

Trust Board Report

Meeting Date:	28 th October 2013
Title:	Trust Board Committee Structure
Executive Summary:	Following the external review of governance the Trust Board has reviewed and revised its sub committee structure to ensure that there is clarity around function and that all sub committees can provide appropriate assurance to the Trust Board
Action Requested:	The Board is asked to approve the terms of reference for the sub committees of the Trust Board
Report of:	Chief Nursing Officer
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Resource Implications:	
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	Appendix 1: Terms of Reference for the Sub Committees of the Trust Board
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Background Details

1	<p>At its meeting in July the Trust Board approved a revised sub committee structure which took account of the recommendations arising from the external review of governance.</p> <p>Following appointment of chairs to each of the sub committees there has been at least one meeting of each committee at which the terms of reference have been agreed. The terms of reference have been reviewed across all committees to ensure consistency and identify any duplication or omission. The terms of reference are now presented to the Trust Board for approval.</p>
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FINANCE AND PERFORMANCE COMMITTEE	
TERMS OF REFERENCE	
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. To provide our patients and staff with a safe environment 3. To achieve a balance between demand and capacity of services 4. To progressively improve the image and perception of the Trust 5. To be in the national NHS top quartile of benchmarks 6. Deliver services within financial allocations 10. To consolidate our position as a leading Healthcare provider in a commercial environment.
BAF Risks	<p>3354 – Estates quality and flexibility compromise the ability to respond to fluctuation in demand and the implementation of streamlined clinical pathways.</p> <p>1734 – Introduction of other health providers in the market as a result of Any Qualified Provider leads to a greater shift of activity.</p> <p>2508 – Commissioning responsibility changes - affects contracted income.</p> <p>2927 – Failure to deliver against QIPP scheme resulting in lack of investment.</p> <p>2928 – Impact of economic environment. Potential reduction of income and activity due to efficiency requirements placed on commissioners and / or private sector withdraw from the market.</p>
Meeting Purpose/Remit	To provide assurance to the Board on the effective financial and external performance targets of the organisation. It will also support the development, implementation and delivery of the Medium Term Financial Plan (MTFP) and the efficient use of financial resources.in order to review the Trusts Financial strategy, performance and business development.
Responsibilities	<ol style="list-style-type: none"> 1. Utilise the assurance reporting processes (BAF/TRR) to inform the Trust Board of Finance, performance, investment or related risk and redress actions. 2. Monitor and support the development of a Medium and Long Term Financial and investment Plan in relation to both capital and revenue, with clear assumptions on allocations, activity and investment. 3. Review and endorsement of the annual revenue and capital budgets before they are presented to the Board for approval. 4. Approve the development of financial and contractual reporting in line with best practice. 5. Monitor income and expenditure against planned levels and make recommendations for corrective action should excess variances occur. 6. To receive and review the trust wide and divisional reports on finance and contractual performance and CIP before they are presented to the Board. The focus will be on forecast outturn, risks to delivering the plan and the mitigation plans. 7. Review expenditure against the agreed capital plan. 8. Review any matters which impact adversely on the financial performance or reputation of the Trust. 9. Oversee the development of Service line reporting. 10. Approve financial returns prior to submission to any other external accountable authority, e.g. reference costs, ERIC, etc. (excludes monitoring returns as part of pre agreed plans eg monthly finance

