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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Quality and Patient Safety Committee

Terms of Reference

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1.0 Constitution and Purpose

1.1 In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the Local Health Boards (LHBs) jointly or the Welsh Government, appoint joint sub-committees of the Joint Committee, either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each Local Health Board (LHB) and/or its other committees).

These may consist wholly or partly of Joint Committee members, or LHB members, or of persons who are not LHB members or Board members of other health service bodies.

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and, in doing so, the needs of the LHBs jointly. As a minimum, it shall establish a joint sub-committee, whose purpose is to provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee. This sub-committee will be known as the **Quality and Patient Safety Committee (the sub-committee)**.

1.1. Purpose

The purpose of the sub-committee is to provide timely **assurance** to the Joint Committee that it is commissioning high quality and safe services. This will be achieved by:

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee; Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway); and
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with WHSSC Commissioned Services.

1.2. Relationships and accountabilities

Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions, as set out within these terms of reference, in accordance with legislation, the LHBs retain overall responsibility and accountability for ensuring the quality and safety of care for their citizens.

The sub-committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The sub-committee, through its Chair and Members, shall work closely with the Joint Committee's other joint sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and sub-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 Joint Committee's overall risk and assurance framework.

The sub-committee, through its Chair and Members, shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of specialised services may impact on primary and secondary services and vice versa (i.e. the whole pathway).

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

2.0 Delegated Powers and Authority

2.1 The Quality and Patient Safety Committee will, in respect of its provision of advice to the Joint Committee:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the development and implementation of the patient engagement and experience framework ensuring that there is continuous improvement in the commissioning of specialised services for the people of Wales;
- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are a priority for the organisation;

- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

2.2 **Authority**

The sub-committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

The sub-committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with WHSSC's procurement, budgetary and other requirements.

The sub-committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Health Inspectorate Wales, Care Quality Commission, National Audit Office and Wales Audit Office, that relate to the commissioning and delivery of specialised services.

2.3 **Access**

The Chair of the Quality and Patient Safety Committee shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

3.0 **Sub-groups**

The sub-committee may, subject to the approval of the Joint Committee, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of sub-committee business.

4.0 **Membership**

The membership of the sub-committee shall be determined by the Joint Committee, based on the recommendation of the Chair of WHSSC, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Chair of the Joint Committee and the Chair of the sub-committee shall select prospective members, from nominations from the Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. This selection will provide as wide a representation across Wales as possible.

The sub-committee shall consist of not less than five Independent Members drawn from Local Health Boards, Welsh NHS Trusts or other NHS Wales organisations. The sub-committee Chair and sub-committee Vice Chair will be appointed from the Independent Members or will be an independent external advisor (as appropriate).

The sub-committee may also co-opt up to two further additional independent members from outside of the organisation to provide specialist knowledge and skills. These members will not count toward the quorum.

The committee will be supported by the following WHSSC Officers;

- The WHSSC Medical Director or nominated deputy;
- The WHSSC Director of Nursing and Quality Assurance;
- The WHSSC Director of Planning;
- The WHSSC Director of Mental Health,
- The WHSSC Programme Director WKN; and
- The WHSSC Committee Secretariat.

WHSSC officers should be represented if they are unable to attend a meeting.

A representative of the Citizen Voice Body for Health and Social Care (CVB) Llais will be invited to attend sub-committee meetings as an observer.

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, from within or outside the organisation as appropriate, taking account of the matters under consideration at each meeting.

5.0 Quorum

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

6.0 Frequency and Attendance

The sub-committee will hold a minimum of five meetings per year.

Additional meetings may be called as appropriate with agreement of the Chair.

Additional meetings may be held with the chairs of the LHB's Quality and Safety Committees where there is urgent business for escalation.

Members will be required to attend a minimum of 75% of all meetings.

7.0 Dealing with Members' interest during meetings

Declarations of interest will be a standing agenda item for all meetings.

Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

8.0 Decision Process

Decisions can only be made in line within the parameter of the sub-committee's functions and the delegated powers and authority of the group as set out in section 2.0.

This sub-committee is an assurance committee and therefore where a decision is required the matter will be referred to the WHSS Team or Joint Committee, as appropriate.

9.0 Administrative Support

The sub-committee will be supported by WHSSC Corporate Secretariat, whose duties and responsibilities include:

- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- Taking minutes;
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

10.0 Support to Sub-Committee Members

The Committee Secretary, on behalf of the Chair of WHSSC, shall:

- Arrange the provision of advice and support to the sub-committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of organisational development for sub-committee members as part of any overall OD programme developed by the Joint Committee.

11.0 Circulation of papers

The Committee Secretariat will ensure that all papers are distributed at least five clear working days in advance of any meeting to the sub-committee members.

Items for information will not be considered by the sub-committee in accordance with the Business Framework 4.1.7. These items may be circulated outside of the meeting.

12.0 Circulation of minutes

The Committee Secretariat will ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.

The Committee Secretariat will ensure that a Chair's brief is sent to the next Joint Committee meeting and this is shared with members and HB Board secretaries. The Chair's brief should also appear as an item for information on the next QPS Agenda.

13.0 Reporting and Assurance Arrangements

The sub-committee Chair will:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This includes verbal updates on activity, the submission of a Chair's report which includes details of the services in escalation as well as the presentation of an annual report;
- Bring to the Joint Committee's attention any significant matters under consideration by the sub-committee;
- Ensure appropriate escalation arrangements are in place to alert the WHSSC Chair, WHSSC Directors or chairs of other relevant sub-committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee;

The Joint Committee may also require the Sub-Committee Chair to report upon the committee's activities at public meetings or to partners and other stakeholders, including Local Health Boards where this is considered appropriate.

The Committee Secretariat or Director of Nursing and Quality Assurance will, on behalf of the sub-committee Chair, share the sub-committee Chair report to the QPS Chair, Board Secretary and nominated Quality lead from each of the LHB's.

14.0 Training, Development and Performance

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any task and finish groups established.

An induction process will be established for new members and any training and development sessions will be managed by the sub-committee Chair, Executive Director of Nursing and the Committee Secretary.

The Quality Patient Safety Committee shall organise a development day on an annual basis for its members. The sub-committee will be invited to undertake a self-assessment and any other identified developmental needs of the committee.

15.0 Review

The sub-committee membership will be reviewed every two years.

Members of the sub-committee will be appointed for a period of two years, but should serve no more than four consecutive years. During this time a member may resign or be removed by WHSSC.

These terms of reference shall be reviewed annually by the sub-committee with reference to the Joint Committee.