 <p>GIG CYMRU NHS WALES   Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 13 December 2023</p> <p><b>Agenda item:</b> 6.2</p>
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<b>Reporting Groups</b>	
<b>Executive lead:</b>	Paul Veysey, Board Secretary and Head of Board Business Unit
<b>Author:</b>	Paul Veysey, Board Secretary and Head of Board Business Unit Liz Blayney, Deputy Board Secretary and Board Governance Manager

<b>Approval/Scrutiny route:</b>	<p>Paul Veysey, Board Secretary and Head of Board Business Unit</p> <p>The Terms of Reference have been reviewed by their respective groups, and approved by the Business Executive Team (BET)</p>
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<p><b>Purpose</b></p> <p>This paper presents the amended and approved Terms of Reference for our IP&amp;C, Safeguarding and Health and Safety reporting groups as well as proposing reporting arrangements and frequencies to programme assurance into BET and Committees.</p>
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<b>Recommendation:</b>				
APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Quality, Safety and Improvement Committee is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the updated Terms of Reference</li> <li>• <b>Note</b> reporting arrangements and frequencies</li> </ul>				



**Link to Public Health Wales [Strategic Plan](#)**

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

<b>Strategic Priority/Well-being Objective</b>	All Strategic Priorities/Well-being Objectives
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

**Summary impact analysis**

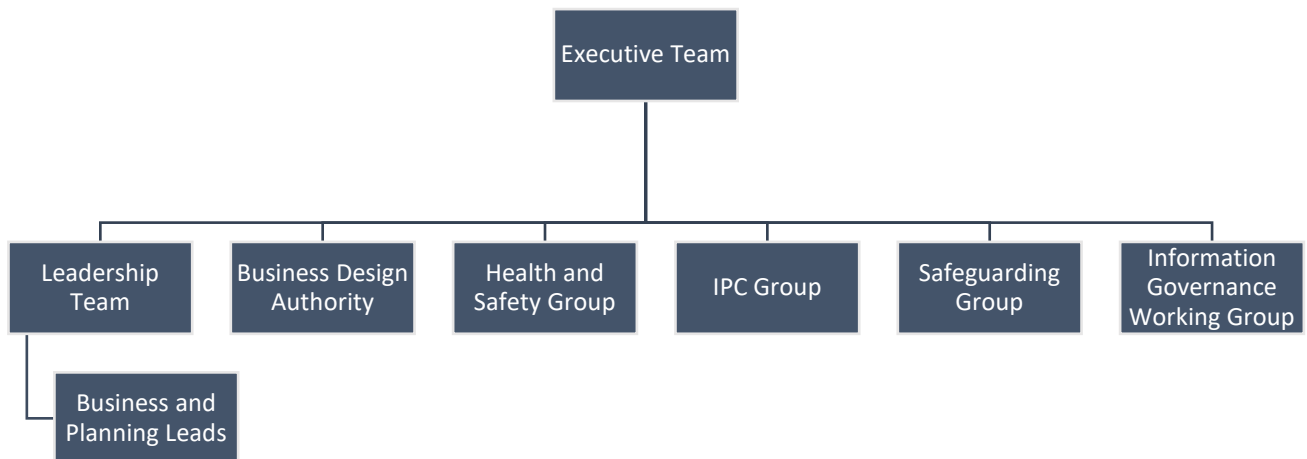
<b>Equality and Health Impact Assessment</b>	N/A
<b>Risk and Assurance</b>	
<b>Health and Social Care (Quality and Engagement) (Wales) Act</b>	N/A
<b>Financial implications</b>	N/A
<b>People implications</b>	N/A

## 1. Purpose / situation

The purpose of this paper is to set out the reporting structure of the reporting Groups into the Business Executive Team, the frequency of the regular reporting to BET, the requirements of the reports, and to establish the schedule of review of their Terms of Reference.