	<p>returns to the TDA)</p> <ol style="list-style-type: none"> 11. Ensure the appropriate training and support is in place for budget holders/managers. 12. To make arrangements as necessary to ensure that all members of the Board and senior officers of the trust maintain an appropriate level of knowledge and understanding of key financial issues affecting the Trust. 13. Periodically review financial policies and procedures including the SFIs, scheme of delegation, etc. to ensure that they are still relevant and appropriate. 14. Seek assurance that appropriate systems and processes are in place to recover income from private and overseas patients. 15. Review financial and contractual performance against the main healthcare contracts. 16. Oversee the contract negotiations giving direction as necessary. 17. Periodically review the fitness of purpose and robustness of the information systems including Finance, Procurement, business systems, etc. 18. Ensure proper safeguards are in place for security of Trust funds and compliance with Treasury policies and procedures. 19. In line with Monitor' Risk Assessment Framework, assess if any proposed investments should be reported to Monitor in the annual planning process or in year prior to financial closure. 20. Establish the overall methodology, processes and controls which govern investments. 21. To receive and undertake investment appraisals of submitted developments and maintain an oversight of the Trust's investments, ensuring compliance with the Trust's policy and external requirements e.g . Monitor guidance on Investments decisions for NHS Foundation Trusts. 22. Ensure risks of any investments are properly evaluated and risk management arrangements put in place, including:- <ol style="list-style-type: none"> a. Obtaining independent professional advice where appropriate. b. Evaluate, scrutinise and monitor investments. c. Ensure Investments are supported by relevant stakeholders. d. To examine any relevant matters referred to it by the Board of Directors. 23. To examine any relevant matters referred to it by the Board of Directors.
<p>Authority & Accountabilities</p>	<p>The Finance and Performance Committee is established pursuant to the Standing Orders. The Committee is authorised by the Trust 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 shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01)</p>
<p>Reporting Arrangements</p>	<p>The minutes will be submitted to the Trust Board, and the Chair shall report on the main issues discussed and decisions made, highlighting any matters of concern or significant risks identified.</p>
<p>Membership</p>	<p>Chair (Non-Executive Director) Two Non-Executive Directors Chief Operating Officer Chief Financial Officer</p>

	Director of Planning and Contracting
Attendance	Chairman of the Trust Chief Executive Deputy Chief Operating Officer – Surgical Division Deputy Chief Operating Officer - Emergency, Medical and Community Service Division Divisional Manager – Estates and Facilities Deputy Chief Financial Officers Head of Performance
Chair	Non-Executive Director appointed by the Trust Board, and if he/she is absent another NED from those present at the meeting
Quorum	4 members must be present and must include the Chief Financial Officer or the Deputy Chief Financial Officer ; another Executive Director and one Non-Executive Director.
Frequency of meetings	Monthly
Administrative support	The Finance/Performance Directorate will provide administrative support. Agenda and papers will be circulated three days prior to the meeting.
Standards	Standing Orders Standing Financial Instructions Monitor Risk Assessment Framework Monitor guidance on Investments decisions for NHS Foundation Trusts
Standard agenda	Yes
Subgroups	<ul style="list-style-type: none"> • Capital Review Group • Change Programme Board • Contracting and Commissioning • Operational Performance Review Group <p>Need confirmation on these staying in existence and reporting to Finance and Performance.</p>
Date Approved	October 2013
Date Review	September 2014

QUALITY GOVERNANCE ASSURANCE COMMITTEE	
TERMS OF REFERENCE	
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. To provide our patients and staff with a safe environment. 4. To progressively improve the image and perception of the Trust. 5. To be in the national NHS top quartile of benchmarks. 7. To be high quality educator. 10. To consolidate our position as a leading Healthcare provider in a commercial environment.
Meeting Purpose/Remit	To provide assurance to the Board that patient care is of the highest achievable standard and in accordance with all statutory and regulatory requirements. To provide assurance of proactive management and early detection of risks across the Trust.
Responsibilities	<ol style="list-style-type: none"> 24. To review all relevant indicators of patient satisfaction, patient care and patient safety and to assure itself that good practice is being disseminated and that any deficiencies are put right. 25. Promote continuous quality improvement through a culture which encourages open and honest reporting and an educative and supportive approach to the management of risk. 26. To approve the Terms of Reference and membership of its reporting subgroups (and oversee the work of the sub-groups, receiving reports for consideration and action as necessary. 27. Co-ordinate the identification of risks utilising the Board Assurance Framework (BAF)/Trust Risk register framework (TRR) to manage controls, assurances/gaps in assurance and further action. 28. Utilise the assurance reporting processes to inform the Audit Committee and Trust Board on the management of risk and proposed internal audit work. 29. Review the Integrated Governance Strategy and monitor its delivery (along with Risk management policies OP10) across the Trust. 30. To review the Annual 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. To support this process, the Audit Committee will meet annually with the Quality Governance Assurance Committee. 31. To approve the Clinical Audit plan ensuring it is consistent with the audit priorities of the Trust. 32. To ensure that work streams of the Academy Steering Group reflects the Trust's Quality agenda and seek assurance on the use of Education funding streams. 33. Review a log to manage issues and lines of inquiry to obtain assurance. 34. To examine any relevant matters referred to it by the Board of Directors. 35. To monitor and report on Quality performance to the Trust Board.
Authority &	The Quality Governance Assurance Committee is established to evaluate

