Quality and Safety Committee annual report for 2012/2013

Author: Gay Reynolds, Corporate Support Manager

Date: 19 September 2013	**Version:** 1

Purpose and Summary of Document:

The Quality and Safety Committee Annual Report outlines the main achievements and challenges that have contributed to improving quality of service and the safety of service users, staff and the public. It also allows the organisation to reflect on the work undertaken through the monitoring and development of the quality and safety of services provided by Public Health Wales.

The Board is requested to note and support the work undertaken by the Quality and Safety Committee, on its behalf, in relation to the quality and safety agenda.

Sponsoring Non Executive Director: Professor Simon Smail

Who will present: Professor Simon Smail

Documents attached: None

Date of Board meeting: 21 November 2013

Committee/Groups that have received or considered this paper:

- Quality and Safety Committee

Please state of the paper is for:

Discussion	
Decision	
Information	X

Quality and Safety Committee Annual Report for 2012/13

Author: Gay Reynolds, Corporate Support Manager	
Date: 18 July 2013	**Version:** 1
Publication/ Distribution: • Public (Internet)	
Review Date: Annually	

Link to Standards For Health Services	**1** **22** **23**	Standard 1: Governance and Accountability Framework Standard 22: Risk, Health and Safety Management Standard 23: Dealing with concerns and managing incidents

Contents

Foreword

I am pleased to provide the foreword for the third Public Health Wales Quality and Safety Committee Annual Report.

The report summarises the work overseen by the Quality and Safety Committee along with reflecting the excellent work undertaken by our staff, in partnership with stakeholders and overseen by the Quality and Safety Committee, over the last year.

Throughout the year the Committee has received reports to assist with the monitoring and development of the quality of services provided by Public Health Wales.

During the year the Committee commenced each meeting with a presentation to review the systems in place to provide assurance in relation to the quality of services and the quality outcome data

Key highlights for this year included within the report are:

- Divisional reporting on how services are quality assured;

- Strengthened arrangements for ensuring the Standards for Health Services are embedded and developed further;

- Investment in quality and safety to assist with meeting key challenges and priorities.

During 2012/13 the Quality and Safety Committee also focussed its attentions on the compliance levels for statutory and mandatory training and will continue to do so in 2013/14.

Over the coming year there are a number of areas which the Committee will focus on to strengthen and improve the services provided by Public Health Wales. These include:

- Ensuring the Public Health Wales response regarding 'Learning from Francis' and the matters that relate to patient quality, safety and experience are considered and scrutinised within the work of the Committee;

- Strengthening arrangements to ensure Public Health Wales learns from its mistakes and has a robust process in place to put things right;

- Continuing to ensure the work of the Committee remains fit for purpose and its work programme reflects the quality and safety priorities of the NHS in Wales and Public Health Wales.

I would like to extend special thanks to the Executive and Non Executive Directors, led by the Chief Executive and Chair, for their leadership and support.

I am grateful to the Board Secretary and the Corporate Support Manager for ensuring the Committee remains focussed on matters that can make a positive contribution to quality, safety and the service user's experience. I am also grateful to everyone who has contributed to the quality and safety of the services provide by Public Health Wales.

Key to the effective running of the Committee is its effective secretariat and I am grateful to the Executive Assistant to the Chief Executive for the support she afforded the Committee and its related work during 2012/13

Professor Simon Smail
Quality and Safety Committee Chair

1. Introduction

The Quality and Safety Committee provides clear leadership in the promotion of a positive culture of quality improvement and safety and monitors the work of its sub groups as they strive to ensure that safe systems are in place and that the quality and safety of services are improved and maintained.

The Board retains overall responsibility and accountability for ensuring safe, high quality services provided for patients, service users, staff and the wider public. It has delegated authority to the Quality and Safety Committee to undertake certain functions, as are set out within the Committee's terms of reference.

The main purpose of the Annual Report is to provide assurance to the Board, service users, staff and the public on those quality and safety matters considered and progressed by Public Health Wales during 2012/13.

2. Committee structure and working arrangements

The Quality and Safety Committee provides assurance through 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 the services provided by Public Health Wales.

The Committee met four times during 2012/13, as scheduled, and each meeting was chaired by Professor Simon Smail, who is a Non Executive Director. Committee meetings were attended by both non executive and Executive Directors. Divisional Directors were also invited to attend as appropriate.

