

ToR QGAC 1 April 2019



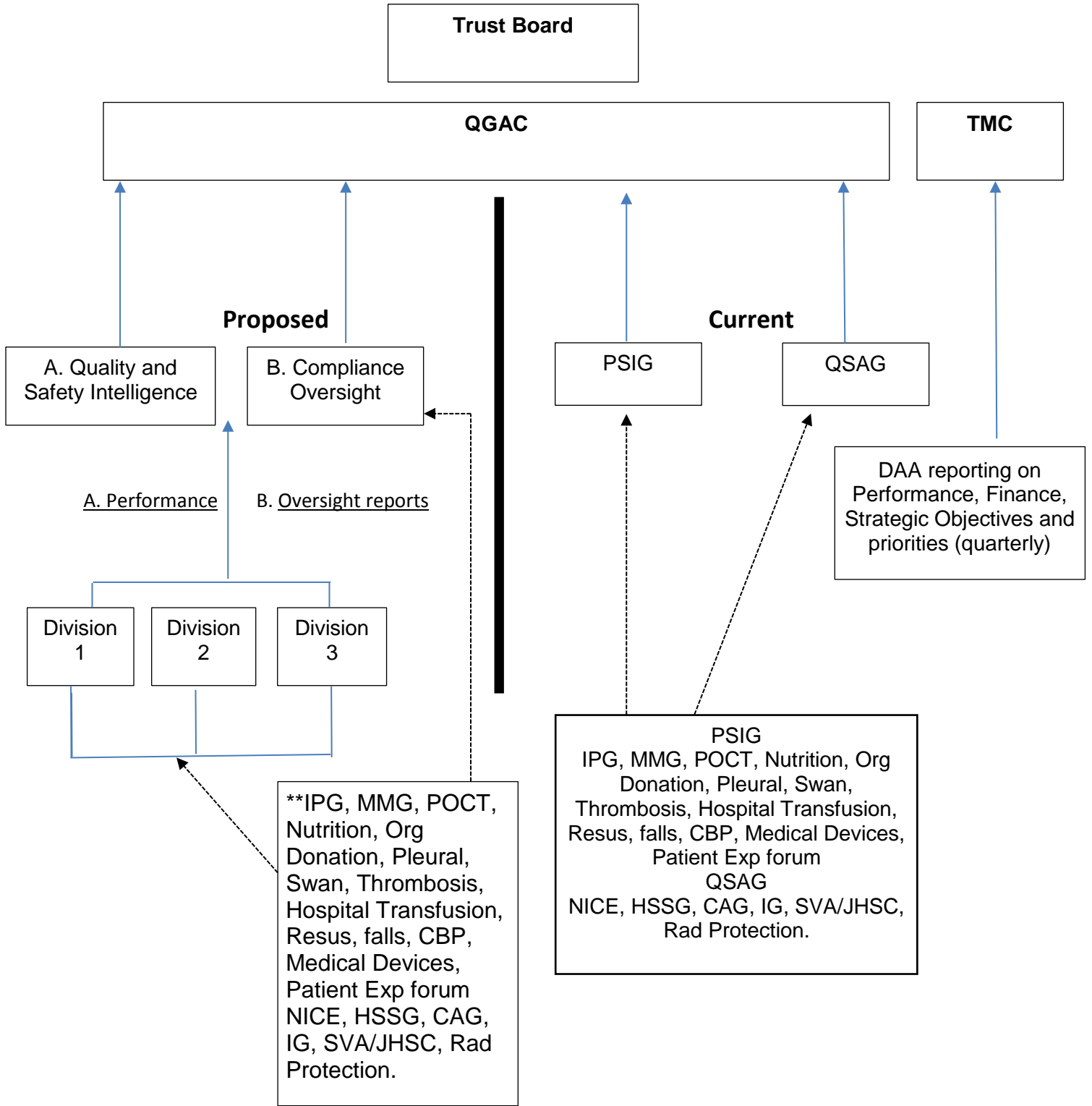
Agenda Item No: 12.5

**QUALITY GOVERNANCE ASSURANCE COMMITTEE
TERMS OF REFERENCE**

Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality. 6. To be in the top quartile for all performance indicators. 3. To have an effective and well integrated organisation that operates efficiently. 4. Attract, retain and develop our staff and improve employee engagement.
Meeting Purpose/Remit	<p>To provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. To provide assurance of proactive management and early detection of risks across the Trust.</p>
Responsibilities	<ol style="list-style-type: none"> 1. To review all relevant indicators of patient experience/satisfaction, patient care and patient safety and to assure itself that good practice is being disseminated and that any deficiencies are put right. 2. Promote continuous quality improvement through a culture which encourages open and honest reporting and an educative and supportive approach to the management of risk. 3. To approve the Terms of Reference and membership of its reporting subgroups (and oversee the work of the sub-groups, receiving reports for consideration and action as necessary. 4. Co-ordinate the monitoring of risks utilising the Board Assurance Framework (BAF)/Trust Risk register framework (TRR) to assess the effectiveness of controls, assurances/gaps in assurance and further action. 5. To manage specific BAF risks delegated to the committee, providing assurance updates to Trust Board. 6. Utilise the assurance reporting processes to inform the Audit Committee and Trust Board on the management of risk and proposed internal audit work. 7. To oversee the Risk Management Assurance Strategy delivery (along with Risk management policies OP10) across the Trust. 8. To review the Annual Governance Statement together with any accompanying Head of Internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board. To support this process, the Audit Committee will meet annually with the Quality Governance Assurance Committee. 9. To receive the Clinical Audit annual report and annual Clinical Audit plan ensuring it is consistent with the audit priorities of the Trust. 10. To examine any relevant matters referred to it by the Board of Directors or Audit Committee. 11. To monitor and report on quality and safety performance to the Trust Board. 12. Ensure that the Committee undertakes an effectiveness self-assessment at least every 2 years (as a minimum).

Authority & Accountabilities	The Quality Governance Assurance Committee is established to evaluate and report on quality and safety performance and the operation of risk management systems and controls to the Trust Board. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference obtaining independent advice if necessary. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).
Reporting Arrangements	The Committee will function in line with the Board Assurance and Escalation framework detailed in the Risk Management Assurance Strategy. The Minutes of each Committee meetings shall be provided to the Board. The Chairman of the Committee shall provide a report of each meeting drawing to the attention of the Board any issues that require disclosure to the full Board, or require executive action.
Membership	NED members x 3 Chief Nursing Officer Medical Director COO CEO Head of Governance
Attendance	As indicated by the Committee
Chair	NED Chair
Quorum	4 members must be present consisting of 2 Executive Directors and 2 NED members. No tabled papers except with chairman approval.
Frequency of meetings	Monthly
Administrative support	The Governance Department will provide administrative support. Agenda and papers will be circulated one week prior to the meeting.
Standards	NHS Improvement Single Oversight Framework (to include Quality Governance and Well led guidance) H&SC Act Fundamental Standards of Care CQC Provider guidance on meeting the Fundamental Standards NHS Resolution (NHSR) Litigation triggers Annual Governance Statement CQC Well Led Inspection Framework
Standard Agenda	<ul style="list-style-type: none"> • BAF and TRR • Subgroup reports • Compliance/Performance (via Integrated Quality and Performance report, Compliance reports) • Themed review items • Committee action log
Subgroups	<ul style="list-style-type: none"> • Compliance Oversight Group (COG) • Quality and Safety Intelligence Group (QSIG)

Date Approved	March 2019
Date Review	March 2020



**Subgroups will provide Action reports to Divisions and Compliance reports to Compliance Oversight group.