Accountabilities	and report on the operation of risk management systems and controls to the Trust Board. The Committee is authorised by the Trust Board to investigate any activity within its terms of reference obtaining independent advice if necessary. 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 shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).
Reporting Arrangements	The Committee will function in line with the Board Assurance and Escalation framework. The Minutes of each Committee meetings shall be provided to the Board. The Chairman of the Committee shall provide a report of each meeting drawing to the attention of the Board any issues that require disclosure to the full Board, or require executive action.
Membership	NED members x 4 Associate NED members x 2 CEO Chief Nursing Officer Medical Director COO Head of Governance and Legal Services
Attendance	Director of HR Chief Financial Officer Director of Planning and Contracting Head of Performance Sub – group chairs – where indicated Specialist Leads – where indicated Divisional management members (i.e. Divisional Medical Director, Divisional Nurse, Divisional Manager) or Chair of Divisional Governance Committee Head of Estates and Facilities – at indicated intervals
Chair	NED Chair
Quorum	4 members must be present consisting of 2 Executive Directors and 2 NED members. No tabled papers except with chairman approval.
Frequency of meetings	Monthly
Administrative support	The Quality Assurance Unit will provide administrative support. Agenda and papers will be circulated one week prior to the meeting.
Standards	Monitor's Risk Assurance Framework CQC Essential Standards of Quality and Safety NHSLA Risk Management Standards Annual Governance Statement
Standard Agenda	<ul style="list-style-type: none"> • BAF and TRR • Subgroup reports • Compliance/Performance (via Integrated Quality and Performance report, Compliance reports)

	<ul style="list-style-type: none">• Audit plan progress and outcomes• Committee issues log
Subgroups	<ul style="list-style-type: none">• Quality Standards Action group• Patient Safety Improvement group• Academy Steering Group
Date Approved	August 13
Date Review	August 14

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AUDIT COMMITTEE	
TERMS OF REFERENCE	
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. To provide patients and staff with a safe environment. 6. Deliver services within financial allocations. 10. To consolidate our position as a leading Healthcare provider in a commercial environment.
Meeting Purpose/Remit	The Audit Committee provides the Board with a means to undertake and obtain independent and objective reviews of financial systems / financial information and help ensure compliance with relevant law, guidance and codes of conduct. The Audit Committee's role has been enhanced to take a wider view over internal controls across the whole of the Trust's activities.
Responsibilities	<ol style="list-style-type: none"> 1. Internal Control The Committee shall review the establishment and maintenance of an effective system of internal control. In particular, the Committee will review:- <ul style="list-style-type: none"> • The Annual Governance Statement, and the related Head of Internal Audit Opinion, prior to the endorsement of the Annual Accounts by the Trust Board. In order to undertake such a review, the Audit Committee will need to seek assurance from the activities of the Quality Governance Assurance Committee, not least to ensure that, between the Audit Committee and the Quality Governance Assurance Committee, full coverage is achieved. To support this process, the Audit Committee will meet annually with the Quality Governance Assurance Committee. • the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements, and the operational effectiveness of such policies and related procedures • the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Protect • the timeliness of the implementation of agreed action plans arising from all audit reports within the purview of the Committee • the policies and procedures for security within the Trust 2. Internal Audit The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee and Board. This will be achieved by: <ul style="list-style-type: none"> • The consideration of the provision of the Internal Audit service, the audit fee and any questions of resignation and dismissal • The review and approval of the Internal Audit strategy and annual plans, ensuring that these are consistent with the audit needs of the Trust, including the needs of the Quality Governance Assurance Committee • The review of progress against the agreed annual internal audit plan • The consideration of the major findings of internal audit reviews [and management's response] • Ensuring that the quality of the Internal Audit service is maintained

- and that the service has appropriate standing within the Trust
- Ensuring co-ordination between the Internal and External Auditors to optimise audit resources
- The review of an Annual Report, provided by the Head of Internal Audit, summarising audit activities during the year
- Note: for the purposes of the above section, references to Internal Audit are deemed to include Counter Fraud work.

