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

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1. Introduction

In line with Section B, 3 and 7 of the Standing Orders, the Board shall nominate annually a Committee(s), which covers Quality and Health and Safety. This Committee will be known as the **Quality, Safety and Improvement Committee**. It will also focus on all aspects aimed at ensuring the quality and safety of the services provided by Public Health Wales.

The Committee will also discharge the requirements of Section B, 3 and 6 of the Standing Orders, which require the Board to nominate a Committee that covers Health and Safety.

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 in relation to the quality and safety of public health services and programmes delivered to improve population health outcomes, including health improvement. This will include considering the Annual Duty of Quality Report and if appropriate recommending it to the Board for approval.

- **Assure** the Board on whether effective arrangements are in place in relation 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

- **Assure** the Board in relation to the effectiveness of the arrangements in place

to ensure organisational wide compliance with the health, safety requirements, 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

Remit

The Committee's role is to provide assurance to the Board, that there are the appropriate and effective systems in place for areas within its remit, including ensuring that there are appropriate development and quality improvements.

The Committee's remit covers the following areas:

- Quality Management (Improvement, Control and Assurance)
- Health and Safety
- Health Improvement and Population Health
- Service User Experience
- Clinical Audit
- Listening to People, (including Duty of Candour and Claims)
- Serious Incidents
- Infection Prevention and Control
- Safeguarding
- Management of Risk (within the remit)

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 across the period of its work programme.

The Committee will review and agree the programme on an annual basis and will submit to the Board for information.

Assurance

With regard to its role in in providing assurance to the Board the Committee will seek assurance that the functions within its remit meet the standards set for the NHS in Wales and provide comment on the reliability and integrity of these functions.

The Committee will seek assurance on the effectiveness of the overall arrangements in place to meet the requirements of the Duty of Quality and the Duty of Candour and provide comment on the reliability and integrity of these functions.

The Committee will seek **assurance** on:

1.1 The robustness of governance arrangements (including risk management) for the systems and processes in place that demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales. This includes:

- Health Protection and Infection Services
- Population Screening
- Population Health and Health Improvement Programmes

Ensuring that they are appropriately designed and operating effectively to support the delivery of high quality, safe public health services/programmes, and functions across the Organisation's activities.

1.2. The robustness of systems and processes in place that demonstrate quality, safety and effectiveness across all services/programmes and functions provided by Public Health Wales.

1.3 The effectiveness of the Organisation's quality related frameworks, strategies and plans for the development and delivery of high quality and safe services/programmes and functions provided by Public Health Wales, including the Duty of Quality.

1.4 This includes ensuring that these are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales and improvements in the standard of quality and safety across the whole organisation.

1.5 On the implementation and effectiveness of the quality management arrangements across the organisation in supporting organisational capability and capacity leading to a culture of continuous quality improvement.

1.6 The implications for quality and safety arising from the development of the Organisation's corporate strategies and plans, or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board, for example the Estates Strategy where there would implications for quality and safety.

1.7 That 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:

1.7.1 sources of internal assurance, which includes quality/clinical audit, internal audit have the capacity and capability to deliver in divisions/teams;

1.7.2 recommendations made by internal and external reviewers are considered in the context of its work plan, and the areas of focus within its remit.

1.7.3 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, and Health Safety;

1.8 That there are effective governance / clinical governance arrangements in place for areas of statutory responsibility, including Listening to People, Infection Prevention and Control, Safeguarding, Category 1 responder / civil contingencies act and Service User Experience.

1.9 Provide oversight, scrutiny and assurance of compliance with relevant legislation, guidance or initiatives, including the Health and Social Care (Quality and Engagement) (Wales) Act. This includes assurance on the Organisation's compliance with the Duty of Quality and Candour as part of this act.

1.10 The arrangements in place to monitor the voice of the service user and/or the citizen as being central to improving the quality and effectiveness of services, functions and programmes. Provided through a range of sources such as engagement, surveys, concerns, incidents and proactive arrangements to gain feedback.

