

TERMS OF REFERENCE

ASSURANCE COMMITTEE

1.0 CONSTITUTION

- 1.1 The Board hereby resolves to establish a Committee of the Board to be known as the Assurance Committee (The Committee).
- 1.2 The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.
- 1.3 All procedural matters in respect of conduct of meetings of the Committee shall be in accordance with the Trust's Standing Orders.

2.0 MEMBERSHIP OF THE COMMITTEE

- 2.1 All Trust Non-Executive Directors are to be included as members of this Committee with the exception of the Trust Board Chairman.
- 2.2 A Non-Executive Member of the Committee will be appointed Chair of the Committee by the Board.
- 2.3 The Chairman of the Trust Board shall not be a member of the Committee.
- 2.4 In the absence of the Chair another Non-Executive Member may be appointed to that role by agreement of the Non-Executive Directors.
- 2.5 One member of the Committee shall be the Chair of the Audit Committee.
- 2.6 Where practicable, one member of the Committee should have a clinical background.
- 2.7 A quorum shall be two members including the Chair.

3.0 ATTENDANCE AT MEETINGS

- 3.1 The Medical Director, Director of Operations, Director of Finance & ICT and Director of Human Resources & Corporate Services shall normally attend meetings.
- 3.2 The Chairman, Chief Executive and other Officers of the Trust may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Officer.

- 3.3 The Medical Director shall attend to the minutes of the meeting and provide appropriate support to the Chairman and Committee members.

4.0 FREQUENCY OF MEETINGS

- 4.1 Meetings shall be held not less than three times a year.

5.0 AUTHORITY

- 5.1 The Committee will be responsible for assuring the NIAS Board that effective and regularly reviewed arrangements are in place to support the implementation, maintenance and development of Governance (clinical and non clinical) and risk management and that such matters are properly considered and communicated to the Board.
- 5.2 The Board will always retain responsibility for such control and will act after taking account of the recommendations and assurances of the Committee. The Committee, therefore, does not have the executive authority of the Board, but does have sufficient membership, authority and resources to perform its role independently and effectively.
- 5.3 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.
- 5.4 The Committee is authorised by the Board to obtain outside legal, clinical or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

6.0 DUTIES

- 6.1 The duties of the Committee can be categorised as follows:

6.2 Governance, Risk Management and Internal Control

The Committee shall contribute to the establishment, review and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

- 6.3 In particular the Committee will:

6.3.1 Provide assurance that adequate systems and processes are in place to support the achievement of the organisation's objectives and strategically manage clinical and non-clinical risks.

6.3.2 Provide assurance that adequate systems and processes are in place for the delivery of high quality patient care that is safe, effective and patient focused through the review and monitoring of:

- clinical activities;
- professional self-regulation;
- development and implementation of national standards of care and practice;
- clinical audit activity;
- professional and clinical performance standards;
- continuing professional development for all staff;
- adverse incidents and complaints with a clinical component;
- infection prevention and control arrangements;
- clinical research and development activity;
- Personal and Public Involvement (PPI) arrangements and activities;
- corporate social responsibility.
- emergency planning and business continuity;
- information governance;
- compliance with the relevant DHSSPS Controls Assurance Standards and associated action plans.

6.3.3 Review the Trust's Assurance Framework and the Trust's Risk Register and to make recommendations to Trust Board for action as required to ensure high quality patient care.¹

6.3.4 Report and review the outcome of Serious Adverse Incidents (SAI) including Serious Clinical Adverse Incidents in line with DHSSPS guidance and to ensure that appropriate remedial action has been taken including measures to prevent recurrence.²

6.3.5 Receive reports from other Committees and Working Groups in relation to areas of risk and governance.

6.3.6 Provide Trust Board with regular reports on the management of risk and quality of patient care and an annual report on clinical governance.

6.4 In carrying out its work, the Committee will utilise the work of Internal Audit, External Audit, and other assurance functions where appropriate, but will not be limited to these functions. It will also seek reports and assurances from other Trust Committees through their respective Chairs, Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

¹ Safety First – A framework for sustainable Improvement in the HPSS (March 2006)

² Procedure for reporting and follow up of SAI (April 2010)

6.5 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

6.6 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

6.7 These may include, but will not be limited to, any reports issued by the Comptroller and Auditor General or Public Accounts Committee, reviews by DHSSPS commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional and regulatory bodies with responsibility for the performance of staff or functions (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), Health and Care Professions Council (HCPC), Royal Colleges, accreditation bodies, etc.).

6.8 Governance Statement

The Committee shall review the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.

7.0 REPORTING

7.1 The Minutes of Committee meetings shall be formally recorded and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

7.2 The Committee will report to the Board annually on its work in support of the Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against the Quality Standards and Controls Assurance Standards.

8.0 OTHER MATTERS

8.1 The Agenda will be sent to members at least five working days before the meeting and supporting papers, wherever possible, shall accompany the agenda, but will be dispatched no later than three working days before the meeting, save in an emergency.

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