3. External Audit

The Committee shall review the work and findings of the External Auditor and consider the implications of, and management response to, their work. This shall be achieved by:

- The consideration of the appointment and performance of the External Auditor
- The discussion with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Audit Plan, and ensure co-ordination, as appropriate, with other External Auditors in the local health economy
- Reviewing External Audit reports, including the agreement of the annual audit letter before its submission to the Trust Board, together with the appropriateness of management responses. This requirement does not extend to value for money / performance related reports, which will be reviewed by the Trust Board.
- Reviewing and agreeing any additional work beyond the review of the accounts and Annual Report/Annual Quality reports

4. Financial Reporting

The Audit Committee shall review the Annual Accounts before submission to the Board, focusing particularly on:

- The Annual 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 Annual Accounts
- Major judgmental areas
- Significant adjustments resulting from the audit.

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 the completeness and accuracy of the information provided to the Board.

5. Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

6. Other

The Committee shall review proposed changes to Standing Orders, the Scheme of Reservation and Delegation, and Standing Financial Instructions, and advise the Board accordingly.

The Committee shall examine the circumstances associated with each occasion when Standing Orders are waived.

The Committee shall approve all Losses and Compensations.

The Committee should review arrangements by which staff of the Trust may, in confidence, raise concerns about possible improprieties in matters of financial reporting or other matters. The Audit Committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.

	<p>Where requested by the Board, the Committee should review the content of the Annual Report/ Quality Account and Accounts and advise the Board on whether, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance and strategy</p> <p>In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. In particular, this should include the Quality Governance and Assurance Governance Committee and any risk management committees that are established.</p>
Authority & Accountabilities	<p>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.</p> <p>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.</p> <p>The Committee shall transact all business in accordance with the policy of the Trust on openness and conformity with the principles and values of the Public Services.</p> <p>The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01).</p>
Reporting Arrangements	<p>The minutes of Audit 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 of significance or that require disclosure to the full Board.</p> <p>The minutes of the Audit Committee meetings shall also be copied to the Trust Quality Governance Assurance Committee.</p> <p>The Chair of the Audit Committee shall provide to the Board an Annual Report of the activities of the Committee.</p>
Membership	<p>The Committee shall be appointed by the Board from amongst the Non-Executive Directors of the Trust and shall consist of not less than 3 members. The Chairman of the Trust Board shall not be a member of the Audit Committee.</p> <p>The Chairman of the Audit Committee shall be appointed by the Chairman and Non-Executive Directors of the Trust.</p>
Attendance	<p>The Chief Financial Officer and appropriate representatives from internal and external audit shall normally attend meetings, and the Audit Committee can require the attendance of any officer of the Trust relevant to the discussion of a specific issue.</p> <p>At least once a year the Committee may wish to meet with the External and Internal Auditors without any Executive Board Director present.</p> <p>The Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers the draft Internal Audit Plan and the Annual Accounts. All other executive directors may be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility</p>

	of that director.
Chair	NED Chair
Quorum	A quorum shall be 2 members.
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 either considers that one is necessary. At least annually the members of the Committee will meet with the Trusts' Auditors without any other Committee attendees being present.
Administrative support	The Finance and Information Department will provide administrative support. Agenda and papers will be circulated one week prior to the meeting.
Standards	Monitor's Code of Governance Monitor's Risk Assessment Framework Monitor's Annual Planning guidance The Health NHS Board – Principles of good governance Corporate Governance – Principles of Public Life (GP01) Guidance on Audit Committees – FRC (Sept 2012) NHS Audit Committee Handbook
Standard Agenda	Agendas will be built around the annual Committee workplan, and most of the following will appear on each agenda, while some will appear only once or twice each year: Declarations of interest, minutes of previous meeting, Action list, Security report, Counter Fraud and LCFS report, Internal Audit reports, External Audit Plan and progress reports, Annual Audit letter, External Auditor's report to those charged with Governance, Losses and Compensations, Breaches of SO/SFI, Recommendation Tracker, annual report/quality account, Annual Governance Statement, Internal Audit Strategy and Annual Plan, review of SO/SFIs, self-assessment of Committee's effectiveness, review of the Committee's terms of reference, Annual Report of Audit Committee.
Subgroups	As instigated or identified by the Committee
Date Approved	July 13
Date Review	TBC

