

1. Purpose

To set out the programme for the approval of the Corporate Governance Framework for East Suffolk and North Essex NHS Foundation Trust and to discuss the format and composition of the board assurance committees.

2. Background

The Board is responsible for the management of the Trust and for ensuring proper standards of corporate governance are maintained. Those standards are incorporated in the following key documents:

- FT Constitution (which includes Standing Orders for the Board of Directors and Council of Governors)
- Schedule of Matters Reserved for the Trust Board
- Scheme of Delegation
- Standing Financial Instructions
- Terms of Reference for the Committees of the Board and Council of Governors

All of the above documents have been drafted and reviewed by the predecessor Trusts and will be submitted to the correct forum for approval between July and September 2018.

The Board of Directors' components of the framework will be complete for approval at the public board meeting on 2 August 2018. The Council of Governors components of the framework will be complete by 4 October 2018.

The final approved version of the whole framework will be presented to the 1 November 2018 public board meeting.

Following approval and ratification by the Trust Board the Corporate Governance Framework will be posted on both the intranet for Trust Officer reference and on the website and will be formally cascaded to all officers holding a management or budget control position.

This will be subject to formal review in April 2019.

3. The Unitary Board

The ESNEFT Corporate Governance Framework is based on the principle of the unitary board, which is a fundamental theme in the UK Code of Governance and the Foundation Trust Code of Governance, which all foundation trusts are expected to comply with. This means that within the Board of Directors, the Non-Executive Directors and Executive Directors make decisions as a single group and share the same responsibility. All directors, executive and non-executive, have responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy.

4. Status Report

Appendix A shows in detail the review and consultation process for all of the component parts of the Corporate Governance Framework. Board members are asked to ensure that every effort is made to ensure that final approval dates for each section is adhered to.

5. Board Committees - Issues for Discussion

Early discussion of the draft terms of reference with the Board Assurance Committees has identified a range of opinions on what should be included in the duties and responsibilities and who should be included as members and attendees. Legally, only voting members of the board can be assigned as members, with other directors being assigned as “attendees”. However, there was a question as to whether some of the executive directors assigned as “members” would be better described as “attendees” (eg. Chief Medical Officer and Chief Nurse on the Finance and Performance Committee).

The queries and the rationale behind the design of the terms of reference are listed in the table below and the terms of reference of the three board assurance committees are compared in Appendix 2¹.

Query	Trust Rationale
<p>Executive membership of the board committees and whether the committees should mirror the board principles of having a non-executive majority. With a large executive director representation on the board assurance committees, members questioned whether the committees had the requisite level of independence for an assurance committee and whether a dominance of executive directors affected that negatively.</p> <p>Members also questioned whether this was a good use of executive directors’ time, as some executive directors had more committee commitments than others.</p> <p>It should be noted that the proposed membership for F&P has the highest proportion of Executive Directors, followed by QPS, whereas POD has the NEDs in a majority.</p>	<p>The FT Code of Governance (code B.1.a) states that “the board of directors and its committees should have the appropriate balance of skills, experience, independence and knowledge of the NHS foundation trust to enable them to discharge their respective duties and responsibilities effectively”.</p> <p>The FT Code (code A1.1.)also states that “All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy”.</p> <p>This means that executive directors who are not the risk owners (eg. Chief Medical Officer for the Finance and Performance Committee) have a role to play in providing “appropriate balance” and “constructive challenge” through membership of the committees.</p> <p>Recommendation The Board should discuss and take a collective decision on the breadth of committee membership.</p>
<p>Insufficient use of the word “challenge” in the duties and responsibilities of the terms of reference.</p>	<p>The duties listed are based on the scope of the committee’s remit, all of which are expected to be subject to scrutiny, support and challenge.</p>

¹ NB – the terms of reference for the Audit & Risk Committee and Remuneration Committee are not compared as these have adopted the model terms of reference. Charitable Funds Committee is also not included as that is a committee of the Board as charitable trustee and is not directly comparable.

