The Royal Wolverhampton Hospitals NHS Trust

Trust Board Report

Meeting Date:	23rd May 2011
Title:	Annual review of Terms of reference (TOR) for Board Assurance Committee.
Executive Summary:	The annual joint meeting of the Audit Committee and Board Assurance Committee has reviewed the 2011/12 TOR and recommend for Trust Board approval.
Action Requested:	That the board approve the TOR for 2011/12
Report of:	Board Assurance Committee Chairman
Author: **Contact Details:**	Head of Governance and Legal Services Tel 01902 695114 Email @nhs.uk
Resource Implications:	None
Public or Private: **(with reasons if private)**	Public Session
References: **(eg from/to other committees)**	NA
NHS Constitution: **(How it impacts on any decision-making)**	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: Equality of treatment and access to services High standards of excellence and professionalism Service user preferences Cross community working Best Value Accountability through local influence and scrutiny

Background Details

1	Proposed changes to the terms of reference have been driven by the following: • Review of Governance committee structure to create a Quality and Safety Committee, Compliance Committee and Policy Committee • Introduction of performance accelerator compliance management and reporting system The Medical Director is formally added to the membership as an addendum - further to the discussion at joint committee.

Approved for 2011/12
Board Assurance Committee

Terms of Reference

1. Constitution

1.1 The Trust Board has resolved to establish a committee of the Board known as the Board Assurance Committee.

1.2 The purpose of this committee is to ensure rigorous assurance of the Trust Risk Management systems and processes so that compliance with the DoH and Care Quality Commission Regulatory Framework can be evidenced.

1.3 To assure the Board on the operation of effective and robust risk management and governance frameworks.

2. Membership

2.1 Core

2.1.1 **The Chair** of the Committee shall be a named Non Executive Director who with one further Non Executive Director will be appointed by the Board to provide regular Board Assurance reports. In the absence of the Chair the remaining Non Executive Director will operate as the acting Chair for that meeting.

2.1.2 **The Chief Executive** who holds overall responsibility for Risk Management in the Trust is accountable to the committee for the delivery of sound systems of internal control as required by the DH Statement of Internal Control.

2.1.3 **The Director of Nursing and Midwifery** who holds Governance within their management portfolio will support the Chief Executive in his role and act as their deputy in their absence.

2.1.4 **The Chief Operating Officer** will offer advice on Divisional and operational issues which impact on or deliver the risk management agenda.

2.1.5 **Medical Director** will provide a medical/clinical overview of patient quality and safety ensuring all strategic risks relating to profession practice are identified and acted on.

2.1.6 **The Governance and Legal Services Manager** will act as secretary to the committee, ensuring that the agreed committee plan is implemented, that timely reports are provided and that reports and minutes are provided to the Trust Board bi monthly.

2.2 Attendees

Other attendees may be requested to attend the meeting by the Chair or with the permission of the Chair.

2.3 Quorum

Four core members must be present, of which at least one must be a NED and one must be an Executive director.

3. Frequency

The committee shall meet at least 6 times per year including one joint meeting with the Audit Committee.

4. Authority

4.1 This committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee in pursuit of Board Assurance business and all employees are directed to co-operate with any request made by the Committee.

4.2 The committee is authorised to obtain outside or other independent advice if necessary to support it in its duties.

4.3 The committee shall transact its business in accordance with the Trust Integrated Governance Strategy and related policies, in an open manner and in conformity with the principles and values of public service.

4.4 Amendments to the authority and terms of reference will be subject to agreement by the Board of Directors.

5. Duties

5.1 Areas that the Committee will be responsible for providing the Board with assurance in relation to include:

- Information Governance and Records Management – via compliance committee and HRC subgroup report
- Research Governance – subgroup report
- Education and Training – subgroup report
- Audit and Effectiveness – via compliance committee
- Patient safety and experience – via QSC and compliance committee
- Management of non financial risk – via QSC
- Legislative and regulatory compliance – via compliance committee
- Accreditation and assessment – via compliance committee
- Policy management framework – via policy committee and governance department reporting
- Internal audit reports relating to governance and risk processes – via compliance committee

To review assurance implications through committee/subgroup reports from, Research Governance committee, Education and Training, Infection Prevention committee and Health Records Committee.

5.2 To review the Trust Integrated Governance Strategy annually and related policies and to advise the Trust Board on the relevance and appropriateness of these documents taking into account the requirements of NHS regulatory bodies:

- Monitor
- DOH
- Care Quality Commission
- NHSLA

5.3 To review and maintain currency of the Board assurance framework. To scrutinise and advise the Trust Board on the observed effectiveness of the Assurance Framework relating to:

- The mitigation of identified strategic risks
- Associated actions / timescales and residual risk ratings
- Strength and completeness of declared both Internal and External Assurance reports
- The identified gaps in both controls and assurances

5.4 To receive external sources of assurance from, but not limited to, reviews by Department of Health arms length bodies or Regulators/Inspectors and Professional bodies with responsibility for staff groups or functions. These may include:

- New Registration regulations
- Health and Safety Executive
- NHS Litigation Authority Risk Management Accreditation reports
- Royal College Educational reports
- Patient Experience Surveys -
- Internal and External Auditors Report

5.5 To monitor and seek assurance on the effectiveness of risk management performance and compliance review at Quality and Safety and Compliance Committee level. Areas of assurance to include:

- SUI action tracking
- The effectiveness of trends analysis review in the reduction of recurring themes (across incidents, complaints and claims)
- Divisional performance against Governance KPI
- H&S management
- Safety alerts response and implementation
- NICE guidance
- Patient Safety and Experience

  At every meeting the committee will review minutes of the Quality and Safety and Compliance Committee and a dashboard of issues and exception from the list above.

5.6 To receive at least quarterly reports on the CQC compliance via performance accelerator and the availability of supporting evidence to maintain trust registration.

5.7 To make recommendations to the Audit Committee in relation to the Trust Annual Statement of Internal Control and to trust board in relation to Assurance Declaration based on the strength of data / intelligence gained by the committee from both internal and external assurance sources.

5.8 To work in partnership with the Audit Committee to ensure the Trust Annual Audit programme is linked to areas of identified declared gaps within the Trust Assurance Framework or perceived areas of non-compliance covered in external audit report recommendations.

5.9 To review and oversee the completion of action plans linked to the CQC registration regulations.

5.10 Review and receive assurance reports in redress to the CQC Quality and Risk Profile for the trust (as necessary).

5.11 To monitor trust assurances in addressing risk management trends and recurring themes.

6. Reporting

6.1 To provide an annual report of Committee activity and achievements to the Audit Committee and Trust Board.

6.2 To provide a bi annual trends (and recurring themes) report to Trust board to include management actions and controls.

6.3 To provide quarterly report/summary to trust board to include areas of assurance, progress on work activity, significant issues or risks.

Agreed at the Joint Board Assurance Committee Audit Committee 29th April 2010.

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