

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 29 April 2015

Title and Author of Paper:

Review of terms of reference for the Board and its committees Eric Jarvis, Board Secretary

Paper for Debate, Decision or Information: Information

Key Points to Note:

<p>The Trust's governance arrangements including the governance structure and the terms of reference for the Board and its committees were approved by the Board in May 2012.</p>

<p>On an annual basis the Board and its committees undertake a self-assessment of effectiveness against terms of reference and a review of terms of reference. Changes to the terms of reference require Board approval.</p>
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<u>Board of Directors</u>

<p>The Board last undertook a formal self-assessment of its performance at a development session in July 2013. Since then it has regularly kept its effectiveness under review including at several "Away Days." The Board is currently undertaking a governance self-assessment ahead of its formal governance review later in 2015 as part of Monitor's revised Code of Governance requirements.</p>
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<p>A working paper showing proposed changes to the Board's terms of reference is shown at appendix 1. The document also indicates the source of the sections on "purpose" and "governance, rules and behaviours (first 2 bullet points)," which are based on Monitor's Code of Governance's main principles at A1 and the 10 supporting principles. It also indicates the source of "key outputs," which is based on FTN's The foundations of good practice – A compendium of best practice, which has a chapter on the Role of the Board of Directors. Finally it is proposed to remove the addendum to the terms of reference covering "confirm and challenge" meetings.</p>

<p>The Chief Executive plans to move towards a model of Board and Group development sessions.</p>

<p>The proposed terms of reference have been reviewed by the Chief Executive.</p>

<u>Committees</u>

<p>See table below:</p>

Committee	Date of last self-assessment	Date of review of terms of reference	App
<p>Mental Health Legislation (MHL)</p> <p>Changes to linkages to other meetings.</p>	18.02.15	18.02.15	2
<p>Quality and Performance (Q&P)</p> <p>SMT is now CDT and reference to conference calls now under the governance section rather than time, frequency, etc.</p>	18.02.15	18.02.15	3
<p>Finance Infrastructure and Business Development (FIBD)</p> <p>A self-assessment review of effectiveness and a review of terms of reference have been carried out by Nigel Paton (Committee Chair) and James Duncan. Their recommendation of no change (apart from SMT now CDT) to the terms of reference has not been formally considered by the committee. This will take place in May 2015.</p>	By Committee Chair and Director of Finance in February 2015 – formal recommendation to May 2015 Committee meeting.		4
<p>Trust Programme Board</p> <p>Position re terms of reference is that further consideration is required.</p>	09.03.15	21.01.14	-
<p>Remuneration Committee</p> <p>Position of both reviews is that they will be considered at the next Remuneration Committee.</p>	11.04.13	19.09.13 (Board approved April 2014)	-
<p>Audit Committee</p> <p>Position of both reviews is that they are planned for the Audit Committee meeting in July 2015. Please note that Monitor's revised Code of Governance introduced the requirement at C3.2 that the Council of Governors should be consulted on the Audit Committee's terms of reference.</p>	17.09.14	17.09.14 (Board approved September 2014)	-
<p>Outcome required: To approve changes to the terms of reference for the Board, and its Mental Health Legislation Committee, Quality and Performance Committee and Finance Infrastructure and Business Development (FIBD).</p>			

Purpose – (Note this is based on the Code at A1 - 2 main principles + 11 supporting principles)

The Board of Directors is collectively responsible for the exercise of the powers and the performance of the FT.

The general duty of the Board and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the FT as a whole and for the public.

Its role is to provide entrepreneurial leadership of the FT within a framework of prudent and effective controls, which enables risk to be assessed and managed. (A.1.c) It is responsible for:

- ensuring the quality and safety of healthcare services, education, training and research delivered by the FT and applying the principles and standards of clinical governance set out by the Department of Health, NHS England, the Care Quality Commission, and other relevant NHS bodies. (A.1.g)
- setting the FT's vision, values and standards of conduct and ensure that its obligations to its members, patients and other stakeholders are understood, clearly communicated and met. In developing and articulating a clear vision for the FT, it should be a formally agreed statement of the FT's purpose and intended outcomes which can be used as a basis for the FT's overall strategy, planning and other decisions. (A.1.e/i)
- ensuring compliance by the FT with its licence, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations. (A.1.d)
- setting the FT's strategic aims at least annually, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the FT to meet its priorities and objectives and then periodically reviewing progress and management performance. (A.1.f)
- ensuring that the FT exercises its functions effectively, efficiently and economically. (A.1.h)

