Document title: **Quality & Risk Committee of the Board of Directors: Terms of Reference**

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Staff involved in Development (job titles):	Trust Secretary
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For use by:	Quality & Risk Committee
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Key points of this document

- Terms of Reference for a Committee of the Board of Directors.

Quality and Risk Committee:
Terms of Reference

1 Authority:

1.1 The Quality and Risk Committee is a Committee of the Board of Directors.

2 Purpose:

2.1 Provide Assurance to the Board there is an effective structure, process and system of control for:

- Clinical Governance (including Board compliance statements on Care Quality Commission, Quality Strategy and Quality Governance)
- Research and Education Governance
- Information Governance
- Non Financial Resource Governance
- Clinical and Non-clinical Risk Management
- Quality Reporting to support assurance for the annual Quality Report
- Data Quality
- Board Assurance Framework to support the clinical/quality statements in the Annual Governance Statement.
- Equality, Diversity and Inclusion (EDI)
- Staff health and well-being.

2.2 The Q&R Committee provides the formal forum for the collective ownership and oversight, by the Board, of the Trust's People Plan. The Committee will provide assurance to the Board that there is an effective structure, process and system of management of:

Workforce matters (& KPIs):

- Deployment of staff
- Wellbeing of staff
- Safer staffing – meeting minimum requirements
- Recruitment
- Retention
- Staff engagement
- Education Governance

Delivery of RPH People Plan

2.3 Work with Internal Auditors to deliver Assurance.

2.4 Informing the Audit Committee and/or Board of Directors of any risks relating to the Committee's areas of responsibility.

3 Delegated Authority:

3.1 The Quality and Risk Committee is authorised by the Board of Directors to undertake any activity within its terms of reference, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its enquiries.

3.2 The Quality and Risk Management Group reports to this Committee. Other reporting committees are set out in the Trust Governance Structure.

3.3 The Quality and Risk Committee advises the Audit Committee of concerns as relevant to the Annual Governance Statement.

4 Duties:

4.1 Monitor and review performance in the three domains of Quality (Patient Safety, Patient Experience and Effectiveness of Care), as well as Innovation and Risk Management in these areas.

4.2 Monitor delivery of our Compassionate and Collective Leadership Programme, and delivery of our EDI programme and associated workstreams:

- WRES
- WDES
- Gender Pay Analysis

Working with our staff networks to celebrate difference and deliver sustainable change: BAME/ Disability & Difference/ LGBTQ+ /Women's
Freedom to Speak Up
Health & Safety

4.3 Monitor and review the Board Assurance Framework (BAF) and action those areas that fall within the remit of the Committee.

4.4 To approve policies on behalf of the Board of Directors in the areas of Workforce, Quality, Research and Education.

4.5 To receive draft strategies (Workforce, Quality, Research and Education) before being presented to the Board of Directors.

4.6 To approve the annual Clinical Audit programme.

4.7 To receive regular reports on the action being taken to remove or mitigate the principal risks on the Corporate Risk Register that fall within the remit of the Committee, and review and approve updates, monitor controls and examine assurance sources.

4.8 To receive regular reports on the metrics comprising the Quality Accounts.

4.9 To co-ordinate and oversee the work of the Quality and Risk Management Group.

4.10 To receive the quarterly Quality & Safety Report.

4.11 To review quality elements of workforce development, including metrics for medical and nursing staff numbers, with the Performance Committee to consider financial elements.

4.12 Review information governance processes and assurance and receive reports from the Senior Information Risk Officer (SIRO) and Caldicott Guardian.

4.13 To review reports on data quality

4.14 To review minutes of the Equality and Diversity Steering Group

4.15 Internal Assurance

The Committee will receive internal assurance by reviewing the establishment and maintenance of effective systems of governance, risk management and internal control, in relation to:

(a) annual reports and development plans relating to e.g. research governance, clinical governance, clinical audit, infection control, complaints

(b) internal risk management arrangements incorporating the risk register and assurance framework for areas within the Committee's remit

(c) the work plan and delivery of the Quality and Risk Management Group

(d) serious incident reports (SIs) and investigations

(e) progress reports against clinical indicators

(f) staffing reports including turnover, absence, use of bank and agency staff

(g) learning and development reports including attendance on induction programmes, uptake of professional education and development, provision of supervision and support

(h) Department of Health submissions and reports

(i) ICT Information Governance

(j) the work plan and delivery of the Fundamentals of Care Board including the programme of mock inspection programme of the CQC Fundamental Standards

In carrying out this function the Committee may request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control. The Committee may also request specific reports from individual functions within the organisation, as they may be appropriate to the overall arrangements.

