

GOVERNANCE COMMITTEE TERMS OF REFERENCE

1.0 CONSTITUTION

1.1 The Trust Board hereby resolves to establish a Committee of the Board to be known as the Governance Committee (The Committee). The Committee consists of all members of the Trust Board and members of staff with a corporate quality and safety remit.

2.0 MEMBERSHIP

2.1 The Committee shall include the following membership:

Members

Chairman (Chairperson)
Chief Executive
Deputy Chief Executive
Director of Finance
Medical Director
Director of Planning & Performance
Director of Human Resources
Executive Director of Social Work/Director of Women and Children's Services
Director of Acute Services
Director of Mental Health & Disability Services
Executive Director of Nursing/Director of Primary Care and Older People
Director of Strategic Capital Development
All Non Executive Directors

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
Head of Communications
Chief Internal Auditor (Observing capacity)

2.2 Quorum

A quorum shall be 8 members, 4 of whom must be a Non-Executive Director including the Chairman or his nominated deputy.

3.0 FREQUENCY

Meetings should 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 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, through assurances from the Quality & Standards Sub-Committee;
- Supporting a learning culture across the Trust in response to lessons learned to protect patient and client safety and to ensure professional competence;
- Seeking assurance that action plans developed as a result of external reviews / reports are being progressed and implemented;
- Monitoring the implementation of the Trust's Quality Strategy;
- Overseeing ongoing development of quality improvement programmes and projects;

- Ensuring arrangements are in place to produce and approve the statement on internal control;
- Receiving assurances from the following Sub-Committees / Groups via reports by the Chair as a standing agenda item:
 - o Risk Management Sub-Committee
 - o Quality and Standards Sub-Committee
 - o Complaints Forum
 - o Personal & Public Involvement
 - o Patient / Client Experience

6.0. REVIEW

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