Belfast Health and Social Care Trust

ASSURANCE FRAMEWORK COMMITTEE

TERMS OF REFERENCE

COMMITTEE	Standards & Guidelines Committee
PURPOSE	The committee will track the receipt and implementation of external standards and guidelines relating to patient / client care (e.g. DHSS Learning Letters / Safety Alerts; NICE Clinical Guidelines and Technology Appraisals). The committee will oversee the development and approval of internal policies, standards and guidelines for all aspects of the management of BHSCT patients / clients. It will provide BHSCT staff with readily accessible, up to date advice and guidance using evidence based sources and well defined, transparent processes. The S&G committee aims to provide support to those developing guidelines to ensure that the presentation of the evidence required to inform key decisions in clinical practice is presented in a format that is simple, accessible and flexible. The committee will act as a primary driver for dissemination, implementation and audit of BHSCT standards and guidelines. The provision of good quality, accurate information to underpin clinical decision making will improve the quality and safety of care provided.
MEMBERSHIP	**Chair:** Julian Johnston & David Robinson **Membership:** Atkinson, Susan; Barron, Orla; Beck, Kathleen; Boydell, Leslie; Buchanan, Judy; Cahalan, Paula; Champion, June; Clarke, Ruth; Corr, Kevin; Devine, Paul; Dowd, Audrey; Flanigan, Janice; Gilliland, Helen; Growcott, John; Hannon, Ray; Heyburn, Gary; Jack, Cathy; Johnston, Julian; Keaney, Aideen; Lowry, Ken; McClements, Brian; McCormick, Joanna; McEneaney, Veronica; Mitchell, Mairead; Murphy, Christine; Neill, Carolyn; ODonnell, Sharon; O'Neill, Ollyn; Robinson, David; ShawODoherty, Jill; Shum, Lin; Steen, Heather **In attendance:** Authors of Policies/Guidelines under review are invited to attend for the meeting where their tables are tabled. **Secretary:** The management, administrative and secretarial support required to support the working of the committee will be provided in full by the Standards, Quality and Audit Department, Medical Director's office. **Senior Manager -** Christine Murphy **Member Appointments:** Membership of the S&G will need to fulfil its dual role as a representative committee for all the legacy components of the BHSCT and a committee that has clearly defined

	assurance mechanisms.
	
	Members should represent:
	
	• Co-Chairpersons
	  o Medical - appointed by Medical Director
	  o Nursing – Co-Director Governance, Patient Safety and Performance
	• Manager of the Standards, Quality and Audit Department.
	• Standards & Guidelines manager
	• Risk / Patient Safety / Infection control expertise
	• Allied Health Professional – Senior Manager
	• Regional Governance Pharmacist
	• Midwife
	• Chairmen of
	  o Resuscitation Committee
	  o Transfusion Committee
	• Health & Social Services Inequalities Manager
	• Medicine
	• Surgery
	• Service Grouping

DUTIES	**a) Scope** For the purpose of this document the term **Guideline** encompasses all of the above terms e.g. standards, guidelines, policies and protocols unless they are used in a specific section. Full descriptions of the terms are available in Appendix 1. Staff need simple, patient/ client specific, user friendly guidelines. This document sets out how this Committee envisages it will obtain, develop, manage, approve, disseminate, store, implement, audit, follow-up and review the policies, standards and guidelines that will impact significantly on the BHSCT. <u>Receipt of external guidelines and assurance on implementation</u> • receive and track Guidelines from DHSSPSNI (e.g. NICE, NPSA, etc.). • Issue to appropriate Director as per agreed Trust process and report by Exception to the Medical Director on a regular basis. • Use horizon scanning of appropriate sources to support the production of other internal guidelines required. (e.g Royal Colleges). <u>Translate Guidelines into a format suitable for implementation.</u> • support identified authors and teams from Service Groups in developing the required BHSCT guidelines to insure compliance with external guidelines received.

