# URGENT CARE INTEGRATED QUALITY GROUP

## TERMS OF REFERENCE

April 2016

The purpose of the Urgent Care Clinical Governance Strategic Group is to support and co-ordinate effective clinical governance arrangements across the programme ensuring that the programme is able to demonstrate high standards and a commitment to service improvement.

The committee will report to BSMHFT Integrated Quality Committee – reflecting the clinical governance responsibilities of the organisation.

It is a multi-disciplinary cross programme committee which receives feedback from sub-groups, sets priorities and agrees plans for clinical governance activities within programme. It monitors all aspects of clinical governance.

It is a forum to share ideas, good practices and learning, clinical governance issues and ensure a consistent approach across the programme/service area.

The Clinical Governance Committee will meet monthly and at least 10 times during a calendar year.

## RESPONSIBILITIES

Overall the committee will be responsible for:

- Ensuring that there is a systematic and co-ordinated approach to the provision of good quality clinical care across all areas of the service and demonstrating this quality.
- Ensuring patient safety and risks are effectively assessed, revised and managed.

The committee will undertake the following roles;

- Identify priorities for clinical audit and ensure that audits are monitored and kept under review and improvement actions taken.
- Ensure that nationally identified / agreed best practice is taken into account relating to the programmes services when planning, reviewing and delivering care.
- Ensure that all aspects of the service is risk assessed and that risks are managed through partner agency processes.
- Identify and review collective risks and ensure these are kept under regular review and amended to reflect service changes when these are considered.
- Ensure that all services, staff groups actively report incidents, are risk aware and receive feedback when risks are reported.
- Monitor and review all incidents reported by respective teams in relation to area, type, timing, severity and ensure that actions identified for learning are identified and responded to.
- Ensure recommendations identified from Serious Incidents reported to commissioners' are reported and the actions are addressed.

- Ensure that themes and issues raised by complaints and service user feedback are responded to in a timely way and also co-ordinated across the service in line with partner requirements.
- Ensure effective monitoring is in place in relation to:
    - Compliance with working time directives
    - Results of staff surveys
    - Sickness and turnover rates
- Ensure effective arrangements are in place for sharing information within the teams of the service and also with outside agencies.
- Identify and agree core quality information which can be used to monitor the effectiveness of its clinical services.
- Ensure that the service can demonstrate compliance with recognised national standards and core standards of partner services and taking actions where necessary to ensure/ improve compliance against identified best practice.
- Ensuring clear accountabilities exist to demonstrate good quality care in all areas.
- Ensure compliance with mandatory requirements of the services including:
    - Safeguarding reporting
    - Infection control requirements
    - Health & safety

## MEMBERSHIP

Membership will be from all clinical areas within the programme and the meetings will be chaired by the Clinical Director, George Tadros. In the absence of the chair, one of the deputy chairs, Eliza Johnson or another will oversee proceedings.

Representation from the multi disciplinary team:

- Nursing
- Medical staff
- Psychology
- User Voice
- Clinical Governance Facilitator
- Site Representative
- Site Service Users/Carers representative
- Co-opted members will be invited dependant on the issues to be discussed.
- Clinical Governance Committee Sub-group representative

A quorum shall be the minimum attendance of at least 4 members, made up of 2 clinical senior representatives, a team manager and an additional team representative.

## RESPONSIBILITIES OF MEMBERS

- To represent their clinical area / discipline
- To attend and participate fully in the meetings
- To read the papers for the meeting beforehand
- To communicate outcomes/information from their meeting to their team.
- To take responsibility to action points identified for them or indicate if they are unable to implement actions in the timescale agreed.
- To send apologies in advance of the meeting if they are unable to attend.
- If unable to attend, the member should arrange a substitute representative.

- If unable to arrange a substitute, the member should contact the Chair and/or Clinical Governance Facilitator directly and communicate the outcomes of any actions assigned to them to enable the rest of the committee to be updated.
- The Clinical Director has lead responsibility for the co-ordination of clinical governance within the programme

## AGENDA OF THE MEETING

- The agenda of the meeting will be formulated and circulated at least 5 working days in advance of the meeting.
- All papers required will be forwarded with the agenda.
- Items / papers tabled at the meeting will be kept to a minimum and need to be noted to the Chair prior to the meeting
- Presentations for the meeting to be circulated at least 5 working days in advance via the Clinical Governance Facilitator.
- The agenda will be prepared in line with an agreed programme of work which includes standing items.
- The agenda will focus on the following themes on a quarterly basis:
    - Effectiveness – clinical audit, KPIs, staffing, training, information governance
    - Safety – incidents, health & safety, risk register, learning from serious incidents
    - Experience – user voice feedback, carer feedback, PALS and complaints data
- The updated action table will be circulated within 5 working days of the next meeting.
- The meeting minutes will be circulated within 5 working days of the next meeting.

## REPORTING MECHANISMS

Reports will be provided to the Trust Integrated Quality Committee monthly in line with the reporting schedule.

The Programme Healthcheck will be reported completed and reviewed by the Programme CGC and reported to the Trust Integrated Quality Committee when requested.
The Programme will hold a Clinical Governance Healthcheck review annually.