Membership

Chair: Chairman
 Deputy Vice Chair: (Non Executive Director)
 5 x Other Non Executive Directors
 Chief Executive
 5 x Executive Directors

In attendance:

Board Secretary
 Others as invited for specific agenda item(s) only

(14 directors / staff present)

Quorum: 5 members including at least one Executive Director and one Non-Executive Director

Deputies

Deputies required for Executive Directors (but no voting rights)

Key Outputs - as per appendix A**Time, Frequency & Duration**

4th Wednesday of the month. ~~Also confirm and challenge meetings with the FT's operational groups on 3 pre-determined months (see attached addendum).~~

Support Arrangements

Venue: Rolling programme of Trust sites
 Secretary: Board Secretary
 Agenda: ~~Set Proposed~~ at Executive Directors' meeting on the first Monday of the month. Approved by Chair on first Wednesday of the month.
 Minutes: Draft within 1 week - agreed by Chair within 2 weeks
 Papers: Received by 8 days prior to meeting
 Circulated by 5 days prior to meeting

Linkages to other meetings & groups

- Sub-committees
- Council of Governors
- ~~Senior Management Team~~ Corporate Decisions Team

Governance, rules and behaviours (first 2 bullets – Code at A1 - 2 main principles + 11 supporting principles) Collective responsibility / decision-making, arbitrated by the Chairman, i.e. all members of the Board have joint responsibility for every decision of the Board regardless of their individual skills or status. This does not impact upon the particular responsibilities of the chief executive officer as the accounting officer (A.1.k from i.e.) In addition all directors must take decisions objectively and in the best interest of the FT and avoid conflicts of interest. (A.1.j)

- As part of their role as members of a unitary Board, all directors have a responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. In particular NEDs should scrutinise (i.e. assess and assure themselves of) the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting performance, satisfying themselves as to the integrity of financial, clinical and other information, and make sure the financial and clinical quality controls, and systems of risk management and governance are robust and implemented. (A.1.l/m)
- Compliance with the FT's Standing Orders and Monitor's Code of Governance
- Members to speak through the Chair, addressing the chairman using that title
- Agenda timings may be prioritised to accommodate outside speakers and non-members
- All members are expected to attend – absenteeism is an exception
- Meetings will start and end on time
- Papers to be presented should be concise with the purpose clearly articulated. Papers that have been subject to committee scrutiny should be in the form of a brief summary.
- All blackberries and mobiles must be switched off unless expressly agreed by the Chair
- Authority to cancel meeting: Chair
- Access to any information, senior management and other employees necessary to discharge its duties

Standing agenda

- 1 Apologies
- 2 Declarations of interest
- 3 Minutes of previous meeting(s)
- 4 Matters arising from previous meeting(s)
- 5 Chairman's remarks
- 6 Chief Executive's report
- 7 Quality, clinical and patient issues
- 8 Performance and assurance
- 9 Strategy and partnerships including commercial and business development
- 10 Staff Workforce issues
- 11 Regulatory
- 12 Minutes / papers for information and acceptance
- 13 Any other business
- 14 Date, time and place of next meeting

Appendix A – Key Outputs (Note – based on “The foundations of good governance” – FTN/Beachcrofts – app 1)

