NHSBT Scheme of Delegation to Committees			
Audit Risk and Governance (ARGC)	**Clinical Governance Committee**	**People Committee**	**Trust Fund Committee**
Risk Management Oversight of the systems that are in place for the identification and management of risks. Review of directorate risk management through a planned annual cycle and by exception where required. Internal Audit Responsible for ensuring that there is an effective, adequately resourced and independent, internal audit function that operates to Public Sector Internal Audit Standards. Approval of strategy, operational plan and programme of work informed by organisational risk. Consideration of major audit findings and management's response thereto. External Audit Review the work and findings of the External Auditor and consider the implications and management's responses to their work. The Committee will approve the terms of engagement, including any engagement letter issued, the remuneration, for both audit and non-audit services of any outsourced	Patient and Donor Safety Direction for patient/donor safety, clinical effectiveness, patient outcomes and patient/donor experience. Support operating directorates in the development, implementation and monitoring of a robust framework for clinical governance, meeting donors' and patients' needs. CARE sub-groups Through the Clinical Quality and Safety Governance Group (CQSGG), the Committee will support and oversee the work of the operating directorates' CARE (Clinical, Audit, Risk and Effectiveness) groups and monitor their effectiveness and performance in achieving clinical effectiveness and seek assurance that practice is evidence-based and supported by a robust process of clinical audit. Approve the Terms of Reference and membership of Directorate CARE sub-groups.	Terms and Conditions (including Pay and Severance) The Committee will determine the remuneration and conditions of service of those very senior managers currently paid under the terms of the Executive Senior Manager (ESM) Framework 2016 and any other management posts with a base salary in excess of £100,000 per annum. The Committee will have due regard to the terms of the ESM Framework and any associated DHSC and NHS guidance. The Committee will ensure that decisions made on remuneration properly support the objectives of the Authority, represent value for money, display financial responsibility and comply with statutory and NHS requirements. The Committee will receive reports from the Pay Committee.	Management of Charitable Funds Ensuring that the Authority manages the funds it holds on charitable trust within its powers as corporate trustee, legal requirements and guidance on good practice, and meets all its obligations to the Charity Commission and the Secretary of State for Health and Social Care. Restricted Funds Avoiding, wherever possible, the receiving and holding of charitable funds which have restrictions pertaining to how they may be used, except where the Committee has considered and agreed an application for, or a donation of, funds for a particular purpose. Where funds are received subject to certain conditions, the Committee is responsible for ensuring that the funds are used in accordance with those conditions, and that any

partner and ensure level of fees is appropriate to enable an effective and high-quality audit to be conducted. Board Assurance Framework and Assurance Map The Committee will receive regular reports on the Board Assurance Framework, including reporting on risks rated as outside risk tolerance and other issues of concern raised by the Chief Risk Officer. The Committee will receive regular reports on the Assurance Map. This will include reporting on legal and other mandatory compliance by exception, any risks against compliance and any issues of concern raised. Risk Management Committee The Committee will receive and consider an annual report from the Risk Management Committee (RMC) which will include compliance with RMC Terms of Reference, findings from audits internal or external to the organisation, compliance with applied standards and performance during the year. In addition, a report or the minutes of the latest meeting will be provided to the ARGC of every RMC meeting.	Policies The Committee will seek assurance that overarching clinical governance and safety policies and procedures are developed and reviewed in a timely manner. Have oversight of and approve any significant changes to Organ Allocation policies. Clinical performance The Committee will ensure that effective mechanisms are in place to review and monitor the effectiveness and quality of clinical care and services across NHSBT, including ensuring actions are taken to address issues of poor clinical performance. Ensure lessons are identified for improvement and implemented in relevant areas and a culture of continuous improvement is encouraged with systems in place to deliver it. Clinical complaints and incidents Provide assurance to the Board that clinical complaints and incidents are managed in accordance with NHSBT procedures. This ensures that	Performance of the Chief Executive and individual NHSBT Directors Through the Chair of NHSBT and the Chief Executive, to monitor and evaluate the performance of the Chief Executive and individual NHSBT Directors and to use the authority delegated by the Board to set performance bonuses, if appropriate and within guidelines and/or requirements set by DHSC Through the Chair of NHSBT and the Chief Executive, to oversee and advise the Board on termination and severance arrangements in relation to the Chief Executive and NHSBT Directors. Annual Reporting To ensure that appropriate details of Board Members' remuneration and other benefits are published in the Annual Redundancies To consider and approve any individual redundancies with projected costs in excess of ~~£100,000~~ £160,000.	reporting requirements set by the donor are satisfied. Use of Funds Ensuring that the charitable funds are used to further the interests of the Authority, its staff (including for staff health and wellbeing), blood donors and other bodies and persons with whom the Authority has a relationship as part of the NHS in England and Wales. Governance Ensuring that there is an appropriate distinction between the Authority as corporate trustee and the Authority as a public body. Ensuring that the Authority's corporate governance procedures, as they affect charitable funds, are up to date, appropriate and effective. The Committee shall make recommendations to the Board as to the powers it may delegate to be exercised by the Committee. Liaising with the Audit, Risk and Governance Committee on

