



GOVERNANCE COMMITTEE TERMS OF REFERENCE

1.0 CONSTITUTION

1.1 The Trust Governance Committee is a Standing Committee of the Trust Board. The Committee members include 3 Non-executive Directors; who are the Chair and 2 other Non-Executive, Executive Directors and members of staff with a corporate quality and safety remit.

2.0 MEMBERSHIP

2.1 The Committee shall include the following membership:

Members

Non-Executive Directors (Chairperson + 2 Non-Executive)

Chief Executive

Medical Director

Executive Director of Nursing/Director of Primary Care and Older People

Executive Director of Social Work/Director of Women and Children's Services

Director of Acute Services

Director of Mental Health & Disability Services

Director of Performance and Service Improvement

Chairs of all 3 Sub-Committees to attend

In attendance:-

Associate Medical Director, Quality & Safety

Assistant Director of Nursing, Professional Development and Performance

Assistant Director, Quality Development for Social Work

Head of AHP Services

Head of Clinical Quality & Safety

Head of Pharmacy and Medicines Management

2.2 Quorum

A quorum shall be 4 members, 2 of whom must be Non-executive Directors.

3.0 FREQUENCY

Meetings will be held quarterly

4.0 AUTHORITY

The 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. The Committee is authorised by the Board to obtain outside

legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

5.0 DUTIES

The Committee shall review the establishment and maintenance of an effective system for governance across the whole of the Organisation's activities in line with the DHSSPS Q2020 strategy. This will support the achievement of the Trust's objectives, minimizing the exposure to corporate, financial, human resource and clinical and social care risks. The Committee will be responsible for:

- Reviewing and developing a governance infrastructure within the Trust with clearly defined professional / managerial lines of accountability across all Directorates;
- Ensuring arrangements are in place to produce and approve the evidence required by the Department of Health for the completion of the Board Governance Self-Assessment, and Assurance Framework.
- Ensuring that an Assurance Framework accurately records the Trust's objectives and that associated risks are identified together with the measures and controls to manage these principal risks;
- Seeking assurance from Executive Directors through Directorate Governance Reports, covering all aspects of quality, safety and governance;
- Reviewing the implementation and ensuring continued compliance with quality / risk related standards e.g. NICE, NPSA, RQIA, external and internal reviews, and reports through assurances from the Quality & Standards Sub-Committee;
- Seeking assurance that action plans developed as a result of external reviews / reports are being progressed and implemented;
- Supporting a learning culture across the Trust in response to lessons learned to protect patient and client safety and to ensure professional competence;
- Monitoring the implementation of the Trust's Quality Strategy;
- Overseeing ongoing development of quality improvement programs and projects;

- Receiving assurances from the following Sub-Committees / Groups via reports by the Chair as a standing agenda item:
 - Corporate Governance Sub-Committee
 - Quality and Standards Sub-Committee
 - Clinical and Social care Governance Sub-Committee

6.0. REVIEW

The terms of reference and membership of the Governance Committee will be subject to an annual review.