

South Tees Hospitals

NHS Foundation Trust

Meeting:	Board of Directors	Meeting Date:	31st May 2012
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This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information
	X		

Title:	IGC's Terms of Reference and Annual Business Plan 12-13
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Purpose:	To present proposed amendments to IGC's Terms of Reference, and the Business Plan for 12-13.
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Summary:	<p>The Committee's Terms of Reference, membership and business plan for 12-13 have been reviewed.</p> <p>The proposed amendments to the ToR are summarised as follows:</p> <ul style="list-style-type: none"> • Objective a) has been amended to reflect more closely the business of IGC, having agreed last year that an Integrated Governance Strategy was not required for the organisation. • The previous objective about governance between organisations has been replaced by a new sentence in objective b) regarding the safe transfer of patient care between organisations. • A new objective c) has been added that meets Monitor's expectation that the potential risks to quality of new P&E initiatives is assessed and mitigated before and during implementation. • The previous objective regarding implementation of policies has been removed as it is implicit in objective d) regarding compliance with the requirements of regulatory bodies, particularly the NHSLA. <p>Membership has been reviewed with some changes proposed.</p> <p>The proposed Business Plan for 12-13 has been drawn up taking into account these amendments.</p>
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Prepared By:	Henrietta Wallace Chair IGC	Presented By:	Henrietta Wallace Chair IGC
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Recommendation:	To agree the proposed amendments to IGC's Terms of Reference and the committee's Business Plan for 12-13.
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TERMS OF REFERENCE
ISSUE DATE: May 12

1. Name of Committee	Integrated Governance Committee
2. Purpose	<p>To assist the Board and organisation in ensuring it fully discharges its duties in relation to clinical and corporate governance.</p> <p>In the progress of its work, the Committee will draw to the Board's attention any areas of concern that places the Trust at risk of non-compliance with regulatory, legal and code of conduct requirements, or threatens delivery of its strategic objectives.</p> <p>In achieving these ends the Committee will provide assurance to the Board that there are appropriate systems, processes and behaviours within the Trust which support the achievement of the Trust's strategic objectives and compliance with regulatory obligations.</p>
3. Connectivity – reports to and rationale	<p>Board of Directors with updates on:</p> <ul style="list-style-type: none"> • Quality of Care and Patient Safety • Organisational Capability • Corporate Risk Register and Assurance Framework • Key issues arising from gap analysis or external reports issued • Formal Minutes of each meeting will be submitted to Board of Director meetings by the Chair of Integrated Governance Committee as a standing agenda item. • Formal Management Group will be informed by the Deputy Director of Health Care Governance and Quality of any key action points and decisions which may impact on operational delivery or require implementation.
4. Connectivity – receives minutes from	<ul style="list-style-type: none"> • Clinical Standards Sub-Group • Risk and Assurance Sub-Group • Organisational Capability Sub-Group • Formal Minutes of each Sub-Group meeting will be presented to Integrated Governance Committee by the Sub-Group Chair

	<p>as a standing agenda item at Integrated Governance Committee.</p> <ul style="list-style-type: none"> • Patient Safety Programme Board (quarterly)
5. Chair	Henrietta Wallace, Non-Executive Director
6. Vice Chair	Rob Wilson, Medical Director
7. Management Lead	Ruth James, Deputy Director of Health Care Governance and Quality
<p>8. Membership</p> <p>Members (or deputy) are required to demonstrate 50% attendance.</p> <p>NB – The Committee will invite co-opted members as appropriate for the discussion</p> <p>In Attendance:</p> <ul style="list-style-type: none"> • Audit North Representative 	<ul style="list-style-type: none"> • Medical Director • Deputy CEO and Director of Nursing and Patient Safety • Non-Executive Director x 3 (including Chair of IGC and Senior Independent Director) • Director of Operational Services • Director of Finance • Director of Human Resources • Chief of Service, Clinical Support Services • Chief Operating Officer for Community Services • Divisional Manager • Assistant Director of Nursing (Patient Safety) • Deputy Director of Health Care Governance and Quality • Company Secretary • Senior Nurse • Information Governance Lead • MDHU representative
9. Quorum	5 Members and the Chair or Vice Chair
10. Frequency of meetings	Monthly
11. Secretary servicing committee / group	Personal Assistant to Medical Director
12. Review date for Terms of Reference and Membership	<u>May 2013</u>