The Committee continues to have a heavy agenda and during the year the length of the meetings was increased to ensure that all agenda items were afforded the required amount of time. A regular review of the Committee's work was maintained to ensure appropriate timings of reports and streamlining of the agenda where possible.

The minutes of each meeting are routinely reported to the Board. The aim of the report is to provide the Board with an account of the work which has been carried out by the Committee on its behalf. It is presented to the Board by the Chair of the Quality and Safety Committee.

In addition to this a decision was made during 2012/13 to publish the Committee minutes and papers. However, this is not undertaken with all

papers as some may contain personally identifiable information or commercially confidential information and are therefore discussed 'in private' to protect the confidentiality of the service user, staff and in the wider public interest.

3. Assurance and improving quality and safety

The Quality and Safety Committee ensures its work remains focused on the quality and safety of the services provided by Public Health Wales. To support this a review of the way the Committee receives information was undertaken and now more emphasis is placed on identifying, reviewing and assessing quality performance measures.

During the year the Committee commenced each meeting with a presentation to review the systems in place to provide assurance in relation to the quality of services and the quality outcome data:

- **Microbiology Quality Management Framework (July 2012)** - the presentation focussed on the Microbiology Quality Management System used to provide assurance that services delivered by the Microbiology Division are safe and provided to high quality standard.
- **Patient Stories (October 2012)** – an overview of the suggested roles for a Stories for Improvement mini collaborative.
- **The Screening Division Quality Framework (October 2012)** – an overview was provided of external and internal processes, feedback and audits of programmes that make up the Quality Framework embedded within all screening programmes.
- **External Review of Stop Smoking Wales (October 2012) –** a presentation on the external review by the National Centre for Smoking Cessation and Training (NCSCT) was received. The assessment concluded that that Stop Smoking Wales provides highly effective support that is held in high regard by smokers who use the service, whether they manage to quit or not.
- **Work of the Public Health Wales Observatory** (January 2013) – the presentation described the coordinated mechanism for directing and controlling products and services supplied by the Public Health Wales Observatory to ensure they are fit for purpose.

In addition to the above Public Health Wales Microbiology Network Laboratories underwent a CPA assessment visit between February and May 2012.

During the assessment each laboratory was visited at least twice, once by the Regional Assessor who assessed security, health and safety,

personnel, quality review and improvements, and also again by the Regional Assessor accompanied by a team of Peer Assessors. The Peer Assessors assessed the competency of technical staff and reviewed procedures as well as reviewing consultant staff reporting procedures. They interviewed local host trust management and users of the service. The duration of each laboratory visits was between two and three days per laboratory depending on the services of the laboratory. The network quality system was also scrutinised during the assessment. At the end of the visit, the assessors met with the Chief Executive and the Chair of the Quality Safety Committee to provide initial verbal feedback.

A total of 70 non compliances were raised by the CPA. These were discussed locally and across the laboratory network with each laboratory ensuring that they were compliant with any non compliance raised on other sites.

The number of non compliances cleared within three months was 51 and a total of 68 non compliances were cleared within six months. A further non compliance was cleared in January 2013 and the remaining non compliance was cleared in June 2013. The delay in clearing the final non compliance was due to a request by the CPA for evidence describing a change in circumstance following the submission of the original evidence.

Public Health Wales remains proactive in improving the quality of services provided and continues to strengthen its quality and safety arrangements to provide assurance of safe and effective services.

4. Investment in quality and safety

During 2012/13 Public Health Wales invested in a number of new key posts to assist the organisation with meeting its goals, key challenges and priorities in relation to quality and safety.

In August 2012 an appointment was made to the Professional Lead for Health and Safety. The key responsibilities of the post holder are to provide specialist advice, training and support to staff on health and safety related issues and to promote a positive health and safety culture throughout Public Health Wales.

Recruitment to the post of Facilities Manager was undertaken in November 2012. The purpose of the role is to facilitate a quality estates service that is responsive to Public Health Wales' operational needs. The post holder is also responsible for ensuring that Public Health Wales complies with its statutory and other responsibilities in relation to estates

and contributes to the wider health and safety and risk management agenda in conjunction with risk management/health & safety colleagues.

A Director of Nursing was appointed in March 2013 and is responsible for ensuring the successful delivery of nursing and midwifery to support the organisation's objectives and to provide nursing and clinical advice to the Public Health Wales Board. She is also responsible for ensuring that nursing and public health is supported in its delivery across health and social care within Wales. The Director of Nursing will be a permanent member of the Quality and Safety Committee.

