



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Quality and Safety Committee Terms of Reference

INTRODUCTION

The University Health Board's (UHB) standing orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees".

In accordance with Standing Orders (and the UHB scheme of delegation), the Board shall nominate annually a committee to be known as the **Quality and Safety Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

The term locality team, when used within this document, is to describe out of district general hospital services e.g. Community (in and out of hospital) and Independent Contractor services (GPs, Dentists, Pharmacists and Optometrists).

PURPOSE

The purpose of the Quality and Safety Committee "the Committee" is to provide assurance to the Board on the provision of workplace health & safety and safe and high quality care to the population we serve, including prevention through public health, primary and secondary care. The Committee embraces the values of the Health Board and the objectives outlined within its Integrated Medium Term Plan (IMTP) which are:

- To **improve** quality, safety and patient experience.
- To **protect** and **improve** population health.
- To **ensure** that the services provided are accessible and sustainable into the future.
- To **provide** strong governance and assurance.
- To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.

The Committee will:

- Put the needs of patients, carers and the public at the centre of all its business.
- Ensure appropriate arrangements are in place to support workplace health & safety.
- Provide evidence based and timely advice to the Board, based on local need, to assist in discharging its functions and meeting its responsibilities.

- Provide assurance to the Board in relation to the UHB's arrangements for safeguarding the public and continuously improving the quality and safety of the services we provide.
- Ensure that care is delivered in accordance with the Health & Care Standards for Health Services in Wales.

SCOPE AND DUTIES

SCOPE:

In order to deliver its stated aims the Committee will, in respect of its provision of advice to the Board:

- Oversee the development of the UHB's strategies and plans for the development and delivery of high quality, staff safety, patient safety and public health, consistent with the Board's overall strategic direction.
- Provide strategic direction and scrutiny for the development of the UHB's corporate strategies and plans for those of its stakeholders and partners.
- To receive high level reports and recommendations from external bodies and ensure robust action is taken, monitored and fully implemented.

The Committee will seek assurances from the sub groups established by the Quality and Safety Committee (Appendix 1) that arrangements are appropriately designed and operating effectively, to ensure the provision of high quality, safe and effective healthcare and workplace health & safety across the whole of the uhb's primary, community and secondary care activities.

DUTIES:

To deliver its aims, the Committee's programme of work will be structured as follows:

Strategy

- Oversee and monitor the development and implementation of the UHB's Strategies for patient quality and safety and staff workplace health & safety:
 - **Patient Quality and Safety**
 - Provide assurance to Board on implementation of the Quality aspects within the Integrated Medium Term Plan (IMTP) for Cwm Taf Morgannwg UHB
 - Contribute to and oversee the development of the Health Board's Annual Quality Statement
 - Monitor quality via the Quality Dashboard
 - Approve the content of the CTMUHB Annual Quality Statement which relates to the committees work programme

- **Workplace Health & Safety**
 - Provide assurance to Board on the development of related strategies and operating practices to ensure arrangements for staff workplace health & safety are safe and in compliance with associated legislation.
- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Standards
- Scrutinise Quality and Safety arrangements for the Independent Contractor Professions
- Ensure that the organisation, at all levels, has the right systems and processes in place to deliver - from a patient's perspective - efficient, effective, timely and safe services
- Ensure arrangements are in place to undertake, review and act on Clinical Audit activity which responds to National and Local priorities
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;
- Receive assurance that the organisation protects the health of the population, by promoting delivery and uptake of screening and immunisation programmes
- Receive assurance that the organisation has robust infection, prevention and control measures in place.

Hosted Bodies

The Committee will also consider issues in respect of the roles and responsibilities of Committees hosted by the UHB namely, Emergency Ambulance Services Committee and Welsh Health Specialised Services Committee, as appropriate. The Committee will consider any quality and safety issues associated with services commissioned for Cwm Taf Morgannwg residents and those services provided by Cwm Taf Morgannwg UHB.

