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Clinical Quality and Performance Committee
Terms of Reference (TOR)

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Clinical Quality and Performance Committee (CQPC) Terms of Reference (TOR)

Purpose

Clinical governance is ultimately a responsibility of the BrisDoc Combined Corporate Board. The overall purpose of the Clinical Quality and Performance Committee (CQPC) is to provide assurance to the Board in relation to its duty to the company's clinical safety, quality and clinical performance, including clinical risk, in respect of all its healthcare service provision.

The CQPC will actively promote an open, supportive learning culture, particularly in relation to clinical activity, quality of care, and patient safety.

Responsibilities

To review and maintain an overview of the following:

1. NICE Compliance

- That the organisation's clinical practice is compliant with NICE guidance where appropriate or in accordance with other best evidence and practice, and that clinical practice is reviewed and developed accordingly as guidance and best practice are updated.

2. Audits, Clinical Audit and Clinical Guardian

- Review service clinical audits and identify opportunities for improvement and track resultant actions generated.
- Review systems for the translation of learning from service specific clinical audit across all service lines where appropriate.
- Oversee the annual clinical audit plan and report to the Board on review or audit matters.

3. Policy

- Review relevant policies across service lines which relate to clinical, quality and safety matters.

4. Research

- Review the organisation's research strategy and any agreed research priorities.
- Review individual research proposals or projects, where needed.

5. CQC

- Review and, where needed, amend internal processes and systems (including audit and related preparatory processes) designed to meet, apply and ensure compliance with 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.

6. Learning, Patient Safety Incident Investigations, Compliments, Complaints, Patient Satisfaction

- Review and, where needed, act upon headlines for service learning, identifying themes requiring address or celebration, and where learning can be transposed across services.
- Review evidence showing that service improvement has occurred following complaints, Patient Safety Incident Investigations or learning events (including, where possible, with any subcontracted or partner service providers).

7. Safeguarding

- Maintain organisation-wide assurance, and, where needed, oversight of all safeguarding matters.
- Review headlines for services including training and learning, identifying themes requiring address and where learning can be transposed across services.

8. Clinical Performance

- The Clinical Quality and Performance Committee operates primarily in an assurance and scrutiny capacity on behalf of the Combined Corporate Board. Its role is to provide assurance through review of themes, trends, controls, mitigations and exceptions, rather than to undertake operational decision-making or routine review of individual clinical cases.
- Clinical Guardian review and monitoring, including themes and trends from both Severnside and Practice Services.
- Performance Advisory Group (PAG) decisions, recommendations, discussions and related activity.
- The Committee will receive assurance reports from the Performance Advisory Group and other quality groups, focusing on themes, learning, trends and systemic risks. The Committee does not routinely review individual cases or decisions, except where required to provide assurance on significant systemic safety or governance concerns.
- The Chair of CQPC can be available for informal discussion about clinical performance issues, should the need arise.

Regarding Severnside:

- Assurance regarding FutureCare, particularly in relation to quality and safety.
- Other clinical indicators, eg. clinical callback times, patient satisfaction measures.
- Outcomes, eg, Frailty Assessment and Co-ordination of Emergencies (F-ACE), Paediatric-ACE, Weekday Professional Line, System Clinical Assessment Service, Out of Hours.
- Medicines management.

Regarding Practice Services:

- Clinical indicators, eg. QOF, continuity of care, wait times, access, patient satisfaction measures.
- Bespoke project work, eg. hypertension, vaccination rates, screening uptake.
- Prescribing data by exception.
- Medicines management.

9. Technology

- Responsible for clinical safety-related technology, including the role of a Clinical Safety Officer.
- Undertake clinical review of technology and development opportunities.
- Review clinical aspects of the organisation's IT strategy and roadmap.

10. Health inequalities

- Broadly, ensure all organisational clinical and clinically-related activities retain a focus on health inequalities in the widest sense, and aim to reduce them where feasible.
- Where needed, review the application, use and access to the organisation's medical and clinical processes, systems, policies and services via protected characteristics and other relevant demographics to ensure the executive has clear plans and focus on improving health inequalities. This includes, but is not limited to Equality Impact Assessments and Quality Impact Assessments.
- If needed, request closer review on a given area in relation to health inequalities, such as outcomes for a specific protected characteristic or for those with language barriers or socioeconomic deprivation, etc.

11. Clinical risk

- The Committee will provide assurance on clinical risks within its remit and will recommend escalation to the corporate risk register where risks are material, persistent, or have potential organisational-level impact. The Committee does not replace executive ownership of day-to-day clinical risk management.

Recommendations

To recommend to the Board:

- The appointment of any external clinical auditor, any audit fee and any questions of resignation or dismissal of the external clinical auditor.
- The annual clinical audit plan and any changes thereto.
- Approval of key recommendations arising from any CQC or other regulatory inspection report.

