Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

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Title:	**Board Committee Structure: Proposed Future Model and Transitional Arrangements**

Status:	**For Decision**
History:	Board seminar session discussions on 10 June and 8 July 2026

Board Lead:	**Trust Chair**
Presenter:	**Sarah Hordern, Trust Chair**
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Confidential:	**No**
Strategic Pillar:	**Patients, People, Partnerships, Performance**

Executive Summary

1. This paper asks the Board to consider the proposed direction of travel for the Trust's Board committee structure, following recent Board seminar discussions. The proposed model is intended to improve the effectiveness of the Trust Board by creating lighter Board agendas, reducing duplication and allowing more time for Board-level discussion, scrutiny, strategic judgement and triangulation.
2. The key structural change proposed is the removal of the Integrated Assurance Committee (IAC), with its functions redistributed across a Quality and Performance Committee, Finance Committee, People Committee and Investment, Digital and Estates Committee. The model is intended to strengthen focus, reduce duplication, improve escalation and support a more strategic and effective Board.
3. A phased implementation route is proposed. From August 2026 the Quality and Performance Committee and Finance Committee would begin to operate using draft Terms of Reference, alongside a reduced-scope residual Integrated Assurance Committee meeting bimonthly as a transitional safety net mechanism. In this interim phase the intention is also to schedule shorter Finance Committee meetings in the intervening months to maintain the monthly cadence currently provided by informal Non-Executive Director finance briefings. The full structure would then move to monthly meetings from January 2027.
4. The draft Terms of Reference for the Quality and Performance Committee and Finance Committee are appended in full. They are presented for discussion and comment and the Board is asked to agree that they may be used as the basis for initial meetings. They would then be reviewed at the first meeting of each committee, revised as necessary and brought back to the Board for final approval.
5. The proposed approach is consistent with NHS England's *The Insightful Provider Board*, which emphasises effective governance arrangements, meaningful information, concise reporting, assurance rather than reassurance, triangulation and the need for committees to support rather than duplicate Board scrutiny. A formal review of the new arrangements is intended to take place in September 2027.

Recommendations

6. The Trust Board is asked to:
    - endorse the proposed direction of travel for the future Board committee structure;
    - endorse the proposed phased approach to implementation and transitional arrangements, including the use of a residual Integrated Assurance Committee during the transition; and

- agree that the draft Terms of Reference for the Quality and Performance Committee and Finance Committee may be used as the basis for initial meetings from August 2026, noting that they will be reviewed at the first meeting of each committee, revised as necessary and brought back to the Board for final approval.

Board Committee Structure: Proposed Future Model and Transitional Arrangements

1. Purpose

1.1. This paper asks the Trust Board to consider proposals for changes to the Board committee structure following Board seminar discussions with the aim of improving the effectiveness of the Trust Board.

1.2. The intended benefit is that more detailed scrutiny is undertaken through focused committees, enabling the Board to have lighter agendas and more time for discussion, scrutiny, strategic judgement, triangulation of risks and issues and consideration of matters requiring collective Board decision.

1.3. The Board is asked to support the proposed direction of travel and implementation approach, and to agree that the draft Terms of Reference for the Quality and Performance Committee and Finance Committee may be used as the basis for initial meetings from August 2026. They will then be reviewed at the first meeting of each committee, revised as necessary and brought back to the Board for final approval.

2. Background

2.1. The current committee structure has provided an important framework for Board assurance but recent discussions with Board members and senior leaders have identified concerns about the effectiveness of current arrangements. In particular, the Integrated Assurance Committee has a wide remit and receives a substantial volume of reporting, while leaving limited time for detailed scrutiny within individual domains.

2.2. The proposed model responds to these concerns by moving towards a clearer portfolio-based committee structure. This is intended to support more focused scrutiny, stronger accountability, clearer escalation to the Board and more strategic use of Board time. It should also help reduce duplication between Board and committee business and clarify which issues require detailed committee scrutiny and which should be reserved for Board judgement.

