

ASSURANCE FRAMEWORK COMMITTEE

TERMS OF REFERENCE

COMMITTEE	Serious Adverse Incident (SAI) Review Board		
PURPOSE	As a sub-committee of the Assurance Framework the purpose of the SAI Review Board is to bring together aspects of the learning, recommendations and action plans from investigations in order to realise continuous improvement in quality and safety and provide evidence to the Assurance Committee that risks identified through the SAI process are managed.		
MEMBERSHIP	Chair:	Director of Nursing & User Experience	
	Membership:	Medical Director Director of Cancer & Specialist Services Director of Specialist Hospitals & Women's Health Director of Acute Services Director of Adult Social & Primary Care Services Director of Children's Community Health Director of Performance, Planning & Informatics Co-Director Nursing: Governance, Standards & Performance Co-Director PPE, BSTP, IWL and Workforce Governance Co-Director Risk & Governance Senior Manager Corporate Governance	
	In attendance:	Any Director, Senior Professional or Senior Manager of the Trust will, where appropriate, be invited to attend.	
	Secretary:	The Review Board will be supported by Corporate Risk & Governance Services	
		Should a member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair or Executive Lead.	
	Member Appointments The membership of the Review Board 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 Review Board's remit.		
DUTIES	The processes for reporting and investigation adverse incidents, including SAIs, are the responsibility of the Risk and Governance Department of the Medical Director's Group. The Review Board will, in respect of its provision, monitor the processes for managing SAIs, and		

will: Review all SAIs reported since the previous meeting, including the specific method of investigation; Ensure that appropriate learning, recommendations and action plans from adverse incidents have been identified; Ensure that learning, where appropriate, is shared across the region and with other organisations; Seek regular assurance that local learning is being implemented and adequate progress is being made against action plans; Review status reports for external bodies for example HSCB/ RQIA /HSCNI as and when required; Contribute to the quarterly and annual reporting arrangements to the Assurance Committee. The Review Board is authorised by the Assurance Group to review any **AUTHORITY** activity within its terms of reference. In doing so, the Review Board shall have the right to inspect records or documents of the Trust relevant to the Review Board's remit, ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any: Employee (and all employees are directed to co-operate with any reasonable request made by the Review Board); Other Committee, subcommittees or group established within the Assurance Framework to assist in the delivery of its functions. Quorum **MEETINGS** The quorum for the meeting will be the Chair (or deputy) plus no less than 60% of the membership and must include as a minimum

representations from 3 Service Groups.

Frequency of Meetings

The Review Board will meet every other month and agree a schedule of meetings at least 12 months in advance. Additional meetings will be arranged as determined by the Chair of the Review Board or an Executive Lead.

Papers

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

Withdrawal of individuals in attendance

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

REPORTING

The Review Board is directly accountable to the Assurance Group for its performance in exercising the functions set out in these terms of reference.

The Review Board, through its Chair and members, shall work closely with the Assurance Framework's other Steering Groups and Committees, to provide advice and assurance to the Assurance Group through the:

	 Joint planning and co-ordination of Assurance Framework business; Sharing of information. 	
	In doing so, the Review Board 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. The Review Board shall embed the Trust's corporate standards, priorities and requirements, e.g., equality and human rights, through the conduct of its business. The Review Board Chair shall:	
	 Report formally, regularly and on a timely basis to the Assurance Group on the Review Board's activities. This includes verbal updates on activity, the submission of minutes and written reports; Bring to the Assurance Group's specific attention any significant matter under consideration of the Review Board; 	
	 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. 	
	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 subcommittees established.	
CONFLICT/ DECLARATION OF INTEREST	The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting.	
REVIEW	These terms of reference and operating arrangements will be reviewed on at least an annual basis.	

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