



Glenside Quality and Governance Committee

Terms of Reference August 2016

Introduction

Glenside is committed to striving to provide the best possible standards of care for service users. Quality Governance is a structure of systems and processes throughout an organisation that exist to ensure the quality of services is continually monitored and improved. Glenside recognises the importance of ensuring that a robust Quality Governance structure is in place throughout the organisation to ensure compliance with regulatory standards, deliver care which is evidence based and person centred and learn from mistakes, adverse events and good practice initiatives.

It is a requirement of the Care Quality Commission (CQC) that providers of health and social care gather information about the quality and safety of services and use this information to make changes to practice to improve quality. This information should come from a variety of sources, such as clinical audit, incidents, complaints, and feedback from service users or those acting on their behalf.

Delivery of high quality services is the responsibility of every member of staff at Glenside. It is therefore important that all staff are engaged and involved in the quality agenda. This means that information about the quality of services, improvements being made and the expectations and accountability of all individuals must be regularly communicated and shared with staff at all levels. This will contribute to the evolution of a quality culture throughout the organisation where the importance of quality is widely appreciated.

Purpose and Duties

The purpose of the Quality and Governance Committee is:

- To ensure information about the quality of services in line with regulatory and local requirements is gathered, shared and acted on
- To ensure lessons are learned and shared as a result of incidents and accidents, safeguarding alerts, meds management issues, infection control issues and any other patient safety issue as deemed appropriate
- To ensure feedback from service users or those acting on their behalf from complaints, compliments, forums and experience questionnaires is acted on
- To share good practice guidelines and initiatives



The key duties within the remit of the Quality and Governance Committee are:

- To set the audit and quality monitoring timetable for the organisation
- To review and approve standards, tools and questionnaires to be used for quality related information gathering, such as audits, quality and safety walkabouts, and service user or family feedback
- To review the results of audits, mock inspections and service user and family questionnaires to determine the causes of areas for improvement, generate actions for improvement or agree other forums for results to be discussed and actions to be generated
- To review and identify causes of trends of incidents and accidents, safeguarding alerts, meds management issues and infection control issues, and generate actions to prevent or minimise the likelihood of reoccurrence, or agree other forums for results to be discussed and actions to be generated
- To review and identify causes of trends of complaints, and generate actions to prevent or minimise the likelihood of reoccurrence or agree other forums for results to be discussed and actions to be generated
- To review compliments and positive service user or family feedback and share good practice
- To agree updates to policies as appropriate according to the outcome of quality monitoring
- To review any discrepancies between current best practice and policy to ensure policies are updated as necessary
- To discuss the impact of staffing issues on quality and agree the appropriate forum in which these issues should be raised
- To identify any further training needs for members of staff
- To share information from training courses attended
- To share updates on best practice guidelines
- To share good practice initiatives taking place within or outside of the organisation
- To monitor the implementation of actions arising from all of the above

Reporting from the Quality and Governance Committee

The following reports will be produced by the Quality and Governance Committee with the following frequency

Report Subject	Frequency
Quality and Governance Committee activity report to Ops Board	Monthly
Quality and Governance Committee activity to staff teams	Monthly



Reporting to the Quality and Governance Committee

The following reports will be presented at the Quality and Governance Committee with the following frequency:

Report Subject	Frequency
Progress with audit and quality monitoring timetable	Monthly
CQC compliance	Monthly
Incident and accident trends and themes	Monthly
Complaints and compliments	Monthly
Safeguarding alert trends and themes	Monthly
Meds management issues trends and themes	Monthly
Infection control issues trends and themes	Monthly
Service user and family feedback	Monthly

Membership

- Quality and Patient Safety Lead – Committee Chair
- CEO
- Operations Manager
- Unit Managers
- Medical representative
- AHP representative
- Pharmacy representative
- Learning and Development Manager
- Compliance Officer

Other attendants will be invited to the meeting as deemed appropriate.

Frequency

The Quality and Governance Committee will meet monthly. Meetings will take place over the course of two hours.

Review

These terms of reference will be reviewed annually or more frequently if required.