

# Quality, Safety and Experience Committee



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Terms of Reference and Operating Arrangements

### 1. INTRODUCTION

- 1.1. The Board shall establish a committee to be known as the Quality, Safety and Experience Committee (QS&E). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

### 2. PURPOSE

- 2.1. The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to the quality of services including clinical effectiveness, patient safety and patient and carer experience whether delivered directly or through a partnership arrangement and health and safety issues.

### 3. DELEGATED POWERS

- 3.1. The Quality, Safety and Experience Committee is required by the Board, within the remit of the Committee to:
- 3.1.1. Provide evidenced based assurance that there is compliance with The Equalities Act 2010.
- In discharging its duty the Committee will have 'due regard' to the Public Sector Equality Duty, to eliminate discrimination, to advance equality of opportunities and foster good relations when carrying out all functions and day-to-day activities.
  - In discharging its duty the Committee will have 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage.
- 3.1.2. Provide evidenced based assurance that there is compliance with The Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- In discharging its duty the Committee will have 'due regard' to the duty of quality.
- 3.1.3. Provide evidenced based assurance that BCUHB Policies are compliant with relevant legislation.
- 3.1.4. Provide evidence based and timely advice to the Board on developing strategies.

- 3.1.5. Provide evidence based and timely advice to the Board on the delivery of strategies including quality, clinical effectiveness, patient safety and patient and carer experience.
- 3.1.6. Oversee and provide evidence based and timely advice to the Board on relevant risks and concerns.
- 3.1.7. Provide relevant evidence based and timely advice to the Board on quality of citizen centred health in relation to patient services, public health, health promotion and health protection including (but not limited to):
- Clinical effectiveness
  - Patient Safety
  - Patient and carer experience
  - Safeguarding
  - Health and Safety
  - Infection, prevention and control
- 3.1.8. Receive the results of relevant audits (clinical and non-clinical) and any other relevant investigations and provide the Board with evidence based impact assessment of the implementation of the recommendations.
- 3.2. The Quality, Safety and Experience Committee is authorised by the Board to:
- 3.2.1. Seek assurance that outcomes for patients are delivered through partnership arrangements where that is beneficial for the patient.
- 3.2.2. Ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality Strategy and the principle of continuous quality improvement including organisational learning.
- 3.2.3. Ensure the adequacy of safeguarding and infection, prevention and control arrangements.
- 3.2.4. Provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations or as part of a partnership arrangement.
- 3.2.5. Provide assurance in relation to improving clinical effectiveness and the safety of patients within the Health Board's services, as well as those provided by other organisations on behalf of the Health Board or as part of a partnership arrangement.
- 3.2.6. Seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects affecting patient care, quality and safety and experience.

- 3.2.7. Ensure that 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 (including clinical audit) are reliable.
  - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis
  - Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'.
- 3.2.8. Receive assurances from the Quality Strategy to allow the Committee to review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements.
- 3.2.9. Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).
- 3.2.10. Review and seek assurance on the appropriateness of the quality indicators defined within the Quality and Performance Report (QaPR) and scrutinize the quality dimensions contained within the QaPR.
- 3.2.11. Review the sustainability of service provision across the Health Board in terms of quality of service, patient and carer experience and model of care provided.
- 3.2.12. Provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate.
- 3.2.13. To receive periodic updates in respect of the workforce flu vaccination.

#### **4. AUTHORITY**

- 4.1. The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any::
- Employee - and all employees are directed to cooperate with any legitimate 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.
- 4.2. It may also 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;

- 4.3. It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning quality, safety, patient and carer experience matters.
- 4.4. It will review risks from the Board Assurance Framework and Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

## **5. SUB-COMMITTEES**

- 5.1. 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.

## **6. MEMBERSHIP**

### **6.1. Members**

- 6.1.1. A minimum of three Independent Members of the Board.

### **6.2. In attendance**

- Executive Director of Nursing and Midwifery (Lead Executive).
- Executive Medical Director.
- Executive Director of Therapies and Health Sciences.
- Executive Director of Primary Care & Community Services.
- Executive Director of Workforce & Organisational Development.
- Executive Director of Public Health.
- Director of Performance.
- Associate Director of Quality Assurance
- Director of Mental Health & Learning Disabilities.
- Senior Associate Medical Director.
- Chair of Healthcare Professionals Forum (Associate Board Member)
- Representative of Community Health Council.

### **6.3. Right of Attendance**

- 6.3.1. Upon giving notice to the Committee Chair the following have the right to attend any meeting as an observer:

- Chair of the Board.
- Chair of the Audit Committee.
- Board Secretary.

#### **6.4. By Invitation**

- A patient representative.
  - A staff representative.
  - Executive Director of Planning and Performance.
- 6.4.2. Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.
- 6.4.3. Trade Union Partners are welcome to attend the public session of the Committee

#### **6.5. Member Appointments**

- 6.5.1. The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.5.2. Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chair of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

#### **6.6. Secretariat**

- 6.6.1. The Secretariat will be determined by the Board Secretary.

#### **6.7. Support to Committee Members**

- 6.7.1. The 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 development for Committee members as part of the overall Board Development programme.

### **7. COMMITTEE\_MEETINGS**

#### **7.1. Quorum**

- 7.1.1. At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

## 7.2. Frequency of Meetings

- 7.2.1. Meetings shall normally be held bi-monthly, but may be convened at short notice if requested by the Chair.

## 7.3. Withdrawal of individuals in attendance

- 7.3.1. The Committee may ask any or all non-board members who would normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 7.4. Conduct of Meetings

- 7.4.1. Meetings may be held in person where it is safe to do so or by video-conferencing and similar technology.

# 8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 8.1. 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 through the effective governance of the organisation.
- 8.2. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3. The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory 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 arrangements.

- 8.4. The Committee shall embed the corporate goals and priorities through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.
- 8.5. Receive assurance and exception reports from
- Executive Delivery Group for Quality Improvement.
  - Clinical Effectiveness Group.

- Patient and Carer Experience Group.
- Patient Safety and Quality Group.
- Strategic Occupational Health and Safety Group.
- Infection Prevention Steering Group.

## 9. REPORTING AND ASSURANCE ARRANGEMENTS

9.1. The Committee Chair shall:

- 9.1.1. Report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report and an annual report.
- 9.1.2. 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 affect the operation and/or reputation of the Health Board.
- 9.1.3. The 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. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

## 10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

## 11. REVIEW

11.1. These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

<b>Version number 8.0</b>	
<b>Committee</b>	<b>Date of approval</b>
<b>QSE</b>	<b>7.9.21</b>
<b>Audit Committee</b>	<b>n/a</b>
<b>Health Board</b>	<b>Via chair's report 23.9.21</b>