## 2. Background

The Business Executive Team has established a number of reporting groups to cover key areas of the business:



## 3. Updated Terms of Reference for approval

The following terms of reference have been reviewed and were approved by the Business Executive Team at its meeting on 6 December 2023:

- Health and Safety Group
- Safeguarding Group
- Infection Prevention and Control Group

The Board Business Unit has also reviewed the drafts and has suggested the following sections be amended / added for consistency:

- Reformatting into a standard template, with consistent headings and content.

- Approval of Corporate procedures in line with the Corporate Policy, Procedures and other written control documents.
- Consistent approach to approvals out of meeting to ensure minimum approval levels, and that the report is ratified at the next meeting. This is in line with BET and LT practice for approvals out of meeting.
- Consistent reference to reporting arrangements and explicitly reference the need to report quarterly, produce a work plan, and requirement to produce an annual report.

These elements will also be updated for the other groups as they come through for approval.

The remaining groups will be asked to review their Terms of Reference to submit to BET for approval in February 2024:

Digital and Data Design Authority	Last updated 7 September 2022	February 2024
Information Governance Working Group	Last updated November 2022, approved by the Group	February 2024
Leadership Team	Last Updated xx	February 2024  Will be reviewed and updated following the Joint LT and BET meeting.
Business and Planning Leaders	Last Updated xx	February 2024  Approval delegated to Leadership Team  Will be reviewed and updated following the Joint LT and BET meeting.

#### 4. Summary Reporting to BET

All groups will be asked to submit a quarterly report to BET summarising the meetings held in that quarter as well as the activities / work of the Group.

The following will also form part of the reporting and submitted to BET:

- Terms of reference review (annually)
- Work plan (annually)
- Annual Report (annually)

- Content specific reports in addition to the meeting summary reports (such as Health and Safety Quarterly reports, IG Quarterly reports summarising compliance)

Table 2 below is a summary of the suggested timings for this reporting:

Group	Reporting	
DDDA	Regular Meeting summary	January, April, July and October (Quarterly)
	TOR Review	February 2024
	Annual Report 2023/24	April 2024
Leadership Team	Regular Meeting summary	Monthly, 1 <sup>st</sup> BET meeting of the Month
	TOR Review	February 2024
	Annual Report 2023/24	April 2024
	Work plan for 2024/25	April 2024
Business and Planning Leads	Regular Meeting summary	Monthly to LT, and any issues escalated in the LT report to BET
	TOR Review	February 2024
	Annual Report 2023/24	April 2024
	Work plan for 2024/25	April 2024
Information Governance Work Group	Regular Meeting summary	February, April, July, October
	TOR Review	February 2024
	Annual Report 2023/24	April 2024
	Work plan for 2024/25	April 2024
Safeguarding Group	Regular Meeting summary	February, May, July, October
	TOR Review	December 2024
	Annual Report 2023/24	May 2024
	Work plan for 2024/25	May 2024
IPC Group	Regular Meeting summary	February, May, July, October
	TOR Review	December 2024
	Annual Report 2023/24	May 2024
	Work plan for 2024/25	May 2024
Health and Safety Group	Regular Meeting summary	February, May, July, October
	TOR Review	December 2024
	Annual Report 2023/24	May 2024
	Work plan for 2024/25	May 2024

### Recommendation:

The Quality, Safety and Improvement Committee is asked to:

- **Note** the updated Terms of Reference
- **Note** reporting arrangements and frequencies



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	<b>Name of Meeting</b> Business Executive Team Meeting	
	<b>Date of Meeting</b> XX	
	<b>Agenda item</b> XX	
<b>(NAME OF GROUP) report to Business Executive Team</b>		
<b>Period covered</b>	<b>Chair</b>	<b>Date of meetings within this period</b>

<b>Date of meeting (Meeting 1)</b>
<b>Summary of key matters considered by the Group:</b>
Include a summary of activity, relevant to the groups terms of reference.  This should include, key projects / work areas considered by the group, update on progress with key work / projects under review by the group and any other information to provide assurance to BET on how the group is fulfilling its terms of reference.
<b>Delegated action and decisions taken by the Group:</b>
Include any key actions and decisions taken within the groups delegations listed within the terms of reference. Please include any financial impact of these decisions.
<b>Key risks and issues/matters of concern of which the Executive Team needs to be made aware:</b>
Include any potential risks that have arisen that BET need to be sighted on, or that need to be escalated.  Also include any impact on the CRR and SRR of any of the discussions.
<b>Recommendations to BET:</b>