In addition to the investment in new posts the organisation also invested in its own web based, centralised risk management system to fulfil its obligations for effective risk management and to discharge its corporate governance responsibilities. The Datix Risk Management system went live on 1 April 2013.

5. Standards for Health Services

The work undertaken by the Committee over the year helped to inform the Governance and Accountability Module and the Chief Executive Officer's Annual Governance Statement.

This year's self assessment against the Standards for Health Services was undertaken on both a Corporate and Divisional basis. The assessment focussed on the extent to which the Standards are being embedded This aligned with the Board Assurance Framework helped to inform the Chief Executive's signed Governance Statement.

To ensure self assessments are completed, meetings were held with all Divisional Directors to discuss the Internal Audit findings and to progress this year's self assessment. To support Divisions and staff involved in the self assessment process, a protocol and timetable for 2012/13 was developed.

The review concluded that satisfactory processes were in place within the organisation to ensure that the Standards for Health Services 2012/13 self Assessment was effectively completed and supported by appropriate narrative and scoring at both Corporate and Divisional levels.

The review found that good progress had been made in the completion of the Divisional self assessments and improvement in the content and quality of the information was noted.

The audit concluded that the level of assurance was **Substantial Assurance** in relation to the arrangements in place. A similar audit was undertaken for 2011/12 which returned a result of adequate assurance. A number of improvements were implemented following the review, which have contributed to the improved assurance rating.

The recommendations made as part of this year's review will be considered by those undertaking assessments at corporate and divisional levels, to ensure the process continues to evolve in the coming year.

Going forward it is the intention to ensure that all papers presented to the Board and Committees of the Board are aligned and referenced to the relevant Standards.

6. Welsh Risk Pool (WRP)

Public Health Wales participated in the annual Welsh Risk Management standard assessment which looked to provide the organisation with assurance in concerns, compensation and claims management.

The format of the assessment included a desktop review of relevant documentation, interviews with members of staff and a review of a random sample of concerns and compensation claims cases chosen by the assessor from lists provided.

The WRP assessment concluded the following:

- The organisation has a reasonably good structure and framework in place to support the investigation and management of concerns and to progress the implementation of the Putting Things Right guidance and regulations which is underpinned by an operational policy. The evidence from the reviews undertaken indicates that the quality of investigations and responses was reasonably good and generally captures the spirit and intent of Putting Things Right. However, a number of areas for improvement were identified.
- The arrangements in place for the operation of the delegated authority to effectively manage and settle claims below £1 million are very good.
- Public Health Wales has not yet adopted a generic process from which organisational learning can emanate, but it does have pathways through which some learning can be considered. It is recommended that these are formalised to ensure consistency of approach. In addition consideration should be given to evidence that is available to demonstrate how such learning occurs.

The following assessment scores have been achieved:

Area for Assessment		2011/12	2012/13
Areas for Assessment 1-13	Concerns Management	85.50%	81.81%
Areas for Assessment 14-23	Compensation Claims Management	96.77%	97.57%
Areas for Assessment 24-26	Learning from Events	30.67%	34.38%
Entire Standard		**71.00%**	**68.00%**

An area for improvement in 2012/13 is to strengthen arrangements to ensure that Public Health Wales learns from its mistakes.

The audit will assist the organisation in addressing gaps in implementation of the Putting Things Right guidance prior to next year's audit by the Welsh Risk Pool.

7. Improving quality

7.1.   Risk Management Strategy

The Risk Management Strategy, which provided a framework for Public Health Wales to define its risk management arrangements, enabling the management of risk and adherence to standards set down by the Welsh Government, Standards for Health Services and the Welsh Risk Pool, was approved by the Quality and Safety Committee in July 2012.

7.2.   Risk management infrastructure

One of the key documents which enables the Quality and Safety Committee to assure the Board on the management of risks within Public Health Wales is the Corporate Risk Register. The Corporate Risk Register identifies the principal risks associated with the key objectives on which the Board would wish to gain assurance. The Corporate Risk Register is a standing agenda item at each meeting. The Committee has continued to review it throughout the year, frequently challenging the description and scoring of risks to ensure that strategic issues are identified and actions to mitigate the risks are taken forward.

Risks are also regularly reviewed by the Executive Team, divisional senior management teams and the relevant corporate management groups.

