

# Learning to Improve Group Terms of Reference

## 1. MAIN AUTHORITY/LIMITATIONS

- The Learning to Improve Group (L2I) is accountable to the Trust Quality Committee
- The L2I Group is accountable to the Quality Committee through the Director of Governance
- The L2I group is authorised by the Quality Committee to
  - carry out any activity within its terms of reference. It is authorised to seek clarification and further information of any patient safety and experience related matter, and to request any relevant information from any employee, in order to collate and disseminate learning from incidents, investigations, litigation and patient experiences.
  - review the impact of various strategies to reduce incidents, including the bulletin and evaluate the success or failure of these activities.
- The Group may recommend actions which require financial expenditure but the Group itself does not have any delegated powers of expenditure, as this rests with the relevant budget holder

The objectives of the L2I Group are:

- a. To focus on Trust wide strategic issues for the safety of patients and carers.
- b. To monitor, collate and cascade lessons learnt from complaints, litigation, incidents and PALS.
- c. To ensure systems are in place to report and respond to serious failures and learn from incidents and near misses.
- d. To contribute to best practice and share good practice with effective communication to underpin the improvement cycle.
- e. To ensure the Quality Committee is in receipt of the monthly learning to improve bulletin.
- f. To capture and review the impact of lessons on areas of concern identified by the Group.

## DUTIES

In particular, every month the L2I Group will

1. Receive and consider information in relation the themes and learning arising from
  - Clinical incidents and investigations
  - Patient experience – complaints, concerns, PALS and user feedback mechanisms
  - Care group governance reports and Care group learning to improve bulletins
  - Audit
  - Health and Safety incident reporting, alerts and audits
  - Professional meetings
  - Executive Chief Nurse
  - Medical Director
  - Director of Governance
2. Agree content for inclusion in the Trust Learning to Improve Bulletin

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3. Identify any further lines of enquiry/action required to improve identification or sharing of improvements/lessons learnt

### CONSTITUTION

#### 4.1 Frequency of Meetings

The meetings shall be monthly.

#### 4.2 Attendance Monitoring

Each core member will achieve 75% attendance per annum. Where a core group member is unable to attend, they will appoint a deputy to attend and act in their absence. If a core member has not attended two consecutive meetings, the Chair will send a letter to the individual member. The administrator will monitor attendance using the table in appendix 2 on a quarterly basis and it will be an agenda item.

#### 4.3 Chair

The Chair is the Head of Library & Knowledge Services. The Vice Chair is the Head of Patient Experience.

#### 4.4 Membership

Membership of the L2I group meeting:

Core Members	Attendance protocol
Head of Knowledge and Library Services ( Chair) Head of Patient Safety Governance Care Group Business Partners Community Care Group representation Head of Patient Experience (Vice Chair) Patient Relations Manager Head of Legal Services Estates & Facilities Manager Head of Clinical Audit	Each core member will achieve 75% attendance per annum. If a core member has not attended two consecutive meetings, the Chair will send a letter to the individual member.  Core members must nominate deputies when they are unable to attend.

Additional members may be co-opted onto the L2I group where appropriate.

### RESPONSIBILITY OF MEMBERS AND ATTENDEES

1. Members of the L2I Group have a responsibility to:
  - a) act as 'champions', disseminating information and good practice as appropriate;
  - b) identify agenda items for consideration to the Chair / administrator at least 10 working days before the meeting;

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- c) prepare and submit papers for a meeting, using the format prescribed by the Trust Board Secretary, at least 5 clear working days before the meeting;
  - e) if unable to attend, send their apologies to the Chair prior to the meeting and send a deputy to attend on their behalf
  - f) to maintain confidences regarding any matters are discussed in confidence at the meeting
  - g) declare any conflicts of interest / potential conflicts of interest in accordance with the University Hospitals of Morecambe Bay NHS Foundation Trust's policies and procedures
  - h) contribute to the production of the Learning to Improve bulletin
2. The Chair is responsible for monitoring and managing attendance
  3. The Chair is responsible for monitoring monthly submissions