- Leadership:
- Clear vision and strategy (implement and communicate)
 - Excellent employer (workforce strategy implementation and operation)
 - Effective Board and committee structures, clear lines of reporting and accountability (implement)
- Culture, Ethics and Integrity:
- Set values (including widely communicating and adherence)
 - Promote a patient centred culture of openness, transparency and candour
 - Maintain high standards of corporate governance and personal integrity in the conduct of business
 - Application of appropriate ethical standards in sensitive areas, e.g. R&D
 - Establish appeals panels as required by employment policies
 - Adherence of directors and staff to codes of conduct
- Strategy:
- Strategic vision, aims and objectives (set and maintain)
 - Determine nature and extent of risk willing to take in achieving strategic objectives
 - Monitor and review management performance to ensure objectives are met
 - Oversee the delivery of planned services and achievement of objectives
 - Annual Business Plan (develop, maintain, deliver with due regard to the views of the CoG)
 - National policies and strategies (address and implement)
- Quality
- Achieve quality of service responsibilities for clinical effectiveness, patient safety and experience
 - Intolerance of poor standards and fosters a culture which puts patients first
 - Engage with stakeholders (including staff and patients) on quality issues and ensure appropriate escalation and dealing with issues
- Finance
- FT operates effectively, efficiently, economically
 - Continuing financial viability
 - Resources properly managed and financial responsibilities achieved
 - Achieve targets and requirements of stakeholders within available resources
 - Review performance identifying opportunities for improvement and ensuring opportunities taken
- Governance/Compliance:
- Comprehensive governance arrangements (including resources managed / deployed, risks identified / managed, accountability)
 - Comply with governance and assurance obligations in delivering clinically effective, personal and safe services, taking into account patient and carer experiences and maintaining the dignity of those cared for
 - Comply with principles, standards and systems of corporate governance having regard to Monitor guidance and codes of conduct, accountability and openness applicable to FTs
 - Compliance with all paragraphs of Monitor's licence condition re governance arrangements
 - SOs, SFIs, Schedule of matters reserved for decision by the Board, etc (formulate, implement and review)
 - Mental Health Act and other statutory requirements (manage / comply)
 - Statutory duties (effectively discharged)
 - ~~Performance management to ensure objectives met (monitor / review)~~ Required returns and disclosures made to the regulators
- Risk Management:
- Effective system of integrated governance, risk management and internal control across all clinical and corporate activities
 - Sound processes and mechanisms re effective user and carer involvement in development of care plans, review of quality of services and development of new services
- Communication:
- Appropriate appointment and evaluation arrangements for senior positions
 - Effective communication channel between FT, governors, members, staff and local community
 - Meet engagement obligations re Council of Governors and members and ensure Council of Governors equipped with skills and knowledge needed to undertake role
 - Hold meetings in public except where public is excluded for “special reasons”
 - Sharing of Board agenda and minutes with Council of Governors and communicate non confidential board proceedings publically, primarily through the website
 - Hold an Annual Members Meeting in public
 - Information on service strategies and plans (effective dissemination and feedback)
 - Publish an annual report and annual accounts

Sub-groups

The Board will be responsible for reviewing and authorising both standing and time limited sub-groups committees and their agenda. The following sub-groups committees will report into this the Board: Audit Committee, Finance Infrastructure and Business Development, Mental Health Legislation Committee, Quality and Performance, Remuneration Committee and Trust Programmes Board.

Monitoring

The Board will review its performance annually against its Terms of Reference.

Date approved by Trust Board: 29 April 2015

Date of Assessment against Terms of Reference: Ongoing leading to Monitor's governance review 2015

Purpose of Committee

- The committee has powers delegated by the Board of Directors to ensure that there are systems, structures and processes in place to support the operation of mental health legislation and ensure compliance with associated codes of practice and recognised best practice.
- To ensure that the Trust has in place and utilises appropriate policies and procedures in relation to MHL and to facilitate the publication, distribution and explanation of the same to all relevant staff and services users.
- To ensure that panel members and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant MHL.

Membership

Chair: Non-Executive Director
Deputy Chair: Non-Executive Director (additional to chair)

Executive Medical Director
 Executive Director of Performance & Assurance
 Executive Director of Nursing & Operations
 Group Triumvirate representatives
 Deputy Medical Director Quality & Safety
 Mental Health Legislation Development Lead
 Non-Medical Responsible Clinician
 Director of Informatics
 Head of Informatics, Information, Records and MHA
 Mental Health Legislation Manager
 Senior Trainer

Quorum

Minimum of 6 members including 2 x Board members, 1 must be Non-Executive Director

Deputies

All members require named deputies

Key Outputs

- Assurance of adherence and compliance to MHL (see Appendix A)

Time, Frequency & Duration

- As per meeting schedule
- Maximum 1.5 hours
- If needed, meetings by conference telephone call are acceptable with the approval of the Committee Chair.

