



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



# Quality & Patient Safety Forum Terms of Reference

*Last Approved xx xx xxxx*

## 1. Constitution

The Executive Board resolves to establish a Quality and Patient Safety Forum (“the forum”) which will be the body within Swansea Bay University Health Board that provides a means of systematically managing the quality and safety agenda within the health board including the sharing of best practice. The main purpose of the Forum is to ensure Quality and Safety mechanisms are operating effectively and consistently across the Health Board and to escalate risks relating to quality and safety to the Executive Board, the Senior Leadership team and the Quality & Safety Committee as appropriate.

## 2. Membership

The membership shall comprise:

- Chair: Director of Nursing and Patient Experience
- Vice Chairs:
  - Medical Director
  - Deputy Director of Therapies and Health Science
- Assistant Director of Nursing and Patient Safety
- Assistant Medical Director
- Associate Director of Performance
- Director of Public Health
- Associate Director of IM&T
- Clinical Director of Pharmacy
- Unit Nurse Director and/or Unit Medical Director from each Service Delivery Unit:
  - Mental Health and Learning Disabilities
  - Primary and Community Services
    - Dental representative
  - Morriston Hospital
  - Singleton Hospital
    - Maternity representative
    - Neonates representative
    - Children and Young People representative
  - Neath Port Talbot Hospital to include;
    - Maternity representative

Nominated deputies may attend on a regular basis. A full list of members is outlined at **Appendix 1** for information.

The Director of Corporate Governance and Head of Internal Audit or designated deputies will be in attendance.

## 3. Quorum and Attendance

A quorum necessary for the transaction of business shall be 6 members; this must include at least one representative from the Units and two Executive Directors, or nominated representative (6 members). In the absence of a duly convened meeting

of the Forum, the meeting may still take place, but all decisions will be ratified at the following meeting.

Members of the Quality Forum are expected to be represented at every meeting and can nominate a deputy to attend in his / her absence. In the event that a deputy needs to attend the Director will ensure that they are appropriately briefed on the topics for discussion on the agenda.

Governance leads, deputies and other staff within the Health Board may also be asked to attend either as an observer as part of their development plan or to present papers on specific areas of responsibility.

#### 4. Principal Duties

The Forum, is accountable to the Executive Board and provides assurance to the Quality and Safety Committee that all services are being delivered in a high quality and safe manner, it ensures the principles of quality assurance, quality improvement and clinical governance are central to the activities of the Health Board.

#### 5. Remit

- To ensure that all statutory elements of quality and safety are adhered to;
- To monitor the health board's quality plan which is developed and implemented by the Clinical Senate;
- To give direction to the quality and safety activities of the Health Board's Unit's, not least by reviewing and approving each Unit's Annual Quality Delivery Plan;
- To approve the Health Board's Annual Quality Statement before submission to the Board;
- To receive and approve the annual Clinical Audit Programme ensuring that it is approved by Quality and Safety Committee consistent with the audit needs of the Health Board;
- To approve the Terms of Reference and membership of its reporting groups (as may be varied from time to time at the discretion of the Quality and Safety Forum) and oversee the work of those groups, receiving reports from them as specified by the Group's Terms of Reference for consideration and action as necessary;
- Consider areas of significant risk to the achievement of the Health Board objectives in relation to quality improvement, quality assurance and patient safety and advise on the robustness of mitigation plans and oversee the implementation of actions; escalating concerns as appropriate to the Executive Board and the Quality and Safety Committee;
- To consider the outcomes of all relevant quality and patient safety related external inspections, and oversee the action plans to ensure delivery and to promote learning from the inspections;
- To consider data and evidence available in relation to quality of services and recommend how this can be better aligned and used to drive improvement. This may include advising on actions in response to trends, themes and

issues arising from health board data, national and local reviews, audits, confidential enquiries, advisory bodies and reported concerns.

- To provide an arena for the sharing of best practice and to seek comparisons to organisations inside and outside of Wales so that benchmarking can be used to drive up standards in relation to the quality and safety agenda;
- To receive an update from All Wales National Quality & Safety Forum;
- To promote an open and learning culture within the organisation and to recommend areas of focus for the “Learning and Improvement Group”;
- To promote learning and receive a patient or staff story at each meeting.

## **6. Agenda and Papers**

The administrative support for the Forum will be provided by secretariat from within the Director of Nursing and Patient Experience’s directorate s, whose duties in this respect will include:

- Agreement of the agenda with the chair and attendees
- Collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward within an action log
- Advising on pertinent issues/areas

The timeline for submission of papers will be via email 5 days prior to the Forum meeting.

All papers submitted must be approved by the lead executive director or in his/her absence their nominated deputy.

## **7. Frequency of Meetings**

The Forum will meet monthly and a minimum of 10 times per year. Additional meetings may be arranged as determined by the chair.

## **8. Accountability, Responsibility and Authority**

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

It shall embed the health board’s vision, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## 9. Quality Governance Sub-Structures

To enable the Quality & Safety Committee to fulfil its terms of reference, discharge its functions appropriately and assert the level of scrutiny required to gain assurance in relation to the health board's opportunity to deliver safe care, the Quality & Safety forum provides a means of systematically managing the quality and safety agenda within the health board including the sharing of best practice. The main purpose of the Forum is to ensure Quality and Safety mechanisms are operating effectively and consistently across the Health Board and to escalate risks relating to quality and safety to the Executive Board, the Senior Leadership team and the Quality & Safety Committee as appropriate.

