

TRUST BOARD

Date of Meeting: 05/04/2011	Enclosure: 13
	Agenda Item No: 10.2
Title of Report: Governance & Quality Committee Terms of Reference	
Aims: To inform the Trust Board of the revised terms of reference for the Governance & Quality Committee.	
Summary: The Governance & Quality Committee as a direct sub-committee of the Trust Board must be chaired by a non-executive director of the Trust. The terms of reference demonstrate this but need to be revised to reflect this when the chair is unable to attend. The membership of this committee needs to be revised to ensure the terms of reference can be delivered.	
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):	
Financial	Reduced premiums for NHSLA/CNST
Workforce	
Other	
Recommendations: The Trust Board is asked to ratify these revised terms of reference for the Governance & Quality Committee.	
Document previously approved by: N/A	
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**TRUST BOARD
GOVERNANCE COMMITTEE
TERMS OF REFERENCE
APRIL 2011**

1. INTRODUCTION

- 1.1 The Governance & Quality Committee agreed the terms of reference at their meeting in July 2010 and these were ratified by the Trust Board.
- 1.2 It is considered good practice to review the terms of reference and a number of amendments need to be made.

2. SUMMARY OF THE CHANGES REQUIRED

- 2.1 Appendix 1 details the revised terms of reference.
- 2.2 Section 3.5 states the chairing responsibilities and the membership in section 3 has been amended to reflect this when the chair is unable to attend.
- 2.3 The Head of Midwifery and the Clinical Director of Pharmacy have been added to the attendee list and this is also reflected in section 3

3. RECOMMENDATION

- 3.1 With these amendments the Trust Board is asked to ratify these revised terms of reference for the Governance & Quality Committee

GOVERNANCE AND QUALITY COMMITTEE TERMS OF REFERENCE
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APPENDIX 1

1. ACCOUNTABILITY

The committee will report and be directly accountable to the Trust Board. The committee will ensure that effective reporting mechanisms are in place for any sub committees to ensure adequate and timely reporting of key issues to the Trust Board.

2. PURPOSE

The purpose of the committee is to provide assurance to the Trust Board that:

- 2.1 There are effective systems in place to review and monitor standards of safety and quality of care delivered in the organisation.
- 2.2 There are robust structures, processes and accountabilities in place for the effective management of risk across the organisation.
- 2.3 There is a robust system for ensuring compliance with key regulatory bodies including the Care Quality Commission
- 2.4 There is an effective governance strategy in place to improve the standards of care given to patients, including the development of staff.

3. MEMBERSHIP

Chairman	Non Executive Director
Vice Chairman	Non Executive Director
Management Lead	Head of Governance and Quality

All of the above and

- Deputy Chief Executive/Chief Operating Officer
- Medical Director
- Director of Nursing, Quality & Governance
- Director of Finance
- Director of Human Resources
- Director of Estates and Facilities
- Associate Medical Director, Clinical Support Services
- Company Secretary
- Head of Midwifery

- Clinical Director of Pharmacy
 - Head of Education and Academic Development
 - Patient Representative
 - Divisional representatives will attend the meetings on a quarterly basis to inform the committee of key governance issues within the clinical divisions.
- 3.1 The Trust Board will review the membership of the Committee annually to ensure that it best reflects the requirements of governance within the Trust.
- 3.2 Members will be required to attend at least 7 meetings in any one year.
- 3.3 Deputies may attend meetings by exception.
- 3.4 Individuals may be co-opted for specific projects on a task and finish basis.
- 3.5 A quorum will consist of not less than five members of the Committee, and will include the following:
- Two Non-Executive Directors, one of whom should chair the meetings
 - The Medical Director or Director of Nursing, Quality and Governance

4. CONNECTIVITY

- 4.1 The Director of Nursing, Quality & Governance will prepare a report that will be reported to the Trust Board on a quarterly basis on the following core items:
- Compliance and regulation
 - Standards, safety and experience
 - Risk management
 - Workforce governance
 - Information governance

This report will summarise the key issues arising from the Divisional Quarterly Governance Reports to form a Trust wide Governance report on a quarterly basis.