REMUNERATION COMMITTEE	
TERMS OF REFERENCE	
Trust Strategic Objectives	<ol style="list-style-type: none"> 6. Deliver services within financial allocations 2. To be the employer of choice
Meeting Purpose/Remit	<ol style="list-style-type: none"> 1. The Committee shall be established to consider, endorse or reject matters relating to terms of service for the Chief Executive and other Executive Director posts. The Remuneration Committee will agree the framework by which the remuneration and conditions of the Chief Executive and other Executive Directors will be set. The framework will be managed by the Chief Executive, assisted by the Director of Human Resources, but will allow for the following:- <ol style="list-style-type: none"> a] That the Remuneration Committee will agree the parameters within which pay and conditions will be negotiated, and will be satisfied as to their affordability; b] That negotiations on pay and conditions will be led by the Chief Executive for Executive Directors and the Chairman for the Chief Executive; c] That the Chief Executive will be empowered to negotiate within the parameters set at points 9.4 [a] and 9.4 [b] of Standing Financial Instructions but will report the outcome of these negotiations to the Remuneration Committee. 2. Advice to the Remuneration Committee should include all aspects of salary, including any performance related elements and bonuses, provisions for other benefits, including pensions and cars, terms and conditions, as well as arrangements for termination of employment and other contractual terms. 3. The Remuneration Committee should be mindful that all NHS Bodies are parts of the public sector and their work, including the pay of their employees, and must be publicly defensible. 4. The Remuneration Committee should record in writing the basis for its recommendations.
Responsibilities	<ol style="list-style-type: none"> 1. To make such recommendations on the remuneration and terms of service of the Chief Executive and Executive Directors to ensure they are fairly rewarded for their contribution to the organisation, having proper regard to the organisation's circumstances and performance and to the provision of any national arrangements for staff where appropriate. 2. To monitor and evaluate the performance of the Chief Executive and individual Executive Directors as to the corporate performance of the Trust.
Authority & Accountabilities	The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01)
Reporting Arrangements	A report summarising the decisions of the Committee shall be submitted to the Trust Board in private session.

Membership	The Committee should comprise the Chairman and Non-Executive Directors. The Chief Executive should not be present for discussions about his own remuneration and terms of service, but will attend meetings of the Committee to discuss remuneration and terms of service of the Executive Directors.
Attendance	The Committee may request the presence of other appropriate person to inform decision/discussions.
Chair	NED
Quorum	A Quorum shall be the Chairman and two Non-Executive Directors.
Frequency of meetings	Annual
Administrative support	The Secretary to the Committee will be the Director of Human Resources.
Standards	Monitor's Code of Governance Monitor's Quality Governance framework Corporate Governance – Principles of Public Life (GP01)
Standard Agenda	TBC
Subgroups	None
Date Approved	July 13
Date Review	TBC

CHARITY COMMITTEE	
TERMS OF REFERENCE	
Trust Strategic Objectives	<p>6. Deliver services within financial allocations.</p> <p>10. To consolidate our position as a leading Healthcare provider in a commercial environment.</p>
Meeting Purpose/Remit	<p>To offer strategic direction and guidance to ensure that The Royal Wolverhampton NHS Trust Charity has all the hallmarks of an effective Charity, as set out in the standards issued by the Charity Commission.</p> <p>To ensure the management and administration of the Charity, in accordance with the Charity's purposes, as set out in its Governing Documents.</p>
Responsibilities	<ol style="list-style-type: none"> 1. To determine a Charitable Funds Strategy and to set annual objectives. 2. To ensure that Charitable Funds are managed in line with the measures and actions set out in the Strategy. 3. To ensure any fundraising element of the Charitable Funds Strategy works within recognised good practice frameworks and identifies methods of fundraising appropriate for the Charity. 4. To determine a Charitable Funds Investment Policy and monitor performance of any investments made in line with Governing Documents and the Trustee Act 2000. 5. To appoint and consider the performance of any investment advisor / manager. 6. To ensure Trust Policy and Procedures are sufficient with regard to Charitable Fund business. 7. To ensure financial controls are in place to account for all funds received and that governance arrangements are appropriate and effective. 8. To ensure that timely annual reports and accounts are produced and filed and an unqualified external audit opinion is received.
Authority & Accountabilities	<p>The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01)</p>
Reporting Arrangements	<p>The minutes will be submitted to the trust Board, and the Chair shall report on the main issues discussed and decisions made, highlighting any matters of concern or significant risks identified.</p>
Membership	<p>Chief Executive or nominated Executive Director</p> <p>3 Non-Executive Directors. One of the non-executives present to take the Chair</p>
Attendance	<p>Representative from Finance Department.</p> <p>Investment advisor / manager as required.</p> <p>The Committee may request the attendance of any officer relevant to the items on the Committee's agenda.</p>
Chair	<p>NED appointed by Trust Board, and if he/she is absent another NED from</p>

