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Wales

# Quality, Safety and Improvement Committee Terms of Reference and Operating Arrangements

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## 1. Introduction

In line with Section B, 3 and 6 of the Standing Orders, the Board shall nominate annually a Committee(s), which covers Information Governance and Quality and Safety. This Committee will be known as the **Quality, Safety and Improvement Committee** and its terms of reference will extend to include information governance. It will also focus on all aspects aimed at ensuring the quality and safety of the services provided by Public Health Wales.

The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are detailed below.

These terms of reference and operating arrangements are to be read alongside the standard terms of reference and operating arrangements applicable to all committees.

## 2. Purpose

The purpose of the Quality, Safety and Improvement 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 public health services and programmes delivered to improve population health outcomes

- **assurance** to the Board in relation to the Trust's arrangements for safeguarding and improving the quality and safety of service user/person/population centred health provision in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales and other relevant bodies
- **approve** on behalf of the Board policies, procedures and other written control documents in accordance with the Scheme of Delegation.

### 3. Delegated Powers

The Committee will, in respect of its provision of advice to the Board:

- oversee the initial development of the Trust's Quality and Impact Framework, strategies and plans for the development and delivery of high quality and safe services/programmes and functions provided by Public Health Wales, 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 Trust's corporate strategies and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board
- monitor and, where appropriate, identify those risks which are relevant to the Quality, Safety and Improvement Committee and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately
- monitor the implementation and effectiveness of the Public Health Wales Quality Improvement Hub in supporting an organisational culture of continuous quality improvement
- provide oversight and scrutiny through evidence/assurance received that information management systems support business needs and comply with legal/best practice requirements (for example, the Information Governance Toolkit, Caldicott Principles in Practice, UK Code of Practice for Statistics).

The Committee will, in respect of its assurance role:

- seek assurances that governance (including risk management and information governance) arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe

public health services/programmes and functions across the whole of the Trust's activities

- provide assurance to the Board that there are robust systems and processes in place which can demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales, which are consistently applied and underpinned by an appropriate evidence base and/or ongoing evaluation
- ensure the improvement in the standard of quality and safety across the whole organisation, as appropriate via the continuous monitoring of the Quality and Impact Framework, Health and Care Standards for Wales and other relevant standards
- ensure all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality, safety and effectiveness of services, programmes and functions, and in particular that:
  - sources of internal assurance are reliable, for example, internal audit and quality/clinical audit have the capacity and capability to deliver in divisions/teams
  - recommendations made by internal and external reviewers are considered, acted upon on a timely basis and their implementation monitored
  - there is evidence of a culture of reporting and learning lessons with an emphasis on continual improvement, arising from near misses, incidents, Serious Untoward Incidents, concerns, claims and feedback from service users and the public.

To achieve this, the Committee will have a programme of work designed to ensure that it is able to discharge fully the provisions of its' Terms of Reference.

The Committee will review and agree the programme on an annual basis, and will recommend it to the Board for approval.

The Committee will advise the Board on the adoption of a set of key indicators of quality against which the Trust's performance will be regularly assessed and reported on through Annual Quality Statement and Reports as appropriate.

#### 4. Sub-committees/Groups

The Committee has established the following Group to carry out specific duties on its behalf and provide assurance to the Committee:

- Official Statistics Group

#### 5. Access

The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality, Safety and Improvement Committee at any time, and vice versa.

The Committee will meet with Internal Audit and, as appropriate, nominated representatives of Healthcare Inspectorate Wales without the presence of officials on at least one occasion each year. The Chair of the Quality, Safety and Improvement Committee shall have reasonable access to Executive Directors and other relevant senior staff.

#### 6. Membership, Attendees and Quorum

##### 6.1 Members

A minimum of three members, comprising:

Chair    Non-Executive Director

Members                                        Non-Executive Directors x 2

*Note: At least one of the Non-Executive Directors should also be a member of the Audit and Corporate Governance Committee.*

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

##### 6.2 Attendees

In attendance

Executive Director of Quality, Nursing and Allied Health Professionals (Lead Executive)  
Executive Director of Public Health Services/Medical Director  
Executive Director of Health and Wellbeing  
Director of NHS Quality Improvement and Patient Safety/Director 1000 Lives

Director of Policy, Research and International  
Development  
Governance and General Manager for Quality, Nursing  
and Allied Health Professionals Directorate  
Board Secretary

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

Up to two Trade Union Representatives and the Chief Executive will  
have a permanent invite to attend the Committee. In addition to this  
others from within or outside the organisation who the Committee  
considers should attend, will be invited taking account of the matters  
under consideration at each meeting.

### **6.3 Quorum**

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  
(where appointed).

## **7. Frequency of Meetings**

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

## **8. Relationships and accountabilities with the Board and its Committees/Groups:**

The Quality, Safety and Improvement Committee must have an  
effective relationship with the Audit and Corporate Governance  
Committee, the People and Organisational Development Committee and  
any other Committees or sub-committees of the Board in order for it to  
fully understand the system of assurance for the Board as a whole. It is  
very important that the Quality, Safety and Improvement Committee  
remains aware of its distinct role and does not seek to perform the role  
of other Committees.

## **9. Applicability of Standing Orders to Committee Business:**

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

- Quorum (*see paragraph 6.3*)