Quality & Safety Governance Group

Terms of Reference

QUALITY & SAFETY GOVERNANCE GROUP

TERMS OF REFERENCE

1 PURPOSE

The purpose of the group is to discharge the responsibility of the Senior Leadership Team to manage clinical quality and associated risks to achieve the best possible safety, experience and outcomes for patients, their families, carers, and staff.

2 ROLE

The role of the Group is to establish and effectively implement systems and/or processes to:

- Receive information of good clinical and risk management practices in all clinical services, ensuring required standards are achieved, commissioning investigation and action where concerns about clinical quality are identified

- Plan and drive continuous improvement, identifying, sharing and ensuring delivery of best-practice, identifying and managing risks to quality of care.

Quality & Safety Governance Group provides a consultative forum to discuss and monitor the implementation of the SBUHB's Quality & Safety Process framework. The group carries out its duties as a sub-group of the Committee in reviewing systems of control and governance specifically in relation to clinical quality and safety.

The primary objective of the Group is to provide timely and accurate information to the Quality and Safety Committee that the key critical clinical systems and processes are effective and robust. These systems will include, but are not limited to:

- Incident Management and Reporting;
- Quality Improvement;
- Quality Care which is safe, effective with positive patient experience
- Compliance with the Health and Care Standards;
- Patient Experience;
- Research and Development;
- Maintaining clinical competence.

3. DUTIES

Quality & Safety Governance Group

- Monitor the implementation of the quality and safety process framework, ensuring a cohesion with corporate quality objectives defined in the Annual Quality Report;
- Monitor the quality of care and any associated Health Board wide risks i.e. safety, outcomes and patient experience, by receiving as a minimum quarterly reports from sub-groups/annual reports;
- Monitor the implementation of plans to improve the safety, quality, effectiveness and efficiency of services, via receiving work plans/progress against work plans for all sub-groups;

- Ensure systematic sharing of information and support learning from serious incidents, feedback and other forms of quality intelligence;
- Monitor performance and achievements against Health and Care Standards, via quarterly reports. The Group will look for evidence that risks to compliance have been assessed and that appropriate actions are in place to address identified gaps/concerns;
- Review and respond to reports from the subgroups and monitor their achievement of agreed objectives and agreed actions to mitigate risks ensuring where relevant risks are entered on the Health Board Risk Register;
- Ensure that the Health Board operates in compliance with Health Inspectorate Wales regulations;
- Monitor progress against external and internal assurance reports and action plans, in relation to clinical governance, resulting from improvement reviews/notices from the Health Inspectorate Wales and other external assessors;
- Monitor the Health Board compliance with those licensing standards that are relevant to the Quality & Safety Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Health Board's annual declaration of compliance within the Annual Governance statement;
- To review high risk cases (e.g. Serious Incident or high risk complaint) and any other serious issues, provide scrutiny and oversee responses and action plans;
- To advise the Quality and Safety Committee of significant risk or governance issues and action that needs to be taken to improve performance results;
- To receive and review written monthly exception reports from Unit/Corporate governance leads (e.g. patient experience lead) about directorate performance and any issues that need to be addressed. This includes:-

    i. Reports of incidents, complaints, claims, coroner's inquests or other adverse events to ensure that trends are identified and appropriate action is being taken to manage the event and to prevent recurrence
    ii. Infection prevention and control performance i.e. MRSA data, Clostridium difficile data, Root Cause Analysis reports
    iii. Safeguarding Reports
    iv. To receive and review reports of external visits, accreditations and inspections on services and ensure that recommended actions are implemented
    v. To receive and review the findings from the Health Inspectorate Wales Reports, Community Health Council visits, Regulatory Inspections, ensuring action plans are implemented to address any significant issues and disseminate learning across the organisation

- Delegated authority to review and approve procedural documents, strategies, policies, protocols and procedures;
- Review root cause analyses for serious incidents for assurance of a robust and comprehensive investigation, identification of appropriate risk reduction actions and risk assessment (where relevant) prior to onward reporting to the Quality and Safety Committee;
- Oversee the implementation of the metrics and dashboards to monitor quality and safety at different levels of the organisation and across all sub groups in terms of

clinical outcomes, patient safety, effectiveness and experience, and expected levels of performance;

