

**COLLABORATIVE COMMITTEE**  
**Terms of Reference**  
**Approved by Trust Board 28 June 2022**

All Trust Board Committees are responsible for the scrutiny, monitoring and provision of assurance to Trust Board on key issues set out in their terms of reference and/or allocated to them by the Board. Agendas are set to enable Trust Board to receive assurance that scrutiny and monitoring processes are in place to allow the Trust's strategic objectives to be met and to address and mitigate risk.

The Collaborative Committee will be established by the end of Q1 2022/2023. The Terms of Reference of the Committee will be reviewed annually and, if appropriate, amended to reflect any changes to the Committee's remit and role, any changes to other committees and revised membership. The Committee will be subject to an Effectiveness Review every 12 months.

The Collaborative Committee is a non-executive committee of the Board and has no executive powers other than those specifically delegated in these terms of reference and, as appropriate, by Trust Board. Committees are expected to conduct their business in accordance with the 7 principles of public life (Nolan principles): selflessness, integrity, objectivity; accountability; openness; honesty; and leadership.

### **Purpose**

The Collaborative Committee's purpose is to ensure delineation between provision and commissioning responsibilities (finance, contracting, planning and quality assurance) of the West Yorkshire Adult Secure Provider Collaborative and other specialised mental health provider collaboratives as appropriate and to provide oversight and assurance of the Trust's commissioning responsibilities as Lead Provider.

The Collaborative Committee will keep an overview of contractual monitoring, financial, quality and performance management of the Provider Collaborative on behalf of Trust Board and ensure information taken to Trust Board is sound, valid and complete. On behalf of the Trust Board, it will have an oversight of related risks, providing additional scrutiny of any such risks which are outside the Trust's Risk Appetite, giving assurance to the Board around the management of such risks.

Day to day provision of patient care will continue to be the responsibility of Providers within the Adult Secure Provider Collaborative or relevant collaborative.

This approach will ensure delineation between the provider and commissioning functions of the Provider Collaborative.

### **Membership**

Taking guidance from Monitor (referred to as NHS England & Improvement) and the Department of Health into consideration, neither the Chair of the Trust or the Chief Executive attends this Committee unless invited to do so. The Committee is always chaired by a Non-Executive Director of the Trust and the membership consists of a minimum of two other Non-Executive Directors.

*Membership as at start date for committee (20<sup>th</sup> May 2022)*

Chair – Non-Executive Director – Mike Ford

Non-Executive Director- David Webster, Chair of Finance, Investment and Performance committee

Non-Executive Director- Erfana Mahmood

### **Attendance**

Representatives are also invited and expected to attend as follows.

- Director of Provider Development (lead director)
- Executive Lead Director for Commissioning
- Medical Director
- Director of Finance and Resources
- Assistant Director of Corporate Governance, Performance and Risk
- Head of Commissioning

The following representatives are also invited to attend as/when required

- Clinical Lead
- Quality and Governance Lead
- Associate Director Provider Collaboratives and Planning

The Chair of the Trust, the Chief Executive, other Directors, and relevant officers attend the Collaborative Committee by invitation. Administrative support is provided by Corporate Governance admin support team.

### **Quorum**

The quorum will be two Non-Executive Director members. Members are expected to attend all meetings. In the unusual event that the Chair is absent from the meeting, the Committee will agree another Non-Executive Director to take the chair.

### **Frequency of meetings**

The Committee will meet a minimum of bi-monthly for 12 months from establishment. Frequency of meetings will then be subject to review following the initial 12-month period. The Chair of the Committee, may request an additional meeting if they consider one is necessary.

It is the responsibility of the Lead Director to ensure items are identified for the Committee's agenda in line with the Committee's terms of reference. The Committee work programme will be agreed at the beginning of each year and the commissioning risks facing the organisation, and agreed with the Chair of the Committee.

### **Authority**

The Committee is authorised by Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed by Trust Board to co-operate with any request made by the Committee. The Committee is also authorised by Trust Board to obtain external legal or other independent professional advice and to secure the attendance of external bodies or individuals with relevant experience and expertise if it considers this necessary.