Support Arrangements

Venue: Board Room, SNH
 Secretary: Provided via P&A Directorate
 Minutes: Draft within 24 hours of meeting
 Papers: One week prior to meeting

Linkages to other meetings & groups

- Trust Board (minutes to Trust Board)
- Standing Committees
- Corporate Decisions Team (CDT)
- Operational Groups
- Receive reports from relevant sub-groups
- CQC Quality Compliance Group

Governance, rules and behaviours

- All members are expected to attend – absenteeism is an exception
- The attendance of deputies for Executive Directors does not count towards quoracy
- Meetings will start and end on time
- Papers to be presented should be concise with the purpose clearly stated
- Papers should not be tabled

Standing Agenda

- Apologies
- Minutes of Previous Meeting
- Matters Arising
- Chairs Business
- Committee Business
- Quality Performance and Assurance
- Sub Group reporting
- Training
- Mental Health Legislation Incident's Complaints, and Claims.
- Receipt of External Reports and Guidance
- Items Received for Information
- Review of Meeting.

Appendix A – Key Outputs

- To oversee/monitor and direct the implementation of the operational arrangements and management processes in relation to MHL.
- To keep under review annually the Trusts “Delegation of Statutory Functions under the MHA 1983” policy including the Schedule of Delegation appended to that policy.
- To keep under review annually “The Panel Membership – Guidance for Mental Health Legislation Team” PGN.
- To review performance by the scrutiny of MHL intelligent information reports and to make recommendations in response to findings.
- To oversee/monitor the implementation and requirements of new and amended MHL, establishing sub groups to undertake detailed implementation work as required.
- To oversee/monitor and direct the introduction, development, revocation and variation of Trust policies and procedures in relation to MHL, developed where appropriate with partner agencies.
- To gain assurance that Panel Members and Responsible Clinicians are made aware of their legal duties and have received adequate information and appropriate training to support their duties under MHL.
- To ensure the provision of adequate guidance, information, education and training on MHL to staff, service users, carers and other stakeholders.
- To promote and encourage joint working arrangements around the use of MHL with partner agencies.
- To receive reports from inspecting authorities and gain assurance action plans are in place in response to recommendations made.
- To provide assurance that MHL actions arising from CQC reports are being dealt with accordingly and issues are being resolved.

Sub-groups

The Committee will be responsible for reviewing and authorising both standing and time limited sub-groups and their agenda.

The following sub-groups will report into this committee:

- Multi-agency Group
- Panel Members forum
- Any other task and finish sub-groups

Monitoring

The Committee will review its performance annually against its Terms of Reference.

Date reviewed by the Mental Health Legislation Committee: 18 February 2015 & 18 March 2015

Date approved by the Trust Board: April 2015

Annual assessment against Terms of Reference: February 2015

Purpose

- Assurance of the effective management of risk, safety, quality and performance across the Trust
- Responsible for the Trust Assurance/Performance Framework
- Ensure compliance with law, best practice, governance and regulatory standards

Membership

Chair, Non-Executive Director
 Deputy Chair, Non-Executive Director
 Executive Director of Performance & Assurance
 Executive Medical Director
 Executive Director Nursing & Operations
 Deputy Director of Workforce
 Group Triumvirate Director Representation (3)
 Deputy Director of Performance & Assurance
 Deputy Director Clinical Governance
 Deputy Medical Director Quality and Safety
 Director of R&D, Innovation & Clinical Effect.
 Chief Pharmacist
 Director IPC and Emergency Planning
 Clinical Director Allied Health Professionals
 Clinical Director Psychology

In attendance

Head of Safety and Patient Experience
 Sub Group Chairs (as required)

Quorum

2 x Board members
 1 x Director of each group triumvirate

Deputies

Deputies Required for all members

Key Outputs

- Assurance of managed risk, safety and quality and performance
- Managed Assurance/Performance Framework
- Assurance from Group Triumvirates of managed clinical and operational risk and performance
- Achievement of organisational performance targets
- Sub-group assurance
- See Appendix A for detail

Time, Frequency & Duration

- Wednesday of week prior to Trust Board

Support Arrangements

Venue: Board Room, SNH
 Secretary: Regulation/Performance Compliance Officer
 Minutes: Draft within 14 days of meeting
 Papers: One week prior to meeting

Linkages to other meetings & groups

- Trust Board - approved minutes to Board (Monthly)
- Standing Committees
- Corporate Decision Team
- Operational Group Q&Ps
- Receive reports from relevant sub-groups

Governance, rules and behaviours

- All members are expected to attend – absenteeism is an exception
- Meetings will start and end on time
- Papers should not be tabled
- Papers to be presented are to have a maximum length of 4 sides of A4; a long document may be circulated for more detailed information where appropriate
- All blackberries and mobiles must be switched off unless expressly agreed by the Chair
- Authority to cancel meeting: Chair
- Conference Calling to be made available if necessary