Risk management continues to be embedded in the day to day running of the organisation and work has been undertaken with divisions to implement the Datix web based risk module.

7.3. Putting Things Right (PTR) – Handling Concerns Performance

7.3.1. Serious Incidents (SIs)

There are times unfortunately when service users unintentionally come to harm. When this happens staff report patient safety incidents via the Datix system and related matters are escalated to Executive and Divisional Directors for review. Such incidents are also reported to the Welsh Government and notified routinely to the Quality and Safety Committee.

Between 1 April 2012 – 31 March 2013 a total of 982 incidents were reported via Datix. Throughout the period the Quality and Safety Committee continued to monitor incidents, paying particular attention to new and ongoing Serious Incidents (SIs). As part of the monitoring of SIs the Committee receives update reports in order to gain assurance that learning points arising from them are considered and taken forward.

During 2012/13 a total of seven SIs were reported to the Welsh Government. These were fully investigated using root cause analysis techniques. Organisational learning is monitored by the Quality and Safety Committee.

7.3.2. Complaints

Public Health Wales is committed to the provision of an effective and timely process for responding to complaints, which enables it to maintain and improve services based on the lessons learnt.

The Quality and Safety Committee has continued to closely monitor complaints data as part of the Putting Things Right report which is a standing agenda item. In 2012/13 a total of 45 complaints were received compared to 48 in 2011/12. In addition to this a further nine complaints were received in relation to operational issues that were outside the regulation.

	2011/12	2012/13
Total number of complaints	48	45
Acknowledged within 2 working days	87%	93%
Responded within 30 working days	92%	82%
Concluded after 30 working days	8%	18%
Complaints/concerns still on going	2	0
Average time to respond	21 days	25 days

There have been a number of influences in the past 12 months that have impacted on the way complaints/concerns are managed within Public Health Wales, in particular the new arrangements under 'Putting Things Right' by which Public Health Wales manages and responds to complaints/concerns in order to meet the requirements of the Regulations.

7.3.3. Claims Profile – (as at 31 March 2013)

During 2012/13, the delegation for the approval of losses and special payments for claims was reviewed and updated. This included the appointment of the Executive Director of Planning and Performance as the Executive Lead for clinical negligence and personal injury claims.

The caseload of claims, as reported at 31 March 2013, was 12 and consisted of eight clinical negligence claims and four personal injury claims.

The actual payments made and reimbursements received for Personal Injury and Medical Negligence Claims in 2012/13 are detailed below:

Year	Actual Payments by the Trust	WRP Reimbursements
Personal Injury Cases		
2012/13	£15,334.70	£0.00
Year	Actual Payments by the Trust	WRP Reimbursements
Medical Negligence Cases		
2012/13	£733,114	£634,786.83

Following analysis of the personal injury and clinical negligence claims no specific trends were identified and no claims were selected for Welsh Risk Pool Standards claims review.

8. Health and safety

During 2012/13 the Chief Executive of NHS Wales requested a review of health and safety management across all NHS organisations in Wales. A review of Public Health Wales systems and controls in place for managing health and safety was subsequently undertaken by Internal Audit.

The review concluded that Pubic Health Wales had sound systems and processes in place for the management health, safety, risk management and incident reporting and that key issues are effectively reported. The level of assurance given for the management of health and safety within the organisation was 'Substantial Assurance'.

During the period Public Health Wales commissioned an independent review that was undertaken by the Cellular Pathology Service Manager from Cardiff and Vale University Health Board about the handling and management of hazardous solvents at the Magden Park laboratory in Llantrisant. All recommendations made within the report have now been implemented.

The Health and Safety Group has continued to meet quarterly to consider the Board's statutory requirements in line with the Health and Safety at Work Act 1974. The work of the Group is reported directly to the Risk Management Group. Health and safety is a standing agenda item at each Quality and Safety Committee meeting.

Public Health Wales continues to improve compliance with the All Wales Violence and Aggression (V&A) Training Passport and Information Scheme and adopts a zero tolerance to violence and aggression against staff. Quarterly reports detailing V&A incidents and compliance with NPSA alerts continue to be submitted to the Welsh Government.