Query	Trust Rationale
<p>Whether the duties and responsibilities effectively articulate the work of the committees</p>	<p>Recommendation</p> <p>The terms of reference are based on current terms of reference from one or other of the predecessor Trusts, with elements added from the other Trust's terms of reference. Both Trusts have carried out an evaluation of the committee's activities against their terms of reference and have made amendments to their terms of reference to remove duplication with other committees and add duties which were missing from the original draft.</p> <p>Terms of reference are continually evolving and this exercise is undertaken annually to ensure that the terms of reference are reviewed regularly and updated where necessary.</p> <p>Recommendation</p> <p>To review the terms of reference within 6 months rather than 12 months, to ensure that they are reflective of the work of the board assurance committees</p>

Recommendation

Board members are asked to:

1. Consider the discussion points in paragraph 5 above and the recommendations made.
2. Note the process and status of the programme for approving the East Suffolk and North Essex NHS Foundation Trust Corporate Governance Framework.

Appendix A

Component	Consultation and Approval Process	Date/Target Date	Status
ESNEFT FT Constitution (incorporating Standing Orders for the Board of Directors and Council of Governors)	Approved by Board of Directors of Colchester Hospital University NHS Foundation Trust	27 March 2018	Complete
	Approved by Council of Governors of Colchester Hospital University NHS Foundation Trust	27 March 2018	Complete
Standing Financial Instructions and Scheme of Delegation	Reviewed by Audit Committee of Ipswich Hospital NHS Trust	22 May 2018	Complete
	Reviewed by Audit & Risk Committee of Colchester Hospital University NHS Foundation Trust	24 May 2018	Complete
	Approval by the Board of Directors	5 July 2018	In progress
Schedule of Matters Reserved to the Board of Directors and Council of Governors	Approval by the Board of Directors [This document is derived from the agreed Constitution, Standing Orders, SFIs and Scheme of Delegation]	24 July 2018	In progress
Audit & Risk Committee Terms of Reference	Appointment of Committee members by the Trust Chair	April 2018	Completed
	Review by Joint Trust Executive	May 2018	Completed
	Review by the Audit & Risk Committee of East Suffolk and North Essex NHS Foundation Trust	24 July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
Finance and Performance Committee Terms of Reference	Appointment of Committee NED members by Trust Chair	April 2018	Completed
	Review by Joint Trust Executive	May 2018	Completed
	Review by F&P Committee of predecessor organisations	June 2018	Completed
	Review by F&P Committee of ESNEFT and approval of Executive members and attendees	26 July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
Quality and Patient Safety Committee Terms of Reference	Appointment of Committee NED members by Trust Chair	April 2018	Completed
	Review by Joint Trust Executive	May 2018	Completed
	Review by QPS Committee of predecessor organisations	June 2018	In progress
	Review by QPS Committee of ESNEFT and approval of Executive members and attendees	24 July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
People and OD Committee Terms of Reference	Appointment of Committee NED members by Trust Chair	April 2018	Completed
	Review by Joint Trust Executive	May 2018	Completed
	Review by POD Committee of predecessor organisations	June 2018	Completed

Component	Consultation and Approval Process	Date/Target Date	Status
	Review by POD Committee of ESNEFT and approval of Executive members and attendees	26 July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
Charitable Funds Committee Terms of Reference	Appointment of Committee NED members by Trust Chair	April 2018	Completed
	Review by Joint Trust Executive	May 2018	Completed
	Review by Charitable Funds Committee of predecessor organisations	June 2018	Completed
	Review by Charitable Funds Committee of ESNEFT and approval of Executive members and attendees	24 July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
Remuneration and Nomination Committee Terms of Reference	Review by Remuneration and Nomination Committee of ESNEFT	July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
Executive Management Committee Terms of Reference	Review by Joint Trust Executive	May 2018	Completed
	Review by EMC of predecessor organisations	June 2018	Completed
	Review by EMC of ESNEFT	19 July 2018	In progress
	Approval by the Board of Directors	2 August 2018	In progress
Appointments and Performance Committee of the Council of Governors	Appointment of Committee members by Trust Chair/Lead Governor	July 2018	In progress
	Review by A&P Committee of ESNEFT	August 2018	In progress
	Approval by the Council of Governors	4 October 2018	In progress