### **QUORUM**

1. A quorum will be the Chair or Vice Chair and two care group representatives and three for the corporate specialities, including health & safety, patient relations, legal services etc

### **REPORTING**

2. The Group will have the following reporting responsibilities:
  - a) to ensure that the minutes of its meetings are formally recorded
  - b) to provide an organisational Learning To Improve bulletin for Trust wide dissemination

### **ADMINISTRATIVE ARRANGEMENTS**

3. The Chair of the Group has corporate responsibility for:
  - a) overseeing all aspects of the work
  - b) ensuring the Group acts in accordance with the terms of reference
4. The administrator has responsible for:
  - a) attending the meeting

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- b) ensuring correct and formal minutes are taken and once agreed by the Chair, distributing minutes to the members
- c) producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete
- d) producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these dates and booking appropriate rooms and facilities
- e) agreeing the agenda with the Chair prior to sending the agenda (appendix 1) and papers to members no later than 5 days before the meeting

### REVIEW

Terms of Reference will be reviewed annually

Date Approved and issued:	28/08/2018
Version Number:	3
Next Review:	01/08/2019
To be reviewed by:	Learning to Improve Group
To be approved by:	Learning to Improve Group
Executive Responsibility:	Director of Governance
ID Number:	TOR/015

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### Appendix 1

<b>AGENDA</b>					
<b>Item</b>			<b>Action</b>	<b>Paper</b>	
1.	<b>Welcome</b>	Chair			
2.	<b>Apologies for Absence</b>	Chair	To receive & note		
3.	<b>Minutes of the meeting held #####</b>	Chair	Circulated & approved #####		
4.	<b>Matters Arising</b>	Chair	To discuss		
5.	<b>Trust Learning to Improve Bulletin/Safety pin poster</b>		To discuss and approve		
6.	<b>Care Group/Departmental Top <u>Three</u> Lessons - Monthly</b>				
6.01	<b>Core Clinical/Pharmacy</b>		To discuss		
6.02	<b>Estates &amp; Facilities</b>		To discuss		
6.03	<b>Integrated Community Care Group</b> <ul style="list-style-type: none"> <li>• Community</li> <li>• Community Hospitals</li> </ul>				
6.03	<b>Medicine</b>		To discuss		
6.04	<b>Surgery &amp; Critical Care</b>		To discuss		
6.05	<b>WACS</b>		To discuss		
6.06	<b>Health and Safety</b>		To discuss		
7.	<ul style="list-style-type: none"> <li>• Topics for next bulletin</li> <li>• Focus for next Safety Pin</li> <li>• Items for Quality Committee</li> </ul>		To discuss		
8.	<b>Feedback</b>		To discuss		

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	<ul style="list-style-type: none"> <li>• Divisions</li> <li>• L2I webpage</li> <li>• Emails</li> </ul>				
9.	<b>Quality Committee Reports:</b>		For noting		
10	<b>AOB</b>				

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### Appendix 2

#### Learning to Improve Group - Attendance Record

<b>ATTENDEES</b>																				
: Attended               : Apologies               : Deputy               : Left /Not Started																				
Role	Name																			
Head of Library & Knowledge Services(Chair)	Tracey Roberts Cuffin																			
Head of Patient Experience (Vice Chair)	Fliss Swift																			
Quality Improvement Matron	Sally Young																			
Clinical Audit manager	Eilidh Stewart																			
Care group Governance BPs	Sarah Rigby (Surgery & Critical Care)																			
	Liz Teasdale (Core Clinical)																			
	Louise Pucknell (Medicine)																			
	Sharon Perkins (WACS)																			
	Tracey Ellershaw (Community)																			
	Becca Carter (Community Hospitals)																			
Patient Relations Manager	Janet Garnett																			
Head of Legal Services	Ranu Rowan																			
Head of Health and Safety	Anna Smith																			
Estates Business Manager	Glyn Davies																			
Pharmacy	Carrie Eddy																			