2.3. The model has been developed in the context of the Trust's need to maintain and evidence clear, effective and integrated governance in line with well-led expectations. It also needs to support the strategic shifts facing the NHS, including the move from analogue to digital, from acute hospital care to more community-based models of care, and from treatment of sickness to prevention. These issues do not sit neatly within a

single committee portfolio and so the model needs to retain Board-level triangulation and avoid creating silos.

2.4. The approach is also explicitly aligned with NHS England's *The Insightful Provider Board*, which stresses that effective governance arrangements are essential to the timely flow of information to and from the Board, that committees should support detailed scrutiny without duplicating Board discussion, that reports should be concise and focused on issues, risks and mitigating actions and that Boards should use meaningful information to triangulate signals and focus attention on the matters requiring Board-level judgement.

3. Proposed future committee structure

3.1. The most significant proposed change is the removal of the Integrated Assurance Committee in the final model and the redistribution of its functions across the revised committee structure including the Board. This reflects the view that, while the Integrated Assurance Committee has provided an important forum for drawing together quality, performance, finance, workforce and risk information, it has become a large and resource-intensive meeting and has not consistently enabled sufficiently deep scrutiny within individual domains.

3.2. The proposed future structure comprises an Audit and Risk Committee, Quality and Performance Committee, Finance Committee, People Committee, Investment, Digital and Estates Committee and the existing Remuneration and Appointments Committee. The committees would be standing committees of the Trust Board, with no executive powers other than those specifically delegated through their Terms of Reference.

3.3. Under this model, detailed scrutiny would sit with committees, while the Board would retain responsibility for strategy, principal risks, significant decisions, matters requiring collective judgement and triangulation across portfolios. This is intended to allow the Board to operate more effectively, with lighter agendas and more time for discussion and scrutiny of the issues that most require the collective attention of Executive and Non-Executive Directors. Audit and Risk Committee would retain independent oversight of the overall assurance architecture and the effectiveness of systems of governance, risk management and internal control, without becoming the forum for operational management of all risks.

Portfolio committee roles

3.4. The new structure creates dedicated forums for quality and performance, finance and people with changes to the scope of the current Audit and Investment Committees.

3.5. The **Quality and Performance Committee** will provide detailed assurance on quality, patient safety, clinical effectiveness, patient experience, access, operational delivery, operational risk, research and safe staffing.

3.6. The **Finance Committee** will focus primarily on financial performance, the robustness of financial data, financial planning, cash, accounts, financial controls and the testing and challenge of performance against budget.

3.7. The **People Committee** will provide dedicated assurance on workforce planning, workforce numbers and costs, training, staff wellbeing, engagement, culture, organisational development, equality, diversity and inclusion, speaking up, education and workforce-related risks.

3.8. The **Investment, Digital and Estates Committee** would advise on investments and provide assurance on major transformation programmes, capital prioritisation, estates, digital transformation, innovation, research translation, commercial opportunities and benefits realisation.

3.9. The **Audit and Risk Committee** would maintain independent oversight of governance, risk management, internal controls, financial reporting, audit, counter fraud, compliance and the overall assurance architecture.

3.10. The existing **Remuneration and Appointments Committee** would continue as currently constituted and operating.

Meeting timing and reporting cycle

3.11. The proposed future schedule moves the Board back to the second Wednesday of each month. This would allow the Quality and Performance Committee and Finance Committee to meet towards the end of the month, using up-to-date performance and financial information, with sufficient time for committee chairs and the Corporate Governance team to prepare and agree Alert, Advise, Assure reports for the Board approximately a fortnight later.

3.12. For these purposes, **Alert** will mean significant issues requiring escalation or matters that the Board needs to be alerted to; **Advise** will mean areas where there is some assurance but where further work is required and the Board should therefore be advised of the position; and **Assure** will mean areas where the Committee is satisfied that it has received sufficient assurance and can therefore assure the Board.

3.13. These proposals also supplement the existing bimonthly Board meetings by adding additional confidential Board time on a monthly basis. This will provide more regular opportunities for timely collective Board discussion on sensitive, strategic or emerging issues, including triangulation of outputs from committees and oversight of strategic risk, reducing reliance on ad hoc meetings and Chair's Actions.