Standing agenda

- Apologies
- Declarations of interest
- Minutes of Previous Meeting
- Matters Arising
- Chairs Business
- Report from Group Q&Ps
- Patient Safety
- Patient Experience
- Clinical Outcomes/Effectiveness/Research and Innovation
- Medicines Management
- Caldicott and Health Informatics
- Workforce and Training & Developmental
- Physical Health
- Safeguarding and Public Protection
- Quality and Scrutiny Group
- External Performance Monitoring
- Quarterly Updates
- Assurance Framework/Risk Register
- External Reports
- Policies
- Items for information
- Any Other Business

Appendix A – Key Outputs

- Oversee and assure the successful implementation of key quality and performance strategies, programmes and systems
- To oversee the risk management system and obtain assurances that there is an effective system operating across the Trust
- To review the Board Assurance Framework to ensure that the Trust Board receives assurances that effective controls are in place to manage corporate risks
- To seek assurance that the Trust's action plans in relation compliance and legislative frameworks are robust and advise the Trust Board accordingly.
- To oversee and assure the implementation of NICE Guidance and other nationally agreed guidance as the main basis for prioritising Clinical Effectiveness.
- To monitor through its various sub groups the Trusts continued compliance with the CQC's Fundamental Standards.
- To monitor compliance against the Coroners Amended Rules 2008, in particular the amendment to Regulation 28, whereby the Trust will respond within 56 days.
- To receive on a 3 monthly rolling programme a Quality and Performance report from each of the operational groups which will highlight for assurance purposes more detailed thematic work which is being undertaken to ensure standards of care, compliance with relevant standards and quality and risk arrangements within each group.
- To receive on a regular basis a Summary Incident Trend Analysis report.
- To gain assurance that information from patient experience is informing service improvement
- To receive on a regular basis a Summary Controlled Drugs report from the Accountable Officer.
- To receive for assurance purposes routine reports from all standing sub groups and any other relevant reports/action plans in relation to current issues (as per attached appendix 1).
- To receive routine updates from Quality and Scrutiny Group to ensure the committee has links to relevant service user/carer and governor forums.

Sub-groups

The committee will be responsible for reviewing and authorising both standing and time limited sub-groups and their agenda.

The following sub-groups will report into this committee:

- Safety, Experience, Caldicott and Health Informatics, Medicines Management, Clinical Effectiveness, Research & Development, Workforce, Training & Development, Safeguarding and Public Protection, Physical Health Group and Group Quality & Performance Committees

Monitoring

The committee will review its performance annually against its Terms of Reference.

Date approved by Trust Board: April 2015

Annual assessment against Terms of Reference: February 2015

Standard Reporting to Quality and Performance Committee – 2015

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Monthly Reporting												
All Incidents Reports	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
Complaints Report	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
Claims Report	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
CQC – Intelligent Monitoring Report (as published)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
Patient Safety Group	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
Clinical Effectiveness, Clinical Audit & R&D	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
SUI – Themes and Actions Paper	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Yellow	Yellow	Grey
Bi Monthly Reporting												
Group Risk Registers	Green	White	Green	White	Green	White	Green	Grey	White	Green	White	Grey
Corporate Risk Register/Assurance Framework	White	Green	White	Green	White	Green	White	Grey	Green	White	Green	Grey
Routine Reporting (quarterly)												

Purpose

- Assurance that Financial targets will be delivered and there is a clear understanding of current and emerging risk to that delivery
- Ensure arrangements in place deliver financial targets
- Gain assurance that effective arrangements are in place across the Trust to manage commercial activity and business development in line with Trust policies and Monitor requirements including major projects, business case development, tendering and post project evaluation arrangements.
- Ensure that effective arrangements are in place for managing contractual relationships with commissioners of service
- Ensuring Estates and Information technology infrastructure, systems and processes are designed, delivered and maintained to support the delivery of strategic objectives

Membership

Chair: Non Executive Director
Non Executive Director
Deputy Chief Executive and Director of Finance
Executive Director of Performance & Assurance
Group Triumvirate Director Representation (3)
Director of Estates & Facilities
Director of Informatics
Deputy Director Finance
Deputy Director of Workforce and OD
Commercial Support Unit representative
Project Leads as required

Executive Medical Director will attend as required

Quorum

1 Non Executive Director
1 of Director of Finance or Deputy Director of Finance
1 other Trust Board member

Deputies

Deputy Chair by prior agreement with the Trust Chairman
Deputies for the meeting by exception and prior agreement with the Chair of the meeting.

