BrisDoc Patient care by people who care

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Practice Services Quality Group (PSQG) Terms of Reference (TOR)

Version:	Owner:	Created:
1	Joanne Temple	24/08/2026
Published:	**Approving Director:**	**Next Review**
23/10/2026	Clinical Quality and Performance Committee (CQPC)	13/10/2027

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Practice Services Quality Group (PSQG)
Terms of Reference (TOR)

Purpose

The purpose of the Practice Services Quality Group (PSQG) is to coalesce all clinical and service quality across the BrisDoc Practices, 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 Practices in accordance with BrisDoc's mission, objectives and core values, provide assurance, and continuously drive improvement.

The PSQG will operate within BrisDoc's corporate governance framework to ensure services are high performing, high quality, compliant with legislation and contractual requirements, and safe for both staff and patients.

Effectiveness Measures

- **Quality, safety and performance**
  Monitor the quality, safety, effectiveness and performance of Practice Services, identifying opportunities for continuous improvement and providing assurance to the Clinical Quality and Performance Committee (CQPC).

- **Clinical and research governance**
  Oversee the effective delivery of clinical and research governance across Practices, ensuring that quality, patient safety and positive patient experience underpin service delivery and outcomes.

- **Patient access, experience and involvement**
  Review patient access, waiting times and waiting lists, complaints, compliments, patient feedback and satisfaction data, identifying trends and ensuring that patients' experiences inform service improvement and the way care is delivered.

- **Health inequalities**
  Monitor Practice Services' contribution to reducing health inequalities, including inequalities in access, experience and outcomes, and identify opportunities for improvement.

- **Workforce and staff experience**
  Review relevant workforce quality indicators and staff feedback where these impact on patient safety, quality, access or service delivery. Identify emerging themes, workforce-related risks and opportunities for improvement, and ensure learning from staff experience informs service development and quality improvement.

- **Incidents and learning events**
  Review significant incidents, learning events and serious incident investigation reports to identify themes, lessons, required actions and opportunities for improvement.

- **Complaints and professional feedback**
  Review complaints, compliments and feedback from healthcare professionals to identify themes and trends, agree appropriate remedial or improvement actions, and monitor these through to completion.

- **Risk and issues management**
  Identify, review and monitor Practice Services risks and issues, ensuring appropriate mitigating actions are in place and escalating significant concerns to the CQPC where required.

- **Audit and assurance programme**
  Oversee an annual programme of clinical and non-clinical audits, agreed with the CQPC, to provide assurance that relevant guidelines, policies and procedures are being effectively and consistently implemented, with improvement actions identified and monitored.

- **End-to-end reviews**
  Participate in and receive reports from end-to-end reviews of Practice Services, using findings to assess the effectiveness of clinical and non-clinical processes and identify learning and improvement opportunities.

- **Shared learning and improvement**
  Identify themes and shared learning arising from audits, incidents, learning events, complaints, risks, patient and staff experience, and other quality information. Agree how learning will be disseminated and monitor its implementation across Practices.

- **Policies, procedures and guidance**
  Identify where Practice policies, procedures or clinical guidance require review or amendment as a result of learning, emerging evidence, regulatory requirements, or national and local guidance, and ensure appropriate action is taken.

- **Safeguarding**
  Provide assurance regarding safeguarding arrangements, including compliance with safeguarding training requirements and review of relevant safeguarding activity, ensuring that information sharing is appropriate and proportionate.

- **Infection prevention and control**
  Monitor compliance with national and local infection prevention and control (IPC) standards, reviewing assurance information and ensuring that identified improvement actions are addressed.

- **Medicines and vaccine safety**
  Monitor arrangements for the safe management and storage of medicines and vaccines on Practice premises, including appropriate monitoring and assurance processes.

- **Regulatory compliance and CQC preparedness**
  Monitor compliance with applicable regulatory requirements and CQC standards, support

ongoing inspection readiness, and oversee improvement actions arising from inspections, assessments or identified areas of non-compliance.

- **Assurance and escalation**
  Provide the CQPC with assurance regarding the quality, safety and effectiveness of Practice Services, escalating significant risks, concerns, emerging themes or areas where required improvement has not been achieved.

Metrics

The PSQG will review quality performance and monitor the effectiveness and safety of care and processes through the receipt and review of data and audit results. The group will develop and monitor a suite of KPIs to ensure the effectiveness of services.

Arrangements for Chairing the Board

The PSQB will be chaired by BrisDoc's Governance Manager. The Deputy Medical Director Practice Services will be the deputy chair.

Co-owners Council Engagement

The PSQG 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

- Head of Practice Services
- Governance Manager (Chair)
- Deputy Medical Director Practice Services (Deputy Chair)
- Practice Lead GPs
- Practice Operations Leads
- Lead Nurses

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 discrete 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 or deputy, Head of Practice Services or Deputy Medical Director, and a Lead from each practice.

If this is not possible, decision-making may still proceed provided that each service 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 a service view cannot be submitted, a decision may be deferred.

Frequency of Meetings

Meetings will be held monthly aiming for the 3rd Tuesday of each month. A schedule of dates will be agreed on an annual basis so that members can prioritise the meetings accordingly in diaries.

In exceptional circumstances, the chair can call an additional meeting for the purposes of urgent and/or important business that merits consideration and review.

Accountability, Reporting and Relationships

The PSQG is accountable to will report quarterly to the BrisDoc Clinical Quality and Performance Committee.

Review

The TOR for the PSQG will be reviewed annually.

Version Control

Version	Date	Author	Changes Overview
1.0	25/8/2026	Jo Temple	

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Agenda Template

Number	Item	Presenter
1.	Welcome and apologies for absence	Chair
2.	Quality Performance Metrics	Chair / All
3.	Audit Reporting • Clinical Guardian • Topic Audit	Various
4.	Themes and Shared Learning • Learning Events • Complaints	All
5.	Risk and Issues Management	Chair
6.	Patient and Staff Experience	Various
7.	End to End Reviews Safeguarding Review Research IPC Medicines	Chair
8.	Previous Meeting Review	Chair
9.	Barriers to Service Delivery	Chair
10.	Anything to escalate to the PCN or CQPC	Chair