Triangulation and Board effectiveness

3.14. These proposals are intended to make more effective and strategic use of Board time. The desired outcome is a Board agenda that is lighter, less duplicative and more focused on discussion, scrutiny, cross-cutting judgement and triangulation of risks and issues. This should be supported through concise Alert, Advise, Assure reports from committees to the Board.

3.15. An important design requirement is that the revised model must avoid the creation of portfolio silos. Proposed safeguards include receipt of the full Board Assurance Framework and Corporate Risk Register by each committee, with committees focusing scrutiny on the risks and controls most relevant to their remit; a deliberate blend of Non-Executive Director skills and committee memberships to provide alternative lenses on committee business; Chief Officer deputy arrangements to support cross-portfolio awareness; and a formal mechanism for direct referral of matters between committees where consideration by another committee is required.

Time commitments

3.16. A proposed 2027/28 schedule indicates that under these proposals formal meetings would increase from 36 to 59 per year, with total scheduled meeting hours increasing from 87.5 to 111. These figures need to be interpreted with care because individual commitments depend on final agreed committee memberships.

3.17. The increase in formal meetings will need to be managed carefully and should be justified by clearer committee remits, reduced duplication at Board, more focused reporting and improved quality of assurance. For the majority of individuals, however, the revised model is not expected to require an increase in meeting hours, unless Chief Officers elect to attend additional committees beyond their core committee responsibilities.

4. Implementation and transitional arrangements

4.1. A phased route is proposed. From August 2026, the Quality and Performance Committee and Finance Committee would commence, supported by the draft Terms of Reference appended to this paper (Appendices 1 and 2), while a residual Integrated Assurance Committee would continue bimonthly as a reduced-scope transitional forum. This will maintain continuity of assurance, manage business not yet transferred into the new structure and provide a safety mechanism while reporting templates, forward plans and escalation routes are tested.

4.2. During this interim phase, the intention is also to schedule shorter Finance Committee meetings in the intervening months. This would preserve the monthly finance cadence currently provided by informal monthly Non-Executive Director finance briefings, while allowing the new Finance Committee to establish its formal reporting approach and avoid a loss of regular Non-Executive Director visibility of financial performance and risk.

4.3. During the transitional stage, existing Integrated Assurance Committee and Board business would be mapped into the future structure, committee papers and reporting templates would be tested and any gaps or duplication would be identified. The business of the residual Integrated Assurance Committee should reduce progressively as functions move into the new portfolio committees.

4.4. From January 2027, the Trust would move to full implementation of the revised structure, including the introduction of the People Committee, the proposed removal of the Integrated Assurance Committee and the revised Board and committee cycle. Quality and Performance Committee and Finance Committee would move to monthly meetings as part of the phase 2 arrangements. The period from January to March 2027 would then be used to stabilise the arrangements before the start of the 2027/28 financial year.

4.5. A formal review of the revised arrangements is intended to be undertaken in September 2027, with findings reported back to the Board. This review should assess whether the new structure has reduced duplication, improved the focus and quality of committee assurance, enabled lighter and more effective Board agendas, maintained effective Board-level triangulation and proved sustainable for Board members, executives and the Corporate Governance team. It should also confirm whether any further changes are required to committee remits, forward plans, reporting templates, membership or interfaces with executive and governor governance arrangements.

5. Risks and Mitigations

5.1. A key implementation risk is that the Trust increases the number of formal meetings without improving the effectiveness of the Board itself. This should be mitigated by disciplined forward planning, clear rules about what business is removed from the Board, concise committee reports and an expectation that committees escalate by exception rather than reproducing the full detail of their agendas. The success of the model should be judged in part by whether it creates lighter Board agendas and more time for meaningful discussion and scrutiny.

