


**TERMS OF REFERENCE**

<p><b>NAME</b></p>	<p>Learning from Experience (LfE) Steering Group</p>
<p><b>PURPOSE</b></p>	<p><i>Our Current Trust Vision</i></p> <p><i>“To be one of the safest, most effective and compassionate health and social care organisations’</i></p> <div data-bbox="501 613 1283 801">  <p>Working together    Excellence    Openness &amp; Honesty    Compassion</p> </div> <p>The Learning from Experience Steering Group is a sub-committee of the Assurance Framework and the purpose is to provide assurance to the Assurance Committee around the effectiveness of structures and processes established to support learning from the events and experiences of our service users and staff.</p> <p>The Learning from Experience Steering Group will bring together aspects of the assurance framework agenda in order to continuously improve Safety, Quality and Experience</p>
<p><b>DUTIES</b></p>	<p>The Learning from Experience Steering Group will, in respect of its provision and advice to the Assurance Committee, monitor the work of and hold reporting sub committees to account for the Trust as follows:</p> <ul style="list-style-type: none"> <li>- Review and approve the assurance updates from each of the sub committees on a bi-monthly basis;</li> <li>- Review learning reports that have been approved* by each of the sub committees as they become available. (*Depending on the meeting frequency of the sub-committees that report up through the LfE and the urgency in the approval and dissemination of learning this group may approve learning for dissemination)</li> <li>- Agree learning – the format, method and appropriate level of dissemination both internal and external to the organisation as appropriate.</li> <li>- Seek assurance that agreed sharing of learning has occurred.</li> <li>- Seek assurances that learning disseminated has been used to improve safety, quality and experience</li> <li>- Ensure improvements in safety, quality and experience as a result for learning from the events and experiences of our services users and staff, are appropriately published.</li> <li>- Ensure a quarterly report is made available in advance of the</li> </ul>





	<p>Assurance Committee to provide a summary of key assurance</p> <ul style="list-style-type: none"> <li>- Note annual reports that have been approved for presentation at the Assurance Committee / Trust Board</li> <li>- Review of audit activities in relation to the shared learning process whether completed internally or provided by an external body</li> <li>- Ensure regular review of key policies for adequacy and ensure timely update</li> <li>- Identification, review and escalation of Risks associated with the above</li> </ul>
<p><b>AUTHORITY</b></p>	<p>The Learning from Experience Steering Group is authorised by the Assurance Committee to investigate, or have investigated, any activity within its Terms of Reference. In doing so, the Learning from Experience Steering Group shall have the right to inspect records or documents of the Trust relevant to the Learning from Experience Steering Group’s remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:</p> <ul style="list-style-type: none"> <li>• Employee (and all employees are directed to co-operate with any reasonable request made by the Steering Group);</li> <li>• Other Committee, subcommittees or group established within the Assurance Framework to assist in the delivery of its functions.</li> </ul> <p>The following groups report directly into the Learning from Experience Group</p> <ul style="list-style-type: none"> <li>- Service User Experience Feedback Group (SUEFG)</li> <li>- Serious Adverse Incident Group (SAIG)</li> <li>- Outcomes Review Group [inc Mortality] (ORG)</li> <li>- External Reports / Review Group (ERRG)</li> <li>- Claims Review Group (CRG)</li> </ul>
<p><b>REPORTING</b></p>	<p>The Learning from Experience Steering Group is directly accountable to the Assurance Committee for its performance in exercising the functions set out in these terms of reference.</p> <p>The Learning from Experience Steering Group, through its Chair and members, shall work closely with the Assurance Framework Steering Groups and Committees, to provide advice and assurance to the Assurance Committee:</p> <ul style="list-style-type: none"> <li>• Joint planning and co-ordination of Assurance Framework business;</li> <li>• Sharing of information.</li> </ul> <p>In doing so, the Learning from Experience Steering Group shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Trust’s overall risk and assurance framework.</p>

	<p>The Learning from Experience Steering Group shall embed the Trust’s corporate standards, priorities and requirements, e.g., equality and human rights, through the conduct of its business.</p> <p>The Learning from Experience Steering Group Chair shall:</p> <ul style="list-style-type: none"> <li>• Report formally, regularly and on a timely basis to the Assurance Committee on the Group’s activities. This includes verbal updates on activity, the submission of minutes and written reports;</li> <li>• Bring to the Assurance Committee’s specific attention any significant matter under consideration of the Learning from Experience Steering Group;</li> <li>• Ensure appropriate escalation arrangements are in place to alert the Executive Team, or Chairs of other relevant Committees/ Steering Groups, of any urgent/critical matters that may compromise patient/client care and affect the operation and/or reputation of the Trust.</li> </ul> <p>The Senior Manager for Corporate Governance, on behalf of the Chair of the Learning from Experience Steering Group, shall oversee a process of regular self-submission of minutes and written reports, including that of any sub-committees established.</p> <p>A written update from each sub-committee that reports up through the LfE will be required in advance of this group meeting</p>
<p><b>LEAD RESPONSIBILITY</b></p>	<p>Executive Director of Nursing and User Experience</p> <p>(This will include the oversight of the work of the committees that sit within)</p>
<p><b>MEMBERSHIP</b></p>	<p><b>Chair:</b> Executive Director of Nursing and User Experience</p> <p><b>Deputy Chair:</b> Deputy Chief Executive</p> <p><b>Membership:</b> All Directors of the Trust Co-Director Risk &amp; Governance / Head of Office of the Chief Executive Corporate Governance Senior Manager</p> <p><b>In attendance:</b> Any Senior Manager of the Trust may, if appropriate, be invited to attend.</p> <p><b>Secretary:</b> Assurance Co-ordinator, Corporate Governance</p> <p>All members will take into consideration the organisation structure along with the purpose of the group to deliver the work of the group. All members will be expected to ensure appropriate dissemination of key information and actions across their Directorates &amp; Divisions</p>

