BrisDoc Patient care by people who care

NHS

Severnside Integrated Urgent Care Quality Group (SQG) Terms of Reference (TOR)

Version:	Owner:	Created:
4.2	Sarah Pearce (Governance Manager)	01/05/2019
Published:	**Approving Director:**	**Next Review**
19/11/2026	Rhys Hancock (Director of Nursing, Allied Health Professionals and Governance)	19/11/2028

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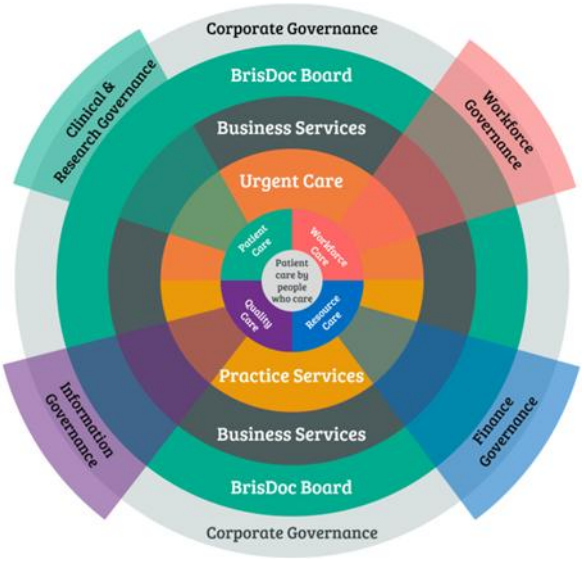
Severnside Integrated Urgent Care Quality Group (SQG)
Terms of Reference (TOR)

Purpose

The purpose of the Severnside Integrated Urgent Care Quality Group (SQG) is to coalesce all clinical and service quality across the NHS 111, Clinical Assessment Service (CAS) and face to face care elements of the Severnside Integrated Urgent Care (SIUC) service, provided by Practice Plus Group (PPG) and BrisDoc, with a focus on monitoring and reviewing quality, and identifying and sharing learning.

This will uphold the principles of providing high quality patient care by the SIUC service in accordance with BrisDoc's corporate objectives and core values, provide assurance, and continuously drive performance.

The SQG will operate within BrisDoc's corporate governance framework to ensure services are at all times, high performing and compliant and safe for both staff and patients.



Effectiveness Measures

1. To monitor the quality of care and service delivery provided by SIUC by reviewing Complaints / compliments and healthcare professional feedback and learning events to identify trends, and recommend and monitor remedial action
2. To receive PPG QA reports on NHS Pathways compliance
3. To identify, review and monitor SIUC risks and issues
4. To participate in end-to-end reviews that ensure clinical and non-clinical guidelines, policies and procedures are adhered to/working effectively/consistently implemented; and that capture learning with identified improvement where necessary
5. To receive comprehensive SIUC serious incident investigation reports for review and learning
6. To identify shared learning and change opportunities from audit, complaints, incidents, risks, patient and staff experience etc., and design and agree methods for dissemination
7. To work collaboratively to deliver care that is compliant with CQC standards, and prepare for inspections and manage any consequent actions required to address improvement needs
8. To identify practice, policy and procedures requiring updates in the light of learning and new evidence and guidance (national and local), ensuring this is actioned

9. To monitor Severnside service performance seeking continuous improvement that provides assurance to the BrisDoc Quality Board (QB) and PPG equivalent that:
    a. 111 calls and urgent primary care are effective clinically and delivered efficiently to patients,
    b. patients are engaged in how services deliver care and have high levels of satisfaction
    c. the service is an enriching service to work in professionally and personally

For BrisDoc:

10. To monitor the effective delivery of clinical and research governance in the SIUC service to ensure that quality, safety and positive patient experience underpin the outcomes achieved by each service
11. To deliver an annual programme of audits, agreed by the QB, that ensure clinical and non-clinical guidelines, policies and procedures are adhered to/working effectively/consistently implemented; and that capture service learning with identified improvement where necessary
12. To review quality data provided by PPG and escalate any concerns VIA THE Sub-contract management meeting.
13. To review service specific learning relating to all IUC services, including The Burren Transfer of Care (BTOC)

Metrics

The SQG will review quality performance, and monitor the effectiveness and safety of care and processes through the receipt and review of data and audit results. Performance data could include for example (this list is not exhaustive):

- Complaints, incidents (including SIs and health and safety/accidents), compliments, patient experience
- Risks and issues
- Clinician's care outcomes
- Non-clinicians' audit outcomes
- Audit reports
- Staff experience and feedback
- Workforce compliance (for example absence, training performance)
- Safeguarding training compliance and referral levels

Arrangements for Chairing the Board

The SQB will be chaired by BrisDoc's Governance Manager. A deputy will be appointed in the absence of the Chair.