1.11 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

1.12 For assurance on the prioritisation and progress being made to review policies.

1.13 Seek assurances that there are the arrangements in place to allow the Trust to discharge its statutory and mandatory responsibilities with regard to health, safety and welfare.

1.14 Receive reports of near misses, incidents, serious adverse incidents and claims relating to the health, safety and welfare of staff.

1.15 Monitor and, where appropriate, identify those risks which are relevant to the Knowledge, Research and Information Committee and the People and Organisational Development Committee, and provide assurance to the Board and, where appropriate, the Audit and Corporate Governance Committee that the risks are being managed appropriately'

NHS Performance and Improvement

1.16 Seek assurance on the relevant governance compliance areas, within the remit of the Committee, as outlined in the NHS Performance and Improvement Assurance Schedule. This will include compliance with the Duty of Quality requirements.

Delegated Decisions

The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by **reviewing** and **approving** as appropriate:

1.17 Listening to People (Complaints, Claims and Incidents) Policy and associated procedures, Guidelines and Protocols.

1.18 Policies relating to:

- Clinical Governance/Patient Safety
- Medicines Management (including immunisations and vaccinations)
- Public/Stakeholder Engagement Information
- Infection Prevention and Control
- Safeguarding, Violence and Aggression/ Personal Safety
- Health and Safety, Fire, Waste and Water Management
- Emergency Response / Business Continuity

Comment / Recommendation to Board

With regard to its role in providing advice to the Board, the Committee will **comment and make recommendations to the Board specifically** on the:

1.19 Development and adoption of a set of key indicators of quality and improvement, against which the Organisation's performance will be regularly assessed and reported on through reporting arrangements, such as the Duty of Quality.

1.20 Consider policies relating to Emergency response and Business Continuity and recommend to the Board for approval.

1.21 Consider proposed changes to the Emergency Response Plan and recommend to the Board for approval.

4. Sub-committees/Groups

The Committee may establish sub-groups to support the delivery of its role but at the time of reviewing this document no sub-committees were in operation.

The Health and Safety Group, Safeguarding Group and the Infection Prevention and Control Group report to the Business Executive Team and provide assurance to the Quality Safety and Improvement Committee.

5. Access

The Committee Chair and the Head of Internal Audit shall have unrestricted and confidential access to one another at any time. The Committee may meet with Internal Audit and, where appropriate, nominated representatives of Healthcare Inspectorate Wales, without the presence of Executive Directors or other officers, whenever considered necessary.

The Chair of the Quality, Safety and Improvement Committee shall have reasonable access to the Executive Team 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

The Chair of the organisation shall not be a member of the Committee, but may be invited to attend by the Chair of the Committee as appropriate.

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:

The following members of staff (or their deputies) shall routinely attend the Committee to actively contribute and provide assurance:

- National Director of Population Screening and Quality/Executive Director of Nursing (Joint Lead Executive)
- National Director of Health Protection and Screening Services, Executive Medical Director (Joint Lead Executive) (or equivalent post(s) to be confirmed)
- Director of Health and Wellbeing
- Executive Director of Strategy, Finance and Performance (Executive Lead for Health and Safety) or nominated deputy
- Assistant Director of Quality and Nursing
- Board Secretary and Head of Board Business Unit (or nominated deputy)

Other Executive Team members should attend from time to time as required by the Committee Chair.

The Chief Executive shall have a permanent invitation and in addition will be invited to attend, at least annually.

Up to two Trade Union Representatives 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

The Committee will generally meet a minimum of four occasions across the year or otherwise as the Chair of the Committee deems necessary – consistent with the Organisation's annual plan of Board Business.

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

The Committee must have an effective relationship with all 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. Reporting and Assurance Arrangements

The Committee shall provide a written, annual report to the Board on its work in support of the Committees remit, to provide assurance to the Board that the Committee is fulfilling its terms of reference effectively.

The Chair of the Committee reports into the Board via a composite report from Committee Chairs, where any significant issues are brought to the attention of the Board.

10. Applicability of Standing Orders to Committee Business:

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

- Quorum *(see paragraph 6.3)*