5.2. A second risk is that the creation of more portfolio-based committees could lead to silo working, with issues considered too narrowly within individual committee remits. This should be mitigated, as outlined above, through Board-level triangulation, full receipt of the Board Assurance Framework and Corporate Risk Register by each committee, shared Non-Executive Director membership, Chief Officer deputy arrangements, standard Alert, Advise, Assure reporting and direct referral mechanisms between committees.

5.3. A third risk is that the model is not sustainable for Board members or the Corporate Governance team. This should be mitigated by testing membership and attendance assumptions, using named deputies where appropriate, avoiding unnecessary standing attendance and undertaking a formal review of the model in September 2027.

6. Further areas for development

6.1. Further work will be required before the proposed model can be regarded as fully designed. This includes finalising the detailed remits and boundaries of committees; confirming membership, quoracy, named deputies and chairing arrangements; agreeing the future format and destination of the Integrated Performance Report; mapping current business into the new committee and Board forward plans; and confirming executive governance interfaces.

6.2. As a provisional working assumption, the Integrated Performance Report would be provided in summary form to all committees, with each committee receiving more detailed reporting for the section most relevant to its remit. The full Integrated Performance Report would continue to be received by the Board each month, supported by a clear summary section to draw out the principal issues, risks, movements and matters requiring Board attention.

6.3. The relationship between Board committees and executive governance will need to be made explicit. Executive committees, programme boards and functional groups should remain accountable through TME for delivery, executive decision-making within delegated authority and the progression of actions. Board committees should receive assurance on whether delivery is on track, risks are being managed, controls are effective and matters requiring Board attention are escalated.

6.4. Governor engagement and governor committee arrangements will also need to be reviewed to ensure that they align with the revised Board committee model and continue to support governors in carrying out their statutory functions. This should include confirming how governor committees will receive appropriate assurance from Non-Executive

Directors, including through periodic engagement with Board committee chairs.

7. Conclusion

7.1. The proposed model outlines a direction of travel for the Board committee structure: removing the Integrated Assurance Committee in the final model, establishing clearer portfolio committees for detailed scrutiny and reinforcing the Board as the primary forum for strategy, principal risks, significant decisions and triangulation across portfolios. The central case for change is to improve the effectiveness of the Trust Board itself by enabling lighter agendas and more time for discussion, scrutiny and collective judgement.

7.2. The principal challenge is implementation. A phased route allows the Quality and Performance Committee and Finance Committee to operate from August 2026, supported by a residual Integrated Assurance Committee as a transitional safety mechanism, with shorter Finance Committee meetings in intervening months to maintain the current monthly finance cadence. The Board is therefore asked to support the direction of travel and implementation approach, and to agree that the draft Terms of Reference for the Quality and Performance Committee and Finance Committee may be used as the basis for initial meetings.

7.3. This phased approach enables early progress where there is broad agreement, while preserving appropriate Board oversight of the remaining design, implementation and assurance questions. It is consistent with NHS England's *The Insightful Provider Board* and will be subject to formal review in September 2027.

8. Recommendations

8.1. The Trust Board is asked to:

- endorse the proposed direction of travel for the future Board committee structure;
- endorse the proposed phased approach to implementation and transitional arrangements, including the use of a residual Integrated Assurance Committee during the transition; and
- agree that the draft Terms of Reference for the Quality and Performance Committee and Finance Committee (Appendices 1 and 2) may be used as the basis for initial meetings from August 2026, noting that they will be reviewed at the first meeting of each

committee, revised as necessary and brought back to the Board for final approval.

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Appendix 1

Quality and Performance Committee

Terms of Reference

1 Authority

1.1 The Quality and Performance Committee (the Committee) is constituted as a standing committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board.

1.2 The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

1.3 The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2 Purpose of the Committee

2.1 The Committee is responsible for providing detailed scrutiny and assurance to the Trust Board on the quality of services and the Trust's operational performance, including patient safety, clinical effectiveness, patient experience, access, operational delivery, clinical pathway transformation and operational risk.

2.2 The Committee shall provide assurance to the Board that the Trust has effective systems of quality governance and operational performance management in place, and that where quality or operational performance falls below expected standards, appropriate action is being taken to address the position and mitigate associated risks.