	<p><b>Member appointments</b></p> <p>Membership of the Learning from Experience Steering Group shall be determined by the Assurance Committee, based on the recommendations of the Chair – taking into account the skills and expertise necessary to deliver the Learning From Experience Steering Group’s remit.</p> <p>Other staff may be also be co-opted to attend meeting as this group considers necessary.</p> <p>Should a member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair.</p>
<p><b>MEETINGS</b></p>	<p><b>Quorum</b></p> <p>The quorum for the meeting will be no less than 60% of the membership and must include as a minimum the Chair or Deputy Chair and representations from 4 of the Directorates.</p> <p>In the event of a quorum not being met, an additional meeting may need to be scheduled to meet (with a quorum) to meet delegated responsibilities. This will be determined by the Chair / Deputy Chair</p> <p><b>Frequency of Meetings</b>     Bi-monthly</p> <p>The Learning from Experience Steering Group will meet bi-monthly and shall agree a schedule of meetings at least 12 months in advance.</p> <p><b>Secretarial Support</b></p> <p>Formal minutes will be taken to include the following:</p> <ul style="list-style-type: none"> <li>- The names of all present at the meeting</li> <li>- A record of the decisions made and any dissent</li> <li>- Details of how the group was assured and the evidence on which this was based.</li> <li>- Details on any issues to be escalated. (This will include details of who / Committee this has been with)</li> <li>- Declarations of interest of members and participants; and</li> <li>- Draft minutes will be issued. (If necessary these will include a Chair’s summary which will include any matters requiring escalation).</li> </ul> <p>Agenda and papers will be disseminated to the Learning from Experience Steering Group members four working days before the date of the meeting and wherever possible electronically.</p> <p><b>Papers</b></p> <ul style="list-style-type: none"> <li>- This will include a summary update from the sub-committees (listed under Authority)</li> </ul>

	<ul style="list-style-type: none"> <li>- This will include an update in relation to:                             <ul style="list-style-type: none"> <li>o External Guidance received for Action</li> <li>o Whistleblowing</li> <li>o Case management Reviews</li> </ul> </li> <li>- Shared learning for noting</li> <li>- Annual reports for approval / noting (as per Annual Report Schedule)</li> </ul> <p><b>Withdrawal of individuals in attendance</b>                      The Learning from Experience Steering Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of a particular matter.</p>
<p><b>CONFLICT/ DECLARATION OF INTEREST</b></p>	<p>The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the group.</p>
<p><b>REVIEW</b></p>	<p>These Terms of Reference and operating arrangements will be reviewed on at least an annual basis by the group.</p> <p>This will include an annual review of the Terms of Reference of the sub committees that report directly into the LfE</p> <p>A copy of all updated Terms of Reference for the Groups listed within the Assurance Framework will be sent to Corporate Governance for logging after approval at this group.</p>
<p><b>OUTPUT</b></p>	<p>This group will provide a quarterly summary to the Assurance Committee. This will be provided at least three weeks before the Assurance Committee.</p>

