# Severnside Integrated Urgent Care Quality Group (SQG)

# Terms of Reference (TOR)

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| 4.0 | Sarah Pearce (Governance Manager) | 01/05/2019 |
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| 10/06/2022 | Rhys Hancock (Director of Nursing, Allied Health Professionals and Governance) | 10/06/2025 |

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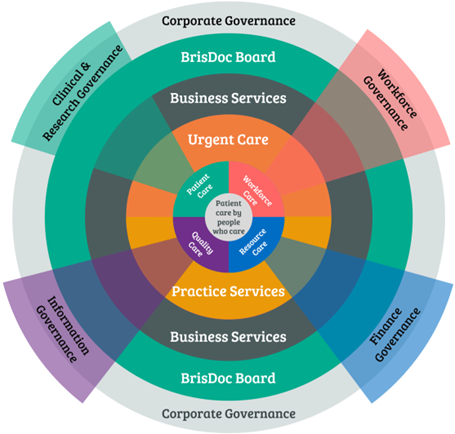
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## Purpose

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 using the quality performance dashboard, reviewing trends, and recommending and monitoring remedial action
2. To receive PPG QA reports on NHS Pathways compliance
3. To identify, review and monitor SIUC risks and issues
4. To agree and deliver an annual programme of 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 Urgent Care Services Leadership and Operational Board (UCSLOB) and PPG equivalent that:
   1. 111 calls and urgent primary care are effective clinically and delivered efficiently to patients,
   2. patients are engaged in how services deliver care and have high levels of satisfaction
   3. the service is an enriching service to work in professionally and personally

For BrisDoc:

1. 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
2. To deliver an annual programme of audits, agreed by the UCSLOB, 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

## 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)

## Arrangements for Chairing the Board

The SQB will be chaired jointly by BrisDoc’s Governance Manager and IUC Operations Lead. A deputy will be appointed in the absence of either 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 (joint Chair)
* Deputy Head of IUC Nursing/AHPs
* Governance Manager (joint Chair)

Practice Plus Group

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

Patient Representative – from BrisDoc’s Patient Representative Group

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 to be quorate when there is present at least the chair, a clinician and a manager representative from each of BrisDoc and PPG (including via video-consultation). If this is not possible decision making will proceed on the proviso that each organisation has been consulted on key decisions and that the Group representative for that organisation has submitted the views of the organisation concerned in advance. In exceptional circumstances if 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.

## 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

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| --- | --- | --- | --- |
| **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 |

### Agenda Template

|  |  |  |
| --- | --- | --- |
| **Number** | **Item** | **Presenter** |
| 1. | Welcome and apologies for absence | Chair |
| 2. | Quality Performance | Chair / All |
| 3. | Audit Reporting | Various |
| 4. | Themes and Shared Learning | All |
| 5. | Risk and Issues Management | Chair |
| 6. | Patient and Staff Experience | Various |
| 7. | End to End / Safeguarding Review / Research & Audits | Chair |
| 8. | Previous Meeting Review | Chair |
| 9. | Barriers to Service Delivery | Chair |
| 10. | Anything to escalate to the LOB | Chair |