Terms of Reference for the Board Assurance Committees – Finance & Performance, Quality and Patient Safety, People and Organisational Development

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
1. Constitution	The Trust Board hereby resolves to establish an Assurance Committee to be known as the Finance and Performance Assurance Committee (The Committee). The Committee is a Non-Executive Committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.	The Trust Board hereby resolves to establish an Assurance Committee to be known as Quality & Patient Safety (QPS) Assurance Committee (The Committee). The Committee is an assurance committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference	The Trust Board hereby resolves to establish an Assurance Committee to be known as the People and Organisational Development (POD) Assurance Committee (The Committee). The Committee is a Non-Executive Committee of the Trust Board and has no executive powers, other than those specifically delegated in these terms of reference.
2. Authority	The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to request any information from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain legal advice and to secure the attendance of experts and external representatives or persons with relevant experience / expertise if it considers it necessary	The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to request any information from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain legal advice and to secure the attendance of experts and external representatives or persons with relevant experience / expertise if it considers it necessary.	The POD Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to request any information from any employee and all employees are directed to cooperate with any request made by the Committee. The Committee is authorised by the Trust Board to obtain legal advice and to secure the attendance of experts and external representatives or persons with relevant experience / expertise if it considers it necessary.
3. Membership	• Three Non-Executive Directors	○ Three Non-Executive Directors	• Three Non-Executive Directors

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
	<p>(one of whom will Chair the committee)</p> <ul style="list-style-type: none"> • Director of Finance • Managing Director • Chief Nurse • Chief Medical Officer <p>The following officers are required to attend all meetings but are not members:</p> <ul style="list-style-type: none"> • Directors of Operations • Director of Logistics and Patient Services • Deputy Director of Finance 	<p>(one of whom will Chair the committee)</p> <ul style="list-style-type: none"> ○ Chief Medical Officer ○ Managing Director/Deputy Chief Executive ○ Chief Nurse <p>In Attendance</p> <ul style="list-style-type: none"> ○ Director of Governance ○ Director of Estates and Facilities ○ Director of Logistics and Patient Services ○ Medical Director (Quality) ○ Associate Director of Clinical Governance ○ Chief Pharmacist 	<p>(one of whom will Chair the committee)</p> <ul style="list-style-type: none"> • Director of Human Resources • Chief Nurse <p>Attendance</p> <ul style="list-style-type: none"> • Director of Operations • Medical Director (Education) • Deputy Director of HR • OD Lead
<p>4. Attendance</p>	<p>The Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter. The 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 particular matters.</p> <p>Attendance at meetings is essential. In exceptional circumstances when an Executive member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum 50% of the meetings per year.</p>	<p>The Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter. The 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 particular matters.</p> <p>Attendance at meetings is essential. In exceptional circumstances when an Executive member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum 50% of the meetings per year.</p>	<p>The Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter. The 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 particular matters.</p> <p>Attendance at meetings is essential. In exceptional circumstances when an Executive member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum</p>

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
			50% of the meetings per year.
5. Quorum	The quorum necessary for the transaction of business shall be three members of whom at least two must be Non-Executive Directors. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions invested in, or exercised, by the Committee	The quorum necessary for the transaction of business shall be three members of whom at least two must be Non-Executive Directors and one Executive Director. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions invested in, or exercised, by the Committee.	The quorum necessary for the transaction of business shall be three members of whom at least two must be Non-Executive Directors and one executive board member. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions invested in, or exercised, by the Committee.
6. Frequency & Conduct	<p>The Committee shall operate as follows:</p> <ul style="list-style-type: none"> • The Committee will meet monthly until agreed otherwise • Items for the agenda should be submitted to the Committee Secretary a minimum of 6 working days prior to the meeting. Papers on other matters will be put on the agenda only with the prior agreement of the Chair. • Papers will be sent out by the Committee Secretary at least 4 days before each meeting • Membership and terms of reference will only be changed with the approval of the Committee, and ultimately the Trust Board 	<p>The Committee shall operate as follows:</p> <ul style="list-style-type: none"> • The Committee will meet monthly until agreed otherwise • Items for the agenda should be submitted to the committee secretary a minimum of 6 days prior to the meeting. • Papers will be sent out by the committee secretary at least 4 days before each meeting • Membership and terms of reference will only be changed with the approval of the Committee, and ultimately by the Trust Board • The terms of reference of the Committee will be reviewed and agreed annually 	<p>The Committee shall operate as follows:</p> <ul style="list-style-type: none"> • The Committee will meet monthly until agreed otherwise • Items for the agenda should be submitted to the Committee Secretary a minimum of 8 working days prior to the meeting. Papers on other matters will be put on the agenda only with the prior agreement of the Chair. • Papers will be sent out by the Committee Secretary at least 3 days before each meeting • Membership and terms of reference will only be changed with the approval of the Committee, and ultimately the Trust Board

