University Hospitals Bristol and Weston NHS Foundation Trust

Terms of Reference – Clinical Quality Group

Document Data		
Corporate Entity	Clinical Quality Group	
Document Type	Terms of Reference	
Document Status	Approved	
Executive Lead	Chief Nurse	
Document Owner	Chief Nurse	
Approval Authority	Senior Leadership Team	
Document Reference	TERMS OF REFERENCE May 2020	
Review Cycle	12	
Next Review Date:	**Date of First Issue:**	**Date Version Effective From:**
30/06/2021	31/07/2014	04/06/2020
Estimated Reading Time	8 Minutes	

Document Abstract
Terms of Reference for the Clinical Quality Group.

Document Change Control				
Date of Version	**Version Number**	**Lead for Revisions**	**Type of Revision**	**Description of Revision**
31/07/2014	1.3	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	Amendments to membership reflecting revised reporting structure
13/08/2014	1.4	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	Amendments reflecting discussion at Clinical Quality Group 07/08/2014
03/06/2015	1.5	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	Amendments to reflect new reporting structure and CQC requirements.
02/07/2015	1.6	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	Amendments to reflect new reporting structure and CQC requirements.
16/09/2015	1.7	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	Care Quality Commission Group removed from list of reporting sub-groups and regulatory compliance duties amended to reflect new process. Other duties amended as follows: • Removed references to register of external visits. • Added monitoring of serious incident RCAs • Clarification of wording under "governance" • General clarification of wording
03/10/2016	1.8	Chief Nurse and Head of Quality (Patient Safety)	Minor	Other duties amended as follows: General clarification of wording Updates to the following: • Membership • Reporting structures including groups and frequency of reports
21/02/2017	1.9	Head of Quality (Patient Safety)	Minor	Review in line with recommendation 32 from independent paediatric cardiac review 'safety of patients'

17/04/2018	1.10	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	Group membership details updated. A number of duties have been removed from section 7.2 because they are the responsibility of CQG's sub-groups. The following have been removed from the list of groups reporting to CQG: - Safeguarding Adults and Children Group - Clinical Record Keeping Group - Medical Devices Management Group The following have been added to the list of reports received by CQG: - Mortality Surveillance Group - Infection Control - CQC Group (standing item)
27/04/2019	1.11	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Minor	The following have been added to the list of reports received by CQG: - Medicines Governance
30/05/2020	2.0	Head of Quality (Patient Experience and Clinical Effectiveness) and Head of Quality (Patient Safety)	Major	Adjustments to reflect change in reporting schedule, neonatal and paediatric annual mortality reports added. Removal of review of serious incident RCAs which are now subject to a separate Executive Director sign off process in line with the revised UHBW Serious Incident Policy. Incorporation of the Division of Weston post-merger and updated reporting structure for quality.

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1. Purpose

The purpose of the Clinical Quality Group is to discharge the responsibility of the Senior Leadership Team to manage clinical quality and associated risks to achieve the best possible safety, experience and outcomes for patients, their families, carers, and staff.

2. Role

The role of the Clinical Quality Group is to establish and effectively implement systems and/or processes to:

(a) receive assurance of good clinical and risk management practices in all clinical services, ensuring required standards are achieved, commissioning investigation and action where concerns about clinical quality are identified

(b) plan and drive continuous improvement, identifying, sharing and ensuring delivery of best-practice, identifying and managing risks to quality of care.

3. Authority

(a) The Clinical Quality Group is authorised to discharge the duties set out in these Terms of Reference within the authority delegated to the individual members, both in the Scheme of Delegation, and from time to time by the Senior Leadership Team as recorded in the minutes of meetings.

(c) The functions and actions of the Clinical Quality Group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations.

(d) Individuals remain responsible for their duties and accountable for their actions.

4. Reporting

The Clinical Quality Group is accountable to the Chief Executive and is required to report regularly in the following forums;

(a) Senior Leadership Team

(b) Quality and Outcomes Committee

(c) Trust Board of Directors via clinical risks escalated to the corporate risk register

5. Membership

The Clinical Quality Group consists of the following members:

(a) Chief Nurse (who shall Chair the Group)

(b) Medical Director (who shall co-Chair the Group)

(c) Deputy Medical Director (who can Chair in the absence of either of the co-Chairs)

(d) Deputy Medical Director for Patient Safety

(e) Deputy Chief Nurse (who can Chair in the absence of either of the co-Chairs)

(f) Head of Quality (Patient Safety)

(g) Head of Quality (Patient Experience and Clinical Effectiveness)

(h) Divisional Quality/Governance leads

(i) Head of Midwifery

(j) Allied Health Professions lead

(k) Director of Pharmacy

(l) Senior Nurse, Quality and Practice Development

Deputies are expected to attend in the event of absence by any core member.

6. Attendance

The Chair of the Clinical Quality Group may require the attendance of specialist advisors or other attendees to attend meetings either in full, or for specific agenda items. Such attendees may include:

(a) Patient Safety Group Chair

(b) Quality Intelligence Group Chair

(c) Clinical Effectiveness Group Chair

(d) Clinical Audit Group Chair

(e) Patient Experience Group Chair

(f) The Head of Risk Management will be in attendance to provide expert advice in respect of links between agenda items and risks.