9. Infection Prevention and Control Arrangements

Infection Prevention and Control (IP&C) is everybody's business. Public Health Wales NHS Trust is committed to the Welsh Government policy of zero tolerance to avoidable healthcare associated infections (HCAI)[1]. To meet the requirements of the Welsh Government's 'Commitment to Purpose' HCAI strategy[1] and the Standards for Health Services in Wales (standard 13), Public Health Wales has; an Infection Prevention and Clinical Safety Group, chaired by the Director of Nursing and reporting to the Trust Risk Management Group, a whole time Nurse Specialist in Infection Prevention and Control supported by the Nurse Consultant for the Welsh Healthcare Associated Infection Programme (WHAIP) and a programme of activity and assurance related to HCAI and related issues relevant to the services provided. This programme includes; infection prevention and control and cleanliness audits of clinical services and premises (suite of 11 audit tools across all Breast Test Wales screening facilities, static and mobile, ongoing rolling 3 year audits of all bowel screening facilities in conjunction with NHS Wales Shared Services Partnership (Facilities Services) and developing programmes of IP&C audit

in newborn hearing screening, aortic aneurysm screening and support for self audit in bowel screening laboratories). In addition a suite of core corporate IP&C policies have been developed and approved and, working with the Trust Professional and Organisational Development Team, a programme of mandatory IP&C induction and update education is being facilitated. The results and outputs of these activities are reported to and scrutinised by the Infection Prevention and Clinical Safety Group and escalated to the Risk Management Group as necessary. The developments for the forthcoming year include; increasing assurance through a formal IP&C risk register and increasing local ownership of IP&C issues through self audit using a support and validation approach.

10. Safeguarding in Public Health Wales

The Safeguarding Group, chaired by the Executive Director of Public Health Services, meets quarterly to provide a forum and focus for the management of safeguarding. It reports to the Quality and Safety Committee and submits an annual report providing positive assurance that the Group has met its terms of reference and safeguarding duties. The main monitoring and audit system is compliance with Standard 11 self-assessment submission. The Safeguarding Group will oversee the development, review and implementation of the improvement plan.

11. Revalidation of doctors

The online Medical Appraisal Revalidation System appraisal tool is now established within Public Health Wales and training sessions have been delivered. Appraisers have been identified and trained. General Medical Council (GMC) compliant multisource feedback is now available through an All Wales commissioned service provided by Equiniti 360. Medical staff revalidation appraisals, using MARS, commenced in May this year and several doctors have successfully revalidated with the GMC (the Executive Director of Public Health Services as Responsible Office underwent revalidation in January).Twenty per cent of 81 doctors with a prescribed connection to Public Health Wales will revalidate in 2013-14 and all by the end of March 2016. An equivalent process for non-medical specialists in public health who are registered with the UK Public Health Register will commence in April 2014.

12. Education and training

Training continues to be a priority across Public Health Wales and various courses have been run over the year to underpin the safety message.

During 2012/13 the Quality and Safety Committee focussed its attentions on the compliance levels for statutory and mandatory training. The Committee received quarterly reports setting out the compliance rates by Division and the training on offer to staff, using total staff numbers as a denominator. However, challenges in providing accurate data have been encountered as not all training attendance is recorded centrally, and data systems cannot, as yet, show the specific statutory and mandatory training requirements for each post or group of posts within the organisation. It is anticipated that this will be addressed when Employee Self Service is fully implemented.

The Committee remains concerned to ensure that the these problems are addressed fully as a priority in the coming year.

13. Policies approved by the Quality and Safety Committee

During 2012/13 the following policies were approved by the Committee:

- Policy for Display Screen Equipment (DSE)
- Asbestos Policy
- Medicines Management Policy
- Decontamination Policy
- Infection Control Policy
- Radiation Policy

14. Key areas for development in 2012/13

During 2012/13, the Quality and Safety Committee has played a key role in ensuring issues relating to the quality and safety of services have been considered in line with Welsh Government policy and within Public Health Wales' governance framework.

Although the work of the Quality and Safety Committee has been varied and wide ranging the Committee believes that the Annual Report for 2012/13 demonstrates that it has discharged its duties under the Committee's Terms of Reference.

However, there are still challenges ahead to help ensure that Public Health Wales achieves its goals and objectives. The Committee will play a key role in supporting Public Health Wales to deliver quality and safety at a time when resources are severely restricted.

The Committee will continue to focus on areas of work to strengthen and improve quality and safety of the services provided by Public Health Wales.

