The Tavistock and Portman
NHS Foundation Trust

Clinical Incident and Safety Group
Terms of Reference

Ratified by:	Quality and Safety Committee
Date ratified:	TBC
Responsible Executive Director:	Chief Nursing Officer
Date issued:	TBC
Review date:	TBC

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1. CONSTITUTION

1.1 The Clinical Incident and Safety Group is a sub-groups of the Quality & Safety Committee.

2. PURPOSE

2.1 The purpose of the Clinical Incident and Safety Group is to give strategic oversight and challenge on incidents with a clinical and/or patient safety implication.

2.2 The Group is tasked with ensuring that correct process is followed for recording and investigating patient safety and clinical incidents, and to be the responsible meeting in assuring due process in the investigation and good governance of these incidents.

2.3 The Group is accountable to the Quality & Safety Committee and will give assurance on process, investigation and embedding of lessons learnt resulting from clinical and patient safety incidents.

3. OBJECTIVES

The principal duties of the Group are set out below:

- Oversee and monitor the processes in place for clinical incident and patient safety in the Trust.
- Accountable to review and sign off all Patient Safety Incident Investigations (PSII).
- Accountable that actions resultant from all Patient Safety Incident Investigations (PSII) are robustly evidenced before the action plan can be agreed as closed.
- Responsible for ensuring that lessons learnt from clinical and patient safety incidents are disseminated through appropriate governance and communication methods.
- Disseminate learning from investigations to appropriate internal teams with the Trust to action and embed e.g. Clinical Audit, Patient Safety etc.
- Resolve issues and be the final decision maker for level of investigation of patient safety and clinical incidents to be undertaken, in line with the Trust's clinical incident policy and processes.
- Act as the conduit between service lines for learning from incidents through Clinical Governance meetings, including issuing action on how learning can be shared and acted on across these service lines.
- Receive feedback from safety huddles in relation to discussions undertaken about incidents.
- Consider and recommend actions in respects to themes and trends arising from patient safety and clinical incidents and seek assurance that actions from teams are both tracked to completion and evidenced.
- Receive regular feedback, and further detail/escalation as required, from service line Clinical Governance meetings around work undertaken in respect of patient safety and clinical incidents. This may include outputs of after action reviews, thematic reports and other similar investigation techniques in line with the Trust's policies and procedures.

- Receive and scrutinise a range of patient safety and clinical incident data from the Trust that demonstrate assurance that safety is being proactively reported, monitored and acted on.

- Review the performance of the timeliness of investigations and seek clarity and challenge prior to Board submission, in order to provide assurance and understand performance.

- Consider national reports relative to patient safety and clinical incident management in order to identify areas of relevance to the Trust, and ensuring action is taken and reported to the Board through the Quality and Safety Committee.

- Formally review and sign off changes to the Trusts policies, processes and templates relevant to safety and clinical incidents.

- To receive reports from relevant leads on key areas as outlined above and will liaise with other Trust Groups and sub-Committees as required in order to fulfil its duties.

- To undertake any other tasks delegated to the Group by the Committee.

4. MEMBERSHIP AND ATTENDANCE

4.1 Membership of the Committee shall be as follows:

- Chief Nursing Officer (CNO)
- Chief Medical Officer (CMO)
- Deputy Chief Medical Officer (CMO)
- Associate Director of Nursing
- Associate Director of Quality *(Chair)*
- Clinical Governance and Quality Manager
- Patient Safety Officer
- Associate Director of Clinical Governance Community & Integrated
- Associate Director of Clinical Governance Complex Mental Health
- Associate Director of Clinical Governance Gender Services
- Gloucester House representative
- Clinical Audit representative
- Health and Safety Manager
- Safeguarding Leads

The Chair or their nominated deputy will be expected to attend 100% of the meetings. Other Group members will be required to attend a minimum of 80% of all meetings and be allowed to send a Deputy to one meeting per annum.

Attendance by Other Officers or Individuals

4.2 The Group will invite lead the lead investigator(s) for incidents (including thematic reviews, patient safety incident investigations and after action reviews) to present and discuss their findings.

4.3 The Group may also invite other senior and clinical officers of the Trust and specialist advisors (internal or external) to attend meetings as considered appropriate by the Committee/ Group on an ad-hoc basis.

5. QUORUM

5.1 The Group will be quorate with 5 members present.

5.2 If the meeting is not quorate the meeting can progress if those present, determine it is appropriate to do so based on the items for discussion. However, no business shall be

transacted and items requiring approval may be approved by e-Governance (virtually by members) and ratified at the subsequent meeting of the Group.

6. FREQUENCY

6.1 The Group shall meet monthly. The Chair may call additional meetings to ensure Group business is undertaken in a timely way.

7. ACCOUNTABILITY AND REPORTING

7.1 The Group is accountable to the Quality & Safety Committee.

7.2 The minutes of Group meetings shall be formally recorded, and an assurance report will be drafted by the Administrator on behalf of the Chair to be submitted to the next available Committee meeting. This assurance report will draw attention to the Committee any issues requiring disclosure, escalation or action. It will use the Committee's agreed template.

7.3 The Clinical Incident and Safety Group shall submit an Annual Report to the Quality & Safety Committee, incorporating progress against its work plan, reporting arrangements, frequency of meetings and attendance records.

8. AUTHORITY

8.1 The Group has the authority to establish task and finish groups, as are necessary, to fulfil its responsibilities within its Terms of Reference. The Group may not delegate executive powers (unless expressly authorised by the Group) and remains accountable for the work of any such group.

8.2 The Group is authorised by the Committee to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Group.

9. SERVICING ARRANGEMENTS

9.1 The Group shall be serviced by the Patient Safety Officer

9.2 Papers will be sent prior to meetings and members will be encouraged to comment via correspondence between meetings as appropriate.

10. RELATIONSHIPS WITH OTHER COMMITTEES / GROUPS

10.1 The Group will receive escalations from other Quality & Safety Committee sub-groups in relation to matters identified at these meetings within its Terms of Reference.

10.2 The Group will receive reports, assurance and escalations from the service line Clinical Governance meetings.

11. MONITORING EFFECTIVENESS AND REVIEW

11.1 The Group will provide an annual report outlining the activities it has undertaken throughout the year. This report will be presented to the Quality & Safety Committee on its work in discharging its responsibilities, delivering its objectives and complying with its Terms of Reference.

11.2 At least once a year the Group shall undertake a self-assessment of its effectiveness, and the outcome of this assessment shall be reported to the Quality & Safety Committee.

11.3 The Terms of Reference of the Group shall be reviewed at least annually and approved by the Quality & Safety Committee.