

Terms of Reference Quality Governance Assurance Committee 26 March 2018

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Agenda Item No: 11.3

Trust Board Report	
Meeting Date:	26 th March 2018
Title:	Terms of Reference Quality Governance Assurance meeting
Executive Summary:	<p>The Quality Governance Assurance Committee (QGAC) is a subcommittee of Trust Board whose remit is to give assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. QGAC Terms of Reference (TOR) is reviewed annually and provided for Board approval within this paper.</p> <p>In this latest TOR review QGAC have agreed to pilot two new subgroups to replace the functions of the current Quality Standards Action group and Patient Safety Improvement Group. The new groups are proposed to facilitate independent overview and assurance through a new Compliance Oversight Group; and to strengthen Quality and Safety monitoring and accountability through a new Quality and Safety Intelligence Group. The proposed structure transition is shown in appendix 2 below.</p>
Action Requested:	Approve
For the attention of the Board	This section requires a brief, focused summary of the points of fact for the Board plus any/all of the following:
Assure	<ul style="list-style-type: none"> The QGAC manages an agenda schedule consisting of standing items for monitoring, risk triggered reports and routine assurance reporting.
Advise	<ul style="list-style-type: none"> There have been minimal changes to the group's responsibilities – minor points added for clarity and currency. The Trust is piloting the function of two new subgroups to replace the Quality Standards Action group and the Patient Safety Improvement group. These new groups will be piloted in March 18 with a view to formalising the change from April 18.
Alert	<ul style="list-style-type: none"> Nil to alert.
Author + Contact Details:	Tel 01902 695115 Email maria.arthur@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> Create a culture of compassion, safety and quality Proactively seek opportunities to develop our services To have an effective and well integrated local health and care system that operates efficiently Attract, retain and develop our staff, and improve employee engagement Maintain financial health – Appropriate investment to patient services Be in the top 25% of all key performance indicators
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: None

CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	No adverse impact on Protected Characteristics.
Risks: BAF/ TRR	None
Public or Private:	Public
Other formal bodies involved:	Quality Governance Assurance Committee
References	
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • 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

Report Details

Changes to QGAC TOR is shown in red in Appendix 1.

Amendments to the Terms of Reference:

Responsibilities - To **oversee** the Risk Management Assurance Strategy delivery (along with Risk management policies OP10) across the Trust.

To **receive** the Clinical Audit **annual report** ensuring it is consistent with the audit priorities of the Trust.

Standards -

NHS Resolution (NHSR) Litigation triggers

Subgroups -

Quality Standards Action group (**Pilot – Compliance Oversight Group**)

Patient Safety Improvement group (**Pilot - Quality and Safety Intelligence Group**)

Academy Steering Group now reports to Workforce

Complaints, Litigation, Incidents, PALs (CLIP) Group (**under Pilot to move reporting to Compliance Oversight group**)