	Harmonisation of Legacy Guidelines • define and agree a work programme, with the Service Groups, to include a review, rationalisation, dissemination and implementation of 'Legacy' Guidelines. • guide a process of harmonisation of legacy Guidelines across the whole BHSCT – this will be viewed as a unifying process leading to one set of policies trust wide. Complete a validation process for Guidelines: The committee will: • work with other specialist corporate committees and service groups to insure that appropriate processes are in place for the approval of specialist and service group specific guidelines. • manage the approval of guidelines, identified for approval by the Standards & Guidelines Committee, through committee meetings. • act as a central point through which all guidelines approved by specialist / service groups committees are ratified at the S&G committee prior to dissemination. • resolve tensions between authors, appraisers and other interested parties. Dissemination and implementation of Guidelines. • make all approved guidelines available on the intranet. • provide regular updates on new and revised policies to directors for dissemination. • advise and promote the best methods of implementation of these Guidelines throughout thee BHSCT. • support Service Groups in identification of resources required to implement Guidelines. • advise the Policy Committee of implementation priorities. Collate, act as repository and display of Guidelines. • maintain a database on all DHSSPSNI guidelines coming into the BHSCT and a separate list of all internally produced guidelines. • archive material to satisfy the requirement to identify the temporal context for BHSCT policies, standards and guidelines when satisfying requests by the courts for information regarding compliance with these standards. • manage the presentation of Guidelines to all staff of the

BHSCT in a format that is easily accessible.

- promote and maintain an up to date Guideline Intranet Library (CGIL).

Advise on a programme of work for the Audit department.
review internal guidelines and work to ensure that audits to support the implementation of guidelines are prioritised in the relevant service areas.

Communication

The S&G will

- Liaise with the DHSSPSNI, Regional groups, other Trust committees, offices within the Medical and Nursing directorates (education, patient safety and risk), service governance groups and other relevant parties. .

b) Boundaries

1. Patient/ Client focus

The S&G committee will primarily focus on client and patient focused Policies, Standards and Guidelines.

2. Clinicial Responsibilities

It will remain the responsibility of the practicing health professionals to interpret their application of Guidelines taking into account local circumstances and the needs and wishes of individual patients. Applying guidelines to individual care is always likely to require judgment even when recommendations are properly linked to evidence.

3. DHSSPSNI / Regional advisory bodies

When guidance is issued from the DHSSPSNI and/or Regional groups the S&G will, generally, attempt to adopt such guidance without any changes. Where there are sections that cannot be implemented or where time frames cannot be met, the S&G will advise the Policy Committee of the reasons and timeframes.

c) Implementation.

The S&G will develop and maintain an *Implementation Strategy* for Guidelines. This will be an integral component of the committee's decision making processes.

This will involve consideration of the following:-

1. Resource requirements – Service/Staff/Drugs/Equipment
2. Dissemination methods
3. Educational / Training requirements
4. Carepathways.

	d) Desired Outcomes/Outputs The committees outcomes will be audited through looking at two main areas: 1. The process used for writing and reviewing guidelines, the engagement of service staff and the numbers of guidelines completed. The implementation success of said guidelines evidenced through audit. **e) Audit** The reports outlined in section h. will highlight the progress of specific external guidance, including compliance results.
AUTHORITY	The committee operates under the authority of the Medical and Nursing Directors.
MEETINGS	**Quorum** - A quorum is the minimum number of members of a committee necessary to conduct business and especially to make binding decisions. A quorum will be defined as a majority of the committee i.e. half the membership plus one member. Documents for approval will be circulated electronically in advance of the meeting. In the event that a member cannot attend, they can advise of their comments / issues by communication with the author or committee administration in advance of the meeting. **Frequency of Meetings -** The Committee will meet every 6 to 8 weeks. **Papers** - Minutes will be circulated to committee members within 21 days after the meetings and will detail action points and responsibilities. Agendas for meeting will be produced in time for members to prepare for meetings. Guidelines for approval will be circulated at least 14 days in advance of the committee meeting date. (This may be less in the event where a revised document is being circulated for approval). Minutes will be circulated to all members and submitting authors. They will also be available on request. All documentation will comply with the Trust's Information policy. **Withdrawal of individuals in attendance** Not reported

REPORTING	External exception reports will be circulated to the Medical Director, Governance Leads, Policy Committee Chairman and Nursing Director and HSCB The manager will submit these reports along with a committee workplan to the Assurance Group every 4 months. (Annual report to be submitted annually)
CONFLICT/ DECLARATION OF INTEREST	Under the responsibilities will come a requirement for committee members, co-opted members and members of working groups to declare personal or commercial interests that may conflict with the impartial working of committee when making decisions.
REVIEW	**Version 5.** Due to be reviewed **April 2016**