








Action:	Current BRAG Rating	Recommended BRAG Rating
2. Governance 2.1.8 – Review the role and operation of all governance committees and implement new Governance Committee arrangements, including the review of NICE guidance.	Green Completed 31/12/2015	Blue subject to CQC confirmation
Detail:		
<p>In June 2015, the Care Quality Committee following the Trust’s inspection issued a Section 29a notice, in which the Trust was charged with improving the process and escalation of risk management. The Trust has re-defined the Risk Management policy and aligned the Governance Committee arrangements to improve flow of risk management and the escalation of risks.</p> <p>The NICE guidance policy has been reviewed and this was approved at the Patient Safety & Quality Board in July 2016. All the Divisional Clinical Governance Leads are in post with deputy/Clinical Governance deputies are allocated to the divisions.</p> <p>The Board Risk Committee has been operational since December 2016.</p>		
Evidence:		
Board Risk Committee – agendas and minutes attached (3 months)	<div style="text-align: center;">  2.1.8 - Board Risk Committee Agenda.zi  2.1.8 - Board Risk Committee minutes.zi </div>	
NICE guidance allocation proforma and NICE guidance for information	 2.1.8 - ALLOCATION PROFORMA (& INFOF	
Clinical Audit & Effective Committee where the NICE guidance process was approved	 2.1.8 - Clinical Audit & Effectiveness Comr	
NICE guidance policy ratified by Patient Safety & Quality Board on the 8 July 2016	 2.1.8 - NICE Implementation Policy	
Patient Safety & Quality Board (8 July 2016) demonstrating the approval of the NICE guidance policy – pg 10	 2.1.8 - Agenda item 3a - Minutes 8 7 16.d	
Governance Committee structure this demonstrates the align of sub-committees to the Board of Directors meeting, and risk meetings to Board Risk Committee	 2.1.8 - FINAL Committee Structure	

On-going monitoring arrangements:

- Risk Management Committee
- Divisional Clinical Governance Meeting
- Service Line Clinical Governance Meeting

**Executive
 Director
 Responsible:**

Managing Director
 Peter Herring

**Responsible
 Assurance
 Committee:**

Trust Board