

## **Governance and Quality Committee Terms of Reference**

### **1. Constitution**

The Hospital Management Committee hereby resolves to establish a Committee to be known as the Governance and Quality Committee. The Committee is a non-executive committee of the Hospital Management Committee and has no executive powers, other than those specifically delegated in these Terms of Reference.

### **2. Purpose/ Objectives**

The purpose of this Committee is to ensure that there is continuous and measurable improvement in the quality of the services provided and that the Trust Board is assured that the risks associated with its activities are appropriately managed through the Assurance Framework and the Risk Register.

The Committee is responsible for the delivery of the Trust's Governance Strategy and for the ongoing monitoring compliance with national standards and requirements, including Standards for Better Health, CNST and NHSLA Risk Standards.

The objectives of the Governance and Quality Committee are to:

- Ensure all aspects of risk are appropriately managed across the Trust through oversight of the work of the Risk Assurance Committee and that appropriate review and assurance mechanisms are in place.
- Review the Trust's compliance with the core and developmental domains as set out in Standards for Better Health.
- Promote a just and open culture in which risk management will continue to develop as a integral, seamless component in the delivery of safe and effective healthcare.
- On a quarterly basis, receive a report from the Risk Assurance Committee on the Assurance Framework and implementation of the associated action plans.
- Review the implementation of the Governance Strategy and associated strategies, including those of Risk Management, and Clinical Audit.
- Receive reports on patient involvement in service improvement and planning.
- Inform future educational requirements for the Trust and external organisations.
- Receive and consider the Annual Report on Research and Development, ensuring research and development activity informs high quality patient care.
- Ensure National Guidance (e.g. NICE, NSFs) is implemented as required and that best practice informs delivery of care and development of services.
- The Action Grid will support the implementation and monitoring of the achievement of the above objectives.

### **3. Authority**

The Committee is authorised by the Hospital Management Committee, to which it is accountable to investigate any activity within its terms of reference. 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 is authorised by the Hospital Management Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

#### **4. Reporting**

The minutes of the Committee meetings will be formally recorded by the Committee Clerk and submitted to the Trust Board and the Audit Committee when approved.

The Chair of the Committee shall draw to the attention of the Hospital Management Committee any issues that require disclosure to the full Trust.

#### **5. Communication**

The members of the Committee will ensure timely dissemination of information.

The Governance and Quality Committee is accountable to the Hospital Management Committee and also to the Audit Committee on all aspects of Assurance.

The Governance and Quality Committee will receive a monthly report from the Risk and Assurance Committee and Governance reports and progress on compliance with Standards for Better Health from the Divisional Governance Groups and other groups/committees as identified in appendix 1.

The Governance and Quality Committee will seek assurance from clinical divisions that they implement the activity required to achieve compliance with service and corporate governance standards.

#### **6. Membership**

The Committee shall consist of the following members:

- Medical Director (Chair)
- Company Secretary
- Acting Head of Nursing
- Director Workforce & HR
- Head of Governance
- Director of Finance (or designated Deputy)
- Divisional Governance representatives from Medicine, Surgery, Clinical Support Services, Women & Children and Medicine for Older People
- Head of Training and Development
- Haslar representative
- Head of Public Patient Involvement
- Head of Risk
- Representative from Retained Estates
- Military representation.
- Representative from Hampshire PCT
- Representative from Portsmouth City PCT
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## **7. Attendance**

Attendance is required at all meetings. Members unable to attend should indicate in writing to the Committee Clerk 3 days in advance of the meeting (except in extenuating circumstances of absence). Members are advised to nominate a deputy to attend who is appropriately briefed to participate in the meeting.

A register of attendance will be maintained and reviewed on a six monthly basis.

## **8. Meetings**

The frequency of meetings shall be determined by the membership at the outset and reviewed regularly for effectiveness and reflect the aims and function of the Committee.

The meeting will last four hours and will be held bi-monthly on the third Wednesday of the month.

The Chair will set the standard for the length of the meeting and ensure the agenda is realistic in content to achieve this by allocating fixed timescales for each item.

Items for the agenda should be submitted to the Committee secretary a minimum of one week prior to the meeting. Members wishing to discuss an item on the agenda must attend the meeting.

A Summary of Actions agreed will be distributed two weeks in advance of the meeting.

Progress should be reported by those tasked one week prior to the meeting.

## **9. Quorum**

The quorum is one third of the members.

## **10. Other Matters**

The Chair of the Committee will take advice on the content of the agenda and will be responsible for ensuring actions are taken forward through appropriate dissemination of the minutes.

The Committee will be supported administratively by the Clerk, whose duties in this respect will include:

- Drafting of the agenda for the agreement of the Chair and collation of papers.
- Taking the minutes and keeping a summary of agreed action.
- Advising the Committee on scheduled agenda items.
- Inviting or co-opting attendees as required.
- Maintaining a register of attendance

## **11. Review**

The Terms of Reference shall be reviewed annually and ratified by the Trust Board.

## 12. Updating

The Terms of Reference must be kept up to date between reviews for changes in membership and purpose etc.

Date agreed by the Committee: 16 July 2008

Date agreed by the Trust Board: 4 September 2008

Date to be reviewed: 16 July 2009