The forum is supported by a number of sub groups and sub committees which support the forum in managing and monitoring quality and safety matters across the Health Board. The Quality Governance structure is outlined at **Appendix 2** for information.

## 10. Reporting

The following reporting arrangements shall apply:

- The Chair will bring to the health board Chief Executive's specific attention any significant matter under consideration by the Quality Forum.
- The Chair will ensure appropriate escalation arrangements are in place to alert the board 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 health board.
- The Chair will ensure that the Quality Forum agenda will be set in line with the work plan which will be agreed by the Executive Board.
- Each Service Delivery Unit representative (either the Nurse Director or Medical Director) will provide a written exception report on the agreed template on a monthly basis.
- Each Executive Director will ensure that the Quality Forum receives regular reports from the sub-groups for which they have responsibility, (identified in Schema of reporting in section 9). This will be via a monthly written exception report on the agreed template and frequency of meeting of these groups will be identified on work plan.
- The Chair will ensure that the agenda and meeting papers will be circulated by email 5 days prior to the Forum meeting.
- The Secretariat to the Forum will be responsible for meeting arrangements, circulation of all documentation and minute taking.

- The Chair will provide a monthly summary report to the Executive Board and to each Quality & Safety Committee
- The Chair will provide a report to each Quality and Safety Committee.

<b>11    Review</b>
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- 11.1 These terms of reference and operating arrangements shall be reviewed annually by the Quality & Patient Safety forum and will be submitted to the Quality & Safety Committee for assurance.

**Appendix 1: Membership of the Quality & Patient Safety Forum**

<b>Designation</b>	<b>Attendees</b>
Director of Nursing and Patient Experience (Chair)	Gareth Howells
Medical Director (Vice-Chair)	Richard Evans
Deputy Director of Therapies and Health Science (Vice-Chair)	Christine Morrell
Assistant Director of Nursing and Patient Safety	Cathy Dowling
Associate Director of Performance	Darren Griffiths
Director of Public Health	Nina Williams (delegated deputy)
Associate Director of IM&T	Matt John
Clinical Director of Pharmacy	Judith Vincent
Mental Health and Learning Disabilities	Rhonwen Powell (delegated deputy)
Primary and Community Services	Jason Crowl Helen Kemp
Dental representative	Karl Bishop
Morriston Hospital	Nicola Williams
Singleton Hospital	Christine Williams
Neonates representative	tbc
Children and Young People representative	tbc
Neath Port Talbot Hospital to include;	Lesley Jenkins
Maternity representative	Jane Phillips
Invited/ in attendance: Head of Internal Audit Director of Corporate Governance/Board Secretary	Paula O' Connor Pam Wenger

## Appendix 2 : Quality Governance Structure - Reporting groups





### Appendix 3 Tracked changes Timeline

Date	version	Changes made	Suggestions from and comments	Completed
February 5 <sup>th</sup> 2019	February 19 v8.2	Included suggestion to take patient/staff story at each meeting	Lesley Jenkins	5/2 CM
February 5 <sup>th</sup> 2019	February 19 v8.2	Update of reporting groups due to shifting responsibility	VARIOUS	5/2 CM
February 5 <sup>th</sup> 2019	February 19 v8.2	Various amendments made –	Alastair Roeves Various changes	5/2 CM
February 7 <sup>th</sup> 2019	February 19 v8.3	Can we remove Bridgend Can we add in maternity and Childrens are members and to produce their own exception reports We need to add in the new committees reporting in e.g. ICC, safeguarding	Cathy Dowling From April 1 <sup>st</sup> Via units with responsibility?  These are under nursing and will be groups rather than committees??	
	February 19 v8.3	Updated Groups to version “QS Reporting schema v3.1 #19-02		7/2
February 11 <sup>th</sup> 2019	February 19 v8.4	Updated attendance to make it acceptable for nominated deputies to attend	Sandra Husbands	13/2
March 9th	March 19 v8.5	Updates from Internal Audit Reflect Name Change		
9 April 2019	April 2019 v 8.6	Amendments from interim Head of Compliance New logo added	See tracked changes and comments in document from the Head of Internal Audit and the Interim Head of Compliance.	9/4
10 April 2019	April 2019 v 8.7	Tracked changes accepted, new Appendix 3 added and draft questionnaire included at Appendix 4	Clean version.	10/4

#### Appendix 4 – Quality Governance Review Draft Questionnaire

The draft questions outlined below will be issued to each sub group lead via email with a link to complete a questionnaire through Survey Monkey. All leads will be requested to complete the questionnaire by **Friday 3 May 2019**.

	Question
1	Are there terms of reference in place for the sub group?
2	Are the terms of reference reviewed annually?
3	Who is the Chair of the sub group?
4	How frequently does the sub group meet?
5	Who attends the sub group?
6	Do sub group members understand their roles and responsibilities on the sub group?
7	Does the sub group report regularly to the Quality and Patient Safety forum? How often?
8	Does the sub group have a good understanding of the Quality and Patient Safety strategy and the health board'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.
9	Is the sub group proactive in identifying relevant areas of the organisation's business for consideration?
10	Does the sub group report regularly to any other forum?
11	Is the length and number of meetings held appropriate to the sub group's role?
12	Are the papers for the sub group appropriate, timely and do they communicate issues clearly?
13	Do you have any comments/observations on whether your sub group needs to report to the Quality and Patient Safety forum, or whether it could report elsewhere and provide assurance? For example, should we disband the existing sub group and create new specific sub groups such as a Patient Experience sub group, Medical devices sub group etc.
14	Any other Comments: