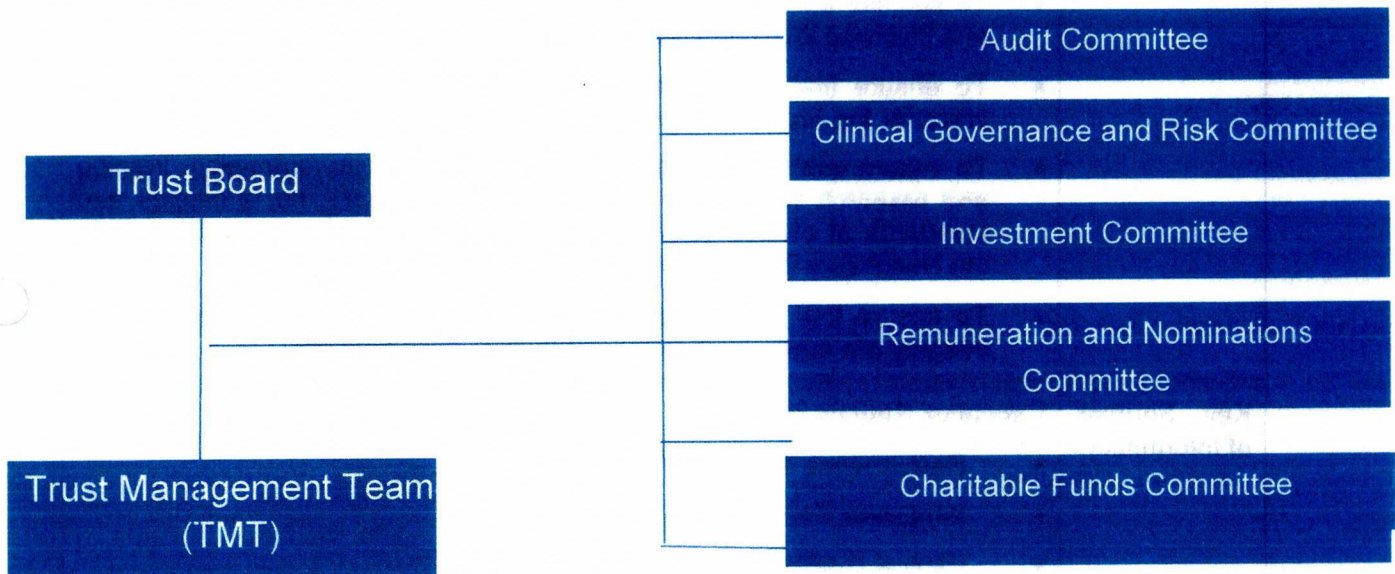


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APPENDIX 17

OVERVIEW OF THE COMMITTEE STRUCTURE

The present Board Committee structure is set out below:



The membership, frequency of meetings and key terms of reference of the Board and its committees are as follows:

THE BOARD

| | |
|------------|--|
| Membership | <p>The Chair of the Trust</p> <p>The Chief Executive</p> <p>7 Non-Executive Directors</p> <p>5 Executive Directors</p> <p><u>In attendance:</u></p> <p>The Trust Secretary</p> <p><u>By invitation as appropriate:</u></p> <p>Director of Human Resources</p> <p>Director of Strategy & Business Development</p> <p>2 Associate Non-Executive Directors</p> <p>Governor representative</p> |
| Frequency | The Board meets formally each month. |

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APPENDIX 17

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| Key Terms of Reference | <ul style="list-style-type: none"> • To provide effective leadership to the Trust within a framework of prudent and effective controls • To ensure compliance with the all statutory requirements, and contractual obligations, including terms of Authorisation, constitution and standing orders • To sponsor the appropriate culture, setting the strategic aims, engaging and involving the Council of Governors • To ensure that the necessary financial and human resources are in place for the Trust to meet its objectives • To ensure quality and safety of healthcare services, education, training and research are delivered by the Trust, applying the principles and standards of clinical governance set out by the Department of Health, the Healthcare Commission and other relevant bodies • To ensure that high standards of corporate governance and personal integrity are maintained in the conduct of Trust business |
| Key Sources of Information | <p>Executive Reports (monthly):</p> <ul style="list-style-type: none"> • Performance Dashboard • Integrated Performance Report • Clinical Quality and Effectiveness Report • Risk Register/Assurance Framework <p>Reports from Sub-Committees</p> <p>Reports from External Bodies (as published)</p> <ul style="list-style-type: none"> • Mental Health Act Commission • National Patient Survey benchmarks • Staff Survey National benchmarks |

AUDIT COMMITTEE

| | |
|------------|--|
| Membership | <p>Non-Executive Director (Chair)</p> <p>At least 2 Non-Executive Directors</p> <p><u>In attendance:</u></p> <p>The Director of Finance and Planning</p> <p>The Director of Nursing and Governance</p> <p>External Auditors</p> <p>Internal Auditors</p> <p>Local Counter Fraud Specialist</p> |
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| | The Trust Secretary |
| Frequency | At least 3 meetings per year |
| Key Terms of Reference | <ul style="list-style-type: none"> To review the establishment and maintenance of an effective system of integrated governance, risk management, and internal control that supports the achievement of the organisations objectives To ensure the establishment of an effective internal audit function To review the work and findings of the External Auditor To review the findings of other assurance functions To review the Annual Report and Financial Statements before presentation to the Board |
| Key Sources of Information | <ul style="list-style-type: none"> External Audit Reports (PriceWaterhouseCoopers LLP) Internal Audit Reports (Deloittes) Local Counter Fraud Specialist Report (Deloittes) The Director of Finance and Planning The Director of Nursing and Governance Audit Sponsors (executives) as required on an ad hoc basis |

CLINICAL GOVERNANCE AND RISK COMMITTEE

| | |
|------------------------|--|
| Membership | <ul style="list-style-type: none"> Executive Director - Executive lead for Clinical Governance (Director of Nursing and Governance) (Chair) Non-Executive Director Deputy lead for Clinical Governance (Medical Director) Associate Director of Risk Services Associate Director of Clinical Governance Directorate Clinical Governance Leads Chair of Heads of Profession Group |
| Frequency | Monthly |
| Key Terms of Reference | <ul style="list-style-type: none"> To ensure the Trust fulfils its Clinical Governance and Risk obligations to ensure the delivery of clinically effective, personal and safe clinical services, and the development of services in accordance with national guidelines and policies for best practice To ensure the identification, analysis, control and elimination or effective management of risk as defined by the Trust Board within its Risk Management Strategy |

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APPENDIX 17

| | |
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| | <ul style="list-style-type: none"> To ensure the adequacy of systems for quality assurance and risk management to enable the Board to complete an annual Statement of Internal Control To ensure the Trust's Quality Strategy and Quality Plans are implemented and to receive reports demonstrating progress against the Quality Plans; to notify the Board of significant lapses and/or successes. To maintain robust links with the Trust's Audit Committee To provide assurance that the Trust Quality Accounts accurately reflect quality performance |
| Key Sources of Information | <p>Internal:</p> <ul style="list-style-type: none"> Officer Reports Internal Audit Annual reports e.g. Learning from Experience Annual Report Trust progress against implementing action plans <p>External:</p> <ul style="list-style-type: none"> Department of Health Consultation Papers Department of Health Strategy/Policy Papers e.g. Future Regulation of Health and Social Care NPSA papers Learning from Experience Reports e.g. Cornwall Report Healthcare Commission (or successor) e.g. Annual Health Check, Inspection Guidance Mental Health Act Committee e.g. Biennial Report |

REMUNERATION AND NOMINATIONS COMMITTEE

| | |
|------------------------|---|
| Membership | The Chair of the Trust and all Non-Executive Directors |
| Frequency | At least once per year |
| Key Terms of Reference | <ul style="list-style-type: none"> To determine the remuneration and terms of service of Executive Directors and top managers To ensure the performance of individual directors is monitored and evaluated To oversee contractual arrangements for Executive Directors and top managers To consider remuneration issues relating to Trust terms and conditions of service |

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| | <ul style="list-style-type: none"> To consider and agree the appointment of Executive Directors |
| Key Sources of Information | <ul style="list-style-type: none"> Officer reports includes notes of appraisals of executive directors Department of Health Guidance NHS Partners Salary Survey Selection Criteria and Rationale for recommended appointments |

CHARITABLE FUNDS COMMITTEE

| | |
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| Membership | <p>As a minimum 2 Non-Executive Directors and 1 Executive Director.</p> <p>All Members of the Trust Board have the right to attend Committee meetings ex officio</p> <p>(If the Director of Finance is not a member they (or one of their senior managers) is required to attend meetings of the Committee)</p> |
| Frequency | At least twice per year |
| Key Terms of Reference | <ul style="list-style-type: none"> To monitor the performance of the stockbrokers and to consider whether any action is required. To monitor the level of funds held and to make recommendations to the Trust Board if action is required. To receive proposals for major expenditure. To receive an income and expenditure report for each fund at each meeting. To approve and monitor an overall expenditure policy that sets the pace at which funds may be extinguished To develop and approve investment policies. |
| Key Sources of Information | <ul style="list-style-type: none"> Investment Fund Managers |

INVESTMENT COMMITTEE

| | |
|------------|--|
| Membership | <p>Non-Executive Director (Chair) <i>who shall not be the Chair of the Trust or Chair of the Audit Committee</i></p> <p>2 Non-Executive Directors</p> <p>Chief Executive</p> <p>Director of Finance and Planning</p> <p>Director of Strategy and Business Development</p> <p>Director of Performance and Information</p> <p><u>By invitation as appropriate:</u></p> |
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APPENDIX 17

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| | Chief Operating Officer Other Trust staff |
| Frequency | Quarterly with additional formal meetings as deemed necessary (minimum six meetings per year) |
| Key Terms of Reference | <ul style="list-style-type: none"> • To conduct an objective review of financial and investment policy issues • To ensure that the overall methodology, processes and controls which govern investments are adhered to. • To keep under review the Trust's investment strategy and policy • To evaluate and maintain oversight of the Trust's investments, ensuring compliance with the Trust's policy and Monitor's requirements • To consider the Trust's medium term financial strategy, in relation to both revenue and capital. • To review proposals for major business cases and their respective funding sources, including major dis-investments, prior to submission to the Board • To determine the risk appetite of the Trust in conjunction with the Audit Committee |
| Key Sources of Information | <ul style="list-style-type: none"> • Monitor Code of Governance and Compliance Framework • Trust Investment strategy and policy • Officer prepared business cases |

The Trust's key governance committees

