NHS

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Establishment and Administration of Committees Policy

This procedural document supersedes CORP/COMM 25 v.3 – Establishment and Administration of Committees Policy.

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Name and title of author/reviewer:	Fiona Dunn – Director Corporate Affairs
Date written:	February 2023
Approved by:	Trust Executive Group
Date approved:	March 2023
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Next review date:	February 2026
Target audience:	Trust-wide

Establishment and Administration of Committees Policy

Amendment Form

Please record brief details of the changes made alongside the next version number. If the APD has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 4	April 2023	• Changes to job titles, inclusion of sections 6-9	Fiona Dunn
Version 3	January 2018	• Changes to job titles, inclusion of reference to Board of Directors' powers, removal of monitoring arrangements section and change to Appendix A.	Matthew Kane
Version 2	15 July 2015	• Additional templates added as appendices, minor amendments to text to signpost these appendices.	Maria Dixon
Version 1	29 January 2014	• This is a new policy	Maria Dixon

Establishment and Administration of Committees Policy

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Establishment and Administration of Committees Policy

1.   INTRODUCTION

1.1   Committee governance is a key component of good corporate governance, and good practice is essential in ensuring that committees function effectively and escalate where appropriate. This policy aims to establish principles and processes for the administration of committees within the Trust's governance structure.

2.   SCOPE

2.1   This policy applies to all formal committees, boards and groups established within the Trust which have delegated authority or responsibility for:
   a.   decision making within designated limits;
   b.   the management or monitoring of a time-limited project or task;
   c.   the monitoring of a designated area, including monitoring of finance, quality, performance, compliance, risk or internal control; or
   d.   the management of risk within a designated area.

2.2   External committees attended by Trust staff, project groups outside of the committee structure, and informal groups (e.g. departmental team meetings) are outside the scope of this policy.

2.3   Any group or forum which does not have authority or responsibilities as outlined above is outside the scope of this policy.

3.   PURPOSE

3.1   To ensure that committees and groups are established in a manner that is consistent with the Trust's overall governance structure and have clear, fit for purpose terms of reference and appropriate memberships which are approved at the appropriate level (i.e. by the responsible committee).

3.2   To ensure that, on an ongoing basis, committees and groups are administered in a manner that is consistent with the Trust's overall governance structure.

3.3   To ensure that clear channels of communication, escalation and reporting between different committees are established, and that issues and risks are reported and / or escalated as appropriate.

4.   DUTIES AND ACCOUNTABILITIES

4.1   Committee Chairs

Committee Chairs are responsible for ensuring that:

- any issues discussed by the committee which require resolution at a higher level are escalated to the responsible committee;
- the terms of reference of the committee are submitted to the Director of Corporate Affairs office once approved;
- the minutes of committee meetings are reported to the responsible committee via the secretary of the responsible committee; and
- risks and other concerns are escalated as appropriate, and in accordance with Trust policies.

4.2   These responsibilities may be discharged through the committee secretary.

4.3   Director Corporate Affairs

The Director Corporate Affairs (Trust Board Office) maintains a list of Trust governance committees, their terms of reference and membership. All terms of reference must be forwarded to the Director Corporate Affairs (Trust Board Office) once approved.

4.4   Responsible Committee

With the exception of those committees at the top of the governance structure (Board of Directors committees and Trust Executive Group) every committee will have a 'responsible committee' which it reports and is accountable to. The 'responsible committee':

- is responsible for establishing or dissolving the committees which report to it;
- approves the terms of reference and membership of the committees which report to it;
- receives the minutes of the committees which report to it;
- receives other reports as agreed from the committees which report to it (e.g. annual report, quarterly exception report); and
- is the escalation route for any issues discussed by the committees which report to it and which require resolution at a higher level.

5.   PROCESSES

5.1   Establishment and dissolution of committees

No committee may be established except with the approval of the committee or group it reports to (the "responsible committee").

5.2   Any proposal to dissolve a committee should be taken formally to the responsible committee for approval.

5.3   A new committee may only be established if it can be demonstrated that the business of the new committee cannot be effectively conducted by any existing committee.