	those present at the meeting
Quorum	Any 2 of the above 4 members. At least one of whom must be a Non-executive Director.
Frequency of meetings	Quarterly
Administrative support	Finance Department
Standards	Charity Commission Regulations and Guidance. Corporate Governance – Principles of Public Life (GP01). Accepted accounting practice in the UK (UK GAAP) including the Charities Statement of recommendation practice (SORP 2005) and the Charities Act 2011 and the Companies Act 2006.
Standard Agenda	Apologies, Minutes of Previous Meeting, Matters Arising, Declaration of Interest, Charity Income and Expenditure Position, Quarterly Report of the Fund Managers and Investment Movements (twice yearly), Fundraising Update, Charity Annual Report and Accounts (yearly), Business Cases (as and when), Any Other Business
Subgroups	As instigated or identified by the Committee
Date Approved	August 2013
Date Review	March/April 2014

TRUST MANAGEMENT TEAM (TMC)	
TERMS OF REFERENCE	
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. To provide our patients and staff with a safe environment 2. To be the employer of choice 4. To progressively improve the image and perception of the Trust 5. To be in the national NHS top quartile of benchmarks 7. To be high quality educator 8. To agree appropriate population catchment areas for RWT service 9. To develop our position as a tertiary centre 10. To consolidate our position as a leading Healthcare provider in a commercial environment.
BAF Risks	2962, 3330, 3352, 3353
Meeting Purpose/Remit	The TMC will provide a formal platform for the major decision making process regarding clinical and non clinical operations. It informs and supports the CEO and Executive Team in delivering the Strategic objectives of the Trust. The TMC will review performance of the organisation and agree actions where required. The TMC will delegate responsibility for specific aspects of performance and management to a number of subgroups and working groups.
Responsibilities	<p>36. The TMT will advise on and be responsible to the Trust Board on all matters relating to Trust operations. This will include responsibility for the following activities:-</p> <ul style="list-style-type: none"> • Direct and monitor progress with implementation of key Trust strategies • Approval of Trust wide strategy, policies and procedures • Annual approval of the rolling 5 year service strategies for the Trust, via the Divisional structure • Approve business cases to deliver key Trust strategies and the corporate business plan which are in excess of £100,000 but below £500,000. • Monitor delivery of the service strategies for Divisions • Monitor delivery of the Trust site strategy (? Move this responsibility to Strategic Development group once commenced with a report from the group to TMC) • Monitor and redress as appropriate financial performance across operational service areas • Monitor the delivery of the Trust Nursing & Midwifery programme, ensuring effective integration into operational areas • Monitor the operational performance and implementation of the IM&T strategy • Receive advisory reports on the operation of governance, risk management and compliance deliverables across the Trust. • Approve annual sign off of the IG Toolkit requirements. • Receive regular updates and advice from the Finance, HR, Governance Directors to ensure effective operational integration with the following:

