



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	24 May 2022	Agenda Item	5.1
Report Title	Quality and Safety Committee Terms of Reference		
Report Author	Liz Stauber, Head of Corporate Governance		
Report Sponsor	Hazel Lloyd, Interim Director of Corporate Governance		
Presented by	Hazel Lloyd, Interim Director of Corporate Governance		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to set out the terms of reference for the Quality and Safety Committee for approval.		
Key Issues	There are no significant changes to the content of the terms of reference. The revision relate to the formatting to ensure consistency with all committee terms of reference.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
Recommendations	Members are asked to : <ul style="list-style-type: none"> • NOTE the report; • APPROVE the terms of reference. 		

TERMS OF REFERENCE FOR THE QUALITY AND SAFETY COMMITTEE

1. INTRODUCTION

The purpose of the report is to set out the terms of reference for the Quality and Safety Committee for approval.

2. BACKGROUND

In line with standing orders (and the health board's scheme of delegation), the board nominated a committee to be known as the Quality and Safety Committee. As such, terms of reference were developed to set out its role, responsibility and operating arrangements.

3. GOVERNANCE AND RISK ISSUES

The terms of reference are required to be reviewed annually in-line with the health board's governance framework and good governance principles. Failure to do so could result in the committee not discharging its duties appropriately putting the health board's governance arrangements at risk.

There are no suggested changes to the content of the terms of reference. All committee terms of reference are under review to ensure consistency of standard areas. This has resulted in the heading of some of the sections changing and others combined to make one section. This has had no impact on the content of the document. All changes are formatting related.

4. FINANCIAL IMPLICATIONS

There are no financial implications for the committee to consider.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the report;
- **APPROVE** the terms of reference.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring the committee carries out its business appropriately and aligned with standing orders is a key factor in the quality, safety and experience of patients receiving care.		
Financial Implications		
No financial implications for the committee to be aware of.		
Legal Implications (including equality and diversity assessment)		
It is essential that the committee complies with its standing orders, for which its responsibilities are outlined in its terms of reference.		
Staffing Implications		
No staffing implications for the committee to be aware of.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The approval of the terms of reference will enable the committee to continue as the main assurance committee to the board.		
Report History	The terms of reference are received by the committee annually for review.	
Appendices	The revised terms of reference are attached as appendix one.	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Quality and Safety Committee Terms of Reference



1. INTRODUCTION

Swansea Bay University Health Board's standing orders provide that *"The board may and, where directed by the Welsh Government must, appoint committees of the health 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"*.

In line with standing orders (and the health board's scheme of delegation), the board shall annually nominate a committee to be known as the **Quality and Safety Committee**. This committee's focus is on all aspects aimed at ensuring the 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. CONSTITUTION AND PURPOSE

The purpose of the Quality and Safety 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 in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

3. SCOPE AND DUTIES

Role and Responsibilities of the Quality and Safety Committee

The Quality and Safety committee will seek assurance that the health board is appropriately meeting the needs of patients and the public across the entire range of its influence. This includes;

- The effectiveness of population health interventions;
- Appropriate access and quality of services (from primary care through mental health services, hospital provided services and tertiary services);
- The outcomes of interventions;
- The experience of patients and their families in their interactions with the health board.

The committee will, in respect of its provision of advice to the board:

- oversee the initial development of the health board's strategies and plans for the development and delivery of high quality and safe services, consistent with the board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;



- consider the implications for quality and safety arising from the development of the health board's corporate strategies and plans or those of its stakeholders and partners, including those arising from any joint (sub) committees of the board; and
- consider the implications for the health board's quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators;
- obtain assurance 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 health board's activities;
- obtain assurance that services provided in conjunction with partners are properly delivered, in particular those which are commissioned from other health boards and those carried out with local authority via the Regional Partnership Board.

The Quality and Safety Committee will have a particular focus on seeking assurance that the quality priorities set out within the integrated medium term plan (IMTP-three-year plan) have sufficient management focus and that progress is made over the year:

To achieve this, the committee's programme of work will be designed to ensure that:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organisation, at all levels has a citizen centred approach, putting patients, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organisation's functions and those provided by the independent or third sector is consistently applied, based on sound evidence, clinically effective and meeting agreed standards;
- the organisation, at all levels, has the right systems and processes in place to deliver, from a patient's perspective - safe services;
- there is continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Health and Care Standards for Wales;
- 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 are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
 - recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
 - lessons are learned from patient safety incidents, complaints and claims.

The committee will advise the board on the adoption of a set of key indicators of quality of care against which the health board's performance will be regularly assessed and reported on through annual reports.



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. The following sub-committees have been established:

- Quality and Safety Governance Group
- Clinical Ethics Group

4. AUTHORITY

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 health board 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.

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.

5. ACCESS

The head of internal audit shall have unrestricted and confidential access to the chair of the Quality and Safety Committee.

The chair of the Quality and Safety Committee shall have reasonable access to executive directors and other relevant senior staff.

6. MEMBERSHIP

The committee shall comprise a minimum of three non-officer members of the board. It may also co-opt additional independent "external" members from outside the organisation to provide specialist skills, knowledge and expertise. Executive directors with responsibility for quality and safety should also be members, with other executives, including Director of Strategy, Chief Operating Officer (or deputy) and Director of Corporate Governance in attendance. The chief executive and other executive directors should attend from time to time as required by the committee chair



Executive Director	Membership	Frequency of Attendance
Director of Nursing and Patient Experience	Member	Every meeting
Executive Medical Director	Member	Every meeting
Director of Therapies and Health Science	Member	Every meeting
Chief Operating Officer	Member	Every meeting
Director of Corporate Governance	In attendance	Every meeting
Director of Finance and Performance	In attendance	As required

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

The Chairman and Chief Executive will attend meetings at their discretion and the Director of Corporate Governance will routinely attend meetings, ensuring governance support and advice is available to the committee chair.

The committee chair may invite other executive directors or health board officials to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

7. COMMITTEE MEETINGS

Quorum

At least three members must be present to ensure the quorum of the committee, including either the committee chair or vice-chair and one other independent member and an executive director. To ensure meetings are quorate, the chair can invite other independent members to attend.

Chair

An independent member shall chair the committee.

Secretariat

The Director of Corporate Governance/Board Secretary will determine the secretarial and support arrangements for the committee

Frequency of Meetings

Meetings shall be held on a monthly basis.

Committee Meetings

A standard agenda must be used as the basis for discussion at each meeting. Minutes prepared following a meeting shall be circulated to members and retained by the Director of Corporate Governance as formal record of the decision making for a period of seven years.



Withdrawal of Individuals in attendance

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.

The director of corporate governance/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 health board's overall organisational development programme developed by the Director of Workforce and Organisational Development.

8. RELATIONSHIP AND ACCOUNTABILITIES 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 its citizens. The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.

The committee, through its chair and members, shall work closely with the board's other committees, including 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; and
- sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the board's overall risk and assurance framework. This will be achieved primarily through the Audit Committee.

The committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

9. 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 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 health 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 may also require the committee chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, for example where the committee's assurance role relates to a joint or shared responsibility.

The director of corporate governance/board secretary, on behalf of the board, shall oversee a process of regular and rigorous 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 and Safety Committee handbook.

The committee shall provide a written annual report to the board on its activities, which will also record the results of the committee's self - assessment and evaluation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the committee, except in the following areas:

- quorum
- notice of meetings
- notifying the public of meetings
- admission of the public, the press and other observers
- paper circulation.

11. REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the committee with reference to the board.