Information Governance Committee The Committee will receive and consider an annual report from the Information Governance Committee (IGC) and Security Executive Governance Committee (SEGC) which will include compliance with Terms of Reference, findings from audits internal or external to the organisation, compliance with applied standards and performance during the year. In addition, a report or the minutes of the latest meeting will be proved to the ARGC of every IGC and SEGC meeting. External Assurance Functions The Committee will review the findings of external assurance functions and consider the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators / Inspectors (e.g., Care Quality Commission, MHRA, HTA, NHS Resolution etc.); professional bodies with responsibility for the performance of staff or functions (e.g., Royal Colleges, accreditation bodies, etc.).	there is a robust process for patient and donor incidents and near miss reporting, investigation and organisational learning through ensuring trends are identified, learning is shared, and appropriate actions are taken. Conduct patient safety incident deep dives to assure processes. Patient Safety Incident Response Framework (PSIRF) Oversee PSIRF and receive regular and an annual report of progress and outcomes. Risk Management Gain assurance that clinical risks are managed as set out in the NHSBT Risk Management policies. Have oversight of all corporate and business unit level risks with a clinical risk impact. Clinical Claims Process Provide scrutiny and seek assurance from the management of the clinical claims process.	To consider and approve any redundancies of 10 or more cases as part of one redundancy/restructure programme, regardless of projected cost where further external approval is required, as well as all voluntary redundancy schemes. To provide prior consideration and approval to any special/special severance payment, including confidentiality clauses, where further external approval is required. To consider and approve PILON cases of ~~£50,000~~ £160,000 or more, or any CILON case irrespective of cost, where further external approval is required. To consider and approve redundancy proposals within organisational change exercises, where the total estimated redundancy cost exceeds £500k.	matters of internal control affecting the charitable funds, including the approval of audit plans and fees, and dealing with matters raised in audit reports and management letters.

Management The Committee will request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation, as they may be appropriate to the overall arrangements. Financial Reporting The Committee is responsible for reviewing and making recommendations to the Board and CEO on NHSBT's Annual Report and Financial Statements. It will also ensure that the systems for financial reporting to the Board, including budgetary control, are reviewed as to completeness and accuracy of information. Budget, Plans and Performance The Committee will review, at high level, the development of the budget and subsequent performance against the budget. It will also review, at high level, divisional plans in terms of financial performance, funding gaps and pricing strategies, including the review of performance indicators and	Views of patient, donors, service users and carers Ensure that the views of patient, donors, service users and carers are systematically and effectively engaged in clinical governance activities. National Guidance Ensure that systems are in place for review of external national guidance (e.g., NICE) and for ensuring compliance with relevant recommendations made. Central Alerting System Monitor alerts received via the Central Alerting System and review any actions taken in response to any relevant alerts. External Regulators Monitor compliance with all relevant Care Quality Commission (CQC), Medicines and Healthcare products Regulatory Agency (MHRA), and Human Tissue Authority (HTA) recommendations and the organisation's overall preparedness for inspections.	Senior Level Capability Annually, the Committee shall receive assurance on: • Strategic issues affecting NHSBT and any implications for requirements of skills and expertise of the Board and executive leadership of the organisation. • The structure, size, diversity and composition of the existing Board and, given the assessment of strategic issues, make recommendations to the Board for future succession planning or near-term changes where needed. • NHSBT's talent management and succession planning strategies for the executive leadership of NHSBT (CEO and 2 layers below in order to assure itself of), assuring itself of the continued ability of the organisation to operate effectively in its strategic context.	

