

## Service Governance Committee

## Terms of Reference

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<b>Amendment Summary (changes highlighted in red):</b> <b>Section C</b> Specific reference now included to those elements allocated in the Corporate Risk Register. <b>Section E</b> Membership has been reduced through removal of Heads of Operations/Professional Heads etc. and Deputy Directors will fulfil wider	

governance role with are leads (e.g. Risk Manager, R&D Director attending to present certain items).

**Section I**

As previously agreed, meetings have reduced from eight to six with the Care Group presentations now incorporated into formal Committee meetings.

**Section N**

See Section E on membership above.

**Section O**

For consistency across Committees those groups that report to SGC have now been included in this section.

## Terms of Reference for the Service Governance Committee

### A. Overall aim or purpose:

The overall aim of the Committee is to seek and obtain evidence of assurance on the adequacy of the Trust's processes in the areas of clinical and social care governance. The Committee will monitor these processes and report to the Board on the effectiveness of these systems, highlighting any areas of concern.

### B. Key objectives:

The Service Governance Committee's key objectives are to:

- Seek assurance that:
  - Systems and processes are effective;
  - The quality of services is good and continuously improving; and
  - The quality of the experience of people using our service is good and continuously improving.
- monitor, review and report to the Trust Board on all of the above as required;
- support and advise the range of service governance issues;
- support and promote a risk awareness culture and positive approach to investigating and learning from adverse events.

### C. Specific areas of responsibility:

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

In particular the Committee shall review the adequacy of:

- Systems and processes to ensure monitoring and assessment of the quality and improvements in health and social care services
- Mechanisms to involve service users, carers, the public and partner organisations in improving services
- Arrangements for implementation and monitoring of clinical audit, clinical guidelines and protocols, NICE guidelines, developing integrated pathways.
- Systems for identifying, reporting, mitigating and managing risks across health and social care including the monitoring of incidents and complaints, **including any risks identified within the Corporate Risk Register relevant to service governance issues;**
- The implementation of action plans in response to Grade 2 Serious Incidents
- Service governance / improvement plans including the adequacy of consultation and implementation
- Research governance structures and proposals and work programme for Research and Development
- Structures for developing and assuring clinical effectiveness
- Structures and process for delivering on citizenship and social inclusion programmes and their efficacy

- Performance monitoring processes and use of information

In addition the Committee shall receive regular reports (including where applicable key performance indicators) on service activity / sub groups including information on serious incidents, complaints, CPA, MHA and other areas of health and social care service delivery that contributes to the understanding and improvement of services.

#### **D. Chair:**

The Service Governance Committee shall be chaired by a Non Executive Director (or Special Adviser) appointed by the Trust Board. A Non Executive Director (or Special Adviser) shall be identified to act as Deputy to the Chair.

#### **E. Members:**

The membership of the Committee will consist of: three Non-Executive Directors (or two Non-Executive Directors plus a Special Adviser to the Board), one of whom will be Chair and one who will be Deputy Chair plus:

- Director of Quality and Governance;
- Director of Operations and Nursing;
- Medical Director;
- Deputy Director of Operations & Quality;
- Deputy Director of Operations & Nursing (Specialist Services);
- Deputy Director of Operations (District Services);
- Head of Service Governance; and
- One Service User or Carer representative.

The Chief Executive is invited / reserves the right to attend any meeting.

For the avoidance of doubt, BDCT employees who serve as members of a Board Committee do not do so to represent or advocate for their respective department or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

#### **F. Accountable to:**

The Service Governance Committee is accountable to the Board. The minutes of the Service Governance Committee shall be formally recorded and submitted to the Trust Board. In addition, minutes of the Service Governance Committee will be submitted to the Audit Committee for information.

#### **G. Accountable for:**

There are no formal lines of accountability between the Service Governance Committee and other Trust Committees. The Service Governance Committee interacts with other Trust Committees through cross attendance, particularly via the Trust Secretary.

#### **H. Roles**

The role of the Chair is undertaken via a nominated Non Executive Director (or Special Advisor). Minutes and administration of the meeting are undertaken through the Head of Service Governance and Trust Secretary.

**I. Frequency of Meetings:**

Meetings will be held **six** times a year. There will be separate meetings if required by the Trust Board.

**J. Frequency of Attendance:**

All Committee members will be expected to attend at least three meetings a year. Attendance will be monitored by the Trust Secretary.

**K. Quorum:**

The Committee will be considered quorate where two Non Executive Directors (or a Special Adviser) and two of the following, are in attendance:

Director of Quality & Governance

Medical Director (or nominated deputies i.e. Research & Development to ensure medical practitioner representation and Head of Service Governance)

Director of Nursing and Operations (or deputy i.e. Deputy Director of Operations & Nursing)

At least one Executive Director must be in attendance i.e. both may not be represented by deputies at the same meeting.

**L. Record Keeping:**

Archives of minutes and papers relating to the Service Governance Committee are maintained **by the Committee Support Officer**.

**M. Lifespan of meeting:**

The Service Governance Committee is a standing committee of the Trust Board. It will continue to meet in accordance with these Terms of Reference until the Trust Board determines otherwise.

**N. Other matters: attendance**

**Heads of Operations, Medical and Professional Leads will be required to attend Committee meetings to present regular agenda items as required by the Committee.** Other Trust Directors, Managers and Clinicians will be required to attend to address specific issues as they arise. The Committee may choose to invite external organisations and individuals to present issues and reports from time to time.

**O. Monitoring arrangements**

All elements of the Service Governance Committee Terms of Reference will be monitored annually by the Head of Service Governance and reported in the Annual Service Governance Report.

The following groups/services will report into the Service Governance Committee:

- Audit Steering Group;
- Infection Control Sub-Committee;
- Medicines Management Group;
- NICE Guidance Monitoring Group;
- Professions Councils;
- Research Strategy Group;
- Risk Assurance Group;
- Service Governance Groups; and
- Service User & Carer Involvement Forum.