

**Trust Board**

<b>Name of Committee/Group:</b>	Quality Governance Assurance Committee	
<b>Report From:</b>	Dr Janet Anderson	
<b>Date:</b>	24 June 2015	
<b>Action Required by receiving committee/group:</b>	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Decision <input type="checkbox"/> Other	
<b>Aims of Committee:</b> Bullet point aims of the reporting committee (from Terms of Reference)	To review and oversee the management of risk across the Trust.	
<b>Drivers:</b> Are there any links with Care Quality Commission/Health & Safety/NHSLA/Trust Policy/Patient Experience etc.	To receive reports, reviewing and ensuring compliance with national, regional and local standards to ensure high quality service provision and to ensure compliance with regulatory authorities.	
<b>Main Discussion/Action Points:</b> Bullet point the main areas of discussion held at the committee/group meeting which need to be highlighted	<p><b><u>SUMMARY OF SIGNIFICANT ISSUES</u></b></p> <p><b>Integrated Quality and Performance Report</b></p> <p>Concern was raised over the continued deterioration in performance about timely responses to complainants (a further 8% deterioration – 52%). The CNO now plans to meet each directorate after every breach to standard including failure to gain consent to breach.</p> <p>It was agreed to provide brief detail for each full term baby admitted to the neonatal unit unexpectedly to enable QGAC to note any trend or concern around care.</p> <p>Following discussion at a previous PSIG the trust are looking process map how VTE is managed and recorded across the Trust to enable a process to be designed which is user friendly and reflects clinical practice accurately.</p> <p><b>Board Assurance Frame work and Trust Risk Register</b></p> <p>The BAF is in development in new format but requires further work to complete new template. QGAC would want the Board to note that after the presentation of the BAF/TRR to Board subsequent reports will be reduced to 2 monthly as previously agreed.</p> <p>SR1 is currently graded red and QGAC would request a discussion at Trust Board as to whether this grading reflects the current risk</p> <p><b>Review of QGAC Terms of Reference</b></p> <p>QGAC members have reviewed the terms of reference and proposed slight changes to responsibilities and membership. The Board are asked to</p>	

	<p>approve the new Terms of Reference (attachment 1).</p> <p><b>Safeguarding Assurance Report (Adults &amp; Children)</b></p> <p>QGAC noted significant improvement in areas of achievement against the Safeguarding action plan and commended the team on timely progress. Members took assurance from progress made thus far.</p>
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<p><b>Action point:</b></p>	
<p><b>Risks Identified:</b></p> <p><b>Include Risk Grade (categorisation matrix/Datix number)</b></p>	

<b>QUALITY GOVERNANCE ASSURANCE COMMITTEE</b>	
<b>TERMS OF REFERENCE</b>	
<b>Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality.</li> <li>2. To be in the top quartile for all performance indicators.</li> <li>4. To have an effective and well integrated organisation that operates efficiently.</li> <li>6. Attract, retain and develop our staff and improve employee engagement.</li> </ol>
<b>Meeting Purpose/Remit</b>	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.
<b>Responsibilities</b>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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).</li> <li>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.</li> <li>5. To manage specific BAF risks delegated to the committee, providing assurance updates to Trust Board.</li> <li>6. Utilise the assurance reporting processes to inform the Audit Committee and Trust Board on the management of risk and proposed internal audit work.</li> <li>7. Review the Risk Management Assurance Strategy and monitor its delivery (along with Risk management policies OP10) across the Trust.</li> <li>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.</li> <li>9. To approve the Clinical Audit plan ensuring it is consistent with the audit priorities of the Trust.</li> <li>10. To ensure that work streams of the Academy Steering Group reflects the Trust's Quality agenda and seek assurance on the use of Education funding streams.</li> </ol>

	<p>11. To examine any relevant matters referred to it by the Board of Directors or Audit Committee.</p> <p>12. To monitor and report on quality and safety performance to the Trust Board.</p>
<b>Authority &amp; Accountabilities</b>	<p>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).</p>
<b>Reporting Arrangements</b>	<p>The Committee will function in line with the Board Assurance and Escalation framework.</p> <p>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.</p>
<b>Membership</b>	<p>NED members x 3 Chief Nursing Officer Medical Director COO CEO Head of Governance and Legal Services</p>
<b>Attendance</b>	As indicated by the Committee
<b>Chair</b>	NED Chair
<b>Quorum</b>	4 members must be present consisting of 2 Executive Directors and 2 NED members. No tabled papers except with chairman approval.
<b>Frequency of meetings</b>	Monthly
<b>Administrative support</b>	The Quality Assurance Unit will provide administrative support. Agenda and papers will be circulated one week prior to the meeting.
<b>Standards</b>	<p>Monitor Quality Governance Framework Monitor Well Led Framework H&amp;SC Act Fundamental Standards of Care CQC Provider guidance on meeting the Fundamental Standards NHSLA Litigation triggers Annual Governance Statement</p>

<b>Standard Agenda</b>	<ul style="list-style-type: none"> <li>• BAF and TRR</li> <li>• Subgroup reports</li> <li>• Compliance/Performance (via Integrated Quality and Performance report, Compliance reports)</li> <li>• Themed review items</li> <li>• Committee issues log</li> </ul>
<b>Subgroups</b>	<ul style="list-style-type: none"> <li>• Quality Standards Action group</li> <li>• Patient Safety Improvement group</li> <li>• Academy Steering Group</li> </ul>
<b>Date Approved</b>	June 15
<b>Date Review</b>	June 16