5.4   **Terms of Reference and Membership**
All terms of reference and membership must be approved by the responsible committee, and must use the template provided at Appendix A.

5.5   In particular, all terms of reference must contain:
   a. a clearly defined purpose which is consistent with the Trust's strategic aims;
   b. clearly defined reporting lines within the governance structure of the Trust for the escalation of issues and risks;
   c. a clear statement regarding the committee's level of delegated authority (if any);
   d. a clear statement of the committee's duties and responsibilities.

5.6   Under the NHS Act 2006, the Board of Directors may only delegate its powers to an executive director or committee of directors. Therefore, committees exercising such functions should only contain directors within the main membership, although staff from different levels may still attend such meetings.

5.7   Membership must be appropriate to the purpose, objectives and terms of reference of the committee.

5.8   **Reporting**
Committee minutes should be standing items on the agenda of the responsible committee, for noting and for escalation of issues discussed within the minutes where appropriate.

5.9   Responsible committees may also require the committees that report to it to provide:
   a. regular exception reports, at a frequency to be determined by the responsible committee;
   b. an annual report regarding the committee's activities, workplan and performance against objectives (see template at Appendix B)

5.10   **Escalation**
All committees should have clear channels for escalating significant risks and other concerns that may be identified by the committee.

5.11   Escalation will normally be through the responsible committee. Any risks or issues escalated should be recorded in the minutes of both the committee, and the responsible committee.

5.12   Escalation to the responsible committee should be considered when the committee has concluded it is not able to manage the risk or issue within its delegated authority.

5.13   Where a risk needs to be escalated then the criteria and process described in the Risk Management Policy and Risk Assessment Policy must be followed.

5.14   All meeting agendas should include a standing item entitled "Matters for escalation" at the end of the agenda.

5.15   **Committee reviews**

All committees should have clear processes for reviewing their terms of reference, effectiveness and membership every two years as a minimum (every year as a minimum for those committees that report directly to the Board of Directors).

5.16   A template committee effectiveness self-assessment questionnaire is shown at Appendix C. Committees are not obliged to use this in full and may use other questions or methodologies which are appropriate to their form and function.

5.17   The results of committee effectiveness self-assessments should be used by the committee to inform amendments to terms of reference and membership, along with committee training and development requirements.

6.   TRAINING/SUPPORT

The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

7.   MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Monitoring of compliance with review of TORs	Committee Chair	Annually	Responsible committee
Monitoring of compliance with the effectiveness survey	Committee Chair	Annually	Responsible committee

8.   EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.   (See Appendix D)

9.   DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

APPENDIX A – TEMPLATE TERMS OF REFERENCE

[Name of Committee]
Terms of Reference

Name	*[Name of Committee]* ("the committee")
Purpose	*[Brief statement regarding purpose of the committee – there is space for detailed responsibilities below]*
Responsible to	*[Name of committee which is responsible for establishing the committee, approves the ToR, and formally receives the minutes.]* *[Insert accountability tree]*
Delegated authority	The committee has the following delegated authority: •
Duties and work programme	
Chair	
Membership	
In attendance	*[attendees with no voting rights]*
Secretary	
Quorum	
Attendance requirements	Committee members must attend at least X% of meetings.
Frequency of meetings	
Papers	*Papers will be distributed xx days in advance of the meeting.*
Permanency	*The committee is a permanent committee / the committee is established until XX.*
Circulation of minutes	*[Name of any other committees / individuals which receive reports or minutes, but which do not approve the ToR]*
Sub-committees	*[Name of any sub-committees for which this committee is the responsible committee, if applicable]*

Date approved by the committee:	
Date approved by [responsible committee]:	
Review date:	*[Annual review is best practice]*

APPENDIX B – TEMPLATE COMMITTEE ANNUAL REPORT

[Name of committee]

Annual Report *[year]*

1   Introduction

1.1   The purpose of this report is to provide the *[responsible committee]* with a summary of the work of the *[committee name]* (the "committee") for the year *[year]* and, in doing so, comply with the committee's Terms of Reference.

1.2   [Any other relevant background regarding the committee]

2   Terms of reference

2.1   During the year, the committee has worked to terms of reference approved by the *[responsible committee]* on *[date].*

2.2   <u>Meetings and membership</u>
       The committee met on X occasions during *[year]* and the membership and attendance has been as follows:

	Date	Date	Date	Date	Date	Date	Date	Date	Date	
[name, role]	X	-	X	X	X	-	X	X	-	**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**
[name, role]										**[total]**

2.3   Minutes of each of the meetings have been formally presented to a subsequent meeting of *[responsible committee]*, with the committee chair drawing any key issues to the attention of the Board.

2.4   <u>Sub-committees</u>
       The committee has formally received the minutes of each of the committees which report to it, and approved the terms of reference of those committees where appropriate.

2.5   [Any other relevant information regarding the sub-committee structure, changes to structure etc.]

2.6   <u>Delegated authority</u>
The committee has authority to……

2.7   [Any other relevant information regarding delegated authority]

3   Work plan

3.1   [Information regarding the work plan of the committee, and work undertaken during the year]

4   Committee effectiveness

4.1   [Information regarding the committee self-assessment results, areas identified for development or improvement, committee training required.]

5   Conclusion

5.1   ……

APPENDIX – Committee Structure

[A graphic representation of where the committee sits within the governance structure should be shown as an appendix to the report.]

APPENDIX C – TEMPLATE COMMITTEE SELF-ASSESSMENT

This template (or similar) is intended for completion by members of the committee along with any other attendees (such as governor observers). Committees are not obliged to use this in full and may use other questions or methodologies as appropriate to assess their effectiveness.

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1.	The committee is clear as to its role and responsibilities.					
2.	There are clear terms of reference, with clarity regarding reporting lines and delegated authority.					
3.	Committee members have sufficient time to fulfil their responsibilities in relation to the committee					
4.	Committee meetings encourage a high quality of debate with robust and probing discussions.					
5.	Committee members have a good understanding of the key responsibilities of the committee.					
6.	Time is used effectively in meetings.					
7.	The Chair demonstrates effective leadership and allows full and open discussion before decisions are taken.					
8.	There is a structured annual workplan, which focuses on the right areas.					
9.	Meeting papers are concise, relevant and timely and are received sufficiently far in advance of meetings.					
10.	The committee focuses on the right questions and issues.					
11.	The composition of the committee is appropriate, with the right mix of knowledge and skills to maximise performance.					
12.	The number and length of meetings is sufficient to allow the committee to fully discharge its duties.					
13.	All committee members actively contribute and add value at meetings.					
14.	Meeting dates are scheduled appropriately to enable members to attend.					
15.	There are good information flows between the committee and its sub-committees, and the committee it reports to.					
16.	There are clearly defined, well understood processes for escalating and resolving issues and risks.					
17.	The committee regularly reviews its terms of reference and sub-committee structure for functionality and adequacy.					

		Poor	Fair	Good	Excellent
18.	How would you rate the overall effectiveness of the committee?				

Other comments and suggestions:

APPENDIX D - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Establishment and Administration of Committees Policy	CE	Fiona Dunn	Existing Policy	February 2023

1) **Who is responsible for this policy?** Name of CSU/Directorate: **Director Corporate Affairs**
2) **Describe the purpose of the service / function / policy / project/ strategy?** Who is it intended to benefit? What are the intended outcomes? **To provide a framework for the administration of committees**
3) **Are there any associated objectives?** Legislation, targets national expectation, standards **No**
4) **What factors contribute or detract from achieving intended outcomes?** – **Compliance with the policy**
5) **Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** Details: [see Equality Impact Assessment Guidance] - **No**
• **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] – **N/A**
6) **Is there any scope for new measures which would promote equality?** [any actions to be taken] **N/A**
7) **Are any of the following groups adversely affected by the policy? No**

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) **Provide the Equality Rating of the service / function /policy / project / strategy** – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	

Date for next review: **February 2026**
Checked by: **Richard Parker**   Date: **February 2023**