External assurance

4.16 The Committee will receive external assurance from:

(a) Department of Health (DoH) arms' length bodies or regulators/inspectors (e.g. Care Quality Commission, the Regulator, NHS resolution), professional bodies with responsibility for the performance of staff or functions (eg royal colleges, accreditation bodies).

(b) Care Quality Commission - reports relevant to Royal Papworth.

(c) statements from internal or external audit opinion relating to matters that fall within the Committee's remit.

(d) compliance with national quality imperatives including National Service Framework requirements and National Patient Safety Agency reporting.

(e) compliance with relevant regulatory, legal and code of conduct requirements relating to matters that fall within the Committee's remit.

(f) The output of peer review visits and reports.

5 Membership/Quorum:

Voting Membership

5.1 The Chair and members of the Quality and Risk Committee shall be appointed by the Board of Directors.

5.2 The Committee shall be made up of at least three Non-executive Directors

Chair: A nominated Non-executive Director
At least two further nominated Non-executive Directors
Chief Executive Officer
Medical Director
Chief Nurse
Director of Workforce and Organisational Development
Chair of Quality and Risk Management Group (QRMG)
Clinical Lead for Risk Management
Assistant Director of Quality and Risk

Quorum

5.3 The Committee shall be deemed quorate if there is representation of a minimum 3 members, including two Non-executive Directors and one Executive Director.

Membership Attendance Requirements

5.4 The Committee will be required to have an overall attendance level of 50% from

members in a rolling twelve month period.

5.5 In accordance with Monitor's Code of Governance attendance will be recorded during the year and reported in the Annual Report and Accounts.

5.6 In Attendance
The following will normally be in attendance:
Trust Secretary
2 Governors

Other Executive Directors, will be expected to attend when agenda items require.

An Internal audit representative may be invited attend, specifically as per agenda items.

Other Directors or officers may be invited to attend at the discretion of the Chair or the Lead Executive Director particularly when the Committee is discussing an issue that is the responsibility of that Director or officer.

5.7 A full set of agenda papers will also be sent to the Chairman, Chief Finance Officer, Chief Operating Officer and Chief Information Officer. NEDs to receive full set of papers on request.

6 Meetings:

6.1 In the event of the Chair of the Committee being unable to attend, the remaining members shall elect one of their members as Chair for the meeting.

6.2 The Committee shall be supported administratively by a member of the Trust's staff.

6.3 The Committee will meet on a monthly basis.

6.4 Agendas and briefing papers should be prepared and circulated in sufficient time for Committee Members to give them due consideration.

7 Conduct of Business:

7.1 The conduct of business will conform to guidance set out in the Board of Directors' Standing Orders, unless alternative arrangements are defined in these Terms of Reference.

8 Equality Statement:

The Committee will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

9 Monitoring:

9.1 Minutes of Committee meetings should be formally recorded and distributed to Committee members and Attendees. Subject to the approval of the Chair, the minutes will be submitted to the Board of Directors at its next meeting and may be presented by the Committee Chair/Committee Member/Executive Lead.

The Chair of the Committee or Executive Lead shall draw to the attention of the Audit Committee or Board of Directors any issues that require disclosure to the full Board of Directors, or require executive action.

9.2 All Board Committees and the Audit Committee have a shared responsibility to provide assurances to the Board of Directors. As such, all Board Committees need to work collaboratively, to ensure that all aspects of governance are covered and that the Board receives comprehensive assurances on Royal Papworth Hospital's business and activities.

9.3 Where deficiencies in reporting arrangements are identified the Board of Directors will seek assurance from the Audit Committee that recommendations have been implemented.

Further document information

Approved by Executive Director/local committee **(required for all documents):**	Quality & Risk Committee
Approval date (*this version*):	24 February 2022
Approved by Board of Directors or Committee of the Board **(required for Strategies and Policies only):**	Board of Directors
Date:	03 March 2022
This document supports: *standards and legislation – include exact details of any CQC & NHSLA standards supported*	Annual Governance Statement CQC National Standards
Key related documents:	DN142 Standing Orders DN140 Standing Financial Instructions DN137 Scheme of Delegation Audit Committee Term of Reference NHS Audit Committee Handbook 2014

Equality Impact Assessment: Does this document impact on any of the following groups? If YES, state positive or negative, complete Equality Impact Assessment form from DN507 Single Equality Scheme, and attach.

Groups:	Disability	Race	Gender	Age	Sexual orientation	Religious & belief	Other
Yes/No:	No	No	No	No	No	No	No
Positive/ Negative:							

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