**TERMS OF REFERENCE**

<p><b>NAME</b></p>	<p>Safety &amp; Quality Steering Group</p>
<p><b>PURPOSE</b></p>	<p>Our Current Trust Vision                      “To be one of the safest, most effective and compassionate health and social care organisations’</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">                           Working together                     </div> <div style="text-align: center;">                           Excellence                     </div> <div style="text-align: center;">                           Openness &amp; Honesty                     </div> <div style="text-align: center;">                           Compassion                     </div> </div> <p>This group has been constituted by the Assurance committee</p> <p>The main purpose of the Safety Quality Steering Group (SQSG) is to set direction for safety and quality in the Trust and to provide assurance that the services we deliver are safe and are constantly seeking to improve in quality.</p> <p>This group is a sub-committee of the Assurance Framework and the purpose is to provide assurance to the Assurance Committee around the safety and quality of the services we deliver to patients and service users.</p>
<p><b>DUTIES</b></p>	<p>To set direction for safety and quality within the Belfast Trust.</p> <p>To seek assurance from Divisions in relation to their safety and quality dataset. Each Division will present a minimum of three times per year.</p> <p>To oversee the sharing of best practice in relation to the safety and quality agenda across the organisation.</p> <p><i>Note: Divisional datasets will include a core element and some key quality indicators bespoke to their services.</i></p> <p>To oversee the improvement work in the Safety, Quality and Experience workstream of the Impact improvement programme:</p> <ul style="list-style-type: none"> <li>• Ensuring there is adequate capacity and capability of Trust staff trained to lead improvement and to support and coach teams to improve.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensuring adequate Trust representation at international conferences and IHI European meetings.</li> <li>• To oversee, monitor and review the delivery of the Quality Improvement Plan including identifying and mitigating risk and agreeing suggestions for improvement as required.</li> <li>• To set direction to ensure patients, service users and carers are involved in improvement work and to promote the benefits of coproduction ensuring targets are met.</li> <li>• To oversee the roll out of real time patient and service user feedback across the Trust.</li> <li>• To oversee the rollout of NHS safety thermometers across the Trust.</li> <li>• To review outcomes and learning from the real time feedback and safety thermometers ensuring risks are identified and mitigated, making suggestions for improvement where appropriate and sharing best practice across the organisation.</li> </ul> <p>To oversee, monitor and review the functions of the group’s various subcommittees and obtain assurance as to the effective management of risks associated with their responsibilities.</p> <p>To review outcomes of the QI Strategy 2019/20, supporting completion of objectives, identifying risk and sharing learning.</p> <p>To oversee collaborative work undertaken through HSCQI including identifying and mitigating risk and agreeing suggestions for improvement as required.</p> <p>Provide quarterly progress reports to Assurance Committee.</p> <p>To approve safety and quality data submitted to the Public Health Agency each quarter.</p> <p>To oversee, monitor and review the Safety Quality Visit process including identifying and sharing learning and themes.</p> <p>To oversee completion of the Trust Annual Quality Report.</p>
<p><b>AUTHORITY</b></p>	<p>SQSG operates under authority from the Assurance Committee and from the Medical Director as Chair of the group.</p> <p>SQSG has authority over the following sub-groups:</p> <p>Safety Improvement Team  Infection, Prevention and Control Committee  Medicines Optimisation Group</p>


	Standards and Guidelines Committee Deteriorating Patient including Resus Committee
<b>REPORTING</b>	SQSG reports to the Assurance Group within the Assurance Framework.  A written update of each sub-committee is required to be presented to SQSG 4 times per year.
<b>LEAD RESPONSIBILITY</b>	Medical Director  The Chair of each steering group oversees the work of the committees that sit within
<b>MEMBERSHIP</b>	<p><b>Chair:</b> <i>Medical Director</i></p> <p><b>Deputy Chair:</b> <i>Director of Nursing and User Experience</i></p> <p><b>Membership:</b> Service Directors Director of Performance, Planning and Informatics Expert Carer and Service User Deputy Medical Director Risk and Governance Co-Director Risk and Governance Clinical Patient Safety Lead Senior Manager Quality Improvement and Patient Safety Senior Information Manager Divisional Management Team representative – by invite a minimum of 3 times per year Chair of Standards and Guidelines Committee Chair of Safety Improvement Team Chair of Infection, Prevention and Control Committee Chair of Medicines Optimisation Group Chair of Deteriorating Patient and Resus Committee Senior Manager, Nursing Quality and Patient Safety</p> <p><b>In attendance:</b> N/A</p> <p><b>Secretary:</b> Quality Improvement &amp; Patient Safety Manager</p> <p><b>Member appointments</b> Other members (either Trust staff, or external to the organisation) from time to time may be required to attend.</p>



<p><b>MEETINGS</b></p>	<p><b>Quorum</b></p> <p>The Chair or a nominated deputy and each Division must be represented at every meeting. This can be shared amongst Divisional management teams within a Directorate.</p> <p>In the event of a quorum not being met at a meeting, depending on the group, an additional meeting may need to be scheduled to meet (with a quorum) to meet delegated responsibilities.</p> <p><b>Frequency of Meetings</b></p> <p>Monthly</p> <p><b>Secretarial Support</b></p> <p>Admin support will be provided by the Quality Improvement and Patient Safety Team. A formal minute and action log will be recorded. A formal minute will include:</p> <ul style="list-style-type: none"> <li>- The names of all present at the meeting</li> <li>- A record of the decisions made and any dissent</li> <li>- Details of how the group was assured and the evidence on which this was based</li> <li>- Details on any issues to be escalated. (This will include details of who / Committee this has been with)</li> <li>- Declarations of interest of members and participants; and</li> <li>- Draft minutes and an action log will be issued at latest 7 working days following each meeting. (If necessary this includes a Chair's summary which will include any matters requiring escalation)</li> </ul> <p>An agenda, papers for the meeting and datasets for the Divisions presenting will be circulated to the group 7 days prior to the meeting.</p> <p>The Divisional dataset will be circulated to the Divisional Management Teams who are presenting and to the central QI team* 14 days prior to the meeting and earlier if the data is available.</p> <p><i>*The central QI team is the Medical Director, Deputy Medical Director for Risk and Governance, Co-Director for Risk and Governance, Senior Manager Quality Improvement and Patient Safety, Clinical Patient Safety Leads.</i></p> <p><b>Papers</b></p> <p>This may include:</p> <ul style="list-style-type: none"> <li>- Sub-group / sub-committee update reports quarterly</li> <li>- Datasets for Divisions presenting</li> <li>- Safety and Quality data returns that are to be provided to the</li> </ul>
------------------------	---