### **Sub-committees**

To fulfil its duties and to ensure the Trust complies with its statutory responsibilities and duties, the Committee will receive reports from identified sub-committees.

The Collaborative Committee will receive minutes and/or reports from the following groups and any other relevant groups as considered appropriate:

- The West Yorkshire Provider Collaborative Commissioning Hub
- Adult Secure Provider Collaborative Board
- Quality and Performance Oversight Group
- Learning Disability and Autism Pathway Panel

## **Duties**

### Financial assurance

The Committee shall review the financial performance of the Provider Collaborative and ensure maintenance of effective governance systems and processes that provide assurance. In particular, the Committee will provide:

- Oversight of the financial position of the Provider Collaborative and review the robustness of the risk assessments underpinning financial forecasts
- Assurance to the SWYPFT Board that financial planning is effectively established and managed and that risks to delivery of plans and any significant service impacts or risks are effectively managed or mitigated
- Following review and support by the Adult Secure Provider Collaborative Board, ratification of business cases (for both new service proposal and reduction of service delivery and investments and/or disinvestments) and provide financial assessment and scrutiny which will then be translated into contractual agreements which are held by the Lead Provider
- Review of in year performance against commissioned services and financial plans and examine the effectiveness of any remedial action plans.
- Assurance to the SWYPFT Board on the delivery of agreed improvement programmes to reduce cost and increase efficiency including assurance on benefits realisation and value for money.

The Committee will ensure that the systems for, and content of, financial reporting to Trust Board, are subject to review so as to be assured of the completeness and accuracy of the information provided to Board.

### Contracting

The Collaborative Committee will:

- Ensure appropriate contracts are negotiated in line with standard procedures, implemented enabling the Provider Collaborative to deliver its aims
- Agree formal Commissioning Intentions
- Have oversight of formal Contract Variations

### Risk Management

The Collaborative Committee will:

- Receive the Provider Collaborative risk register

- Discuss and review any issue likely to require inclusion on, or modification to the risk register
- Escalate risks to Trust Board where required

#### Oversight of quality assurance and improvement

The Collaborative Committee will:

- Provide assurance to the Trust Board that robust processes are in place to monitor the quality of provision of provider collaborative partners and out of area placements
- Ensure there are governance arrangements in place to manage quality concerns including those identified as a result of case manager reviews, incidents, or external review inspections are addressed and monitored, and appropriate action plans are in place to mitigate these risks.
- To provide assurance to the Trust Board that robust arrangements are in place to ensure oversight of complaints, adverse events and incidents, including scrutiny of quarterly and annual reports on incidents and complaints and implementation of action plans.
- To provide assurance to Trust Board that there are robust systems for learning lessons from complaints, adverse events and incidents, and action is being taken to minimise the risk of occurrence of adverse events.

#### **Other Assurance Functions**

The Collaborative Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the Provider Collaborative.

These will include any reviews by the Department of Health and Social Care, arms-length bodies, or regulators/inspectors (e.g. Care Quality Commission and NHS Improvement, NHS Resolution, etc) professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

#### **Monitoring**

The Committee will monitor its performance both in terms of providing assurance to Trust Board and in terms of ensuring it meets the remit as set out in its terms of reference through agreement of an annual work plan, inclusion in the work plan of any items delegated to the Committee by Trust Board and through the Assurance Framework, monitoring implementation of the annual work plan, assessment of the Committee's performance through an annual self-assessment, and an evaluation of the Committee's performance through an annual report to Trust Board.

The Committee will assess, measure and evaluate its impact, both quantitatively and qualitatively, and include the outcome of this in its annual report to Trust Board.

#### **Reporting to Trust Board**

Trust Board will receive the minutes of Committee at the Trust Board meeting following the Committee meeting. The Committee will also report to the Board annually on its work and include commentary on its support of the Annual Governance Statement, the effectiveness of assurance systems, the work of internal and external audit and the annual accounting process.

All Trust Board Committees have a responsibility to ensure they foster and maintain relationships and links between Committees and Trust Board. Each Committee also has a responsibility to ensure action identified and agreed is placed within the organisation either through the Executive Management Team or other internal groups, such as Trust-wide Action Groups.

**Next review due: 12 months from date of implementation**