Key Outputs

- Assurance that Financial performance will be delivered and there is a clear understanding of current and emerging risk to that delivery
- Assurance that commercial activity and business development is effectively managed. To include management of process by which business cases and tenders are developed for presentation to SMT and the Board of Directors and that post project evaluation is completed and issues reported.
- Assurance that contractual relationships with Commissioners are effectively managed
- Assurance of Estates and Information Technology infrastructure systems and processes

Time, Frequency & Duration

- Third Wednesday of each month, 1.5 hours
- If needed, meetings by conference telephone call are acceptable with the approval of the Committee Chair.

Support Arrangements

Venue:	Board Room
Secretary:	PA Director of Finance
Minutes:	Draft by one week after meeting
Papers:	One week prior to meeting

Linkages to other meetings & groups

- Trust Board (verbal report to Board)
- Sub-committees
- CDT
- Operational Groups

Governance, rules and behaviours

- Papers should not be tabled at the meeting, all agenda items to be agreed by Chair two weeks before meeting.
- All members are expected to attend – absenteeism is an exception
- Meetings will start and end on time
- Papers to be presented should be concise with the purpose clearly articulated.
- All blackberries and mobiles must be switched off unless expressly agreed by the Chair
- Authority to cancel meeting: Chair

Standing Agenda

1. Apologies for absence
2. Minutes of the previous meeting
3. Matters arising not included on the agenda
4. Chair's business
5. Financial Reporting
6. Commissioning Issues
7. Informatics
8. Commercial and Business Development
9. Governance
10. Sub group Minutes (received for information)
11. Items for information
12. Any other business
13. Date and time of next meeting

Key Responsibilities:

- Review and agree the overall Trust financial position and forecast to be presented to the Board of Directors, including any remedial action required to manage developing risks, and responses to specific queries from the Board
- Review arrangements for financial reporting, cash management, internal control and business planning to ensure that they comply with statutory, legal and compliance requirements and that they are developing towards best practice. Ensure that actions are in place to maintain and continually improve the organisation's position as a high performing Trust for the use of resources
- Review arrangements for commissioning, performance against contract and income targets
- Monitor performance against Financial Delivery Plan, to enable effective exception reporting, risk management, and understanding of delivery at an individual scheme, Group-wide and Trust-wide level, from the perspective of quality, resource, and strategic fit.
- Ensure arrangements are in place to enable effective risk evaluation in decision making, and to oversee the development of significant investment and development proposals on behalf of the Trust Board, including major projects, business case development, commercial partnerships and tenders. Also to receive assurance on project implementation and post project evaluation
- To ensure effective arrangements are in place for the development of the Annual Business Plan
- To review the Trusts development and delivery of the capital programme in the light of service development plans, risk and quality issues
- To review the Trusts marketing strategy and ensure that the strategy addresses emerging and strategic market risks
- To receive assurance that proper arrangements are in place for the management of the Trust estate and that the infrastructure, maintenance and developmental programme is fit for purpose to support the Trust strategy and legal and statutory obligations
- To ensure that the Information technology and infrastructure of the organisation supports the delivery of the Trusts strategic direction and the fulfilment of legal and statutory obligations
- To ensure that the awarding of contracts for Goods and Services by the Director of Finance, Chief Executive and Board of Directors are appropriate according to delegated authority and are in line with appropriate and proper contracting arrangements.
- To ensure that cash investment decisions are made in line with the Treasury Management Policy, and to recommend changes to this policy to the Board of Directors where appropriate.
- To receive assurance that appropriate arrangements are in place for insurance against loss across all Trust activities.

Sub-groups

The committee will be responsible for reviewing and authorising both standing and time limited sub-groups and their agendas.

The following groups will report into this committee: Business Development Group
Major Capital Scheme Project Boards

Monitoring

The committee will review its performance annually against its Terms of Reference.

Date reviewed by the Finance, Information and Business Development Committee: 19 March 2015.

Date approved by Trust Board: 29 April 2015

Annual assessment against Terms of Reference: February 2015

The committee may meet using a conference telephone call if required.