	<p>Public Health Agency each quarter</p> <ul style="list-style-type: none"> <li>- Minutes</li> <li>- Action Log</li> <li>- QI Plan dataset</li> <li>- Any other presentations</li> <li>- Safety Quality Visits Red Actions and Annual Report</li> </ul> <p><b>Meeting Arrangements</b></p> <p>Where possible the group will meet on the afternoon of the 4<sup>th</sup> Thursday of each month.</p> <p>Meetings will be split with a focus on assurance from Divisions in the first half and the second half will focus on improvement and the Quality Improvement Plan.</p> <p><b>Withdrawal of individuals in attendance – n/a</b></p>
<p><b>CONFLICT/ DECLARATION OF INTEREST</b></p>	<p><i>The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting</i></p>
<p><b>REVIEW</b></p>	<p><i>This should include:</i></p> <ul style="list-style-type: none"> <li>- <i>Terms of Reference must be reviewed on at least an annual basis</i></li> </ul> <p><i>Next review is April 2020</i></p>
<p><b>OUTPUT</b></p>	<p>A formal minute of each SQSG meeting taken and will be circulated to all members and kept on file.</p> <p>SQSG provides an assurance report each quarter to be considered by the Assurance Committee.</p> <p>Trust Annual Quality Report</p>

**TERMS OF REFERENCE**

<p><b>NAME</b></p>	<p>Assurance Committee</p>
<p><b>PURPOSE</b></p>	<p><i>Our Current Trust Vision</i>  <i>“To be one of the safest, most effective and compassionate health and social care organisations’</i></p> <div data-bbox="555 595 1302 775" style="text-align: center;">  <p>Working together   Excellence   Openness &amp; Honesty   Compassion</p> </div> <p>The Board of Directors has approved the establishment of a Belfast Health and Social Care Trust standing committee whose purpose will be to have oversight of all aspects of integrated governance, excluding finance, and to ensure a robust assurance framework is maintained. The title of this standing committee will be the ‘Assurance Committee’</p>
<p><b>DUTIES</b></p>	<p>Oversight of Corporate Governance and Assurance at the Belfast Health and Social Care Trust. The committee is responsible for ensuring that effective and regularly reviewed structures are in place to support the implementation and development of governance. The Committee shall seek to ensure that:</p> <ul style="list-style-type: none"> <li>▪ Risks and opportunities are identified and managed;</li> <li>▪ Controls both internal and external are in place;</li> <li>▪ Local community, user group and staff input;</li> <li>▪ Timely reports are made to the Board of Directors, including recommendations and remedial action taken or proposed if there is an internal failing in systems or services.</li> </ul> <p>The following existing activity will fall within the remit of the Assurance Committee:</p> <ul style="list-style-type: none"> <li>▪ Quality, Safety and Standards in Health and Social Care;</li> <li>▪ Corporate Parenting / Child Protection;</li> <li>▪ Assurance and internal control;</li> <li>▪ Complaints management;</li> <li>▪ Litigation management;</li> <li>▪ Maintenance of the reputation, image and integrity of the Belfast Health and Social Care Trust;</li> <li>▪ Professional regulation;</li> <li>▪ Research and education governance;</li> <li>▪ Information governance;</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Other matters excluding finance that pertain to integrated governance and assurance;</li> <li>▪ Regular review the Trust’s Assurance Framework (AF) Principal Risk document and ensure any gaps in assurance are identified and highlighted to Trust Board;</li> <li>▪ Regularly review the risks from the Corporate Risk Register, which are not included with the Principal Risk document;</li> <li>▪ Consider the appropriateness of the Mid-Year Assurance Statement and the Annual Governance Statement;</li> <li>▪ Consider Assurance sub-committees regular updates/annual reports.</li> </ul>
<p><b>AUTHORITY</b></p>	<p>The Assurance Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. The Committee will be given the resources necessary to carry out its role. The Committee will be given full access to any information within the Belfast Health and Social Care Trust that it requires to fulfill its function. The Committee is authorised by the Board of Directors to obtain external professional advice and to invite outsiders with relevant experience to attend if necessary.</p>
<p><b>REPORTING</b></p>	<p>The Committee Chair will call meetings of the Assurance Committee. The Committee has the right to conduct sensitive items of business in private session. The Committee shall report in writing to the full Board of Directors. Any business conducted in private session by the Assurance Committee will be reported to a private session of the Board of Directors. The Committee will make a formal Assurance progress report within the Belfast Health and Social Care Trust annual report.</p>
<p><b>LEAD RESPONSIBILITY</b></p>	<p>Chairman</p>
<p><b>MEMBERSHIP</b></p>	<p><b>Chair:</b> A Non-Executive Director nominated and seconded by fellow Non-Executive Directors.</p> <p><b>Membership:</b> Chairman and Non-Executive Directors of the Belfast Health and Social Care Trust.</p> <p><b>In attendance:</b></p> <ul style="list-style-type: none"> <li>▪ Chief Executive</li> <li>▪ Deputy Chief Executive/Director of Finance, Estates and Capital Planning</li> <li>▪ Medical Director</li> <li>▪ Director of Social Work / Children’s Community Services</li> <li>▪ Director of Nursing and User Experience</li> <li>▪ Head of Office of Chief Executive/Co-Director Risk and Governance</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Corporate and Service Directors</li> </ul> <p>Other members of Trust staff may be required to attend meetings as the committee considers necessary.</p> <p><b>Secretary:</b> The Co-Director for Risk and Governance/Head of Office, Chief Executive's Office will act as Secretary to the Committee. The Assurance Group assists the Assurance Committee in its work.</p>
<b>MEETINGS</b>	<p><b>Quorum</b> A quorum is three members.</p> <p><b>Frequency of Meetings</b> The Committee will meet four times a year at the Belfast Health and Social Care Trust Headquarters.</p> <p><b>Papers</b> Agenda and papers will be disseminated to members four working days before the date of the meeting and wherever possible electronically.</p> <p><b>Meeting Arrangements</b> The Chair of the Assurance Committee in discussion with the Assurance Committee Secretary shall determine the time and place of meetings and procedures of such meetings.</p> <p><b>Withdrawal of individuals in attendance</b> The Assurance Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of a particular matter.</p>
<b>CONFLICT/ DECLARATION OF INTEREST</b>	<p>The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the group.</p>
<b>REVIEW</b>	<p>These terms of reference and operating arrangements will be reviewed on at least an annual basis by the group.</p>
<b>OUTPUT</b>	<p>The Committee will make a formal Assurance progress report within the Belfast Health and Social Care Trust annual report.</p>




