# Clinical Learning Events and Complaints Review Meeting

# Terms of Reference (TOR)

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| **Version:** | **Owner:** | **Created:** |
| 1.1 | Sarah Pearce (Governance Manager) | 28th September 2022 |
| **Published:** | **Approving Director:** | **Next Review** |
| 18th December 2024 | Rhys Hancock (Director or Nursing, Allied Professional and Governance) | 18th December 2026 |

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## Purpose

The Clinical Learning Events and Complaints Review Meeting will hold the responsibility for identifying themes and trends arising from Clinical learning events (LE) or complaints, this will include identifying concerns relating to individual clinicians.

The group will draw out the detail of ongoing themes or trends (for example Medicines Management or waiting times) and consider actions to mitigate against further events. This may include identifying items for newsletters to share learning or wider comms if the issues persist.

The group will monitor the workloads of LE / complaint Managers to ensure the load is as evenly spread as far as possible. There will be opportunity within the meeting for Managers to discuss and seek advice / guidance on how best to manage specific LE’s / complaints.

The format of this meeting will include analysis of the previous months Learning numbers, discussion of the largest categories and discussion of ongoing themes or trends. There will be a housekeeping section to discuss progress of current open LE’s / complaints and monitor adherence to target.

## Responsibilities

The group will hold responsibility and perform several key functions:

### 1. Adherence to Closure Target

* Review current position of LE’s / complaints against the target and identify ways to improve if needed.
* Review numbers of LE’s / complaints allocated to Learning Event Managers to avoid overloading.

### 2. Analysis

* Receive and review a monthly report containing a breakdown of numbers and event categories to analyse and identify themes and trends for discussion.
* Delve into the detail of themes and trends where they have been identified.
* Analyse data to identify areas of concern or improvement

### 3. Actions

The group should consider when actions are needed, this may include the following but is not limited to:

* Feedback via newsletters to highlight learning or to remind process
* Feedback / reminders to be sent to staff via wider comms (i.e.; Rota Master)
* Highlighting for discussion to the Severnside Quality group
* Considering cases for end-to-end reviews with PPG or multi agency
* Escalation of events to the Quality Board
* Highlighting to another board for discussion / action (i.e. H&S steering group)
* Where serious concerns arise relating to an individual clinician, the group should consider escalation to the Medial Director or Deputy Medical Director to consider a Performance Advisory Group (PAG) discussion.
* Reporting to external organisations for learning / review
* Adding / amending content to the Clinical Toolkit

### Housekeeping

* Use the weekly log or BOB to review open LE’s / Complaints
* Update the progress of any LE / Complaint nearing the target closure date
* Opportunity to discuss any interesting / challenging LE’s / Complaints.

## Membership

The membership of the group will be comprised of;

* Deputy Medical Director (as requested)
* Clinical Lead GP’s
* Director of Governance Nursing & AHP (as requested)
* Lead Clinical Practioners
* Governance Coordinator (chair)
* Quality Manager
* Governance Administrator

The invite will be shared with all lead GP’s and Nurse Team Managers, although it is accepted that some may not be able to attend as the meeting will fall on a non-working day.

## Frequency

The group will meet on a monthly basis. Additional exceptional meetings can be called by the chair as required.

## Quoracy

A minimum of four members, with at least one Governance Team member and two clinical leads / Managers to be present for a decision to be made.

## Reporting and Accountability

The group is accountable to the Severnside Integrated Urgent Care Quality Group (SIUCQG). The Chair will report to the Quality Board on the activity and outputs of the meeting, providing assurance on service performance and safety.

## Review

The TOR for the Clinical Learning Events and Complaints Review Meeting

will be reviewed annually.

### Version Control

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| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Changes Overview** |
| V1.0 | 28th September 2022 | Sarah Pearce | Initial TOR |
| V1.1 | 15th October 2024 | Linda Meekhums | Review of the TOR, amended job titles. |

## Agenda Template

|  |  |  |
| --- | --- | --- |
| **Number** | **Item** | **Presenter** |
| 1 | Introductions, Apologies & Conflicts of Interest | Chair |
| 2 | Previous Action log | Chair |
| 3 | Weekly log / BOB review | Quality Manager / Chair |
| 4 | Monthly LE report | Chair |
| 5 | Adherence to target | Chair |
| 6 | Individual events for Discussion | All |
| 7 | Actions to capture | Chair |
| 8 | Escalation | Chair |