13. Aims, Objectives and Duties

The committee will aim to assure the following:

- a) That the Trust maintains an effective system of integrated governance, risk management and internal control that supports the achievement of the Trust's strategic objectives.
- b) The Trust delivers high quality patient centred care throughout its acute and community services, particularly with regard to patient safety, clinical effectiveness and patient experience. The Trust will also have regard to quality issues when patient care is transferred to and from partner organisations.
- c) The Trust assesses and mitigates potential risks to quality from new initiatives including those arising from cost improvement workstreams or operational efficiency measures.
- d) The Trust complies with regulatory, legal and code of conduct requirements e.g. those determined by Monitor, Care Quality Commission, and NHSLA.
- e) The Trust has the organisational capability with regard to its workforce and IM&T systems to deliver its objectives.
- f) Action plans, risk alerts, and lessons learned are disseminated and implemented throughout the Trusts' acute and community services, and actively monitored.
- g) On an annual basis, each of the sub-groups will review their Terms of Reference and report to IGC on the delivery of their objectives.
- h) Similarly, the Chair of IGC will annually report to Board of Directors that the Terms of Reference, attendance and membership of IGC have been reviewed and that the Terms of Reference have been met.

14. Delegated Authority and Decision Making Powers

The Integrated Governance Committee will monitor all key outcomes and action plans to ensure the objectives as set out above are delivered.

15. Work Programme

- **See Appendix a**

Signed

Dated

Appendix A

Integrated Governance Committee Annual Business Plan 2012/13				
	Terms of Reference	Action to meet ToR	Lead	Date of Action
13a	That the Trust maintains an effective system of integrated governance, risk management and internal control that supports the achievement of the Trust's strategic objectives.			
a.i	Assurance Framework/Corporate Risk Register	Receive assurance on management of risks in the assurance framework and CRR and escalate any concerns to Board.	R James	Monthly
a.ii	Annual Governance Report (formerly SIC)	Review AGR for year 11-12	R James	Apr 12
		Review progress of AGR for year 12-13	R James	Nov 12
a.iii	Internal audit reviews.	Receive outcomes of internal audit reviews (relevant to IGC) and be assured of implementation of recommendations.	R James	Ad hoc
		Review implementation of recommendations of Internal audit's report on Clinical Audit.	R James	Sept 12
a.iv	Risk Management Strategy	Annual report on implementation of Risk Management Strategy	R James	July 12
a.v	Risk and Assurance Sub-group	Receive and review notes of meetings	T Hart	Monthly
13b.	The Trust delivers high quality patient centred care, particularly with regard to patient safety, clinical effectiveness and patient experience.			
b.i	Trust-wide quarterly governance and quality reports	Receive and review, highlight exceptions to Board.	R James.	May 12
				Sept 12
				Nov 12
				Feb 13
b.ii	Quality Accounts 2010/11	Receive and review draft Quality Account for 2011/12 Monitor progress against the quality improvement priorities 12/13. Review selection of priorities for 13/14	R James.	Apr 12
				Nov 12
				Mar 13
b.iii	Patient Experience	Receive and review annual report on delivery of the Patient Experience Strategy.	A Sutcliffe	June 12
		Receive outcome of quarterly patient survey on compliance with DSSA.	A Sutcliffe	TBC