(g) Other managers may be required to attend at the discretion of the Chair of the Group.

(h) Deputies are expected to attend in the event of absence by any core member.

(i) Executive Directors and the Trust Secretary may attend meetings of the Clinical Quality Group from time to time at their discretion

7. Quorum

(a) The quorum necessary for the transaction of business shall be:

- one of the co-Chairs
- seven other members of whom five must include one representative from each of the clinical Divisions

- one representative from the Medical Director's team, or an alternative clinician nominated by the Medical Director, e.g. Divisional Clinical Chair

(b) A duly convened meeting of the Clinical Quality Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Clinical Quality group.

8. Duties

The Clinical Quality Group shall undertake the following duties:

Strategy and Business Planning

(a) Monitor the implementation of the Trust's Quality Strategy, ensuring a cohesion with corporate quality objectives defined in the annual Quality Report,

(b) Monitor the quality of care and any associated Trust wide risks i.e. safety, outcomes and patient experience, by receiving as a minimum, quarterly reports from sub-groups/annual reports.

(c) Monitor the implementation of plans to improve the safety, quality, effectiveness and efficiency of services, via receiving work plans/progress against work plans for all sub-groups.

Operational, Quality, Performance and Compliance

(a) Ensure systematic sharing of information and support learning from serious incidents, feedback and other forms of quality intelligence,

(b) Monitor performance and achievements against corporate quality objectives, via quarterly reports.

(c) Review and respond to reports from the subgroups of the Clinical Quality Group, and monitor their achievement of agreed objectives of subgroups/and agree actions to mitigate risks and delivery ensuring where relevant risks are entered on the Trust Risk Register.

(d) Ensure that the Trust operates in compliance with CQC regulations and quality aspects of the Single Oversight Framework.

(e) Receive detailed assurance reports for each of the CQC Fundamental Standards by monthly rotation, and to receive quarterly exception reports highlighting any material changes which could affect compliance. The Group will look for evidence that risks to compliance have been assessed and that appropriate actions are in place to address identified gaps/concerns.

(f) Receive assurance with regard to the progress/outcome measures for the Trust's patient safety improvement programme.

(g) Receive and review any commissioned reports.

(h) Review the Trust's annual Quality Report for onward reporting to the Senior Leadership Team; and review monthly quality dashboard received by the Trust Board of Directors.

(i) The Group receives assurance reports from the specialist management groups and requires written reports on the activities of each of the following on a quarterly basis as shown in Appendix 1:

- Quality Intelligence Group
- Patient Safety Group
- Patient Experience Group
- Clinical Effectiveness Group
- Clinical Audit Group
- Mortality Surveillance Group
- Medicines Advisory Group

(j) The Group also receives a quarterly report on the following:

- Infection Control
- Medicines Governance

(k) And, in addition, receives the following annual reports:

- End of Life Steering Group
- West of England Child Death Overview Panel
- Bristol Children's Hospital Mortality Report
- Neonatal Intensive Care Unit Mortality Report
- Complaints
- Safeguarding
- Organ Donation report

(l) Review Serious Incident Panel Reports and seek assurance that actions in response to recommendations have been implemented by the relevant division(s) via reviewing trust SI action plan.

(m) Identify any common themes which may emerge from the various forms of reporting described here, and any opportunities for Trust-wide learning which arise.

Risk, Finance and Governance

(a) Manage Trust wide clinical risks to quality in accordance with the Trust Risk Management Policy.

(b) Ensure that appropriate action is being taken to address any risks to clinical quality and escalate as appropriate.

(c) Monitor management of Trust wide clinical risks set out in Risk Registers to ensure where relevant risks are being mitigated effectively.

Procedural Documents and Corporate Record Keeping

(a) Review and approve procedural documents (strategies, policies, protocols and procedures) as set out in the Procedural Document Framework;

(b) Maintain and monitor a Schedule of Matters Arising of agreed actions and performance-manage each action to completion;

(c) Maintain the corporate records and evidence required to evidence the status of the Clinical Quality Group's work, and pursue gaps in evidence to demonstrate the successful achievement of objectives.

9. Secretariat Services

The PA/Secretary to the Medical Director shall provide secretariat services to the Clinical Quality Group.

Notice and Conduct of Meetings

(a) Meetings of the Clinical Quality Group shall be called by the secretary at the request of the Chair.

(b) Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be made available to each member of the Clinical Quality Group any other person required to attend, no later than five working days before the date of the meeting.

(c) Supporting papers shall be made available to members and to other attendees as appropriate, no later than three working days before the date of the meeting.

Minutes of Meetings

The Secretary shall:

(a) Minute the proceedings and resolutions of the Group, including the names of members present and others in attendance; and,

(b) Maintain a Schedule of Matters Arising to record and track the progress of actions delegated for action by the Group,

(c) Make available online the Minutes and the Schedule of Matters Arising within five working days of meetings of the Group.

10. Frequency of Meetings

The Clinical Quality Group shall meet at least quarterly and at such other times as the Chair shall require.

11. Review of Terms of Reference

The Clinical Quality Group shall, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Chair.

UHBW quality and patient safety reporting structure