

University Hospitals Sussex NHS Foundation Trust

Single Improvement Plan Oversight Committee

TERMS OF REFERENCE

1.00 PURPOSE

- 1.01 The purpose of the Single Improvement Plan (SIP) Oversight Committee is to support the Board in obtaining assurance that Trust is delivering the required improvements to deal with the Undertakings given by the Board to NHS England.
- 1.02 The Committee will do this through;
- Receipt of progress information against the developed Single Improvement Plan and testing out the evidence of assurance that improvement made is sustainable.
 - Triangulating evidence from reports to the other established Board Committees with the SIP progress reporting.
 - Requesting of respective SIP workstream executive leads where actions are falling behind delivery trajectories the reporting of detailed rectification plans.

2.00 MEMBERSHIP AND ATTENDANCE AT MEETINGS

- 2.01 The membership of the Committee shall be:
- Chair: the Trust's Deputy Chair
 - Three further nominated non-executive Directors, one of which shall be the Chair of the Quality Committee
 - Chief Governance Officer (Lead Executive for the Committee)
 - Chief Medical Officer (Alternate Lead Executive for the Committee)
 - All other Executives
- 2.02 The Trust Chair shall propose which non-executive Directors will be most suitable for to be members of the Committee.
- 2.03 In the absence of the Committee Chair one of the remaining non-executive members present shall elect themselves to chair the meeting.
- 2.04 Committee members should aim to attend all scheduled meetings but must attend a minimum of two thirds of meetings. The Committee secretary will maintain a register of attendance which will be published in the Trust's annual report.
- 2.05 The Programme Governance Team will be in attendance as will the Programme SRO and as requested any improvement workstream SRO to present reports but these will not be voting members of the Committee.
- 2.06 The executive members of the Committee may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

- 2.07 Other Trust managers and clinicians may be invited to attend for particular items on the Agenda that relate to areas of risk or operation for which they are responsible.
- 2.08 The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

3.00 ROLES AND RESPONSIBILITIES

DELEGATED AUTHORITY

- 3.01 The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.
- 3.02 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.
- 3.03 The Committee should challenge and ensure the robustness of information provided particularly seeking assurance that the information and reports it receives triangulate with the routine respective Board Committee reports (especially the respective outcome scorecards).
- 3.04 The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Company Secretary.

RESPONSIBILITIES

Single Improvement Plan Development

- 3.05 The Committee is to ensure that the Programme and any changes to that programme will deliver the Trust's undertakings given to NHS E (which whilst not being restricted will encompass the delivery of all CQC must and should do recommendations)
- 3.06 The Committee will ensure that the SUIP development is aligned to the Trust's True North as defined as putting the patient first and foremost so all improvements ultimately benefit the people the Trust serves.

Single Improvement Plan Delivery

- 3.07 The Committee is to challenge the reported progress on the delivery of the plan to be able to provide to the Board :-
- A view as to the strength of assurance that improvements made are sustainable.
 - Triangulate information provided to this Committee with information being provided to other Board Committees or externally provided information on the Trust. Specifically the Committee should not be seeking to duplicate the work of

or the reporting to other Committees but rather triangulate the assurance flowing through those Committee with direct oversight of specific matters.

- Request remedial action plans where SIP workstreams are off trajectory.

- 3.08 The Committee will receive information on the outcome of ICB / NHS E assurance meetings giving the Committee an update on this key partners views of the Trust's delivery. This will be through the SIP Executive routing update.
- 3.09 The Committee will provide a view to the Board as to when the Board can approach NHS E to close the undertakings provided by the Trust.
- 3.10 The Committee Chair along with the Committee lead executive will provide a report to the Trust Board and the Council of Governors on the Trust's delivery of the SIP.

4.00 REPORTING AND RELATIONSHIPS

- 4.01 The Committee shall be accountable to the Board of Directors of the Trust.
- 4.02 The Committee shall make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board.
- 4.03 The Committee shall refer to any other Board Committee request for SIP delivery assurance to complement information reported to the Committee.
- 4.04 The Committee shall receive reports from the Executive SIP Steering Group setting out any matters requiring escalation to the Research and Innovation Committee.
- 4.05 The Committee Chair shall present a report summarising the proceedings of the meeting at the next Trust Board meeting. This should draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.
- 4.06 The Committee shall report to the Board when it believes based on the evidence it has seen and tested that the Board can engage with NHS E to have the undertakings given closed.

5.00 CONDUCT OF BUSINESS

- 5.01 The Committee shall conduct its business in accordance with the Standing Orders of the Trust.
- 5.02 The Committee shall be deemed quorate if there are at least two non-executive Directors and two executive Directors present, one of whom should be the Lead Executive for the Committee (Chief Governance Officer), or the alternate Lead Executive for the Committee (Chief Medical Officer). A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.
- 5.03 The Committee shall meet not less than 6 times in each financial year and dates will be set by the end of the previous financial year, noting this is the minimum number (falling roughly every 6 to 8 weeks) and additional meetings can be called.
- 5.04 In exceptional circumstances where delaying actions or decisions would have a negative impact on the Trust's business, certain items of business requiring an urgent decision, or the taking of the decision itself, may be conducted outside of formal

meetings, in line with the requirements set out within the Trust standing orders. This will normally be agreed by the Committee in advance and executed by either: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions are to be formally ratified the Committee and/or Board at the next meeting.

- 5.05 The Committee business may be transacted through virtual media (using either teleconference or other collaboration and meeting tools). At the start of each meeting which is taking place without all parties being physically present the Chair shall be responsible for determining that the quoracy arrangements has been achieved and that members can effectively contribute.
- 5.06 The Committee Chair, with the support of the Company Secretary, is responsible for taking appropriate actions to manage conflicts of interest (perceived and actual) during a meeting. Members conflicted on any items of business on a committee meeting agenda shall declare their conflict and withdraw from discussions and/or the decision-making as required. Conflicted members are not to be counted for quorum.
- 5.07 The Company Secretary is responsible for supporting the Committee Chair and Executive Lead in preparing the agenda and collating and circulating papers to Committee Members. Papers should be provided not less than five calendar days before the meeting and the agenda and papers should be circulated not less five calendar days before the meeting, to provide sufficient time for due consideration.
- 5.08 Proceedings and decisions made will be formally recorded by the Company Secretary in the form of minutes and distributed to Committee Members within 10 working days of the meeting.

6.00 TERMS OF REFERENCE

- 6.01 The Committee shall review its own performance, constitution and terms of reference noting that the Committee is established for a specific purpose and should naturally end once the SIP is sustainably delivered.
- 6.02 Approved by the Board August 2024

Appendix - Mandated reports considered by the Committee

Below is a list of the minimum reports the Committee would receive over the year

- Single Improvement Plan
- Single Improvement Plan Delivery Dashboard
- Workstream charters
- Overall Programme and Workstream delivery reports
- Feedback from ICB assurance meetings