- Approval of key clinical safety, quality and performance policies, including:
    - Safeguarding policy.
    - Medicines Management policy.
    - Patient Safety Incident Response Framework.
- Approval of the organisation's clinical research strategy and priorities.
- Changes to the clinical audit arrangements.
- Changes to the Risk Management Policy or Risk Management Framework relating to emerging clinical risks and existing entries/risk levels within its remit for the executive to consider.

Delegated powers

The exercise of the following delegated powers must be recorded in the Committee minutes and reported to the Board:

- Approval of clinical safety, quality and performance policies, excepting those noted in the section immediately above.
- Approval of individual research projects, which may be further delegated to the established Research Approval Process.

Where any matter under consideration has material financial, workforce or resource implications, the Committee will ensure affordability has been assessed and will escalate the matter to the Combined Corporate Board and/or the Finance, Risk, Digital & IG Committee in line with Standing Financial Instructions.

General clinical safety, quality and performance matters

- Acting as a clinical "sounding board" and source of advice to the Medical Director and Director of Nursing, AHPs and Governance and, if needed, to the Deputy Medical Directors and other senior clinicians.
- Providing advice on the clinical safety of new services or procurement opportunities, as required.
- When requested by the Board, undertaking tasks that are within the Committee's terms of reference.
- Keeping "a watching brief" and providing advice, where appropriate, on potential and actual clinical opportunities, threats and risks.

Co-owners Council Engagement

The Committee 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, and so that Co-Owners are involved in the Committee's decision-making. The key conduit for this

communication, sharing, consultation and involvement is via the appointment of a Co-Owner Director (or nominated member of the Co-Owners Council) as a member of the Committee.

The Chair of the Committee will also maintain regular contact with the Employee Director (or nominated member of the Co-Owners Council) to ensure they are kept updated on key discussions, issues and decisions. In addition, each Committee meeting will include a standing agenda item inviting the Employee Director (or Co-Owner Council member) to provide feedback on how the meeting went, supporting effective co-owner engagement.

Membership

The Committee membership will consist of at least two Non-Executive Directors and one Co-Owner Director (or member of the Co-Owners Council) nominated from, and approved by the Board:

- The GP Non-Executive Director, who will Chair the Committee
- One other non-executive director (tbc)
- One Co-Owner Director
- Medical Director
- Director of Nursing, Allied Health Professionals and Governance
- Deputy Medical Director - IUC
- Deputy Medical Director – Practice Services
- Patient Representative – member of the PRG
- Head of Integrated Urgent Care
- Head of IUC Nursing and Allied Healthcare Professionals
- Head of Practice Services
- Governance Manager
- Co-opted attendees including the governance manager and research manager as required

Other members of the Combined Company Board or other members of the Strategic Leadership Team are entitled and encouraged to attend Committee meetings. These directors, senior leaders and other colleagues may also be invited to attend certain meetings, dependent on the subjects being discussed.

Frequency

The CQPC will meet on a quarterly basis. Additional exceptional meetings can be called by the Chair as required.

Quoracy

The quorum for the Committee requires representation from at least one Non-Executive Director, an SLT member and a clinician with a minimum of four members attending. The Chair may suspend decision-making on any item if the specific representation required for consideration of that item is not deemed adequate.

Chair's Action

In the absence of a quorum, the Chair of the Committee is authorised to take action on behalf of the Committee where it is necessary to do so. Any decisions taken under Chair's action will be reported to the next Committee meeting for noting or ratification.

Meeting secretariat

The Medical Director will be the primary contact for the Committee and their team will provide secretariat support for the Committee, with support from the Director of Nursing, Allied Health Professionals and Governance, and from the Governance Team, as required. Papers should be circulated to all members at least 5 working days before the meeting.

Decision-making

The Committee's role is to formulate recommendations and provide assurance to the Combined Corporate Board. Where consensus cannot be reached on a material issue, the matter will be escalated to the Board with a summary of differing views.

Review

The Committee shall review its own performance and Terms of Reference after twelve months and thereafter every two years, to ensure it is operating effectively and recommend any changes it considers necessary to the Board for approval.

Reporting and Accountability

Agendas and minutes of meetings will be circulated to all Combined Corporate Board Directors and Strategic Leadership Team members. The Committee Chair, or another nominated Committee member, will report to the Board on its meetings. The following groups will report to the CQPC for assurance in relation to the responsibilities set out by this TOR and that of their respective TORs:

- Performance Advisory Group
- Severnside Quality Group
- Practices Quality Group – when established

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Version Control

Version	Date	Author	Changes Overview
V1.0	09/06/2026	SLT	Initial TOR