3 Membership

3.1 The membership of the Committee shall include the following core members:

- at least three Non-Executive Directors, one of whom shall be the Chair of the Committee
- Chief Executive Officer
- Deputy Chief Executive Officer
- Chief Medical Officer

- Chief Nursing Officer
- Chief Operating Officer.

3.2 The following shall normally be expected to be in attendance:

- senior quality governance leads and operational performance leads, as determined by the Chair and Chief Executive
- any other Executive Director or senior manager whose area of responsibility is relevant to the matters under consideration, including where this is necessary to support triangulation and direct assurance from service areas.

3.3 In the absence of the appointed Chair, one of the remaining Non-Executive Directors present shall chair the meeting.

4 Attendance and Quorum

4.1 The quorum for any meeting of the Committee shall be attendance of a minimum of 50% of members, of which at least two shall be Non-Executive Directors and at least two shall be Executive Directors. Either the Chief Medical Officer or Chief Nursing Officer shall normally be present for the transaction of business. Participation by teleconference or videoconference shall constitute attendance, provided that all participants are able to hear one another.

4.2 Members shall be expected to attend a minimum number of meetings annually, usually at least two-thirds of the annual total. Attendance shall be monitored and reported annually to the Board through the Committee's annual report.

4.3 If Executive Directors are unable to attend a meeting, they may nominate a deputy subject to agreement with the Chief Executive and consultation with the Committee Chair. Deputies shall count for the purpose of quorum. Divisional Directors may exceptionally nominate a deputy from within the divisional senior management team, subject to the agreement of the Committee Chair.

5 Frequency of Meetings

5.1 Meetings of the Committee shall be held at least ten times per year and shall be scheduled, where practicable, to support the monthly Board reporting cycle and timely preparation of Alert, Advise, Assure reports. The Committee may also schedule deep dives or additional briefing sessions where this would assist it in discharging its responsibilities.

6 Duties of the Committee

6.1 Quality of Services

The Committee shall receive, scrutinise and triangulate evidence relating to patient safety, clinical effectiveness and patient experience across the

organisation. This shall include oversight of significant incidents, complaints, claims, inquests, learning from deaths, external inspections, accreditations, quality priorities and other indicators of the quality of care provided by the Trust.

6.2 Operational Performance

The Committee shall review the Trust's operational performance against NHS Constitutional standards, other nationally mandated operational targets, and any other key operational indicators required to support Board assurance. These shall include access standards, urgent and emergency care, elective care, diagnostics, cancer performance, length of stay, discharge and flow. It shall seek assurance that there are appropriate recovery plans and management actions in place where performance is below plan or trajectory.

6.3 Quality and Performance Information

The Committee shall seek assurance that systems for the collection, validation and reporting of quality and operational performance information are robust and provide reliable information for decision-making.

6.4 Clinical Pathway Transformation

The Committee shall provide assurance to the Board on the quality, performance and operational impact of clinical pathway transformation, including changes to models of care, pathway redesign and service improvement. It shall consider whether proposed and implemented pathway changes support safe, effective, timely and patient-centred care, and whether their intended benefits are being realised through improvements in outcomes, access, flow, experience and sustainable delivery.

6.5 Divisional Assurance

The Committee shall receive assurance on divisional governance and performance arrangements and may require divisional leaders to attend to provide explanation, assurance or recovery plans. It may commission specific deep dives where additional assurance is needed, including on areas of heightened concern, persistent non-delivery or complex cross-cutting issues.

6.6 Regulatory and Quality Governance Requirements

The Committee shall receive assurance in relation to compliance with quality-related regulatory requirements, including matters relevant to CQC registration and standards, action plans arising from CQC inspections, enforcement activity, undertakings, warning notices and other external regulatory requirements, and may commission additional review where this is necessary to ensure continuing compliance and quality oversight.