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 core membership of the Group will be comprised of:

BrisDoc

- SIUC Clinical Lead GP
- IUC Operations Lead
- Deputy Head of IUC Nursing/AHPs or nominated deputy
- Governance Manager (chair)

Practice Plus Group

- Medical Lead and/or Clinical Lead
- Call Centre Manager/Deputy
- Regional Quality Manager

In addition, members will be co-opted onto the board if particular issues arise that require clinical expertise from individuals other than substantive members.

Sub-groups of the Group may be formed to undertake discreet projects.

The Group will consult with external experts, if necessary, in the process of developing, reviewing and auditing standards of clinical practice and clinical policy.

Quoracy for Decision Making

A meeting will be considered quorate when the following are present: the Chair, a Clinical Lead, and an Operational Lead from both BrisDoc and PPG.

If this is not possible, decision-making may still proceed provided that each organisation has been consulted on key decisions in advance, and the Group representative for that organisation has submitted their organisational view prior to the meeting.

In exceptional circumstances, where an organisational view cannot be submitted, a decision may be deferred.

Frequency of Meetings

Meetings will be held monthly. A schedule of dates will be agreed on an annual basis so that members have the opportunity to prioritise the meetings accordingly in diaries.

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Exceptional Business

In exceptional circumstances, for the purposes of urgent and/or important business that merits consideration and review by the SQG between meetings, email/conference call communication will be used.

Accountability, Reporting and Relationships

The SQG is accountable to the BrisDoc Quality Board.

Review

The TOR for the SQG will be reviewed annually.

Version Control

Version	Date	Author	Changes Overview
2	29.05.2020	CLN	Update to include new membership and chair arrangements and reporting structures.
3	05.05.2021	CLN	To incorporate changes resulting from ceasing the urgent care service and quality board.
4	10.06.2022	SP	General review and move onto new template
4	12.02.2025	SP	Added point 12 on page 4 regarding sub contract meeting
4.1	23/04/2025	SP	General review – removed reference to UCLOB and replaced with QB Amended chair
4.1	13/10/2025	SP	Reviewed list of attendees, re worded quoracy and added SG to metrics.
4.2	19/11/2026	SP	Reviewed – BTOC added and agenda template updated.

Agenda Template

	Item	Lead
1.	**Welcome / Apologies / Previous Meeting Review**	
	• Notes of last meeting • Action log	Chair Chair
	Service updates	
	• NHS111 • CAS • F2F	PA SP SP
2.	**Learning (111, CAS, F2F)**	
	• Learning events • Complaints	LM/SW TC/SW

	• Shared learning • PSI's	All SP/PA
3.	**Audit**	
	• PPG NHS Pathways compliance audit • Brisdoc operational role-based audits • Ad-hoc clinical audit	IM JM SP
4.	**Shared Intelligence**	
	• Research Projects • HIU Update	TC CD/LW/MH/PA
5.	**Risk and Issues**	
	• PPG Risk Register • BrisDoc Risk Register • New Risks or Issues • Risks or Issues to Escalate	LS SP All All
6.	**Patient and Staff Experience**	
	• BrisDoc Staff Experience • BrisDoc Patient Experience • PPG Patient Experience • PPG Staff Experience	SP SC SW LS
7.	**Safeguarding**	
	• Brisdoc volumes/themes/trends/training compliance • PPG volumes/themes/trends/training compliance	LH IM
8.	**Barriers to Service Delivery**	
	• Anything to raise? • Anything to escalate to the Clinical Quality & Performance Committee?	All All
	PPG Colleagues Exit meeting	
9.	**General Service updates**	
	• MH • SCAS • WDPL • FACE • BTOC	NB BC AG BC
10.	**Learning events / Complaints / Patient Experience**	
	• MH • SCAS • WDPL • FACE • BTOC	LM LM LM LM
	Complaints	
	• MH • SCAS • WDPL • FACE • BTOC	TC TC TC TC
	Patient Experience	
	• MH • SCAS • WDPL • FACE • BTOC	SC SC SC SC

	Clinical Guardian	
	• Overall Performance • SCAS • WDPL • FACE • Clinical Guardian audit rate (currently 4%)	JE JE JE JE JE
11.	**AOB**	
	•	