

RISK ASSURANCE COMMITTEE

Terms of Reference

1. Constitution

The Governance and Quality Committee hereby resolves to establish a Committee to be known as the Risk Assurance Committee (RAC). 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

The purpose of the Risk Assurance Committee is to promote effective risk management and to establish and maintain an assurance framework and a risk register through which the Board can monitor the arrangements in place to achieve a satisfactory level of internal control, safety and quality.

The Committee will promote local level responsibility and accountability and will challenge risk assessment and risk assurance arrangements in areas of Trust activity where robust controls are not evident, in order to raise standards and ensure continuous improvement.

3. Objectives

The objectives of the Committee are to:

- a) Oversee the development and maintenance of the Trust's annual Risk Management Strategy;
- b) Develop, and review progress against an annual Risk Management action plan, ensuring it supports the achievement of corporate objectives;
- c) Coordinate the identification of all risks: clinical; financial and organisational, and ensure that systems are in place to manage those risks effectively;
- d) Monitor and review the composition and maintenance of the Trust's Assurance Framework, the control and assurance mechanisms in place and the additional actions being taken to address gaps in control and assurance;
- e) Monitor and review the Trust's Risk Register, ensuring action is taken as appropriate and that unacceptable or serious risks (risk score of 15 and above) are reported to the Trust Board for consideration;
- f) Receive and review progress reports on the implementation of action plans resulting from risk assessments of the Trust's activities;
- g) Receive regular reports in relation to outstanding complaints, claims adverse events and near misses, including the identification of trends, and monitor or recommend action as appropriate, to ensure the Trust learns from these events and improves its performance;
- h) Ensure that all requirements are met to enable the Chief Executive to sign the Statement on Internal Control;

- i) Monitor compliance against the NHSLA Risk Management Standards and Clinical Negligence Scheme for Trusts (CNST) Standards; and
- j) Monitor compliance against relevant Core Standards: Standards for Better Health.

4. Authority

The Committee is authorised by the Governance and Quality Committee, to which it is accountable, to investigate or approve any activity within its terms of reference. It is also authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

5. Reporting

The minutes of the Committee meetings shall be formally recorded by the Committee Secretary and submitted to the Governance and Quality Committee.

The Risk and Assurance Committee will also provide a bi-annual report to the Governance and Quality Committee in support of its work on promoting good risk management and assurance processes. The Chair of the Committee shall draw to the attention of the Governance and Quality Committee any issues that it considers necessary.

6. Membership

- Company Secretary (Chair)
- Deputy Director of Workforce and Human Resources (Vice-Chair)
- Deputy Director of Finance
- Head of Governance
- Head of Risk Management, Complaints & Legal Services
- Head of Learning and Development
- Health and Safety Manager
- Complaints Manager
- Legal Services Manager
- Divisional Senior Nurses
- Maternity CNST Lead
- Governance Compliance Manager
- Representative, PALS
- Representative, Corporate Nursing Team
- Representative, Royal Hospital Haslar
- Representative, Retained Estates
- Member of Council of Governors

Other members may be co-opted on to the committee as required: either for additional work or for the purpose of communication or presentation.

7. Attendance

Attendance is required by members (or nominated deputies) at 75% of meetings. Members unable to attend should indicate in writing to the Committee secretary, at least 7 days in advance of the meeting (except in extenuating circumstances of absence). Any members who are unable to attend must nominate a deputy who is appropriately briefed to participate in the meeting.

A register of attendance will be maintained and the Chair of the Committee will follow up any issues related to the unexplained non-attendance of members. Should non-attendance jeopardize the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

The Secretary to the Committee shall attend to take minutes of the meeting and to provide appropriate support to the Chair and Committee members

8. Meetings

- Meetings will be held on a monthly basis;
- Meetings will be no longer than 2 hours;
- The meeting will have a predetermined agenda that will be sent out to the Committee members one week before the scheduled meeting date;
- Items for the agenda must be sent to the Committee Secretary a minimum of two weeks prior to the meeting: urgent items may be raised under another business; and
- An action grid will be circulated to members within 48 hours of the meeting.

9. Quorum

A quorum is determined as being one third of the members (or nominated deputies) in attendance

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 action grid. The Chair may also invite or co-opt other members as appropriate

The Committee shall be supported by the Secretary, whose duties in this respect will include:

- Drafting of the agenda for agreement by the Chair of the Committee and collation of papers;
- Taking the minutes and keeping a record of matters arising and issues to be carried forward;
- Advising the group on scheduled agenda items; and
- Producing and circulating the action grid 48 hours following each meeting

11. Review

The Terms of Reference shall be reviewed on an annual basis and ratified by the Trust Board

12. Monitoring Effectiveness

The Committee shall, at least once a year by self-assessment, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness in discharging its responsibilities as set out in these

terms of reference and, if necessary recommend any changes to the Governance and Quality Committee.

Twice a year the Committee Secretary will be responsible for ensuring a review of the following is undertaken and reported to the next meeting of the Committee:

- The objectives set out in section 3 were fulfilled;
- Members attendance was achieved 75% of the time;
- Agenda and associated papers were distributed one week prior to the meetings; and
- The action grid was circulated within 48 hours, on 80% of occasions.

ToRs agreed by	Risk Assurance Committee	Date of agreement	3.09.08
ToRs ratified by	Governance & Quality Committee	Date of ratification	17.09.08
Review Date	3.09.09		