During 2013/14 the Quality and Safety Committee will:

- Continue to develop the role of the Committee to support the quality and safety of services delivered to service users, stakeholders, staff and the public;

- Strengthen and develop further the Committee work programme and aligning it to the Standards for Health Services and the Board Assurance Framework;

- Ensure the Public Health Wales response regarding 'Learning from Francis' and the matters that relate to patient, service users, citizens quality, safety and experience are considered and scrutinised within the work of the Committee;

- Measure improvement and manage performance in relation to the quality agenda as Public Health Wales continues to develop;

- Oversee the development of the Annual Quality Statement;

- Support further integration of the Standards for Healthcare Services into the core business of Public Health Wales, ensuring that all papers presented to the Board and Committees of the Board are aligned and referenced to the relevant Standards;

- Ensure that Public Health Wales puts things right when care delivery goes wrong and/or when concerns are raised; and ensure that redress is considered as part of the investigation process;

- Strengthen arrangements to ensure we learn from our mistakes and encourage an effective 'learning the lessons' and 'service improvement' culture;

- Monitor the experience of service users and responses to feedback;

- Monitor compliance/staff attendance at statutory and mandatory training;

- Continue to ensure the work of the Committee remains fit for purpose and its Work Programme reflects the quality and safety priorities of the NHS in Wales and Public Health Wales.

Appendix 1 Quality and Safety Committee Terms of Reference

Public Health Wales

Quality & Safety Committee

Terms of Reference & Operating Arrangements

1. INTRODUCTION

1.1 Public Health Wales' standing orders provide that "*The Board may and, where directed by the Assembly Government must, appoint Committees of the Trust 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*".

1.2 In line with part 3 of the standing orders, the Board shall nominate annually 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. PURPOSE

2.1 The purpose of the Quality & Safety 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 healthcare; and

- **assurance** to the Board in relation to the Trust'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. DELEGATED POWERS AND AUTHORITY

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

- oversee the initial development of the Trust'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 Trust's corporate strategies and plans or those of its stakeholders and partners, including those arising from any Joint (sub) Committees of the Board

- consider the implications for the Trust's quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators.

3.2 The Committee will, in respect of its assurance role, seek assurances 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 Trust's activities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality and safety:

- 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 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 patients perspective - efficient, effective, timely and safe services;
- the workforce is appropriately selected, trained, supported and responsive to the needs of the service, ensuring that professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organisation;
- there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- risks are actively identified and robustly managed at all levels of the organisation;
- decisions are based upon valid, accurate, complete and timely data and information;
- there is continuous improvement in the standard of quality and safety across the whole organisation – continuously monitored through the Healthcare 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.

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

Authority

3.5 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 Trust 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.

3.6 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.

Access

3.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Quality & Safety Committee.

3.8

3.9 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 Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.10 The Committee may, subject to the approval of the Trust Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

MEMBERSHIP

Members

3.8 A minimum of four (4) members, comprising:

	Chair	Professor Simon Smail
	Members	Professor Gareth Williams
		Dr Carl Clowes
		Mr John Spence
		The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

3.9 In attendance — The Chief Executive and all Executive Directors holding portfolios containing aspects of quality and safety of care.

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

3.10 By invitation — The Committee Chair may extend invitations to attend committee meetings as required to the following:

Heads of Directorates/Divisions/Clinical Teams

Representatives of Partnership organisations

Public and Patient Involvement Representatives

Trade Union Representatives as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

3.11 Secretary — As determined by the Board Secretary.

Member Appointments

3.12 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, 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 Assembly Government.

3.13 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of 3 consecutive years. During this time a member may resign or be removed by the Board.

3.14 Terms and conditions of appointment, including any remuneration and reimbursement in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration and Terms of Service Committee.

Support to Committee Members

3.15 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 organisational development for Committee members as part of the overall OD programme.

4.   COMMITTEE MEETINGS

Quorum

4.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair (where appointed).

Frequency of Meetings

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

Withdrawal of individuals in attendance

4.3 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.

5.   RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

5.1 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. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

5.2 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.

5.3 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

6. REPORTING AND ASSURANCE ARRANGEMENTS

6.1 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 Trust 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 Trust.

6.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Committee's assurance role relates to a joint or shared responsibility.

6.3 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 including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook.

7. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

7.1 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:

- Meetings in Public: The Quality and Safety Committee meetings would not normally be held in public.

8. REVIEW

8.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

References

Commitment to Purpose: Eliminating preventable healthcare associated infections (HCAIs) A framework of actions for healthcare organisations in Wales. Welsh Government; December 2011