	<p>The Trust's framework for Personal and Public Involvement (PPI) details the Trust's approach to community, service user, patient and carer involvement in the planning, design and delivery of services as required by the <b>Health and Social Care Reform Act 2009</b> and the <b>DOH Guidelines on Personal and Public Involvement (2007)</b>.</p> <p>The Trust's obligations under Equality are governed by <b>Section 75 of the Northern Ireland Act 1998</b> (includes Good Relations), <b>Disability Discrimination Act 1995</b> and <b>Human Rights Act 1998</b>.</p> <p>The Trust Volunteer Strategic direction is detailed in '<b>A Gift of Time - a Strategy for Improving and Valuing the Volunteer Experience</b>'.</p>
<b>MEMBERSHIP</b>	<p><b>Chair:</b> Director of Performance, Planning and Informatics</p> <p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>• Non- Executive Director lead for PPI</li> <li>• Co-Director Public Health</li> <li>• Chairs of Sub Groups <ul style="list-style-type: none"> <li>- Partnership Working Group</li> <li>- Personal Public Involvement (PPI) Group</li> <li>- Disability Steering Group</li> <li>- Healthy Relations Group</li> <li>- Volunteer Services Working Group</li> <li>- Carers Strategy Steering Group</li> </ul> </li> <li>plus</li> <li>• Senior Manager, Equality Lead and Corporate Planning</li> <li>• Senior Manager, Community Development / PPI</li> <li>• Senior Manager, Nursing, Governance &amp; Patient Experience.</li> <li>• Communications Lead</li> </ul> <p>The Steering Group may also co-opt additional 'external' members from outside the organisation to provide specialist skills.</p> <p><b>In attendance:</b> Any Director or Senior Manager of the Trust may, where appropriate, be invited to attend.</p> <p><b>Secretary:</b> PA to Director of Performance, Planning &amp; Informatics</p>

<p><b>Duties</b></p>	<p>The Involvement Steering Committee’s role is to provide strategic direction for and oversee work in regards to:</p> <ul style="list-style-type: none"> <li>• Equality, Good Relations &amp; Human Rights, including the work of the Disability Steering Group and Healthy Relations Group</li> <li>• Partnership Working</li> <li>• Development of Volunteering</li> <li>• Personal &amp; Public Involvement</li> <li>• Carers Strategy</li> </ul> <p>The Involvement Steering Committee will provide assurance that:</p> <ul style="list-style-type: none"> <li>• The Trust carries out its duties under Section 75 of the Northern Ireland m 1998, across all its functions including employment, service provision and procurement.</li> <li>• The Trust continues to support and deliver programmes and services to improve health outcomes for minority communities.</li> <li>• The Trust delivers services and programmes that reflect the values and importance of partnership.</li> <li>• The Trust maintains an organisational focus on partnership working and that staff are supported in their role within partnerships.</li> <li>• The wider public has opportunities to influence health and social care services, policies and priorities.</li> <li>• The Trust promotes, supports and develops volunteer participation throughout the organisation.</li> <li>• Embedding Co-Production in service change/ transformation.</li> <li>• Personal and Public Involvement is part of everyday practice within the organisation, leading to improvements in individual experience of the service and the overall quality and safety of service provision.</li> <li>• The Trust continues to prioritise and support carers through the implementation of Trust Strategies.</li> <li>• Sharing of learning and recognition of promotion of examples of good practice across the Trust and at a Regional level.</li> <li>• Annual reports are made to the Board of Directors to provided assurance on areas of work.</li> </ul>
<p><b>MEETINGS</b></p>	<p><b>Quorum</b></p> <p>The quorum for the meeting will be no less than 60% of the membership and must include the Chair or nominated deputy.</p>



