

## ACADEMIC PARTNERSHIP COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2024-25

#### 1. INTRODUCTION

- 1.1 The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh 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 Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Academic Partnership Committee.
- 1.3 The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:
- providing advice on strategic development and performance within the terms of reference;
  - undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
  - carrying out specific responsibilities on the Board's behalf; and
  - providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

- 1.4 The Trust has made a commitment to recognise the importance of partnership working with a full range of academic partners and has established an Academic Partnership Committee to facilitate and develop this work and its remit is hereby set out in these formal terms of reference and operating arrangements.

## 2. PURPOSE

- 2.1 The delegated powers and authority set out in these terms of reference reflects the maturing University Trust Status (UTS) journey and the fact that this committee approaches its remit with a mixture of *scrutiny* (particularly with respect to refreshed UTS priorities, obtaining and maintaining UTS status), *partnering* (ensuring the right partners are on the Committee, that appropriate arrangements are in place with partners), *connecting* (existing and new partners to research/programmes of work in WAST), and *inquisitorial* (drilling down into elements of the priorities and other programmes where we are partnering with academic and industry to foster and promote).
- 2.2 The Committee recognises the wealth of knowledge, expertise and skill within the Trust, as well as the need to ensure that skill and expertise is maintained at the forefront of clinical and professional excellence. It will ensure that its work is not predicated just on the development and support of clinical staff but, rather, of everyone across the organisation, whether they be in a clinical, professional, or corporate role.
- 2.3 The Committee will Facilitate a forward-looking organisational culture with partners which:
- (a) promotes quality improvement across all activities;
  - (b) is rich in educational activities and staff development opportunities;
  - (c) helps attract and retain the very best staff, including internationally leading clinical academics;
  - (d) facilitates research, grant capture by clinicians and academics and the translation of evidence research findings into practice;
  - (e) encourages innovation and modernisation;
  - (f) encourages multi-disciplinary work and access to new and emergent fields of research and evidence based practice;
  - (g) builds capacity for translational research that allows all parties to compete at an international level;
  - (h) integrates education, research and practice that looks beyond targets and entrenched ways of working, fostering a culture of learning and innovation based on evidence and best practice;
  - (i) facilitates wealth and economic growth in the region and beyond;

- (j) supports the capture and analysis of the service user experience;
- (k) develops health informatics opportunities to achieve their potential;
- (l) Supports strategic planned lines of enquiry enabling knowledge creation.
- (m) use of digital technology to enhance our services.

- 2.4 The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.
- 2.5 The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.

### **3. DELEGATED POWERS AND AUTHORITY**

With regard to its role in providing advice and assurance to the Board, the Committee will:

- 3.1 Promote and support the exploration of opportunities with higher and further education, wider education providers and commercial partners across and beyond Wales to:
- (a) develop collaborative activities in relation to clinical and non-clinical services, research, and development, teaching and education, innovation and improvement, and commercial opportunities; and
  - (b) influence programme design.

- 3.2 Promote and support collaboration with key partners in health, social care, local authorities, and the third sector, as well as patients and patient representative groups, developing opportunities for widening access and increasing participation in health and social care education amongst local communities.
- 3.3 Ensure appropriate arrangements are in place with partner organisations that establishes role, responsibilities, and expectations, and supports the achievement of the highest standards of health, clinical care, research, innovation, and health care education. Depending on the nature of the projects the risk to the parties should be understood and the appropriate mitigated action taken.
- 3.4 Oversee and contribute to the development of submissions to Welsh Government for University Trust Status and ensure the ongoing maintenance of that status and compliance with any conditions from Welsh Government.
- 3.5 Review and agree programmes of work aligned to University Trust Status, ensuring that they:
  - (a) explore and identify opportunities for the development of the whole workforce;
  - (b) are appropriately resourced, and where possible maximise the benefits of shared resources and expertise, and availability of grants;
  - (c) are clear where Board level scrutiny will take place, whether that is at this Committee or another Board Committee, to avoid duplication and support coalescence of Board oversight.
- 3.6 Monitor plans to build capacity for the whole workforce whether they be in a clinical, professional, or corporate role, to participate in research; that opportunities to do so are being promoted; and that the workforce is encouraged to be professionally inquisitive.
- 3.7 Oversee the implementation of the research governance framework in accordance with the Health and Care Research Wales Research Governance Framework.

## Principal Risks and Audits

- 3.8 The Committee will monitor the principal risks relevant to its remit. It will consider the controls and mitigations of related risks and provide assurance to the Board that such risks are being effectively controlled and managed.
- 3.9 The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.

## Authority

- 3.10 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.
- 3.11 The Committee is authorised by the Board to obtain outside legal advice 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 Trust's procurement, budgetary and other requirements.
- 3.12 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

## Chair's Action

- 3.13 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.

3.14 In these circumstances, the Chair and the Lead Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).

3.15 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

### **Sub-Committees**

3.16 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## **4 MEMBERSHIP**

### **Members**

4.1 The core membership is a minimum of three members comprising: -

Chair	Non-Executive Director
Members	Two other Non-Executive Directors of the Board.

### **Prescribed Attendees**

4.2 The core membership will be supported by the attendance of the following at each meeting: -

- Director of Partnerships and Engagement (Committee Lead)
- Director of People and Culture
- Executive Director of Paramedicine
- Director of Digital Services
- Assistant Director for Quality and Nursing (Quality Governance)
- Assistant Director of Clinical Development
- Assistant Director of Research and Innovation
- Head of Strategy Development
- Head of Workforce Education & Development
- Director of Corporate Governance/Board Secretary
- Up to two Trade Union Partners

Other Directors and staff members will be invited to attend, either by the Committee or to present individual reports.

With the permission of the Chair, those in attendance may send a deputy in their place. This, however, does not affect the right of the Chair to require those listed above to attend.

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

## **Secretariat**

4.3 Secretary as determined by the Board Secretary

## **Member Appointments**

- 4.4 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 Welsh Government.
- 4.5 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board. The Board should consider rotating a proportion of the Committee's membership after three or four years' service so as to ensure the Committee is continuously refreshed whilst maintaining continuity.
- 4.6 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 Committee.
- 4.7 Should any Non-Executive Director on the Board be unable to attend a meeting of a Committee the member may consider appointing a substitute member to attend the meeting in his/her place. The substitute member will assume, upon appointment, full delegated responsibility on behalf of the substituted member and will be eligible to vote, as necessary on any matter before the Committee and will be counted as part of the quorum for that

meeting. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

### **Support to Committee Members**

- 4.8 The Board Secretary, on behalf of the Committee Chair shall arrange for the provision of advice and support to committee members on any aspect related to the conduct of their role.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least two core members must be present to ensure the quorum of the committee, one of whom should be the committee Chair or Vice Chair.

### **Frequency of Meetings**

- 5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business.

### **Withdrawal of individuals in attendance**

- 5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

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

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other 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 appropriate 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 assurance framework.

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

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:

- (a) report formally to each Board meeting (as appropriate) on the Committee's activities, in a manner agreed by the Board. This includes a written highlight report, the submission of approved Committee minutes,
- (b) bring to the Board's specific attention any significant matter under consideration by the Committee; and ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (as Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the presentation of an annual report, operation and/or reputation of the Trust.

- 7.2 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.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 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:

- Quorum – (as set out in section 5)

## 9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.