will review progress against the delivery of the investment portfolio.	<u>Information Governance Committee</u> Receive reports seeking clinical advice and audits related to the Caldicott principles and information governance standards from the Information Governance Committee. <u>Safeguarding</u> Review reports relating to child and adult safeguarding and gain assurance that effective management and process are in place. <u>Management Quality Review (MQR)</u> Link into the Management Quality Review (MQR) process and have oversight of the MQR quarterly and annual reports. <u>Research Proposals</u> Review and approve research proposals that relate to more than one operating directorate for which the relevant operating directorate CARE group (with expert input from the Scientific Advisory Group) have been unable to reach a decision. Disseminate learning from research findings.	<u>To act as a nominations committee for appointments to Executive Director posts</u> Responsibility for ensuring that a proper process is in place for the appointment of Executive Director posts by approving the process to be adopted for recruitment and appointment, and reviewing a report of the process followed prior to endorsing the proposed candidate for appointment to an Executive Director post. <u>Organisational Climate</u> It will maintain an overview of the culture and climate of NHSBT to ensure NHSBT delivers on its ambition to be a high performing and inclusive organisation. This assurance will be sought through the regular review of trends relating to whistleblowing, Freedom to Speak Up, Disciplinary & Greivance caseloads and absence data to identify specific issues or deterioration in climate. The People Committee will also review Our Voice survey results and follow-up on subsequent action plans. Employee representatives, network representatives may be	

	Clinical Governance Decision Making Ensure that clinical governance decision making is informed by evidence-based information and research contributions from the Scientific and Research Committee overseeing the NHSBT Research and Development programme and partnerships. Review examples of clinical services excellence and innovation across CQC domains. Clinical Audit Oversee the clinical audit function ensuring its audit plan aligns with internal audits and is informed by themes from risks, incidents, complaints, claims and patient/donor feedback. Review summaries of clinical audit findings and gain assurance that the recommendations and their implementation by operational directorate CARE groups will focus on identifying any concerns or significant issues and/or where no improvements have been made since the last audit; and gain assurance that the action plan in response to the audit is implemented without	invited to participate in Committee discussions on the above topics to bring them to life for the Committee. Approval of recommendations for external recognition for NHSBT employees The Committee shall receive assurance that an effective process is in place for the consideration and approval of recommendations for local Clinical Excellence Awards for NHSBT medical staff. The Committee shall receive assurance that an effective process is in place for the consideration and approval of recommendations from the NHSBT Honours Committee. People Strategy The Committee shall have oversight of the People Strategy, related programs and success measures for the programs. Fit and Proper Persons Regulations Assurance The Committee shall monitor compliance of the Fit and Proper Persons Regulations (FPPR) for Non-Executive	

	undue delay, especially where limited assurance is given. <u>Training and Validations</u> Ensure that best clinical practice is provided by appropriately trained and skilled professionals with the competencies required for service delivery. Monitor the education and development system for the clinical workforce that supports performance improvement within their scope of practice. Ensure that appropriate processes of revalidations are in place and operating effectively for relevant posts.	Directors and Executive Directors <u>Equality and Diversity Inclusion Compliance</u> The Committee shall review annually the Equality, Diversity and Inclusion (EDI) objectives set to fulfil the organisation's public sector legal obligations. <u>Health, Safety and Welfare</u> The Committee shall, at least annually, review and seek assurance in relation to NHSBT's compliance with health, safety and welfare legal and regulatory obligations. <u>Mandatory Training Sub-committee.</u> The Committee shall receive quarterly updates and an annual report from the Mandatory Training Sub-committee.	