	<p><b>Frequency of Meetings</b></p> <p>The steering group will meet every 3 months and will agree a schedule of meetings 12 months in advance.</p> <p><b>Papers</b></p> <p>The agenda and papers will be circulated 5 days in advance and the minutes within 2 weeks of the meeting.</p> <p>An annual event will be facilitated to share learning on the issues covered by the group.</p> <p>The Sub Group updates should be presented at each meeting.</p>
<b>AUTHORITY &amp; REPORTING</b>	The Involvement Steering Committee will report to the Trust Board.
<b>CONFLICT/ DECLARATION OF INTEREST</b>	The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the group.
<b>REVIEW</b>	These terms of reference and operating arrangements will be reviewed on an annual basis by the Committee.

## TERMS OF REFERENCE

<p><b>NAME</b></p>	<p>Governance Steering Group</p>
<p><b>PURPOSE</b></p>	<p><i>Trust Vision “To be one of the safest, most effective and compassionate health and social care organisations’</i></p>  <p>As a sub-committee within the Assurance Framework the purpose of the Governance Steering Group is to provide assurance to the Assurance Committee around the effectiveness of the sub-committees that are referenced in the Assurance Framework.</p> <p>This group would include:</p> <ul style="list-style-type: none"> <li>- <i>work to continuously improve Safety, Quality and Experience</i></li> <li>- <i>improving performance against agreed goals and outcomes in partnership with our service users and carers, staff and partners in the community and voluntary sectors</i></li> <li>- <i>supporting a culture of safe, effective and compassionate care through a network of skilled and engaged people and teams</i></li> <li>- <i>working with partners to innovate and to develop strategies to transform health and social care in partnership with our service users and carers, staff and partners in the community and voluntary sectors</i></li> <li>- <i>making best use of available resources and reduce variation in care for the benefit of those we serve.</i></li> </ul> <p>Note: The Steering Group is not responsible for the management of the individual functions covered by its sub-committees.</p>
<p><b>DUTIES</b></p>	<p>The Steering Group will, in respect of its provision and advice to the Assurance Committee, ensure the effectiveness of key Trust committees that are referenced in the Assurance Framework:</p> <ul style="list-style-type: none"> <li>• Ensure that the work of the Steering Group’s subcommittees meet their responsibilities as outlined in their Terms of reference.</li> <li>• Accept and recommend relevant strategies and reports as appropriate for ratification/approval by the Assurance Committee.</li> <li>• Highlight gaps in control to Lead Directors for governance and assurance.</li> <li>• Ensure there is timely provision and approval of certain reports (including annual reports if applicable) as per an agreed schedule</li> <li>• Review any audit activities related to the individual functions listed by this group</li> </ul>

	<ul style="list-style-type: none"> <li>• Identification, review and escalation of Risks associated with the above</li> <li>• Provision of regular Assurance updates as per Assurance Framework to allow scrutiny of ongoing Trust Assurance arrangements</li> </ul>
<p><b>AUTHORITY</b></p>	<p>The Steering Group is authorised by the Assurance Committee to investigate or have investigated any activity within its Terms of Reference. In doing so, the Steering Group shall have the right to inspect records or documents of the Trust relevant to the Steering Group’s remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:</p> <ul style="list-style-type: none"> <li>• Employee (and all employees are directed to co-operate with any reasonable request made by the Steering Group);</li> <li>• Other Committee, subcommittees or group established within the Assurance Framework to assist in the delivery of its functions.</li> </ul> <p>The Committees that feed into this group are as follows:</p> <ul style="list-style-type: none"> <li>○ Joint Trust Health &amp; Safety Committee</li> <li>○ Radiation Protection Committee</li> <li>○ Decontamination Committee</li> </ul> <p>The sub-committees that feed into this group are as follows:</p> <ul style="list-style-type: none"> <li>- Organisational Assurance (formerly Controls Assurance)</li> <li>- Emergency Planning</li> <li>- Information Governance</li> <li>- Medical Devices Advisory Committee</li> <li>- Licences Committee</li> <li>- Independent Service Providers – Acute &amp; Community</li> <li>- Hospitals Transfusion Committee</li> <li>- Environment &amp; Sustainability</li> <li>- Fire Safety Strategy Group</li> <li>- Water Safety Group</li> </ul>
<p><b>REPORTING</b></p>	<p>The Steering Group is directly accountable to the Assurance Group for its performance in exercising the functions set out in these Terms of Reference.</p> <p>The Steering Group, through its Chair and members, shall work closely with the Assurance Framework’s other Steering Group’s and Committees, to provide advice and assurance to the Assurance Group through the:</p> <ul style="list-style-type: none"> <li>• Joint planning and co-ordination of Assurance Framework business</li> <li>• Sharing of information</li> </ul> <p>In doing so, the Steering Group shall contribute to the integration of</p>