6.7 Research, Development and Clinical Innovation

The Committee shall receive assurance on the quality, safety and governance of

research and development activity where this has implications for patient safety, clinical effectiveness, patient experience, regulatory compliance or the quality of services. This shall include assurance that appropriate arrangements are in place for the safe and ethical conduct of research, management of research-related risks, learning from research activity and the translation of evidence into improvements in care. Research shall sit principally with this Committee for quality and governance assurance purposes, while the Investment, Digital and Estates Committee shall retain oversight where research relates to commercialisation, strategic investment, digital or estates implications, innovation or benefits realisation. Overall strategic decisions on the Trust's academic, research and education mission remain reserved to the Board.

6.8 Safe Staffing

The Committee shall receive assurance on safe staffing insofar as this relates to the quality, safety and effectiveness of services, with appropriate cross-reference to the People Committee for workforce planning, workforce supply, education, training and related staffing implications.

6.9 Risks Within Remit

The Committee shall monitor the principal and significant risks associated with the matters within its remit and shall report those risks, together with the adequacy of assurance and mitigation, to the Audit and Risk Committee and/or the Board as appropriate.

6.10 Interface with Executive Governance

Executive committees, programme boards and functional groups shall remain accountable through TME for delivery, executive decision-making within delegated authority and progression of actions. The Committee shall receive assurance on whether delivery is on track, risks are being managed, controls are effective and matters requiring Board attention are escalated.

7 Reporting to the Board

7.1 The Committee shall report to the Trust Board after each meeting through a concise, structured Alert, Advise, Assure report owned by the Committee Chair. Alert shall identify significant issues requiring escalation or matters that the Board needs to be alerted to. Advise shall summarise areas where there is some assurance, but where further work is required and the Board should therefore be advised of the position. Assure shall summarise areas where the Committee is satisfied that it has received sufficient assurance and can therefore assure the Board.

7.2 The Committee shall receive and consider the Board Assurance Framework and Corporate Risk Register in full, focusing its scrutiny on those risks, controls and

assurances most relevant to its remit while maintaining awareness of cross-cutting issues. Where matters considered by the Committee require consideration by another Board committee, they may be referred directly to that committee and shall be recorded in the Committee's Alert, Advise, Assure report where significant.

7.3 Key points for escalation shall be agreed promptly between the Committee Chair and the Corporate Governance team after each meeting to support timely action tracking, dissemination and proactive Board agenda-setting.

7.4 The Committee shall undertake an annual review of its Terms of Reference and an annual effectiveness review, reporting the outcome and any proposed changes to the Board.

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Appendix 2

Finance Committee

Terms of Reference

1 Authority

1.1 The Finance Committee (the Committee) is constituted as a standing committee of the Trust Board. The Committee has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Trust Board.

1.2 The Committee is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

1.3 The Committee is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

2 Purpose of the Committee

2.1 The Committee is responsible for providing assurance and challenge to the Trust Board in relation to financial performance, the robustness of financial information, financial planning, cash, accounts, financial controls and delivery against budget. The Committee shall focus on financial stewardship and the testing of performance against plan, while recognising that material investment proposals, capital prioritisation, transformation governance and post-project review sit primarily within the remit of the Investment, Digital and Estates Committee before escalation to the Board where required.

2.2 The Committee shall provide the Board with assurance, information on key issues and clear decision points in support of the Board's financial stewardship responsibilities. Financial implications of operational and strategic decisions should be considered first by the relevant portfolio committee and escalated to the Finance Committee and/or Board where material, so that financial scrutiny supports rather than duplicates wider portfolio assurance.

3 Membership

3.1 The membership of the Committee shall include the following core members:

- at least three Non-Executive Directors, one of whom shall be the Chair of the Committee
- Chief Executive Officer
- Chief Finance Officer
- Chief Operating Officer

3.2 The following shall normally be expected to be in attendance:

- senior finance staff
- senior operational and planning leads as required
- any other Executive Director or senior manager whose area of responsibility is relevant to the matters under discussion, ensuring visibility of estates, digital and operational dependencies where required without broadening formal membership unnecessarily.

3.3 At the request of the Committee and by exception, Executive Directors who are not already committee members may be invited to attend meetings when the Committee is discussing matters that fall within their portfolio of responsibility.

