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DRAFT

Partnership Boards:
- *WY ICB*
- *WYAAT*
- *Leeds Neighbourhood CiC*

Trust Board

Remuneration Committee

Assurance Cttee
Focus on:
- Remuneration Policy.
- Overseeing the process to identify and appointing candidates to Executive Director (ED) positions.
- Oversight of terms and conditions of employment for EDs.
- Overseeing the performance of Eds; and where necessary the removal of EDs

Audit Committee

Assurance Cttee
Focus on:
- Acquisition and scrutiny of assurances concerning the effective design and operation of internal control, and financial reporting and disclosure.
- Considering the adequacy and scope of external and internal audit.
- Oversee the relationship with external audit.
- Consider and recommend to the Board the Trust's overall risk appetite.
- Review assurance that principal risks are properly identified and managed effectively
- Monitor Counter Fraud and bribery arrangements.
- Review and issue a recommendation for approval of the Annual Accounts, Governance Statement and Quality Report.
- To receive annual assurance on the effectiveness of the Board Committees.

Sub-Committees:
- Information Governance Sub Cttee (IGSC) – *for the purpose of the annual assurance on the Data Security Protection Toolkit (DSPT)*

Also supported by:
- Internal Audit Plan

Internal Audit to support assurance on evidence provided within **Provider Capability Assessment** submission

- Ensure effective systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users (CQC Regulation 17)
- Receive assurance of the review of the CRR to ensure controls and risk mitigation is reflective of the current risk appetite and management.

Finance and Performance Committee

Assurance Cttee
Focus on:
- Financial and operational performance against national planning guidance
- Strategic matters aligned to SFI's in relation to procurement, estates, information technology and information management
- Five-Year Financial Strategy
- Clinical activity and key performance indicators.
- Oversight of the Trusts capital spend and priorities for capital investment (Digital, Building & Engineering, and Medical Scientific Equipment)
- Research and Innovation commercial income.
- The environmental sustainability of projects and investments and their alignment to the Greener NHS plan.

Sub-Committees:
- Capital Planning Group

People and Culture Committee

Assurance Cttee
Focus on:
- Progress against national and local workforce plans.
- Progress and delivery of the Trusts Peoples Priorities Strategy and the Learning, Education and Training (LET) Strategies.
- Progress and delivery of the Trust's Equality, Diversity and Inclusion (EDI) Strategy and plans for a sustainable and equitable workforce.
- Progress against workforce and education performance metrics,
- Progress against people performance indicators (including Freedom to Speak Up and staff experience).
- Operational issues impacting the workforce (including education and training).
- Monitoring and advising on key risks in relation to workforce and education.

Sub-Committees:
- Workforce Management Group
- Resource Management Group
- Health and Wellbeing Group
- LET Committee
- EDI Strategic Group
- Staff Engagement Group

- Improve mandatory training compliance with all modules that fall below the Trust standard (CQC Regulation 18).
- Cultural re-set and focus on a listening and learning organisation (CQC Well-led).
- Continue to build on the established FTSU system and culture (CQC Well-led).
- Review the EDI profile of the Trust ensuring opportunities for development and progression are equitable and inclusive (CQC Well-led).

Quality Assurance Committee

Assurance Cttee
Focus on:
- Regulatory compliance and risk
- Patient safety, clinical effectiveness and patient experience:
- The effectiveness of quality governance frameworks:
- Learning and quality improvement:
- Progress against the Patient Safety and Quality Strategy.
- Review quality governance policies and contents of Quality Account/Report.
- Review reports and information relevant to clinical quality, including quality measures, incident reports, mortality data, Healthcare Acquired Infections (HCAI) data and audit results.

Sub-Committees:
- Quality and Safety Assurance Group
- Patient Experience and Engagement Group
- Clinical Effectiveness and Outcomes Group

Also supported by:
- Weekly Quality Meeting

- Responding to complaints in a timely and effective manner (CQC Regulation 16)
- Ensuring good governance and adherence to provider licence conditions (CQC Regulation 17) - to include a review of CSU governance systems, and ensuring consistent and effective systems for incident reporting, investigation and learning.
- Improvements to the Leadership Walkround programme (CQC Well-led - capable, compassionate and inclusive leaders)

Perinatal Improvement Assurance Committee

Assurance Cttee (time-limited)
Focus on:
- Lead on the Perinatal Improvement Plan.
- Receive and review information, via the Perinatal Quality Oversight model report on key perinatal quality and safety matters and initiatives.
- Review assurance of processes in place to learn and respond to feedback and concerns within the perinatal service

In addition, the Board Committees will provide oversight on behalf of the Board and seek assurance of progress against the **LTHT Improvement Plan** for areas related to their specific Terms of Reference