- Develop, scrutinise and review the systems in place to monitor, audit and improve the quality of care delivered to patients and that relevant risks or shortfalls are identified, understood and mitigated;
- Monitor the programme of work in relation to the Welsh Government Health and Care Standards framework to ensure that services are meeting their responsibilities in terms of compliance and reporting;
- Ensure all statutory elements of clinical governance are adhered to within the Health Board;
- Approve the Health Board Annual Quality Statement before submission to the Quality & Safety Committee and the Board;
- To receive exception reports from all reporting sub groups – **See Appendix 1 for full list** - and oversee the work of those sub groups to ensure they are fulfilling the objectives of their respective terms of reference;
- Approve the Terms of Reference and membership of its reporting subgroups;
- To consider matters referred from the Quality & Safety Committee;
- Promote within the Health Board a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Health Board's policy on reporting issues of concern and monitoring the implementation of that policy;
- Monitor the Health Board's compliance with those licensing standards that are relevant to the Quality & Safety Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Health Board's annual declaration of compliance within the Annual Governance statement;
- Direct Directorates/Units and/or Corporate functions to take specific corrective actions to ensure safety and quality is maintained;
- To receive and provide reports to and from the Risk Management Department Committee by exception to ensure connectively;
- To ensure implementation of the National Patient Safety Agency reporting system;
- To assure there are processes in place to safeguard children and adults within the Health Board;
- To escalate to the Executive Team and/or the Quality & Safety Committee any identified unresolved risks arising that require executive action or that pose significant threats to the operation, resources or reputation of the Health Board;
- Agree the annual patient experience plan and monitor progress;
- Ensure the Health Board has reliable, real time, up-to-date information about patient experience as to identify areas for improvement and ensure that these improvements are effected;
- To identify areas for improvement in respect of incident themes and complaint themes from the results of National Patient Survey / PALS and ensure appropriate action is taken;
- To monitor trends in complaints received by the Health Board and commission actions in response to adverse trends where appropriate;
- To agree the Annual Quality statement and monitor progress;
- Ensure care is based on evidence of best practice/national guidance;

- Ensure appropriate processes are in place to monitor and promote compliance across the Health Board with clinical standards and guidelines including but not limited to NICE guidance and guidelines and radiation use and protection regulations (IR(ME)R);
- To ensure the implementation of all new procedures and technologies according to Health Board policies;
- To review the implications of Confidential Enquiry Reports for the Health Board and to endorse, approve and monitor the internal action plans arising from them;
- To ensure that there is an appropriate mechanism in place for action to be taken in response to the results of clinical audit and the recommendations of any relevant external reports;
- To oversee the processes within the Health Board to ensure that appropriate action is taken in response to adverse clinical incidents, complaints and litigation and that examples of good practice are disseminated within the Health Board and beyond if appropriate;
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Health Board;
- To ensure the Health Board is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery;
- To submit reports for approval to the Quality and Safety Committee on:
    - The Annual Quality Statement
    - The Quality & Safety Governance Group's terms of reference, which are to be reviewed on an annual basis
    - Policy and procedural documents relating to quality & safety matters.
    - The Quality & Safety Annual Improvement plan including progress updates

4. MEMBERSHIP

4.1 The Chair of the Group will be the Director of Nursing & Patient Experience. In his/her absence the Medical Director will chair the meeting.

4.2 Key membership:

- Deputy Director of Nursing & Patient Experience
- Deputy Medical Director
- Deputy Chief operating Officer
- Deputy Director of Therapies & Health Science
- Service Delivery Unit Nurse Directors X 5
- Assistant Director of Health & Safety
- Head/Deputy Head of Quality & Safety
- Head of Compliance
- Head of Support Services

4.3 Quality and Safety representatives may nominate a deputy to attend a meeting if they are unable to personally attend.