	<p>good governance across the organisation, ensuring that all sources of assurance are incorporated into the Trust’s overall risk and assurance framework.</p> <p>The Steering Group shall embed the Trust’s corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.</p> <p>The Steering Group Chair shall:</p> <ul style="list-style-type: none"> <li>• Report formally, regularly and on a timely basis to the Assurance Group on the Steering Group’s activities. This includes verbal updates on activity, the submission of minutes and written reports.</li> <li>• Bring to the Assurance Group’s specific attention any significant matter under consideration of the Steering Group.</li> <li>• Ensure appropriate escalation arrangements are in place to alert the Executive Team or Chairs of other relevant Committees or Steering Groups of any urgent/critical matters that may compromise patient/client care and affect the operation and/or reputation of the Trust.</li> <li>• Provide an annual workplan /action plan which will be monitored by the Assurance Group.</li> </ul> <p>The Senior Manager for Corporate Governance, on behalf of the Chair of the Assurance Group, shall oversee a process of regular self-submission of minutes and written reports, including that of any sub-committees established.</p>
<p><b>LEAD RESPONSIBILITY</b></p>	<p>Director of Finance, Estates Services &amp; Capital Redevelopment.</p> <p>The Chair of each steering group oversees the work of the committees and sub-committees that sit within</p>
<p><b>MEMBERSHIP</b></p>	<p><b>Chair:</b> Director of Finance, Estates Services &amp; Capital Redevelopment.</p> <p><b>Deputy Chair:</b> Director for Human Resources</p> <p><b>Membership:</b> Organisational Assurance Representative                  Licences Representative                  Health &amp; Safety Representative                  Medical Devices Representative*                  Radiation Protection Committee Representative                  Information Governance Representative                  Workforce Governance Representative                  ICT Representative                  Estates / Water Safety / Environmental ∞                  Sustainability Representative∞                  Emergency Planning Representative                  Hospitals Transfusion Committee Representative                  Independent Service Providers Representative                  * / ∞ May be one individual</p> <p><b>In attendance:</b> The Steering Group may also co-opt additional ‘external’ members from outside the organisation</p>

Any Director or Senior Manager of the Trust may, where appropriate, be invited to attend.

**Secretary:** Assurance Co-ordinator

**Member appointments**

Other members (either Trust staff, or external to the organisation) from time to time may be required to attend.

For Chair of the Transfusion Committee they would go through an approved appointment / nomination process.

**MEETINGS**

**Quorum**

The quorum for the meeting will be no less than 60% of the membership and must include as a minimum the Chair or Deputy Chair of the Steering Group and representations from the majority of each of the formal subcommittees.

(If a deputy cannot attend the report must be shared with the Governance Steering Group chair in advance of the meeting and key points discussed)

**Frequency of Meetings**

The Steering Group will meet 3 times per annum and shall agree a schedule of meetings at least 12 months in advance. Additional meetings will be arranged as determined by the Chair of the Steering Group.

**Meeting Arrangements**

The Chair of the Steering Group in discussion with the Steering Group Secretary shall determine the time and places of meetings of the Steering Group and procedures of such meetings.

**Withdrawal of individuals in attendance**

The Steering Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of a particular matter

**Secretarial Support**

Formal minutes of this group will be taken. These will include the following:

- The names of all present at the meeting
- A record of the decisions made and any dissent
- Details of how the group was assured and the evidence on which this was based
- Details on any issues to be escalated. (This will include details of who / Committee this has been with)
- Declarations of interest of members and participants

**Papers**

Agenda and papers will be disseminated to Steering Group members four working days before the date of the meeting and wherever possible electronically.

These will include sub-group / sub-committee update reports

	<p>Papers may also include:</p> <ul style="list-style-type: none"><li>- Review of compliance against agreed standards</li><li>- External Reports</li><li>- Correspondence received from external bodies</li><li>- New Guidance</li><li>- Findings from Audits (External &amp; Internal)</li><li>- Annual Reports</li></ul> <p><b>Withdrawal of individuals in attendance</b> From time to time depending on what is for discussion this may need to happen. If so, a brief outline of this will be documented in the minutes.</p>
<b>CONFLICT/ DECLARATION OF INTEREST</b>	<p>The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the Steering Group.</p>
<b>REVIEW</b>	<p>These Terms of Reference and operating arrangements will be reviewed on at least an annual basis.</p>
<b>OUTPUT</b>	<p>This Steering Group would provide a regular assurance Summary, Annual Reports and any other agreed key documents as per schedule outlined within the Assurance Framework.</p>