<b>Date of meeting (Meeting 1)</b>
Include any escalation for BETs attention that require BET action to progress.
<b>Any Other Business to Update BET:</b>
AOB – anything else not covered above.
<b>Upcoming Meetings</b>
Include next meeting date (s) and a summary of what will be considered at that meeting, and highlight any changes to the groups forward look since it was last reviewed by BET such as emerging projects and prioritise.



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## Health and Safety Group Terms of Reference and Operating Arrangements

**Date:** 6 December 2023

**Version:**3

**Review Date:** Annually

### 1. Introduction:

Public Health Wales' standing orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees 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 part 3 of the Standing Orders and Scheme of Delegation, the Board shall nominate annually a group to be known as the Health and Safety Group.

This Group reports to the Business Executive Team and provides assurance to the Quality, Safety and Improvement Committee.

- **Purpose**

The purpose of the Health and Safety Group is to:

- **Advise** and **assure** the Business Executive Team, the Quality, Safety and Improvement Committee, the Board and the Accountable Officer on whether effective arrangements are in place to ensure organisational wide compliance with the Public Health Wales Health and Safety Policy, approve and monitor delivery against the Health and Safety priority action plan and ensure compliance with the relevant Requirements within the Health and Social Care Act Wales.

This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing the risk levels and prioritising the issues identified.

- Where appropriate, the group will **advise** the Business Executive Team, the Quality, Safety and Improvement Committee, the Board and the Accountable Officer on where and how, its Health and Safety management may be strengthened and developed further.
- Approve, on behalf of the Board, relevant, procedures and other written control documents in line with the Corporate Policy, Procedures and other written control documents.
- **Recommend** any relevant Health and Safety Policies to the Quality, Safety and Improvement Committee for approval, and in line with the Corporate Policy, Procedures and other written control documents Procedure

## 2. Delegated Powers and Authority:

With regard to its role in providing advice to the Business Executive Team and the Quality, Safety and Improvement Committee, the group will comment specifically upon the adequacy of assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:

- Staff and patient/service user health and safety
- Premises health and safety and security
- Personal safety and prevention and management of violence and aggression
- Fire safety
- Risk assessment
- Manual handling
- Health, welfare, hazardous substances, environmental safety.
- Staff healthy lifestyle / health promotion activities.
- Staff health and well-being
- Estates compliance – Fire – Asbestos – Legionella – Fixed Wiring – Gas Safety.

The Group will support the Business Executive Team, the Quality, Safety and Improvement Committee and the Board with regard to its responsibilities for Health and Safety:

- approve and monitor implementation of the Health and Safety Action Plan;
- review the robustness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the Public Health Wales's' activities,

To achieve this, the Groups programme of work will be designed to provide assurance that:

- objectives set out in the Health and Safety work plan are on target for delivery in line with agreed timescales;
- proactive and reactive Health and Safety plans are in place across the organisation;
- policy and procedure development and implementation is actively pursued and reviewed;
- where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm;
- reports and audits from enforcing agencies and internal sources are considered and acted upon;
- employee health and well-being activities are in place in line with the organisations commitment to be a public health practicing organisation and corporate health standards;
- employee health and safety competence and participation is promoted;
- decisions are based upon valid, accurate, complete and timely data and information.
- to monitor the performance of operational level health and safety groups, recognising and sharing good practice and supporting areas for improvement.

**Approve** relevant Health and Safety Procedures in line with the Corporate Policy, Procedures and other written control documents Procedure.

**Recommend** any relevant Health and Safety Policies to the Quality, Safety and Improvement Committee for approval, and in line with the Corporate Policy, Procedures and other written control documents procedures.

#### 4 Sub - Groups

The Group may (subject to the approval of the Business Executive Team) establish sub groups or task and finish groups to carry out on its behalf specific aspects of Group business.