8. QUORUM

The quorum necessary for the transaction of business shall be:

- Chair (or Vice Chair)
- Seven other members of whom 3 must include one representative from each of the Units
- One representative from the Medical Director's team, or an alternative clinician nominated by the Medical Director, e.g. Unit Medical Director

A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Quality Governance Group.

9. ATTENDANCE

9.1. Core members are required to attend at least 75% of the Group meetings.

9.2. Members of the Group shall appoint suitably qualified deputies to represent them at meetings when they are unable to attend personally. Where this is not possible they must provide a written update to working group members at least two working days beforehand.

9.3. The Chair will follow up any issues related to the unexplained attendance of members. Should non-attendance jeopardise the functioning of the Group the Chair will discuss the matter with the member and if necessary seek a substitute or replacement.

9.4. With the approval of the Chair, other persons may be asked to attend meetings from time to time for a specific purpose.

9.5 The Group shall invite appropriate Partnership representatives, including a staff side representative for the relevant site to attend the group

9.6 The Chair of the Group may require the attendance of specialist advisors or other attendees to attend meetings either in full, or for specific agenda items. Such attendees may include:

Chairs of any sub-group that works below the Quality Governance Group

9.7 The Head of Risk Management will be in attendance to provide expert advice in respect of links between agenda items and risks.

9.8 Other managers may be required to attend at the discretion of the Chair of the Group.

10. FREQUENCY

The group will meet monthly. The frequency of meetings should be reviewed by the Group annually.

11. AUTHORITY

11.1 The Quality Governance Group is authorised to discharge the duties set out in these Terms of Reference within the authority delegated to the individual members, both in the Scheme of Delegation, and from time to time by the Senior Leadership Team as recorded in the minutes of meetings.

11.2 The functions and actions of the Group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations.

11.3 Individuals remain responsible for their duties and accountable for their actions.

12. REPORTING

12.1 The Quality & Safety Governance Group must submit a written report to each Quality and Safety Committee meeting in the business cycle following the meetings of the group.

12.2 The Quality & Safety Governance Group must submit a written report to each Senior Leadership Team (SLT) meeting in the business cycle following the meetings of the group

12.3 Action notes and records of discussions will be made and will be available for reference if required.

13. ESCALATION

13.1 In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario the Chair is required to escalate the matter to the Chief Operating Officer (COO), and relevant Executive Director immediately.

13.2 In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario the Unit Director must include it on the Quality and Safety risk register and relevant Unit risk register if appropriate.

13.3 There will be circumstances whereby the Group may wish to consider escalating an issue to the Quality and Safety Committee. If such an instance arises, then the Chair of the Group must discuss with the Director of Corporate Governance in the first instance. Any matter that is considered appropriate for escalation will require a written report setting out the issue, and the actions taken to resolve/mitigate the risk/issue.

14. SUPPORT

14.1. The Working Group shall be supported by the Secretariat services provided through the Nursing & Patient Experience Department, specifically with regard to secretarial duties, minute taking and administrative support.

14.2. Duties shall include:

- Agreement of the meeting agendas with the Chair of the Group;

- Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings
- Enforcing a disciplined timeframe for agenda items and papers, as below:
    - At least 5 working days prior to each meeting, agenda items will be due from Group members;
    - At least seven working days before each meeting, papers will be due from Group members;
    - At least five working days prior to each meeting, papers will be issued to all Group members and any invited Directors and officers.

14.3 Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating approved draft minutes within five working days from the date of the last meeting

14.4 Advising the Chair and the Group about fulfilment of the Group's Terms of Reference and related governance matters

14.5 The Group will endeavour to provide good communication across the Health Board and ensure a copy of the Minutes is provided to each Quality & Safety Committee/Senior Leadership Team (SLT) following the business cycle of the group

14.6 Minutes of these meetings will be circulated to all Group members.

14.7 Separate notices will also be issued, as required, on matters which may arise outside of the meeting of the group.

15. REVIEW OF TERMS OF REFERENCE

15.1 The Group will monitor the effectiveness and working arrangements of these Terms of Reference annually.

Appendix 1 – Health Board Quality & Safety Governance Reporting Structure

(Under development November 2019)