<b>MEETING</b>	<b>Audit Committee</b>	<b>Ref No. 6.0</b>
<b>DIRECTOR</b>	<b>Director of Finance</b>	<b>Date 23/4/15</b>
<b>Revised Audit Committee Terms of Reference</b>		
<b>Purpose</b>	For review and approval	
<b>Corporate Objective</b>	Underpins all corporate objectives	
<b>Key areas for consideration</b>	Review of Audit Committee Terms of Reference which include recommendations made by Internal Audit as a result of the Review of Audit Committee and Risk Assurance Committee Handbook (NI) 2014	
<b>Recommendations</b>	Revised Audit Committee Terms of Reference to be approved	







# **Audit Committee**

# **Terms of Reference**

## **CONTENTS**

	<b>Page</b>
<b>CONSTITUTION</b>	<b>3</b>
<b>MEMBERSHIP OF THE COMMITTEE</b>	<b>3</b>
<b>ATTENDANCE</b>	<b>3</b>
<b>FREQUENCY OF MEETINGS</b>	<b>3</b>
<b>AUTHORITY</b>	<b>3</b>
<b>DUTIES</b>	<b>4</b>
<b>REPORTING</b>	<b>6</b>
<b>OTHER MATTERS</b>	<b>6</b>

## 1. CONSTITUTION

The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (The Committee). 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.

## 2. MEMBERSHIP OF THE COMMITTEE

The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members. A quorum shall be two members. One of the members will be appointed Chair of the Committee by the Board. The Chairman of the organisation shall not be a member of the Committee.

## 3. ATTENDANCE

The Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings. However at least once a year the Committee should meet privately with the External and Internal Auditors.

Executive members of the Trust may be invited to attend to provide information to the Committee as necessary.

A representative of the DHSSPS may attend meetings.

The Trust Secretary, or whoever covers these duties, shall be Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chairman and committee members.

## 4. FREQUENCY OF MEETINGS

Meetings shall be held not less than four times a year. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

The Chair of the Committee may convene additional meetings as is deemed necessary.

## 5. 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.

## 6. DUTIES

The duties of the Committee can be categorised as follows:

### **Governance and Internal Control**

The Committee will:

- ◆ oversee the establishment and maintenance of an effective system governance and internal control
- ◆ review the adequacy of all control related disclosure statements (in particular the Mid-Year Assurance Statement and the Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- ◆ review the adequacy of the policies for ensuring compliance with relevant regularity, legal and code of conduct requirements, including the Trust's Standing Orders and Standing Financial Instructions
- ◆ review the adequacy of the policies and procedures for all work related to fraud and corruption as required by the DHSS&PS Counter Fraud Policy Unit
- ◆ review the annual schedule of losses and compensation payments and make recommendations regarding approval.
- ◆ Review single tenders actions (STAs) or any other exceptional financial transactions or shared learning e.g. from large capital post project evaluations (PPEs).

In carrying out its work, the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these functions.

### **Internal Audit**

The Committee shall ensure that there is an effective internal audit function established by management that meets the Public Sector Internal Audit Standards (PSIAS) and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- ◆ consideration of the provision of the Internal Audit service
- ◆ review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation
- ◆ consideration of the Chief Internal Auditor's annual report, major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources



- ◆ ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
- ◆ annual review of the effectiveness of internal audit

### **External Audit**

The Committee shall review the work and findings of the External Auditor appointed by the NI Audit Office and consider the implications of, and management's responses to, their work. This will be achieved by:

- ◆ consideration of the performance of the External Auditor
- ◆ discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan
- ◆ discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust
- ◆ review of all External Audit reports, including consideration of the **Report to Those Charged with Governance (RTTCWG)** before submission to the Board and any work carried out outside the annual audit plan, together with the appropriateness of management responses.

### **Financial Reporting**

The Audit Committee shall review the financial extract of the Trust's Annual Report and the Financial Statements before submission to the Board, focussing particularly on:

- ◆ the wording in the **Governance Statement** and other disclosures relevant to the Terms of Reference of the Committee
- ◆ changes in, and compliance with, accounting policies and practices
- ◆ unadjusted mis-statements in the financial statements
- ◆ major judgemental areas
- ◆ significant adjustments resulting from the audit
- ◆ **The Chair will meet with the Trust Chairman and Accounting Officer on a regular basis and draw to their attention any matters that require executive action of disclosure to the full Trust Board.**

Revised April 2015

- ◆ 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 Governance 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 Controls Assurance Standards.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

### **Value For Money**

The Audit Committee shall oversee the adequacy of the Trust's arrangements for ensuring that value for money is obtained in the expenditure of all public funds entrusted to its care. This will include a review of the findings from, and management's response to, all value for money audit reports issued to the Trust as part of the regional VFM programme sponsored by DHSS&PS.

## **7. REPORTING**

The minutes of Audit Committee meetings shall be formally recorded by the Trust Secretary 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.

## **8. OTHER MATTERS**

The Committee shall be supported administratively by the Trust Secretary, whose duties in this respect will include:

- ◆ Agreement of agenda with the Chairman and attendees
- ◆ Collation and distribution of papers sufficiently in advance of each meeting to facilitate their full consideration and discussion at the meeting
- ◆ Taking the minutes and keeping a record of matters arising and issues to be carried forward
- ◆ Advising the Committee on pertinent areas.