

Clinical Learning Events and Complaints Review Meeting Terms of Reference (TOR)

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2.1	Sarah Pearce (Governance Manager)	28 th September 2022
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Clinical Learning Events and Complaints Review Meeting
Terms of Reference (TOR)

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Clinical Learning Events and Complaints Review Meeting

Terms of Reference (TOR)

Purpose

The purpose of the Clinical Learning Events and Complaints Review Meeting is to identify, review and monitor themes, trends and emerging risks arising from Learning Events (LEs) and complaints, including concerns relating to individual clinicians where appropriate.

The group will draw out the detail of ongoing themes or trends (for example Medicines Management or waiting times) and consider actions to mitigate against further events. This may include identifying items for newsletters to share learning or wider comms if the issues persist.

The group will monitor the workloads of LE / complaint Managers to ensure the load is as evenly spread as far as possible. There will be opportunity within the meeting for Managers to discuss and seek advice / guidance on how best to manage specific LEs / complaints.

The format of this meeting will include analysis of the previous months Learning numbers, discussion of the largest categories and discussion of ongoing themes or trends. There will be a housekeeping section to discuss progress of current open LEs / complaints and monitor adherence to target.

Responsibilities

The group will hold responsibility and perform several key functions:

1. Adherence to Closure Target

- Review current position of LEs / complaints against the target and identify ways to improve if needed.
- Review numbers of LEs / complaints allocated to Learning Event Managers to avoid overloading.

2. Analysis

- Receive and review a monthly report containing a breakdown of numbers and event categories to analyse and identify themes and trends for discussion.
- Delve into the detail of themes and trends where they have been identified.
- Review and analyse complaint and learning event data to identify areas of risk, concern, learning, and service improvement.

3. Actions

The group should consider when actions are needed, this may include the following but is not limited to:

- Feedback via newsletters to highlight learning or to remind process
- Feedback / reminders to be sent to staff via wider comms (i.e.; Rota Master)
- Highlighting for discussion to the Severnside Quality group
- Considering cases for end-to-end reviews with PPG or multi agency
- Escalation of events to the Quality Board
- Highlighting to another board for discussion / action (i.e. H&S steering group)

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- Where significant concerns arise relating to an individual clinician, consideration should be given to escalation through the appropriate professional governance process, including referral to the Medical Director or Deputy Medical Director for consideration by the Performance Advisory Group (PAG).
- Reporting to external organisations for learning / review
- Adding / amending content to the Clinical Toolkit

Operational Oversight

- Use the weekly log or BOB to review open LEs / Complaints
- Update the progress of any LE / Complaint nearing the target closure date
- Opportunity to discuss any interesting / challenging LEs / Complaints.

Membership

The membership of the group will be comprised of;

Members

- Governance Coordinator (Chair)
- Quality Manager
- Governance Administrator
- Lead Clinical Practitioners
- Clinical Lead GPs

Attendees by Exception

- Deputy Medical Director
- Director of Governance, Nursing & AHP

Note:

Nurse Team Managers and other clinical leads may attend where appropriate.

Frequency

The group will meet on a monthly basis. Additional exceptional meetings can be called by the chair as required.

Quoracy

A minimum of four members, with at least one Governance Team member and two clinical leads / Managers to be present for a decision to be made.

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Reporting and Accountability

The group is accountable to the Severnside Integrated Urgent Care Quality Group (SIUCQG). The Chair will report to the Quality Board on the activity and outputs of the meeting, providing assurance on service performance and safety.

Review

The TOR for the Clinical Learning Events and Complaints Review Meeting will be reviewed annually.

Version Control

Version	Date	Author	Changes Overview
V1.0	28 th September 2022	Sarah Pearce	Initial TOR
V1.1	15 th October 2024	Linda Meekhums	Review of the TOR, amended job titles.
V2.1	06/10/2026	Sarah Pearce	General review - Renamed Housekeeping section to Operational Oversight.

Agenda Template

Number	Item	Presenter
1	Introductions, Apologies & Conflicts of Interest	Chair
2	Previous Action log	Chair
3	Weekly log / BOB review	Quality Manager / Chair
4	Monthly LE report	Chair
5	Adherence to target	Chair
6	Individual events for Discussion	All
7	Actions to capture	Chair
8	Escalation	Chair