of the arrangements for and assure compliance with the care group statutory responsibilities for safeguarding adults and children.

14. Scrutinise the robustness of the arrangements for and assure compliance with the care group statutory responsibilities for infection prevention and control.
15. Scrutinise the robustness of the arrangements for and assure compliance with the care group statutory responsibilities for SASHOM/ medicines optimisation and safety

Membership

- Associate Director of Nursing (Owner of Care Group Governance) (Chair)
- Care Group Governance Team
- Care Group Clinical Directors
- Care Group Governance Leads
- Care Group General Managers
- Care Group Service Managers
- Care Group Matrons
- Care Group SIAO
- Assurance Risk & Compliance representative(s)
- Patient Safety Representative
- Patient Experience Representative
- Infection Control Representative
- CAP Team Representative
- Mortality Team Representative
- UEC Management Representative
- Research Representative
- Clinical Audit Representative

Quorum

Minimum of 8 attendees of which two must be nursing representative, one medical representative and one corporate team representative

Frequency of Meetings

The meeting will be held monthly.

Accountability and Reporting

The Committee shall be accountable to the Trust Board and provide assurance to associated subgroups such as Care Group Board, Safety Committee, EPSEC, Clinical Standards and Therapeutics Patient Experience Forum.

The minutes of meetings will be held on MS Teams and shall be formally recorded, accurate minutes will be produced and action log maintained. The Chair of the Committee may report

to Care Group Board after each meeting and provide a report on assurances received, escalating any concerns where necessary.

Conduct of Business

The Committee will operate using a work plan to inform its core agenda. The agenda will be agreed with the Chair prior to the meeting. Agendas and supporting papers will be circulated no later than 7 days in advance of meetings.

Any items to be placed on the agenda are to be sent to the Governance Administrator no later than 8 days in advance of the meeting.

Items which miss the deadline for inclusion on the agenda may be exceptionally added on receipt of permission from the Chair or deferred until the next meeting. Minutes will be taken at all meetings, presented according the corporate style and ratified by agreement of members at the following meeting.

Review

The Terms of reference for the committee will be reviewed annually by the Committee and submitted to the Care Group Board for approval. The Committee will on an annual basis review and approve the terms of reference and work programmes of all of its reporting groups.