		Review implementation of Out-Patient Survey action plan.	A Sutcliffe	Sept 12 Feb 13
		Receive and review Annual Complaints Report.	R Jamieson-Gaffney	June 12
		Review outcome of Ombudsman investigations.	R Jamieson-Gaffney	Ad hoc
b.iv	Safe-guarding children/adults	Annual report on safe-guarding to ensure our obligations re safe-guarding are met.	B Walker	June 12
b.v	Clinical audit (see also 13e below)	Review clinical audit annual report 11/12	R James	May 12
		Mid-year review of clinical audit		Dec 12
		Review clinical audit forward plan		June 12
b.vi	NICE guidance	Annual review of compliance with NICE guidance and notification of any areas of non-compliance.	R Wilson	March 13
b.vii	National Enquiry - Francis report into Mid-staffs Foundation Trust (second report)	Review recommendations from second Francis report	T Hart	Nov/Dec12
b.viii	Clinical Standards sub-group	Receive and review notes of meetings	R Wilson	Monthly
b. ix	Patient Safety Programme Board.	Receive minutes of quarterly meetings.	R James	June 12
				Sept 12
				TBC
13c.	The Trust assesses and mitigates potential risks to quality from new initiatives including those arising from cost improvement workstreams or operational efficiency measures.			
c.i	Update on use of "equality impact assessments" as part of Project Assurance Office's programme of work on P&E	Receive update	C.Newton	July 12
13d.	The Trust complies with regulatory, legal and code of conduct requirements eg. those determined by Monitor, Care Quality Commission, and NHSLA.			
d.i	Monitor's Quality Governance framework	Review compliance with framework for Quarterly Declaration.	R James	April 12
				July 12
				Oct 12
				Jan 13
d.ii	CQC registration	Review Quality and Risk Profile updates (6-monthly and by exception when a standard goes red).	R James	May 12
				Nov 12
				By exception

		Receive and review outcome of CQC inspections.	R James	Ad hoc
d.iii	NHSLA registration	Review progress towards reassessment at level 1	R James	July 12
		Review progress towards maternity level 3		Sept 12
d.iv	NHS Constitution	Receive assurance on compliance with NHS Constitution (annually).	S Watson	Nov 12
		Update on partially compliant standards and pledges (ad hoc)		May 12
d.v	Outcomes of inspections by regulatory bodies/peer reviews etc.	Receive exception reports and review action plans	R Wilson	Ad hoc
d.vi	Information Governance Toolkit	Receive annual report	N Huntley	July 12
		Receive update on progress with Info Gov Toolkit		Nov 12
		Pre-submission update.		Mar 13
13e.	The Trust has the organisational capability with regard to its workforce and IM&T systems to deliver its objectives.			
e.i	Equality and Diversity Monitoring	Update on Equality Objectives and action plan re Equality Delivery System.	C Harrison	TBC
e.ii	Workforce risks.	Annual update on management of workforce risks.	C Harrison	Feb 13
e.iii	Appraisal and mandatory training	Receive assurance that appraisal and mandatory training processes are implemented and targets being achieved.	C Harrison	Oct 12
e.iv	Sickness absence	Annual update on management of sickness absence	C Harrison	TBC
e.v	Revalidation	Receive assurance on progress towards implementing a new revalidation process	R Wilson	June 12
e.vi	Data quality	Annual reports on data quality and data coding.	J Dewar	Mar 13
e.vii	Organisational Capability sub-group	Receive and review notes of meetings	C Harrison	Apr 12
				July 12
				Nov 12
				Jan 13
13f.	Action plans, risk alerts, and lessons learned are disseminated and implemented throughout the Trust, and actively monitored.			
f.i	NPSA risk alerts	Receive assurance on implementation of	R James	May 12

		risk alerts.	(in quarterly governance report)	
f.ii	Learning from complaints and PALS	Review evidence of learning from complaints		Sept 12
f.iii	Learning from clinical audit	Review evidence of action taken to improve care as determined by audit results		Nov 12
f.iv	Learning from incidents/SUIs	Review evidence of learning from incidents/SUIs		Feb 13
f.v	Analysis of claims and learning from them.	Annual Claims Report	J Hutchinson	June 12
13g.	Review of Terms of Reference and Effectiveness of Sub-groups			
g.i	Annual review of sub-groups	Receive assurance from the sub-groups that they have delivered their aims and objectives for the year:		
		Clinical Standards Sub-Group	R James	April 12
		Risk and Assurance Sub-Group	R James	April 12
		Organisational Capability Sub-Group	C Harrison	April 12
13h.	The Chair of IGC will annually report to Board of Directors that the Terms of Reference, attendance and membership of IGC have been reviewed and that the Terms of Reference have been met.			
h.ii	Annual review of work of IGC.	Provide assurance to Board that IGC and sub-groups have reviewed their Terms of reference, membership and attendance, and delivered their aims and objectives for the year.	H Wallace & R James	May 12