	<ul style="list-style-type: none"> - Policy - Strategy - Developments - National & local strategies, policies and developments - Legal issues <p>37. To monitor the delivery of the Trust Strategic goals and plans.</p> <p>38. Review and acts upon operational performance information including the Quality and Performance KPI/Activity Report, financial position and key governance reports.</p> <p>39. Receive and comment upon service delivery change plans.</p> <p>40. Review Divisional risk registers to be assured on the progressive management and identification of risks.</p> <p>41. To approve the Terms of Reference and membership of its reporting subgroups and oversee the work of the sub-groups, receiving reports for consideration and action as necessary.</p> <p>42. Review all reports to the Committee with a view to extrapolating risks to inform the Board Assurance Framework (BAF)/Trust Risk register or Divisional risk registers.</p> <p>43. Review new/existing red and high amber risks across the Trust to inform appropriate progression and/or escalation.</p> <p>44. Promote a culture within the Trust which encourages open and honest reporting of risk and an educative and supportive approach to the management of risk.</p> <p>45. To examine any relevant matters referred to it by the Board of Directors or other Board Sub Committee.</p>
Authority & Accountabilities	<p>The TMC is authorised by the Executive Team 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.</p> <p>The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01)</p>
Reporting Arrangements	<p>The Minutes of each Committee meetings shall be provided to the Board. The Chairman of the Committee shall provide a report of each meeting drawing to the attention of the Board any issues that require disclosure to the full Board, or require executive action.</p> <p>The Committee shall review reports of its subgroups (in line with agenda plan).</p>
Membership	<p>CEO (Chair) Chief Nursing Officer e (Deputy Chair) Medical Director COO Director of HR Chief Financial Officer</p> <p>Director of Planning and Contracting Head of Estates Development Divisional Medical Director x 5 Divisional Managers x 3 Heads of Nursing/Midwifery x 3 Director of Infection Prevention and Control Director of Research, Development and Innovation Director of Clinical IT</p>

	Lead Cancer Clinician Members are expected to attend regularly and should not send deputies without the prior permission of the Chairman.
Attendance	The TMC may request the presence of any senior manager/clinician to interpret/ comment on data (with notice). For the purpose of leadership development occasional shadowing at this meeting will be allowed following prior discussion and agreement with the Chair.
Chair	CEO
Quorum	The Committee will be quorate when a minimum of 10 members are present and with two from: <ul style="list-style-type: none"> - Chair/Deputy Chair - Chief Operating Officer - Medical Director - Chief Financial Officer
Frequency of meetings	Monthly
Administrative support	The CEO secretariat will provide administrative support. Agenda and papers will be circulated one week prior to the meeting.
Standards	Monitor Risk Assessment Framework CQC Essential Standards of Quality and Safety NHSLA Risk Management Standards Annual Governance Statement
Standard Agenda	<p>Monthly: Performance report (Chief Operating Officer) to include feeds from new Finance and Performance Committee Divisional reports Directors' reports Finance Report (Chief Financial Officer) to include feeds from new Finance and Performance Committee NHSLA General Standards Project Team</p> <p>Quarterly: Progress reports on site strategy Progress reports on IM&T Integrated Medical Records Committee Director of Infection Prevention and Control report Research & Development Innovation report Cancer Report IM&T report Sustainability & Carbon Reduction Group Emergency Planning Committee Senior Nurse Strategic Group (Nursing Programme) Revalidation Steering Group Modernisation Programme Board</p> <p>6 Monthly Waste Management Group</p>

	<p>Annual: Trust corporate business plan (Chief Operating Officer) Service strategy plan Divisional Medical Directors</p> <p>Risk escalation reports can be added from other Board subcommittees.</p>
Subgroups	<ul style="list-style-type: none"> • Divisional Management Groups • Emergency Portal Group • Emergency Planning Group • Assets & Sustainability Estates Board • Senior Nurse Strategic Group • Human Resource Subgroup • Information Management & Technology • Integrated Health Records Group • Research and Development • Operational Performance Review group • Policy Group • Clinical Practices Group • Urgent Care Strategy Group • End of Life Care Strategy Group • Care of the Elderly Strategy Group • Waste Management Group • Sustainability and Carbon reduction Group • Revalidation Steering Group • Modernisation Programme Group • NHSLA Project Group <p>Moved /changed subgroups:</p> <ul style="list-style-type: none"> • Contracting and Commissioning – moved to Finance and Performance Committee • Capital Review Group - moved to Finance and Performance Committee • Change Programme Board - moved to Finance and Performance Committee • Operational Finance Committee – is now a stand Finance and Performance Committee providing a report to TMC.
Date Approved	July 13
Date Review	TBC