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
	<ul style="list-style-type: none"> The terms of reference of the Committee will be reviewed and agreed annually 		<ul style="list-style-type: none"> The terms of reference of the Committee will be reviewed and agreed annually
7. Main Duties	<p>The Committee is authorised to ensure that the Trust’s financial and performance strategies and underpinning policies, leadership and behaviours are aligned with the Trust’s strategy and vision, with the aim of ensuring that effective governance, risk management and internal control systems are in place to ensure the achievement of sustainable financial performance.</p> <p>The committee will consider all relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements, and to report any areas of significant concern to the audit and risk assurance committee or the board as appropriate. The committee will also recommend changes to the BAF relating to emerging risks and existing entries within its remit for the executive to consider.</p>	<p>The QPS is authorised to ensure that the Trust’s quality and patient safety strategies and underpinning policies, leadership and behaviours are aligned with the Trust’s strategy and vision, with the aim of ensuring that effective governance, risk management and internal control systems are in place to ensure the delivery of safe, high quality, patient-centred care.</p> <p>The committee will consider all relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements, and to report any areas of significant concern to the audit and risk assurance committee or the board as appropriate. The committee will also recommend changes to the BAF relating to emerging risks and existing entries within its remit for the executive to consider.</p>	<p>The POD committee is authorised to ensure that the Trust’s workforce and organisational development strategies and underpinning policies, leadership and behaviours are aligned with the Trust’s strategy and vision, with the aim of ensuring that effective governance, risk management and internal control systems are in place to ensure the achievement of corporate objectives.</p> <p>The committee will consider all relevant risks within the Board Assurance Framework and corporate risk register as they relate to the remit of the committee, as part of the reporting requirements, and to report any areas of significant concern to the audit and risk assurance committee or the board as appropriate.</p>
8. Key Responsibilities	The key responsibilities of the Committee shall be to:	The key responsibilities of the committee shall be to provide	The key responsibilities of the committee shall be to:

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
	<ul style="list-style-type: none"> • Oversee the development and implementation of the Foundation Trust's financial and performance strategy to deliver the service objectives as set out in the Forward Plan and to ensure delivery of financial and performance targets • Monitor delivery of the Trust's cost improvement and transformation programmes and the development of efficiency and productivity processes • Oversee the investment and borrowing strategy and policy, reviewing performance against treasury management benchmarks and targets and ensuring compliance with Trust policies and procedures in respect of limits, approved counterparties and types of investment • Receive monthly reports on financial performance, including cost improvement programmes and use of resources, noting any trends, exceptions and variances against plans on a Trust-wide and 	<p>assurance to the Board in relation to :</p> <ul style="list-style-type: none"> • The Trust's Quality Strategy, ensuring that it has a clear focus on improvement, drawing on and benchmarking against ideas and best practice from external organisations. • The effectiveness and robustness of the Trust's systems and processes for ensuring clinical governance, quality governance and patient safety is embedded from Ward to Board. • The Trust meeting its statutory and regulatory standards, particularly in relation to the Care Quality Commission, Clinical Negligence Scheme for Trusts and the Well-Led Framework. • Trust performance in relation to patient safety, experience and outcomes (effectiveness), with particular focus on providing assurance to the Board on performance against quality KPIs, monitoring trends and reviewing in detail any major performance variations. 	<ul style="list-style-type: none"> • Oversee the Trust's strategy and plans on workforce issues including the efficient deployment of staffing to meet service requirements, including advising the board on strategic and operational risks and opportunities relating to workforce, staff engagement and employment practice; • Oversee the Trust's strategy and plans for workforce education, learning and development, and provide assurance to the board that individual training and development approaches are fit for purpose; • Receive details of workforce planning priorities that arise from the annual business planning process and to receive exception reports on any significant issues/risks; • Review performance indicators relevant to the remit of the committee • Monitor and evaluate the Trust compliance with the Public

