



## Schedule 3.6

### BOARD COMMITTEE ARRANGEMENTS

This Schedule forms part of, and shall have effect as if incorporated in the  
NHS Trust Standing Orders

## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE

## TERMS OF REFERENCE AND OPERATING ARRANGEMENTS



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### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

#### 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 **Quality, Patient Experience and Safety Committee**. This Committee has a key assurance role on behalf of the Board in relation to the Trust compliance with the Commissioning Core Quality Requirements, the NHS Wales Health & Care Standards 2015 and working towards the required compliance of the Welsh Government Quality and Governance Bill. 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 Committee is responsible for overseeing the improvement and outcomes in quality, patient experience, effectiveness and safety and delivering the Quality Strategy.

Its specific responsibilities are to provide:

- Evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to governance, quality and safety of healthcare;
- **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.

2.2 The Audit Committee will need to have an effective relationship with this Committee to understand the processes in operation. The primary focus of this Committee in relation to risk is to:

- propose new policy when needed;
- monitor the effectiveness of risk management processes, both clinical and non-clinical; and
- intervene in the event of any risks arising which cannot be resolved by an



alternative group or body of the Trust.

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

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

- oversee the Trust's strategies and plans for the 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; and
- consider the implications for the Trust's quality and safety arrangements from review/investigation reports, external guidance and national 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, management of health and safety and security) 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, and that these are compliant with relevant legislation. Additionally, the Committee will provide advice and assurance on the reliability, integrity, safety and security of the information collected and used by the organisation.

3.3 The Committee will be responsible for monitoring the Trust compliance with the Mental Health Act and Code of Practice through the work of the Trust Mental Health Steering Group.

3.4 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 (directorate/team/region/locality) has a citizen centred approach, putting patients, patient safety, quality of care and safeguarding above all other considerations;
- the care planned, or provided, across the breadth of the organisation's functions (including directorate/team/region/locality and those provided by the independent or third sector) is consistently applied, based on sound evidence, is clinically effective and consistent with agreed standards e.g. NICE, JRCALC etc;
- the organisation, at all levels (directorate/team/region/locality) has the right systems and processes in place to deliver, from a patients perspective – person centred, efficient, effective, timely and safe services;



- there is an effective clinical audit and quality improvement plan and function that meets the standards set for the NHS in Wales;
- there is good collaborative team and partnership working to provide the best possible outcomes for its citizens; and
- that any matters raised by the Medical Director, Director of Quality & Nursing or other Directors in relation to patient safety and clinical risk are considered and addressed promptly and fully.

3.5 **Annex A** sets out the main functions of the Quality, Patient Experience and Safety Committee

### **Corporate Risks and Audit Recommendation Tracker**

3.6 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee.

### **Authority**

3.7 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.

3.8 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.

3.9 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

### **Sub-Committees**

3.10 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

## **4. MEMBERSHIP**



## Members

4.1 The membership of the Committee should include at least one member of the Trust's Audit Committee and will comprise:

Chair            Non Executive Director  
Members        Three further Non Executive Directors of the Board.

## Attendees

4.2 The core membership will be supported routinely by the attendance of the following:

- Medical Director
- Director of Operations
- Director of Quality and Nursing
- Trade Union Partners (x 2)

4.3 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.4 Members may send deputies in their absence who will act with their full authority. 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.

## Member Appointments

4.5 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.

4.6 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.

4.7 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.

## Secretariat and Support to Committee Members

4.8 The Board Secretary, on behalf of the Committee Chair, shall:

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- 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 Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

5.1 At least two members must be present to ensure the quorum of the Committee. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

### **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. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

### **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. RELATIONSHIPS & 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 will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the



Board on the adequacy of the Trust's overall framework of assurance.

6.4 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:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer'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 (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the 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. In so doing, account will be taken of the requirements set out in the NHS Wales Quality & Safety Committee Handbook and national guidance.

## **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.



## Annex A

The main functions of the Quality, Patient Experience and Safety Committee are to:

### **TO OBTAIN ASSURANCE:**

- that the Health and Care Standards and Commissioning Quality Core Requirement are embedded Trust wide with actions taken in relation to any identified non-compliance;
- to provide assurance that the Trust is in compliance with the Mental Health Act and the Trust's Mental Health Improvement Plan;
- review the outcomes of clinical audits in line with the Trust's Clinical Audit and Effectiveness Plan;
- obtain assurance that the risks aligned to this Committee are supported with evidence of mitigation and controls assurance;
- assurance will be provided to the Committee by the Research and Development Forum with regards to the Trust's obligations for research and governance, as set out in the Welsh Government Research Governance Framework for Health and Social Care;
- review the outcomes of infection control audits and obtain assurance on the effectiveness of management actions relating to infection prevention and control;
- that recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
- that lessons are learned from patient experience information and patient safety and workforce related incidents, complaints and claims;
- on the Trust's safeguarding matters and where appropriate make recommendations for change;
- that the work of the Patient Experience & Community Involvement (PECI) arrangements and associated service user experience feedback is taken into account in the design and delivery of services, ensuring the full implementation of lessons learnt;
- on the arrangements for the management of health, safety and security and compliance with relevant legislation;
- that the workforce is appropriately selected, trained, supported and responsive to the needs of the service, and that professional standards and registration/revalidation requirements are maintained;
- progress of measures to improve data security and Caldicott performance against the Information Governance Toolkit;
- performance against indicators for clinical performance and clinical safety and assess the effectiveness of the relevant indicators