- 4.2 The Director of Nursing, Quality & Governance will submit the ratified minutes of each meeting to the next available Trust Board meeting and highlight any specific areas of concern.
- 4.3 The committee will receive reports from the sub committees
- 4.4 The committee will receive quarterly governance reports from the clinical divisions on the core domains outlined in section 4.1 above.

5. FREQUENCY OF MEETINGS

- 5.1 Meetings will be held monthly (with the exception of August)
- 5.2 The Governance & Quality Committee may request the attendance of any director, or member of staff, and review any area it considers relevant to governance, quality or risk management.
- 5.3 Extraordinary meetings may be called at the request of any three members of the Governance Committee or the Chairman of the Trust Board.

6. DUTIES AND RESPONSIBILITIES

Compliance and Regulation

- 6.1 Ensure that the Trust complies with all regulatory, legal and code of conduct requirements including those determined by the Care Quality Commission.
- 6.2 Scrutinise the evidence for ongoing registration with the CQC on a quarterly basis.
- 6.3 Receives and reviews exception reports on key assessments, including NHSLA, CNST and External Visits.
- 6.4 Ensure that national reports issued on the standards of care and wider governance within other organisations are reviewed by the committee in relation to lessons learnt for the Trust.
- 6.5 Ensure that robust evidence systems and procedures are in place.
- 6.6 Ensure that there is an effective system in place for the development of policies and procedures to support effective governance

Standards, Safety and Experience

- 6.7 Develop, implement and monitor key supporting strategies to ensure effective governance and clinical standards are developed across the organisation, including:
 - Governance, Quality and Risk Management Strategy
- 6.8 Develop a system to monitor the standards of care given to patients across the clinical divisions, in conjunction with the annual quality

priorities, which will include:

- Safety of care
- Clinical effectiveness
- Experience of patients

6.9 Ensure there is an effective system in place to implement national guidelines and standards of clinical care.

6.10 Receive and review any external visits reports or reports on the standards of care with the Trust.

6.11 Ensure there are effective governance structures in place across the Divisions to ensure ongoing development of governance in practice.

6.12 Ensure effective systems for safeguarding are in place for all adults and children.

Risk Management

6.13 Ensure that there is an effective system in place for risk management across the organisation, including supporting policies and procedures.

6.14 Review and analyse trends from incidents, complaints and litigation.

6.15 Ensure that there is a system in place to allow lessons to be learnt on serious and significant incidents across the organisation.

6.16 Review the Divisional and Trust wide risk register on a quarterly basis.

6.17 Receive exception reports on any new risks on a monthly basis.

Workforce Governance

6.18 Review the education and training plans and priorities to ensure the organisation develops its workforce, including appraisal rates

6.19 Receive exception reports on progress on delivering the HR strategy, including delivering the staff survey action plan.

6.20 Ensure the organisation has in place a mandatory training programme, which is regularly monitored and reviewed.

6.21 Monitor and review the organisations systems and processes to ensure effective management and monitoring of health and safety issues.

Information Governance

6.22 Receive and review the Trust's position against the Information Governance Toolkit.

6.23 Receive regular reports on DSCN compliance.

6.24 Receive six monthly reports on any Caldicott issues.

Financial Governance

6.25 Ensure any issues of financial governance or risk are capture and reported through the appropriate committees and functions.

7. OTHER MATTERS

7.1 At the start of each meeting the Chairman will confirm that the meeting is quorate.

7.2 The attendance of members will be reviewed on an annual basis by the Chairman and Management Lead for the meeting and reported to Trust Board

7.3 The committee will ensure a robust annual programme of work is developed and monitored on a monthly basis to deliver the duties and responsibilities set out in section 6 of the terms of reference.

ISSUE DATE	MARCH 2011
REVIEW DATE	FEBRUARY 2012