#### 5. Accountability

The group is accountable to the Business Executive Team and the relevant Board Committee via the Deputy Chief Executive, Executive Director of Operations and Finance.

The Chair will ensure that the Quality, Safety and Improvement Committee and Business Executive Team are provided with updates on of the work programme of the Group, on at least a quarterly basis.

The Group will produce an annual report on the work that has been undertaken which will be presented to the Business Executive Team and the Quality, Safety and Improvement Committee.

The Group Chair will ensure appropriate escalation arrangements are in place to alert the Trust Chief Executive and / or the Quality, Safety and Improvement Committee Chair of any urgent / critical matters that may compromise services / service user provision and affect the operation and / or reputation of Public Health Wales.

## **6 Membership and Attendees:**

### **6.1 Chair**

Deputy Chief Executive, Executive Director of Operations and Finance (Executive Lead for Health and Safety)

### **6.2 Members ;**

- Head of Estates and Health and Safety (Deputy Chair of the Group)
- Health and Safety Manager (Professional Lead) Public Health Wales (PHW).
- Health and Safety Lead (Microbiology Division)
- Health and Safety Lead (Screening Division)
- Lead for Infection, Prevention and Control
- Directorate/ Priority representatives
- Chief Risk Officer- Quality, Nursing and Allied Health Professionals
- Staff side Committee representative/s.

### **5.4 By invitation:**

The Group Chair may extend invitations to appropriate persons to attend Group meetings as required from within or outside the organisation who the Group considers should attend, taking account of the matters under consideration at each meeting.

**5.5 Secretariat:** Executive Assistant and Business Support Manager, Operations and Finance Directorate

## **6. Access**

The Chair of the Health and Safety Group will be the Executive Lead for Health and Safety.

## **7. Quorum**

At least 4 members one of whom must be the Chair or the Deputy Chair.

## **8. Frequency of meetings**

Meetings shall be held no less than quarterly and otherwise as the Chair of the group deems necessary.

### **9. Approval out of Meetings**

Where approval for procedures and other written control documents is sought out of the quarterly meeting structure, for example, via email / other electronic process, this will require confirmation of approval from the quorum number listed in section 6 above.

Any procedures approved out of meeting, should then be ratified at the next meeting of the Group.

### **9. Relationships and accountabilities with the Board and its IPC Group Meeting**

The Group must have an effective relationship with the Business Executive Team and the Quality, Safety, and Improvement Committee in order to provide effective reporting and assurance.

The Group must operate within the remit of its role.

Assurance is provided through this scheme of delegation through the Deputy Chief Executive, Executive Director of Operations and Finance.

### **10. REVIEW**

These terms of reference and operating arrangements shall be reviewed on an annual basis by the Group and recommended to the Business Executive Team for approval.

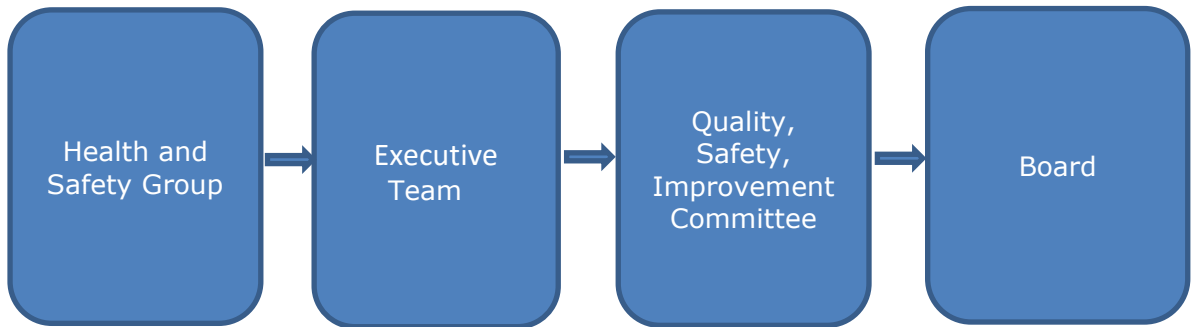
### **11. Reporting Arrangements**

The Group will report to the Business Executive Team and the Quality, Safety and Improvement Committee on a Quarterly basis.

The Group will also produce an Annual Report for assurance, which will be submitted to the Business Executive Team and the Quality Safety and Improvement Committee.

An annual work plan will be submitted the Business Executive Team and the Quality, Safety and Improvement Committee.

## 12. Flow chart of Governance Arrangements





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## **Safeguarding Group Terms of Reference and Operating Arrangements**

**Date:** 6 December 2023

**Version:** 6

**Review Date:** Annually

### **1. Introduction**

The Business Executive Team has established the Safeguarding Group in accordance with Public Health Wales (PHW) scheme of delegation.

The Safeguarding Group supports the Business Executive Team (BET) and reports to the Quality, Safety, and Improvement Committee (QSIC) (on behalf of the Board), ensuring PHW fulfils its statutory responsibilities. Both BET and QSIC monitor progress and receive key elements of assurance through scheduled reporting, the Safeguarding Maturity Matrix annual improvement plan and the Corporate Safeguarding Annual Report. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements for the Group.

### **2. Purpose**

The purpose of the Safeguarding Group is to:

- Ensure that systems and process are in place to safeguard children and adults at risk of harm and to monitor organisational arrangements and progress in relation to the corporate safeguarding agenda to assist PHW in discharging its statutory functions / responsibilities.
- Provide assurance to the Board in relation to the PHW's arrangements for all safeguarding issues in accordance with its stated objectives and the requirements and standards determined by the NHS and Legislation in Wales. This Safeguarding Group will report to BET and will provide assurance to QSIC through these mechanisms.
- To develop review and endorse relevant policies, procedures and other written control documents in relation to safeguarding practice in accordance with the Trust's Scheme of Delegation.
- The Safeguarding group will agree and monitor the organisational Safeguarding work plan and any associated improvement plans such as those identified through the Safeguarding Maturity Matrix self-assessment.

### 3. Delegated Powers

The Safeguarding Group will:

- Provide a forum to consider all issues relating to Safeguarding within the Trust and to take decisions on areas delegated by the Board.
- Seek assurances that there are the appropriate systems, processes and arrangements to allow the Trust to discharge its statutory responsibilities for:
  - Safeguarding Adults and Children
  - Violence against Women, Domestic Abuse and Sexual Violence
- **Approve** relevant Corporate Safeguarding Procedures in line with the Corporate Policy, Procedures and other written control documents Procedure.
- **Review and recommend** any relevant Safeguarding Policies to the Quality, Safety and Improvement Committee for approval, and in line with the Corporate Policy, Procedures and other written control documents Procedure
- **Support and approve** the annual Safeguarding Maturity Matrix and Safeguarding Annual Report designed to continually improve Safeguarding practice within the organisation.
- Advise the Board on the adoption of a set of key performance indicators against which the Trust will be regularly assessed.

The Safeguarding Group Meeting will:

- **Consider** performance reports in support of these indicators
- **Review** and endorse safeguarding related operational procedures

The Safeguarding Group Meeting will seek assurance about the requirements of the relevant Quality Standards relating to Safeguarding.

### 4. Sub-Committee/Groups

The Group may (subject to the approval of the Business Executive Team) establish sub groups or task and finish groups to carry out on its behalf specific aspects of Group business.

### 5. Accountability

The group is accountable to the Business Executive Team and the relevant Board Committee via the Executive Director of Quality, Nursing and Allied Health Professionals.

The Chair will ensure that the Quality, Safety and Improvement Committee and Business Executive Team are provided with updates on of the work programme of the Group, on at least a quarterly basis.

The Group will produce an annual report on the work that has been undertaken which will be presented to the Quality, Safety and Improvement Committee.

The Group Chair will ensure appropriate escalation arrangements are in place to alert the Trust Chief Executive and / or the Quality, Safety and Improvement Committee Chair of any urgent / critical matters that may compromise services / service user provision and affect the operation and / or reputation of Public Health Wales.

## **6. Membership, Attendees and Quorum**

### **6.1 Members / Chair of the Safeguarding Group**

The Safeguarding Group Meeting chaired by the Executive Director for Quality, Nursing and Allied Health Professionals.

Membership of the Group:-

- Executive Director of Quality, Nursing and Allied Health Professionals (Chair)
- Assistant Director of Quality, Nursing and Allied Health Professionals (Vice Chair)
- Non-Executive Director with responsibility for Safeguarding
- Named Lead for Safeguarding
- Organisational Development and Learning Representative
- People, Workforce, HR Representative
- Health Protection Directorate
- Designated Professional, National Safeguarding Service
- Subject matter specialists as required
- Directorate/ Division Leads
- Administration Support (PA)

**By invitation:** the Chair may also invite any other Trust representatives or others from outside the organisation to attend all or part of a meeting to assist it with its business

### **6.2 Quorum**

The quorum of the group will be **50%** which must include the Chair or Vice Chair. On the occasions when nominated members cannot attend, they will submit a brief written update report on all actions.

## **7. Frequency of Meetings**

Meetings shall be held no less than quarterly and otherwise as the Chair of the group deems necessary.

## 8. Approval out of Meetings

Where approval for procedures and other written control documents is sought out of the quarterly meeting structure, for example, via email / other electronic process, this will require confirmation of approval from the quorum number listed in section 6 above.

Any procedures approved out of meeting, should then be ratified at the next meeting of the Group.

## 9. Relationships and accountabilities with the Board and its Safeguarding Group Meeting

The Safeguarding Group must have an effective relationship with the Business Executive Team and the Quality, Safety, and Improvement Committee for the purposes of effective reporting and assurance.

The Safeguarding Group should operate within the remit of its distinct role.

Assurance is provided through the Executive Director for Quality, Nursing and Allied Health Professionals.

## 10. Review

These terms of reference and operating arrangements shall be reviewed on an annual basis by the Group and recommended to the Business Executive Team for approval.

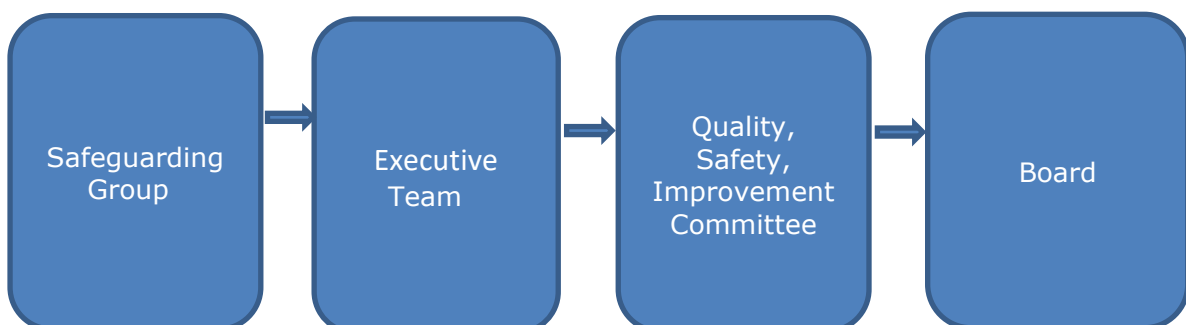
## 11. Reporting Arrangements

The Group will report to the Business Executive Team and the Quality, Safety and Improvement Committee on at least a quarterly basis.

The Group will also produce an Annual Report for assurance, which will be submitted to the Business Executive Team and the Quality Safety and Improvement Committee.

An annual work plan will be submitted the Business Executive Team and the Quality, Safety and Improvement Committee.

## 12. Flow chart of Governance Arrangements







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# Infection Prevention and Control (IPC) Group Terms of Reference and Operating Arrangements

<b>Date:</b> 6 December 2023	<b>Version:</b> 2
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**Review Date:** Annually

**1. Introduction**

The Infection, Prevention and Control (IPC) Group has been established by the Business Executive Team in accordance with Public Health Wales (PHW) scheme of delegation.

