# Quality Board (IUCLOB)

# Terms of Reference (TOR)

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| 1.0 | Rhys Hancock (Director of Nursing, AHPs and Governance) | 25/07/2022 |
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## Purpose

The Quality Board (QB) will hold responsibility for the safe and effective delivery of all BrisDoc Services.

The format of this meeting will be in the form of a by exception approach. Ensuring time is adequately afforded to addressing risks, issues and celebrating successes.

## Responsibilities

The QB will hold responsibility for and seek assurance from relevant groups and stakeholders in relation to ten key areas:

### 1. Health, Safety and Security

* Take assurance on matters of Health, Safety and Security from the relevant group.
* Escalated or support in matters requiring action from the group

### 2. Information Governance including EMIS Access

* Take assurance on matters of Health, Safety and Security from the relevant group.
* Escalated or support in matters requiring action from the group

### 3. NICE Compliance

* Ensure an effective communication channel exists between the governance and clinical leadership teams and staff
* Take assurance that the organisation’s clinical practice is in accordance with best evidence

### 4. Audit including IPC, Clinical and Guardian

* Provide and share information on service audits, identify opportunities for improvement and track actions which are generated as a result of audit work
* Translate learning from service specific audit across all service lines
* Manage the annual audit plan

### 5. Policy

* Provide approval for relevant policies across service lines which relate to clinical, quality and safety matters
* Review and track organisational policy to ensure it is up to date and relevant

### 6. Research

* Seek out opportunities to engage with research
* Take updates on ongoing research activity within the organisation

### 7. CQC

* Meet and apply the standards and principles of clinical governance set out by the Department of Health, NHS England, the Care Quality Commission (CQC) and other relevant bodies
* Ensure services achieve all the standards required by CQC covering five key themes; Safe; Effective; Caring; Responsive; and Well-led

### 8. Learning, Compliments, Significant Events, Patient Satisfaction

* Review headlines for service learning, identifying themes requiring address and where learning can be transposed across services
* Take assurance that service improvement has occurred following complaints, significant events or learning events
* Co-ordinate learning with PPG colleagues on matters relating to patients who contact 111

### 9. Culture

* Ensure the culture and values are widely communicated and that the behaviour of the Board is entirely consistent with those values

### 10. Communication

* Ensure an effective communication channel exists between the Service Leadership, staff, patients and the local health economy

### 11. Safeguarding

* Review headlines for services including figures and learning, identifying themes requiring address and where learning can be transposed across services

## Co-owners Council Engagement

The PLT will maintain a clear channel of communication with the co-owners’ council, so that both parties are able to share information and consult one another as appropriate. This will ensure that the co-owners’ council remains part of this group’s consciousness when making key decisions.

## Membership

The membership of the Board will be comprised of;

* Director of Nursing, Allied Health Professionals and Governance (Chair)
* Governance Manager (Deputy Chair)
* Head of Integrated Urgent Care
* Deputy Medical Director - IUC
* Deputy Medical Director – Practice Services
* Head of IUC Nursing and Allied Healthcare Professionals
* Practice Managers
* Patient Representative – member of the PRG
* Non-Executive Director
* Practice Lead Clinicians (Nurse/AHP or GP)

In addition, members will be co-opted into the group if particular issues or projects arise that require expertise from individuals other than substantive members.

## Frequency

The QB 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 Director to be present for a decision to be made.

## Reporting and Accountability

The QB is accountable to the Corporate Leadership Board. The Chair will report to the Corporate Leadership Board on the activity and outputs of the QB, providing assurance on service quality and safety.

The following groups will report to the QB for assurance in relation to the responsibilities set out by this TOR and that of their respective TORs:

* Information Governance Group
* Health, Safety and Security Group
* Performance Advisory Group
* Severnside Quality Group

## Review

The TOR for the QB will be reviewed annually.

### Version Control

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| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Changes Overview** |
| V1.0 | 25/07/2022 | Rhys Hancock (Director of Nursing, AHPs and Governance) | Initial TOR |

## Agenda Template

|  |  |  |
| --- | --- | --- |
| **Number** | **Item** | **Presenter** |
| 1 | Introductions, Apologies & Conflicts of Interest | Chair |
| 2 | Previous Minutes and Action log | Chair |
| 3 | Reports by Exception |  |
| 3a | Health, Safety and Security | HS & S Chair |
| 3b | Information Governance | IG Chair |
| 3c | Severnside Quality group | SQG Chair |
| 3d | NICE Compliance | Governance Manager |
| 5 | Items for Approval | Chair |
| 6 | Items for Discussion | Chair |
| 7 | Audit | Governance Manager |
| 8 | Policy | Governance Manager |
| 9 | Research | Governance Manager |
| 10 | CQC Update | Governance Manager |
| 11 | Learning Events & Significant Events | Governance Manager and Practice Managers |
|  | Safeguarding | Governance Manager and Practice Managers |
| 12 | AOB | All |
| 13 | Comms from the meeting | Chair |