Organisational Risk

- Monitor the arrangements in place to assess, control and minimise risk and
 - Regularly review the high and extreme risks included on the organisational Risk Register and assigned to the Committee by the Board;

Policies and Procedures

- Approve appropriate Policies (once reviewed and endorsed by the appropriate sub group) and where appropriate any related Procedures.
- Oversee the register of policies, ensuring that it is maintained, and that all assigned policies are subject to review at least every three years.

Research & Development

- Receive reports on progress with Research & Development activity within the organisation. These will:
 - Take into account the national objectives published by the National Institute for Social Care and Health Research (NISCHR)

- Focus on the outcomes for patients and compliance with Research Risk Governance arrangements.

Quality Improvement activities

The Quality Delivery Plan provides the framework for quality improvement projects which is formally monitored by the Quality Steering Group. The Quality and Safety Committee will:

- Receive regular reports on progress with delivery of its priorities relating to quality improvement.
- Receive at each meeting a Quality Report and Quality and Performance Dashboard – Receive, scrutinise and triangulate quality information to ensure appropriate prioritisation for improvement.

Patient Experience

- Receive and review progress reports relating to the requirements identified in the UHB Patient Experience Plan.
- Receive and review reports on the progress relating to the implementation of the Citizen Engagement Plan.

Concerns

- Receive as presented within the quarterly quality report, reports on Concerns (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learnt, and to inform the Annual Quality Delivery Plan
- Receive assurance of effective and timely management of concerns across the University Health Board
- Receive, review and approve the Annual Concerns Report on behalf of the UHB.

Staff Experience

- Receive assurance that there are appropriate systems in place to support workplace health & safety and to listen to staff views, embracing the principles of the Listening Organisation, in order to promote effective team working and staff satisfaction to provide the best possible outcomes for patients.
- Receive assurance that the workforce is appropriately selected, trained and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained.

AUTHORITY

The Committee is authorised by the Board to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the UHB. It can seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee

- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Board's budgetary and other requirements.

Sub Groups

The Committee may, subject to the approval of the UHB Board, establish sub groups or task and finish groups to carry out, on its behalf, specific aspects of Committee business.

Appendix 1, outlines the current status of reporting sub group arrangements into the Committee.

MEMBERSHIP

Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, and subject to any specific requirements or directions made by the Welsh Government.

The Committee Chair and Vice Chair will be Independent Members of the Board, appointed by the Chairman of the Health Board.

Membership of Committees will be regularly reviewed by the Chair of the Board and feature in the annual appraisal process for Independent Members and the Chief Executive.

The Director of Nursing, Midwifery and Patient Care in liaison with the Board Secretary, will determine the secretarial and support arrangements for the Committee. Other Directors may be invited to attend when the Committee is discussing areas of risk or operation that are the responsibility of that Director.

Members

Six Independent Members

In attendance

Director of Nursing & Midwifery and Patient Care

Medical Director

Director of Public Health

Director of Therapies and Health Sciences

Chief Operating Officer

Community Health Council Representative

Director of Primary, Community and Mental Health Services

Director of Workforce & Organisational Development

Staff side representative

Staff side safety chair or vice chair

Director of Governance / Board Secretary

Notwithstanding the requirement to maintain quorum, Directors may on occasion nominate a suitably senior deputy to attend the Committee on their behalf, but should ensure that they are fully aware and briefed on the issues to be discussed.

COMMITTEE MEETINGS

Quorum

A quorum shall be at least three Independent Members (one of which must be the Committee Chair or Vice Chair).

For effective governance, at least two Executive Directors, one of which must be a Clinical Executive Director should be in attendance at the meeting.

Frequency of Meetings

Meetings shall be held not less than on a 10 times a year. The Chair of the Committee may request a meeting if they consider that one is necessary. The Committee will arrange meetings and align with key statutory requirements during the year consistent with the UHB's annual plan of Board Business.

Urgent related business

The raising of any other urgent related business can be done so with prior knowledge and approval of the Committee Chair.