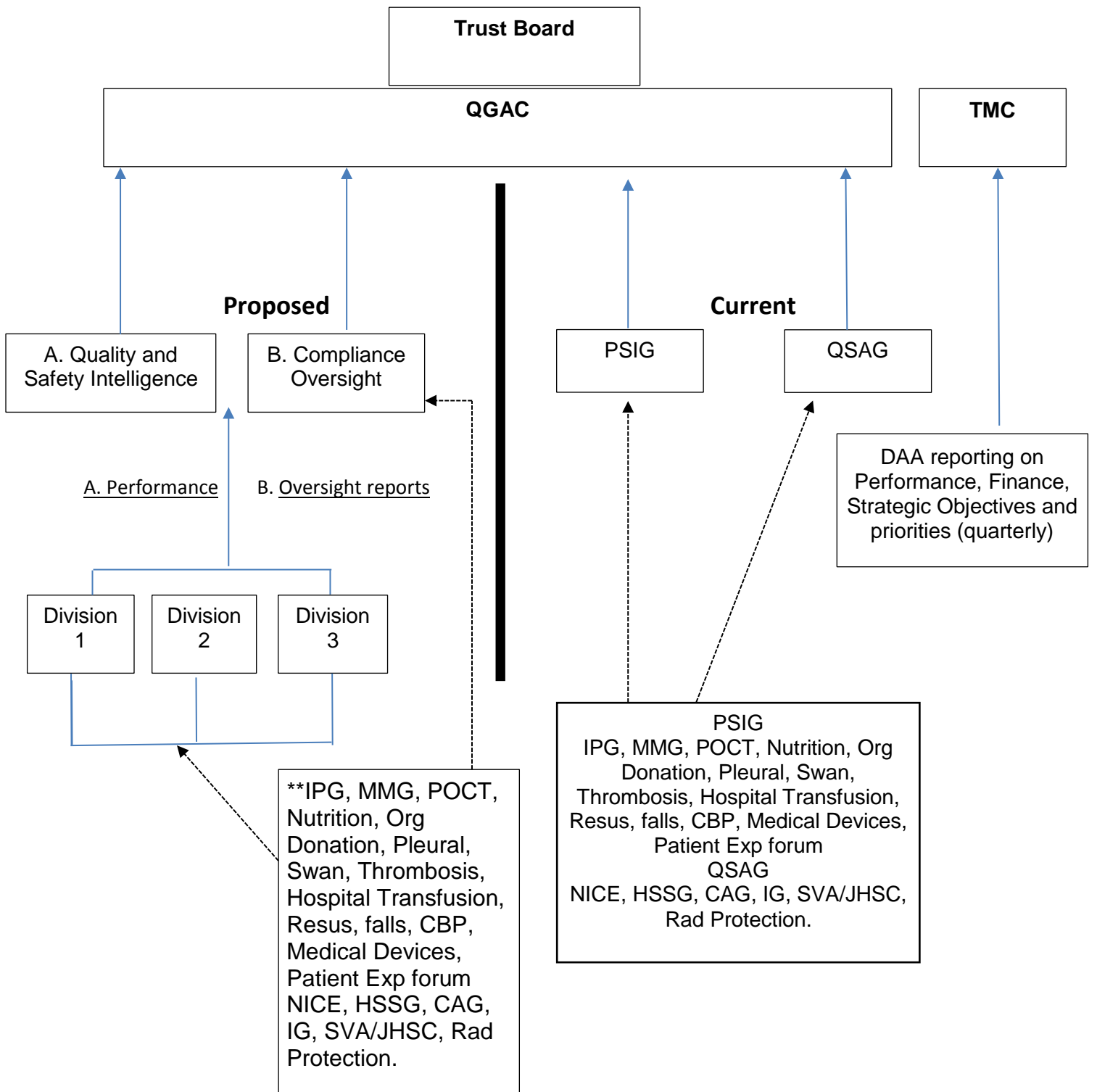
Appendices

Appendix 1 - QGAC Terms of Reference

Appendix 2 – New subgroup structure under pilot

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. 2. To be in the top quartile for all performance indicators. 4. To have an effective and well integrated organisation that operates efficiently. 6. Attract, retain and develop our staff and improve employee engagement.
Meeting Purpose/Remit	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.
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 ensuring it is consistent with the audit priorities of the Trust. 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. 11. To examine any relevant matters referred to it by the Board of Directors or Audit Committee. 12. To monitor and report on quality and safety performance to the Trust Board.

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. 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 and Legal Services
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 and Legal Services 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
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 issues log
Subgroups	<ul style="list-style-type: none"> • Quality Standards Action group (Pilot – Compliance Oversight Group) • Patient Safety Improvement group (Pilot - Quality and Safety Intelligence Group) • <i>Academy Steering Group now reports to Workforce</i> • Complaints, Litigation, Incidents, PALs (CLIP) Group (under Pilot to move reporting to Compliance Oversight group)
Date Approved	June 2017 (Subsequent subgroup Pilot March 18)



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