

Aneurin Bevan University Health Board

Quality and Patient Safety Committee

Terms of Reference

Updated July 2019 (Revised October 2019)

QUALITY AND PATIENT SAFETY COMMITTEE TERMS OF REFERENCE

1. INTRODUCTION

1.1 The Health Board's Standing Orders provide that:-

"The Board may and, where directed by Welsh Government must, appoint Committees of the Board 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".

1.2 In line with Standing Orders (and the Board's Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Quality and Patient Safety Committee**. This Committee will focus on all aspects of Health Board functions aimed at achieving the highest quality and safety of healthcare, including activities traditionally referred to as 'clinical governance'. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Quality and Patient Safety Committee "the Committee" is to provide:

- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and
- **assurance** to the Board in relation to the Health Board's arrangements for:
- Safeguarding and improving the quality and safety of patient-centred healthcare
- The health and safety of staff, and citizens on the Board's premises
- The protection of vulnerable people in accordance with its stated objectives

- The requirements and standards determined for the NHS in Wales e.g. the Health and Care Standards.
- The Health Board's compliance with and response to audit and inspection arrangements from within and out of the organisation e.g. the Healthcare Inspectorate Wales, Internal Audit, Wales Audit Office and Community Health Council.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will, in respect of its provision of advice to the Board have responsibility on behalf of the Board to continually scrutinise, measure and monitor to ensure that, in relation to all such aspects of quality and safety:

- a) that there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- b) that the organisation, at all levels (corporate/directorate/division/clinical) has a citizen centred approach, putting patients, patient safety, patient experience, well-being and safeguarding above all other considerations. This will include receiving assurance that the Health Board has a patient experience framework in place and that assurance is given regarding its effectiveness;
- c) that the care planned or provided across the breadth of the organisation's functions (including corporate/directorate/division/clinical and those provided by the independent or third sector) are consistently applied, based on sound evidence, are clinically effective and meet agreed standards;
- d) that the Committee considers the implications for quality and safety arising from the development and delivery of the Board's corporate strategies e.g. Integrated Medium Term Plan and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board e.g. WHSSC and EASC.
- e) that the Committee considers the implications for the Board's quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators;
- f) that the organisation, at all levels (corporate/directorate/division/clinical) has the right systems and processes in place to deliver, from a patients perspective - efficient, effective, timely and safe services;
- g) that there is an ethos of continual quality improvement and that there are regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the

organisation;

- h) that clinical risks are actively identified and robustly managed at all levels of the organisation;
 - i) that decisions taken within the organisation are based upon valid, accurate, complete and timely data and information;
 - j) that there is continuous improvement in the standard of quality and safety across the whole organisation, which is guided and continuously monitored through the use of national and professional standards and in line with regulatory frameworks and that there is an effective clinical audit and quality improvement function and annual plan is in place that meets the standards set for the NHS in Wales and provides appropriate assurance to the Committee that actions are in place and learning has been undertaken.
 - k) that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance used are reliable.
 - l) that those recommendations made by internal and external reviewers are considered and acted upon appropriately and on a timely basis.
 - m) that lessons are learned from patient safety incidents, complaints and claims and that these, together with good practice are shared across the organisation and that the impact of learning is measured and shared.
- 3.2 The Committee will, in respect of its assurance role on behalf of the Board, seek assurances that governance (including risk management) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and services across the whole of the Board's activities in line with the Health Board's system of governance and assurance.
- 3.3 The Committee will, in respect of its assurance role on behalf of the Board, seek assurances that there is an appropriate Framework in place for Clinical Policies and that this is regularly reviewed.
- 3.4 The Committee as part of its delegated responsibilities will advise the Board on the adoption and continued development of a set of key indicators of quality of care against which the Board's performance will be regularly assessed and reported on through Annual Reports, such as the Annual Quality Statement.

Authority

- 3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Board and primary care practitioners relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - other Committee, Sub Committee or Group set up by the Board to assist it in the delivery of its functions.
- 3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

- 3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality and Patient Safety Committee.
- 3.8 The Committee will meet with Internal Audit and representatives of Clinical Audit [and, as appropriate, nominated representatives of Healthcare Inspectorate Wales] without the presence of officials on at least one occasion each year.
- 3.9 The Chair of the Quality and Patient Safety Committee shall have reasonable access to Executive Directors and all other relevant staff, any other Committees, Sub-Committees and Groups deemed appropriate by the Committee, and to primary care practitioners.

Sub Committees

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

4. MEMBERSHIP

4.1 Members

A minimum of five members, comprising:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	At least 2 other independent members of the Board, to include the Chair of the Health Board Audit Committee and the Vice Chair of the Health Board.

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2 Attendees

In attendance The Chief Executive and all Executive Directors holding portfolios containing aspects of quality and safety of care.

Other Executive Directors should attend from time to time as required by the Committee.

Deputies for Executive Directors will be allowed to attend meetings of the Committee in exceptional circumstances only by invitation and agreement with the Chair.

By invitation The Committee Chair may extend invitations to attend Committee meetings as required to the following:

- Directors and/or Heads of Directorates/Divisions/Clinical Teams
- Representatives of Partnership organisations
- Public and Patient Involvement Representatives
- Trade Union Representatives
- Representatives of Internal Audit and Clinical Audit.

as well as others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

Secretariat - As determined by the Board Secretary.

4.3 Member Appointments

- 4.3.1 The membership of the Committee shall be determined by the Board, based on the recommendation of the Board Chair – taking account of the balance of skills and expertise necessary to deliver the committee’s remit and subject to any specific requirements or directions made by Welsh Government.
- 4.3.2 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee’s membership after three or four years’ service so as to ensure the Committee is continually refreshed whilst maintaining continuity.
- 4.3.4 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Board Chair {and, where appropriate, on the basis of advice from the Board’s Remuneration and Terms of Service Committee}.

4.4 Support to Committee Members

- 4.4.1 The Board Secretary, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for committee members as part of the Board’s overall OD programme developed by the Director of Workforce & Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held no less than bi-monthly, and otherwise as the Chair of the Committee deems necessary – consistent with the Board’s annual plan of Board Business.

Withdrawal of individuals in attendance

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, the Board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, in particular the Audit Committee (in its role of providing overall assurance to the Board on the design and appropriateness of the organisation's system of governance and assurance), joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of information

in doing so, this will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall system of governance and assurance framework.

- 6.3 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
 - bring to the Board's specific attention any significant matters under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert

the Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

- The Board Secretary, in liaison with the lead Executives for the Committee and the Chair, shall ensure that an annual work programme is in place for the Committee, aligned to the priorities of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Board's Standing Orders are equally applicable to the operation of the Committee.

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.