The IPC Group supports the Business Executive Team (BET) and reports to the Quality, Safety, and Improvement Committee (QSIC) (on behalf of the Board) to ensure PHW fulfils its statutory responsibilities. Both BET and QSIC monitor progress and receive key elements of assurance through quarterly reporting on IPC matters.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Group.

**2. Purpose**

The purpose of the IPC Group is to:

- Provide oversight of the organisations infection prevention and control arrangements ensuring this approach is informed by best practice, guidance and to meet high quality standards.
- **Approve** relevant IPC Procedures in line with the Corporate Policy, Procedures and other written control documents Procedure.
- **Monitor** the ongoing improvement and progress against All-Wales and UK national frameworks such as The Code of Practice (WG 2014), the Health and Social Care (Quality & Engagement) (Wales) Act 2020, Decontamination of Medical Devices Development Plan (WHC 2015) and Tackling Antimicrobial Resistance 2019-2024: addendum to the UK’s 5-year national action plan (2022).
- **Develop, implement and monitor** key Infection prevention and control performance indicators, which will assist the organisation in understanding whether the agreed approaches are effective and support ongoing improvement.

- **Provide assurance** to the Executive Team and Quality, Safety and Improvement Committee that the Trust has effective systems of internal control.
- **Review** of self-assessment and evidence of compliance with regulatory frameworks and performance against quality standards and Welsh Government requirements for NHS bodies.

### 3. Delegated Powers

The Infection Prevention and Control Group will report quarterly (or as required) to the Business Executive Team and Quality, Safety and Improvement Committee as part of the organisational clinical governance arrangements on the following activity:

- Progress against as The Code of Practice (WG 2014), the Health and Social Care (Quality & Engagement) (Wales) Act 2020, Decontamination of Medical Devices Development Plan (WHC 2015) and Tackling Antimicrobial Resistance 2019-2024: addendum to the UK's 5-year national action plan (2022). All nationally reportable incidents, investigation and shared learning.
- Other relevant matters of current, local, national or international importance.

The Group will:

- **Monitor** performance against the Code of Practice for the Prevention and Control of Healthcare Associated Infections (2014), the Health and Social Care (Quality & Engagement) (Wales) Act 2020: Infection Prevention and Control (IPC) and Decontamination.
- **Approve and monitor** the annual audit programme for infection control.
- **Approve and monitor** the education programme for infection control.
- **Approve** relevant IPC Procedures in line with the Corporate Policy, Procedures and other written control documents Procedure.
- **Recommend** any relevant IPC Policies to the Quality, Safety and Improvement Committee for approval, and in line with the Corporate Policy, Procedures and other written control documents.
- **Review**, oversee revisions and give final approval for relevant Infection Prevention & Control Procedures for Public Health Wales.
- **Discuss and approve** IPC Group workplan.
- **Interpret, review, and advise** on UK and international guidance on infection prevention and control.
- **Receive and review** divisional reports on:
  - Incident reports, investigations and lessons learnt and ensure dissemination of any identified learning
  - Audits undertaken and action plan progress and to ensure oversight of improvements made
  - Environmental hygiene
  - Building/ estates development plans
  - Water quality/ legionella
  - Risk assessments that fall within the remit of this group

- **Receive and review** reports on the endoscopy decontamination facilities at Health Boards commissioned to provide bowel screening services.
- **Encourage** staff to report any infection control risks to managers in order that they are considered and managed; monitor the development of safe systems of work and safety procedures.
- **Ensure** that outbreaks and incidents related to infection within the organisation are appropriately managed and lessons learnt.
- **Monitor** the distribution, implementation and action of safety alerts bulletins in relation to infection control and clinical safety.
- **Receive** immunisation uptake reports.
- **Receive** education compliance reports from the Organisational Development and Learning Team.
- **Monitor and review** any decontamination issues highlighted.
- **Monitor and review** Standards of Cleanliness for the organisation.
- **Advise and support** the lead nurse for Infection Prevention and Control.
- **Ensure** wide dissemination of any learning identified from reports, investigations and complaints.