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
	<p>divisional basis and reviewing in detail any major performance variations as appropriate</p> <ul style="list-style-type: none"> • Receive monthly reports on operational performance, noting any trends, exceptions and variances against plans on a Trust-wide and divisional basis and reviewing in detail any major performance variations as appropriate • Oversee arrangements for key contracts that are fundamental to business, plus overview and assurance on the best use of resources • Under direction from the Board, oversee and scrutinise the investment appraisal of business cases and wider business development opportunities • Oversee the contracting and planning mechanisms in place with commissioners of healthcare to agree annual or longer term contracts as may be appropriate, seeking to ensure that any financial or operational risks 	<ul style="list-style-type: none"> • Reports on significant concerns or adverse findings highlighted by external bodies in relation to clinical quality and safety and the actions being taken by management to address them. This should include mortality outlier alerts. • The development and implementation of action plans arising from both in-patient and other care related surveys with recommendations to the Board as appropriate. • The systems and processes in place in the Trust in relation to Infection Control and to review progress against identified risks to reducing hospital acquired infections. • Aggregated analyses of adverse events (including serious incidents), complaints, claims and litigation to gain assurance that appropriate actions are being taken to address them. • The Trust's Quality Account/Report and provide assurance on its declarations of compliance prior to its presentation to the Trust Board. 	<p>Sector Equality Duty</p> <ul style="list-style-type: none"> • Receive and review regular reports on Organisational Development including leadership capability, workforce planning, cost management, regulation of the workforce and their health and wellbeing • Receive and review reports on the staff survey and other staff engagement data and ensure that action plans support improvement in staff experience and services to patients • Receive and review the findings of other independent assurance functions relevant to the remit of the committee and consider the implications to the governance of the organisation. This will include, but will not be limited to, the annual monitoring visits of the BMA, Health Education England, GMC etc. • Review any disclosure statements relevant to the remit of the committee to assure the board that statements made on

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
	<p>arising from those contracts are identified and mitigated as appropriate</p> <ul style="list-style-type: none"> • Oversee the rolling capital programme, including scrutiny of the prioritisation process and monitor its delivery • Advise the board of key strategic risks relating to financial and operational performance and consider plans for mitigation as appropriate • Review and approve the Trust Procurement Strategy • Advise the Board on the Trust's disclosure statement confirming compliance with national guidance relating to reference costs and the underlying process • Oversee arrangements for coding and ensuring coding quality 	<ul style="list-style-type: none"> • The provision of health and safety to protect patients, staff and visitors to the Trust site. • Key strategic risks relating to quality and patient safety and consider plans for mitigation as appropriate. • Promotion of clinical leadership and wider stakeholder engagement in the development and delivery of the Trust's clinical strategy, quality strategy and research strategy. • Ensuring that lessons are learnt and implemented across the Trust from patient feedback, including patient safety data and trends, compliments, complaints, patient surveys, national audits/confidential enquiries and learning from the wider NHS community. • Systems within the Trust for obtaining and maintaining licences and accreditations relevant to clinical activity (eg. Licences granted by the HTA), receiving such reports as required. 	<p>its behalf can be supported by evidence that the Trust is compliant with regulatory requirements, that gaps in compliance are reported and that any remedial actions to address non-compliance are implemented as planned.</p> <ul style="list-style-type: none"> • Advise the board of key strategic risks relating to workforce and employment practice and consider plans for mitigation as appropriate. • The committee shall satisfy itself that the Trust has adequate arrangements in place by which employees of the Trust may, in confidence, raise concerns about possible improprieties of financial reporting and control, clinical quality, patient safety or other matters (whistleblowing). • To review the report of the Guardian of Safe Working and provide assurance to the board that exceptions and key issues are followed up and actioned where appropriate. • To approve and ratify Trust-wide