Circulation of Papers

Papers will be circulated at least 5 working days prior to the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes:
 - oral updates on activity
 - the submission of Committee minutes and written reports
 - to receive annual reports, which will incorporate key information from Research & Development, progress report on the Annual Quality Delivery Plan, Concerns, Safeguarding, Infection Prevention & Control, Clinical Audit & Effectiveness and Medicines Management
- Bring to the Board's specific attention to any significant matters under consideration by the Committee
- Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Board Committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall

responsibility and accountability for ensuring the quality and safety of healthcare for the population we serve and safety of the workforce we employ. The Committee, through the Committee Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the:

- joint planning and co-ordination of Board and Committee business, and
- sharing and communication of information, as appropriate.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

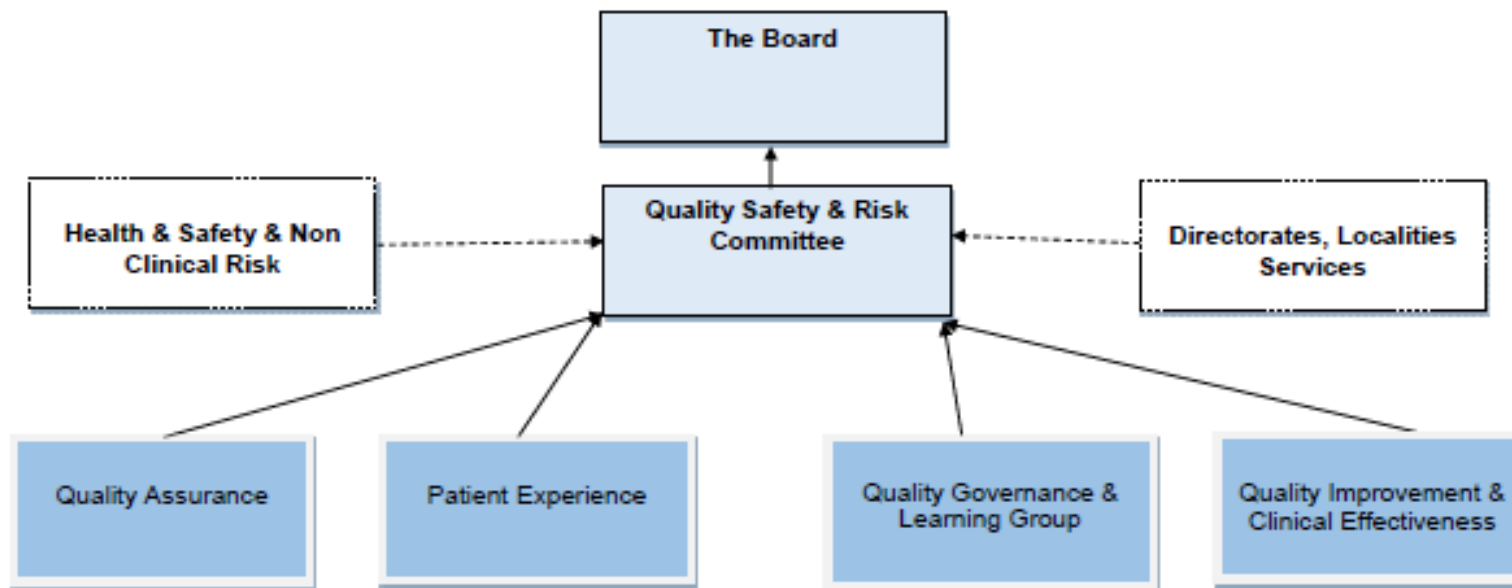
REVIEW

These Terms of Reference shall be adopted by the Quality and Safety Committee and subject to review at least on an annual basis.

For recommendation to the Board for approval.

Next Review date: November 2020

The Quality & Patient Safety Governance Framework: Board, Committee & sub group



Quality & Patient Safety is Everyone's Business

