

**Document title:** Performance Committee of the Board of Directors: Terms of Reference

**Document number:** TOR007

Staff involved in Development (job titles)	Chief Finance Officer Trust Secretary
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**Key points of this document**

- Terms of Reference for the Performance Committee of the Board of Directors.
- These terms of reference will be available on the Trust's intranet.

## **1 Constitutional Authority:**

1.1 The Performance Committee is a Committee of the Board of Directors. The Committee has no powers, other than those delegated in these terms of reference.

## **2 Purpose/Objectives:**

2.1 Provide appropriate scrutiny and assurance for the Board on any matters which in the view of the Committee affect the overall business, performance and reputation of the Trust, including:

1. Financial sustainability
2. Cost Improvement Programme (CIP);
3. Workforce matters;
4. In-year patient activity (actual v plan);
5. Business cases of over £500k.

## **3 Delegated Authority:**

3.1 The Performance Committee is authorised by the Board of Directors to investigate any activity within its terms of reference, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its inquiries.

3.2 The Investment Group reports to this Committee.

## **4 Duties:**

4.1

- In-Year Performance (financial and service performance): Review variance and identify remedial action to support achievement of year-end and recovery plan targets;
- Review recovery plans for achievement of targets;
- Monitor financial sustainability and delivery of annual CIP plans;
- Review performance across key parameters on an holistic basis.

4.2 Capital Investment:

- Agree capital plan;
- Monitor in-year performance;
- Receive report from Investment Group.

4.3 Planning and Service Development:

- Review budget proposals, including identification of key risks, and make recommendation to the Board of Directors;
- Review of significant transactions.

4.4 Monitor and review the Board Assurance Framework (BAF) and action those

areas that fall within the remit of the Committee.

- 4.5 To receive regular reports on the action being taken to remove or mitigate the principal risks on the Corporate Risk Register that fall within the remit of the Committee.

## **5 Membership/Attendance:**

### Voting Membership

- 5.1 The Chair and members of the Performance Committee shall be appointed by the Board of Directors.

- 5.2 The Committee shall be made up of at least six Board Members.

Chair: A nominated Non-executive Director  
Two further nominated Non-executive Directors  
Chief Executive  
Chief Finance & Commercial Officer  
Chief Operating Officer  
Director of Workforce and OD

- 5.3 In Attendance

Other Executive Directors as required  
Deputy Chief Finance Officer  
Trust Secretary  
Two Governors (attending as observers)

All Non-Executive Directors are invited to attend for divisional presentations  
Other members of Trust staff will be invited to attend as business requires  
Assistant Directors to be invited with the agreement of the Chair  
Each clinical division will be invited to present to the Committee at least once a year

### Quorum

- 5.4 The Committee shall be deemed quorate if there is representation of a minimum of 3 members, including two Non-executive Directors and 1 Executive Director.

### Membership Attendance Requirements

- 5.4 The Committee will be required to have an overall attendance level of 50% from members in a rolling twelve-month period.
- 5.5 Attendance will be recorded during the year and reported in the annual report.

### Attendance

- 5.6 Only members of the Committee have the right to attend Committee

meetings; however other staff will be invited, as necessary.

- 5.8 A full set of agenda papers will be sent to all members of the Board and Trust Secretary; this may be by electronic copy.

Lengths of Term of Committee Chair and Members (excluding posts filled by Royal Papworth Hospital staff)

- 5.9 The Committee will review its membership annually as part of a general review of its terms of reference. It will consider whether there is any need for change in membership and make recommendations to the Board . This review be reported to the Board of Directors through the Committee's minutes.

**6 Meetings:**

- 6.1 In the event of the Chair of the Committee being unable to attend, or having a conflict of interest in matters on the agenda, the remaining members should elect a remaining NED as Chair for the meeting.

- 6.3 The Committee shall meet at least ten times per financial year. Additional meetings may be called by the Chair or any two of the other members of the Committee.

**7 Equality Statement:**

The Committee will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief. sex, or sexual orientation.

**8 Monitoring/Reporting:**

Minutes of Committee meetings should be formally recorded and distributed to Committee Members and Attendees. The Chair will present a written Chair's Report to the Board. Subject to the approval of the Chair, the Minutes will be submitted to the Board of Directors at its next meeting and may be presented by the Committee Chair.

The Chair of the Committee or Executive Lead shall draw to the attention of the Board of Directors any issues that require disclosure to the full Board of Directors or require executive action.

**9 Relationships with Board Committees**

All Board Committees have a shared responsibility to provide assurances to the Board of Directors. As such Board Committees need to work collaboratively, to ensure that all aspects of governance are covered and that the Board receives comprehensive assurances on Royal Papworth Hospital's activities.

### Further document information

Approved by Executive Director/local committee <b>(required for all documents):</b>	Performance Committee
Approval date ( <i>this version</i> ):	24 February 2022
Approved by Board of Directors or Committee of the Board <b>(required for Strategies and Policies only):</b>	Board of Directors
Date:	3 March 2022
This document supports: <i>standards and legislation – include exact details of any CQC &amp; NHSLA standards supported</i>	NHSI in year and Annual reporting CQC Regulation 17: Good governance
Key related documents:	DN142 Standing Orders DN140 Standing Financial Instructions DN137 Scheme of Delegation TOR002 Quality & Risk Committee Terms of Reference TOR001 Audit Committee Terms of Reference TOR018 Strategic Projects Committee Terms of Reference
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