Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
24th June 2010

TITLE	Integrated Governance Assurance Committee (IGAC) – Terms of Reference.
EXECUTIVE SUMMARY	IGAC has reviewed its Terms of Reference and attached are revised terms for Trust Board approval. These have been updated generally regarding membership. In addition there is the addition of the PICC report which the Board have requested to be reviewed in a level 1 Committee rather than directly by the Board.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The Board looks to the Integrated Governance Assurance Committee to obtain assurance on the Trust's governance arrangements and the effective management of (non financial) risk.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	None obtained.
EQUALITY AND DIVERSITY ISSUES	None that I am aware of.
LEGAL ISSUES	None that I am aware of.
The Trust Board is asked to:	Approve the revised Terms of Reference for the Integrated Governance Assurance Committee.
Submitted by:	Phillip Beesley, Non-Executive Director/Finance Committee Chair Sarah Johnston, Head of Quality and Integrated Governance
Date:	16th June 2010
Decision:	For Approving

TRUST BOARD
24th June 2010
INTEGRATED GOVERNANCE ASSURANCE COMMITTEE
TERMS OF REFERENCE
(DRAFT FOR APPROVAL BY TRUST BOARD)

Constitution

The Trust Board hereby resolves to establish a Committee to be known as the Integrated Governance Assurance Committee. The Committee will function as a committee of the Board, and report directly to the Board in matters of all risk.

Authority

The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any Committee or Group and all employees are directed to co-operate with any request made by the Committee.

Limits to authority

- It is not the duty of the IGAC to carry out any function that properly belongs to the Trust Board

Membership

1. Chief Executive
2. Chief Nurse (Chair of Patient Safety and Risk Committee)
3. Deputy Chief Executive
4. Clinical Risk Manager
5. Director of Finance and Information
6. Director of Workforce and Organisational Development
7. Head of Customer Affairs
8. Head of Information
9. Head of Corporate Affairs
10. Head of Quality and Integrated Governance (Secretary)
11. Medical Director (Chair of Clinical Governance Committee)
12. Non Executive Director (Chair)
13. Non Executive Director (Chair of Audit Committee)
14. Non Executive Director/Safety Lead
15. Patients Panel representative

Observers

1. Internal Audit

Attendance

Attendance at meetings is essential and each member is required to attend at least 4 of the 6 meetings during the year, inclusive of deputisations.

Quorum

The quorum necessary for transaction of business will be at least 9 of the designated members who must be in attendance. The attendees must include 1 NED, 2 Executive Directors and 1 representative from Quality and Risk.

Where an Executive Director cannot attend, the Deputy Director should attend as nominated deputy.
The Quality department attendees will deputise for each other.

Frequency and Conduct

The Committee will meet bi-monthly.

CHAIR

A Non Executive Director will act as Chair of the Committee. In their absence another Non Executive Director will deputise

SECRETARY

The Committee will be supported by the Secretary whose duties include

- Agreement of the agenda with the Chair and collation of the papers
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

Papers will be circulated 1 week prior to the meeting.
Papers should be submitted to the Secretary 7 working days prior to the meeting.

Membership and terms of reference will only be changed with the approval of the Committee and will be reviewed and agreed annually.

Duties

- The Integrated Governance Assurance Committee has a duty to ensure that the Trust's governance systems, behaviours and processes relating to risk management, clinical and non-clinical governance, and the achievement of organisational objectives are effective, and provide the Board with the assurance required to govern effectively.
- To ensure the identification, management and control of risk is robust and cohesive, taking action where necessary and alerting the Board to any areas of concern.
- To consider the resource implications for risk control.
- To work in association with the Audit Committee in matters of corporate governance.
- To oversee the development of the Trust's Integrated Governance and Risk Management Strategy
- To oversee the development and maintenance of the Board Assurance Framework (BAF) and management of the corporate risk register
- To act as parent Committee to the Clinical Governance Committee, and the Safety and Risk Committee

Key Responsibilities

- To monitor and review top level and significant risks identified from the Trust's Risk Register, to consider the adequacy of control mechanisms, whether identified risks are scored correctly, and to take action to ensure risks are mitigated when necessary.
- To review completed Serious Untoward Incident reports and satisfy itself that appropriate action is taken
- To oversee compliance with the Essential Standards of Quality and Safety and ensure that sufficient assurance of compliance is available to the Board
- To monitor levels of risk associated with external inspections and reviews, in particular to oversee the progress and compliance with the NHSLA Risk Management standards and to take action when necessary
- To receive exception reports from the Clinical Governance Committee and the Safety and Risk Committee and take action where necessary.
- To receive feedback from the Finance Committee and Audit Committee
- To receive the quarterly PALS, Incidents, Claims and Complaints (PICC) report

Reporting Lines

The Chair will report to the Trust Board on the proceedings of the Committee and draw attention to any issues that require disclosure or require action.

Minutes of the IGAC will be provided for the Trust Board after each meeting and a full report will be provided once a year.

Minutes of the meeting and the Corporate Risk Register will be provided to the Audit Committee for each meeting after each IGAC.

Monitoring

The effectiveness of the Committee and the governance processes will be monitored by the internal auditors and demonstrated via the internal annual audit reports.
Further scrutiny will be provided by the Trust Board through receipt of minutes and reports.

Approved by Trust Board
Approved by IGAC