

## **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 has no executive powers, other than those specifically delegated in these Terms of Reference.

#### **2. Purpose**

The purpose of the Committee is to promote effective risk management and to establish and maintain a dynamic assurance framework and 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) Oversee the implementation of the Trust's Risk assessment Policy
- c) Develop, and review progress against an annual Risk Management action plan, ensuring it supports the achievement of corporate objectives;
- d) Coordinate the identification of all risks: clinical; financial and organisational, and ensure that systems are in place to manage those risks effectively by:
  - i. Monitoring and reviewing 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;
  - ii. Monitoring and reviewing the Trust's Risk Register, ensuring action is taken as appropriate and that unacceptable or serious risks are escalated as appropriate
  - iii. Receiving and reviewing progress reports on the implementation of action plans resulting from risk assessments of the Trust's activities;
- e) Establish, develop and maintain systems for the regular evaluation and monitoring of compliance against any relevant internal and external audits, assessments, standards and criteria; as directed by the Chairman. This includes reviewing the reports and outcomes of each internal audit report and, if necessary, ensuring any identified risks are included on the Trust Risk Register.
- f) Ensure any procedural documents which fall within the remit of the Committee are appropriately written, ratified and monitored for

compliance in accordance with the Policy for the Development and Management of Procedural Documents and the requirements of the National Health Service Litigation Authority (NHSLA) Risk Management Standards;

- g) Monitor the action plans associated with NHSLA and Clinical Negligence Scheme for Trusts (CNST) assessments, and take action as appropriate, to ensure the Trust maintains, as a minimum, the current level of compliance and works towards achievement of increased levels of compliance

#### **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. Membership**

- Non Executive Director (Chair)
- Director of Nursing
- Director of Finance
- Trust Board Secretary
- Director of HR
- Director of Strategy
- Deputy Director of Nursing/Head of Patient Safety
- Risk Coordinator
- CSC Management Team representation

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

#### **6. 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. In normal circumstances 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 continuing non-attendance by a member jeopardize the functioning of the Committee, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

#### **7. Administration**

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

- In consultation with the Chair, developing and maintaining an annual reporting schedule to the Committee
- Collation of papers and drafting of the agenda for agreement by the Chair of the Committee;
- Taking the minutes and keeping a record of matters arising and issues to be carried forward;
- Advising the group on scheduled agenda items; and

- Agreeing and circulating the action schedule 48 hours following each meeting
- Maintaining a record of attendance.

## **8. Meetings**

- Meetings will be held on a monthly basis;
- Meetings will be no longer than 2.5 hours;
- Items for the agenda must be sent to the Committee Secretary a minimum of 7 days prior to the meeting: urgent items may be raised under another business;
- The agenda will be sent out to the Committee members one week prior to the meeting date, together with the action schedule and other associated papers; and
- An action schedule will be circulated to members 48 hours following each meeting and must be duly completed and returned to the Secretary for circulation with the following meeting's agenda and associated papers.

## **9. Reporting**

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

The 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. However, the Chair of the Risk Assurance Committee shall, at any time, draw to the attention of the Governance and Quality Committee any particular issue which requires the attention of that Committee.

The Committee will receive reports as per the reporting schedule. These include, but are not limited to:

- Rolling programme of reports from each CSC
- Bi-annual update on CNST action plan
- Bi-annual update on NHSLA action plan
- Quarterly update on risk management action plan
- Quarterly update on compliance with the Care Quality Commission Essential Standards

## **10. Quorum**

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

## **11. Review**

The Terms of Reference shall be reviewed on an annual basis and ratified by the Governance and Quality Committee

## **12. Monitoring Effectiveness**

In order that the Committee can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Governance & Quality Committee, the Chair will ensure that once a year 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 (or nominated deputies) attendance was achieved 75% of the time;

- Agenda and associated papers were distributed one week prior to the meetings; and
- The action schedule was circulated within 48 hours, on 80% of occasions.

<b>ToRs agreed by</b>	Risk Assurance Committee	<b>Date of agreement</b>	October 2012
<b>ToRs ratified by</b>	Governance & Quality Committee	<b>Date of ratification</b>	2012
<b>Review Date</b>	October 2013		