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
			policies and guidelines that fall within its remit.
<p>9. Reporting and Monitoring Responsibilities</p>	<p>Minutes will be prepared after each meeting of this Committee within 5 working days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee.</p> <p>There should be a formal report of Chair's Key Issues [CKIs] from the committee to the next meeting of the Board of Directors. The Chair of the Committee shall draw to the attention of the Trust Board, in private or public as appropriate, any issues that require disclosure to the Board or require executive action. The speed of communication should be proportionate to the seriousness and likely impact of the issue.</p> <p>The key issues of the Committee will be included in the Board of Directors' agenda and papers. Once the Committee has approved the full minutes, a copy will be available, for information, to the Board at its next meeting.</p> <p>The Committee shall submit an Annual Report to the Trust Board within the first three months of the</p>	<p>Minutes will be prepared after each meeting of this Committee within 5 working days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee.</p> <p>There should be a formal report of Chair's Key Issues [CKIs] from the committee to the next meeting of the Board of Directors. The Chair of the Committee shall draw to the attention of the Trust Board, in private or public as appropriate, any issues that require disclosure to the Board or require executive action. The speed of communication should be proportionate to the seriousness and likely impact of the issue.</p> <p>The key issues of the Committee will be included in the Board of Directors' agenda and papers. Once the Committee has approved the full minutes, a copy will be available, for information, to the Board at its next meeting.</p> <p>The Committee shall submit an Annual Report to the Trust Board within the first three months of the</p>	<p>Minutes will be prepared after each meeting of this Committee within 5 working days and circulated to members of the Committee and others as necessary once confirmed by the Chair of the Committee.</p> <p>There should be a formal report of Chair's Key Issues [CKIs] from the committee to the next meeting of the Board of Directors. The Chair of the Committee shall draw to the attention of the Trust Board, in private or public as appropriate, any issues that require disclosure to the Board or require executive action. The speed of communication should be proportionate to the seriousness and likely impact of the issue.</p> <p>The key issues of the Committee will be included in the Board of Directors' agenda and papers. Once the Committee has approved the full minutes, a copy will be available, for information, to the Board at its next meeting.</p> <p>The Committee shall submit an Annual Report to the Trust Board within the first three months of the</p>

Terms of Reference sub-heading	Finance and Performance Committee	Quality and Patient Safety Committee	People and Organisational Development Committee
	new financial year.	new financial year.	new financial year.
10. Monitoring Effectiveness	In order to support the continual improvement of governance standards, this committee is required to complete a self-assessment of effectiveness at least annually and advise the Trust Board of any suggested amendments to these terms of reference which would improve the trust governance arrangements.	In order to support the continual improvement of governance standards, this committee is required to complete a self-assessment of effectiveness at least annually and advise the Trust Board of any suggested amendments to these terms of reference which would improve the trust governance arrangements.	In order to support the continual improvement of governance standards, this committee is required to complete a self-assessment of effectiveness at least annually and advise the Trust Board of any suggested amendments to these terms of reference which would improve the trust governance arrangements.
11. Approval	<p>These terms of reference were reviewed by the Committee on [TBC] and approved by Trust Board on [TBC].</p> <p>The Terms of Reference will be reviewed in [TBC].</p>	<p>These terms of reference were reviewed by the Committee on (TBC) and approved by Trust Board on (TBC).</p> <p>The Terms of Reference will be reviewed in (TBC).</p>	<p>These terms of reference were reviewed by the Committee on (TBC) and approved by Trust Board on (TBC).</p> <p>The Terms of Reference will be reviewed in (TBC).</p>