These functions are not exhaustive and may be changed or extended as appropriate to meet the needs of the organisation.

#### 4. Sub-Committee/Groups

The Group may subject to the approval of the Business Executive Team establish sub groups or task and finish groups to carry out on its behalf specific aspects of Group business.

#### 5. Accountability

The group is accountable to the Business Executive Team and the relevant Board Committee via the Executive Director of Quality, Nursing and Allied Health Professionals.

The Chair will ensure that the Quality, Safety and Improvement Committee and Business Executive Team are provided with updates on the work programme of the Infection Prevention and Control Group, at least on a quarterly basis.

The Group will produce an annual report on the work that has been undertaken which will be presented to the Business Executive Team and the Quality, Safety and Improvement Committee.

The Group Chair will ensure appropriate escalation arrangements are in place to alert the Trust Chief Executive and / or the Quality, Safety and Improvement Committee Chair of any urgent / critical matters that may compromise services / service user provision and affect the operation and / or reputation of Public Health Wales.

#### 6. Membership, Attendees and Quorum

##### 6.1 Members / Chair of the Group

Executive Director for Quality, Nursing and Allied Health Professionals.

**Vice Chair:**

Assistant Director of Quality Nursing and Allied Health Professionals

**Membership of the Group:-**

- Executive Director of Quality, Nursing and Allied Health Professionals (Chair)
- Assistant Director of Quality, Nursing and Allied Health Professionals (Vice Chair)
- Lead Nurse for Infection Prevention and Control
- Representatives from Directorates/Divisions (in particular those which provide more clinically orientated functions/services or relating to estates and people management)
- Screening representative e.g. (Head of Nursing Screening)
- Health Protection representative
- Microbiology representative
- Head of Estates and Health and Safety
- People and Organisational Development representative
- Consultant Nurse, Healthcare Associated Infections (HCAI), Healthcare Associated Infection and Antimicrobial Resistance Programme (HARP)
- NHS Wales Shared Services Partnership/Specialist Services Engineering representative
- Staff side representation i.e., trade union
- Other Directorate representatives (where relevant) e.g. Help me Quit
- Board Business Unit representative

**By invitation:** the Chair may also invite any other Trust representatives or others from outside the organisation to attend all or part of a meeting to assist it with its business.

**Secretariat:**

Secretary:  
Business Support Manager, Quality and Nursing Division.

**6.2 Quorum**

At least 4 members must be present, one of whom should be the Group Chair or Vice Chair.

**7. Frequency of Meetings**

Meetings shall be held no less than quarterly and otherwise as the Chair of the group deems necessary.

**Papers for Meetings:**

Papers should be circulated a week prior to the meeting and must be made available to the Secretary before this.

**Secretary:**

The secretary to the Group will ensure that:

- There is a timely agenda with appropriate documentation.

- Minutes are written up and disseminated.
- The Group is aware of dates and locations of meetings.
- Actions are followed up and reported back

**8. Approval out of Meetings**

Where approval for procedures and other written control documents is sought out of the quarterly meeting structure, for example, via email / other electronic process, this will require confirmation of approval from the quorum number listed in section 6 above.

Any procedures approved out of meeting should then be ratified at the next meeting of the Group.

**9. Relationships and accountabilities with the Board and its IPC Group Meeting**

The Group must have an effective relationship with the Business Executive Team and the Quality, Safety, and Improvement Committee for the purposes of effective reporting and assurance.

The Group should operate within the remit of its distinct role.

Assurance is provided through the Executive Director for Quality, Nursing and Allied Health Professionals.

**10. Review**

These terms of reference and operating arrangements shall be reviewed on an annual basis by the Group and recommended to the Business Executive Team for approval.

**11. Reporting Arrangements**

The Group will report to the Business Executive Team and the Quality, Safety and Improvement Committee on at least a quarterly basis.

The Group will also produce an Annual Report for assurance, which will be submitted to the Business Executive Team and the Quality Safety and Improvement Committee.

An annual work plan will be submitted the Business Executive Team and the Quality, Safety and Improvement Committee.

