

SERVICE REDESIGN COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

1 PURPOSE

- 1.1 The purpose of the Service Redesign Committee is to provide the Board with the assurance that service redesign arrangements are operating effectively and efficiently and that NHS Fife's major service strategies are implemented in accordance with Board policies, priorities and overall financial framework.

2 COMPOSITION

- 2.1 The membership of the Service Redesign Committee will be:
- Four Non-Executive Members of the Board (of whom one will be Chairperson);
 - A Staff Side representative of NHS Fife Area Partnership Forum; and
 - A public representative.

Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chairperson will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise.

The NHS Fife Executive Lead for Service Redesign shall serve as Lead Officer to the Committee.

3 MEETINGS

- 3.1 The Committee shall meet as necessary to fulfil its remit and not less than four times per year.
- 3.2 If the Chairperson is absent from any meeting of the Committee, one of the other Board Non-Executive Members shall chair the meeting.
- 3.3 The agenda and supporting papers will be sent out not less than five working days before the meeting.

4 REMIT

- 4.1 Redesign Projects will be subject to individual performance management and

reporting arrangements which will be detailed in the Improvement Programme. The Committee will have an oversight role that looks at appropriateness of activities and issues of interdependence and integration of activities.

4.2 The remit of the Service Redesign Committee is to:-

- Confirm that service redesign in NHS Fife is in keeping with national policy requirements, NHS Fife's strategies as approved by the Board and;
- Confirm that redesign activity takes account of the Quality Ambitions;
- Confirm that appropriate governance mechanisms are in place in relation to redesign activity and projects in NHS Fife. These should take account of national and local service imperatives, prioritisation mechanisms and barriers to change;
- Oversee high-level redesign activity and projects through sign-off and monitoring of NHS Fife's annual Improvement Programme;
- Receive reports related to specific redesign project and the activities of groups involved in the delivery of redesign activity (eg Managed Clinical Networks);
- Receive reports and disseminate information relating to best practice in NHS Fife;
- Confirm that all redesign activity involving partner agencies is in keeping with NHS Fife's requirements in relation to service delivery and governance;
- Receive the minutes of SMT Redesign;
- Undertake an annual self assessment of the committee's work;
- Review the sections from the NHS Fife Balanced Scorecard relevant to the Committee's area of responsibility;
- Produce an Annual Statement of Assurance for submission to the Board via the Audit Committee as in Appendix A to Section C. The Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit Committee in June.

4.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

- 4.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

5 AUTHORITY

- 5.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and, in so doing, is authorised to seek any information it requires from any employee.
- 5.2 In order to fulfil its remit, the Service Redesign Committee may obtain whatever professional advice it requires and may require Directors or other officers of the Board to attend meetings.
- 5.3 The Committee's authority is included in the Board's Standing Orders and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

6 REPORTING ARRANGEMENTS

- 6.1 Minutes of the Committee are presented to the Board by the Committee Chairperson, who may, additionally, provide a report on any particular issue which the Committee wishes to draw to the Board's attention.
- 6.2 In accordance with the Risk Management Strategy of the Board, the Committee is required to provide an annual report to the Strategic Management Team (Risk) through the Lead Officer for the Committee, on areas of significant risk. Details of all moderate and high level risks will be recorded on the appropriate risk register and have a supporting action plan which will ensure that the risk is managed to an acceptable level.
- 6.3 Any moderate or high level risks identified that are deemed impossible or impractical to manage at an operational level will be submitted immediately to the Strategic Management Team (Risk) to be considered for inclusion in the NHS Fife Corporate Risk Register.