4 Attendance and Quorum

4.1 The quorum for any meeting of the Committee shall be attendance by a minimum of two Non-Executive Directors and two Executive Directors, one of whom shall normally be the Chief Finance Officer or nominated deputy. Participation by teleconference or videoconference shall constitute attendance, provided that all participants are able to hear one another.

4.2 Members shall be expected to attend a minimum number of meetings annually, usually at least two-thirds of the annual total. Attendance shall be monitored and reported annually to the Board through the Committee's annual report.

5 Frequency of Meetings

5.1 Meetings of the Committee shall be held at a frequency determined by the Chair, but in normal circumstances not less than once a quarter and ordinarily more frequently where necessary to align with the monthly financial reporting cycle of the Trust and the timely preparation of Alert, Advise, Assure reports to the Board.

6 Duties of the Committee

6.1 Financial Strategy and Planning

The Committee shall review the Trust's financial plans and strategies, including revenue, capital, working capital and cash, and shall consider the assumptions, risks and constraints underpinning annual plans and longer-term strategic plans.

It shall also review the robustness of forecasting methodologies and assumptions used in financial planning and performance reporting.

6.2 In-Year Financial Performance

The Committee shall review in-year financial performance, including delivery against plan, expenditure trends, agency and temporary staffing cost pressures, productivity and efficiency programmes, and the adequacy of corrective actions where the Trust is off plan.

6.3 Interaction Between Finance and Operational Delivery

The Committee shall consider the interaction between finance and operational delivery, including the financial consequences of demand, capacity, service performance, contractual assumptions and operational recovery plans. It shall seek assurance that financial control measures are consistent with safe and effective service delivery.

6.4 Financial Policies and Submissions

The Committee shall review key financial policies and major financial submissions and monitoring returns to NHS England, the Thames Valley ICB and other relevant bodies, together with significant financial issues referred to it by the Board, Chief Executive or Chief Finance Officer.

6.5 Capital Affordability

The Committee shall provide challenge on the affordability, funding assumptions, cash implications and financial controls associated with the Trust's capital programme and major resource allocation proposals. Capital prioritisation, individual major business cases, transformation governance and post-project review shall sit primarily with the Investment, Digital and Estates Committee, with the Finance Committee providing financial scrutiny and escalating material affordability or financial control issues to the Board.

6.6 Use of Resources and Sustainability

The Committee shall oversee the Trust's broader use of resources, including sustainability considerations, and the financial implications of system working and external planning requirements. It shall review cash performance, liquidity, working capital and treasury management arrangements.

6.7 Interface with Executive Governance

Executive committees, programme boards and functional groups shall remain accountable through TME for delivery, executive decision-making within delegated authority and progression of actions. The Committee shall receive assurance on whether delivery is on track, risks are being managed, controls are effective and matters requiring Board attention are escalated.

7 Reporting to the Board

7.1 The Committee shall report to the Trust Board after each meeting through a concise, structured Alert, Advise, Assure report owned by the Committee Chair. Alert shall identify significant issues requiring escalation or matters that the Board needs to be alerted to. Advise shall summarise areas where there is some assurance, but where further work is required and the Board should therefore be advised of the position. Assure shall summarise areas where the Committee is satisfied that it has received sufficient assurance and can therefore assure the Board.

7.2 The Committee shall receive and consider the Board Assurance Framework and Corporate Risk Register in full, focusing its scrutiny on those risks, controls and assurances most relevant to its remit while maintaining awareness of cross-cutting issues. Where matters considered by the Committee require consideration by another Board committee, they may be referred directly to that committee and shall be recorded in the Committee's Alert, Advise, Assure report where significant.

7.3 Key points for escalation shall be agreed promptly between the Committee Chair and the Corporate Governance team after each meeting to support timely action tracking, dissemination and proactive Board agenda-setting.

7.4 The Committee shall undertake an annual review of its Terms of Reference and an annual effectiveness review, reporting the outcome and any proposed changes to the Board.