East Sussex Healthcare
NHS Trust

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

FOI REF: 26/502

4th November 2026

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

This request concerns the Trust's governance and business case process for adopting new and innovative clinical technologies.

Request for recorded information

1. **A copy of the current business case or application template(s) used to seek approval for the introduction of a new or innovative clinical technology as defined above, including implantable, high-cost, and specialised devices.**

   The standard East Sussex Healthcare NHS Trust (ESHT) Business Case Process is used for all Business Cases including those for new or innovative clinical technology. ESHT does not have separate templates for capital, but for any major investment, uses the Green Book 5 case model business case templates.

   The Green Book - GOV.UK

   Please see the following attachments for description of ESHT Standard Business Case Process, including Business case sign-off / approval:

   - Att_1 Business Case sign-off process v1_1.pdf
   - Att_2_0 Business Case Template v1_1.pdf
   - Att_2_1 Business Case Brief Template v1_1.pdf

2. **A copy of the capital business case template(s) used for significant clinical capital equipment (for example the Strategic Outline Case, Outline Business Case, and Full Business Case, or equivalent staged templates), where these are distinct from the template at (1).**

   Not applicable, please see response to question 1.

3. **The name of the committee(s) or group(s) responsible for approving each of the following, and confirmation of which committee owns each: (a) new and innovative medical devices, including implantables and high-cost or specialised devices; (b) novel interventional procedures or techniques; (c) significant clinical capital equipment such as robotic systems and theatre tables; and (d) digital health or Software as a Medical Device.**

   Please refer to question 1.

4. **The Terms of Reference for each relevant committee.**

   Please see the following attachments:

   - Att_3 ExCom ToR September 2024 v1.1
   - Att_4 FP ToR April 2026 v1_1.pdf
   - Att_5 OMG ToR September 2025.pdf

5. **The membership of each relevant committee by role or job title, and the name or job title of the chair or responsible officer.**

   Please refer to questions 1 and question 4.

6. **The meeting frequency of each relevant committee, the scheduled meeting dates for the current and forthcoming year, and the deadline for submission of papers ahead of each meeting.**

   Please see the following attachment:

   - Att_6 FOI 26-502 Tracker v1_1.pdf

7. **Any additional standard submission forms associated with the process (for example a new product or device request form, clinical evaluation form, risk assessment template).**

   Please refer to question 1.

8. **Any evaluation or scoring criteria used to assess submissions, and any financial thresholds or delegated authority limits that determine escalation to executive or Board approval, including the point at which a case moves between the revenue and capital routes.**

   Please refer to question 1.

9. **The policy or standard operating procedure governing the introduction of new medical devices and innovative technologies.**

   Please refer to question 1.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net

quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

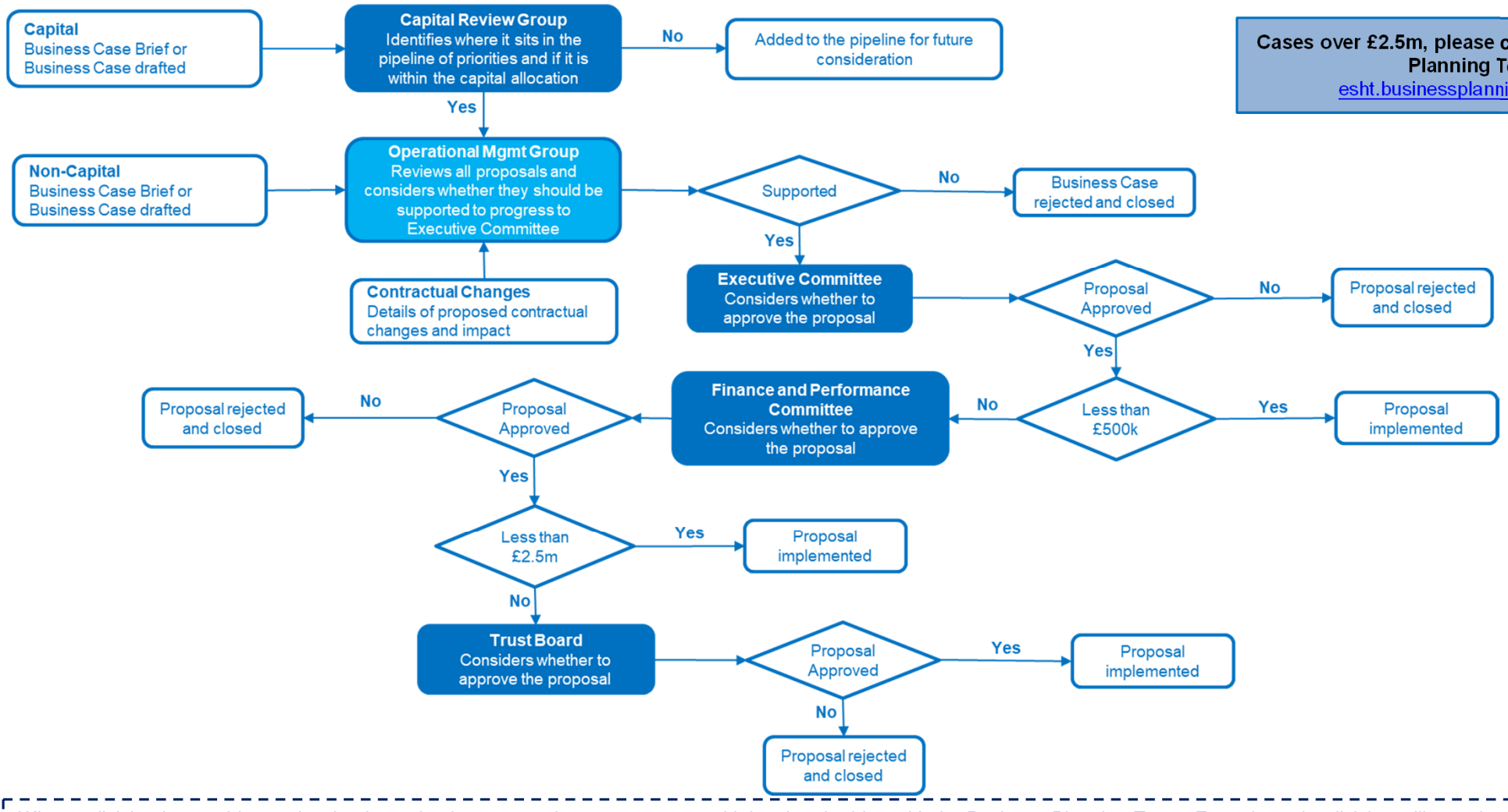
Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Business case sign-off process

Where	When	Why
Divisional Management	All	To support for the proposal.
Operational Management Group (OMG) 3rd Friday of the month	All	To act as a gateway for execs to ensure accuracy, consistency and completeness of a business case as well as providing subject matter expertise on operational, finance, contracts, IT, procurement and estates. OMG "recommends" to EDs.
Executive Committee (ExCom) 1st Tuesday of the month	All	To provide approval for a case from an executive management perspective, to ensure Trust leadership is fully sighted and aligned. Approval up to £500k, otherwise recommend to F&P.
Finance & Performance Committee (F&P) 4th Wednesday of the Month	>£500k	To provide check and challenge to the Executive Decision through a subset of Trust Non-Executive Directors. Approval up to £2,500k, otherwise recommend to Board.
Trust Board Bi-monthly, second Tuesday	>£2,500k	Case is so material that it requires full Trust Board approval where all Non-Executive Directors are present.

This process is cumulative, a paper should have gone through all previous steps



When a division has an idea to develop into a business case the process starts with logging the idea with the Business Planning Team. From there the division will complete a Business Case Brief (BCB) and if required, Quality, Privacy and/or Privacy Impact Assessments.
The BCB will be discussed by the Divisional Management Team for a decision or approval to proceed to the next stage of business case development.
The Business Planning team can assist you with the development of business cases that have a value of £50,000 or more, and also with cases that impact more than one division.
There is an overarching capital plan, if the business case is already incorporated into the capital plan it will proceed once the relevant approval (below) have been obtained. If it is not part of the capital plan it will be placed in a holding pen and considered as part of the periodic capital prioritisation process.
For assistance with business cases http://nww.esht.nhs.uk/task/business-development/ or contact the Business Planning Team: esht.businessplanning@nhs.net

Click or tap here to enter text. – BUSINESS CASE

REF: Click or tap here to enter text.

Version: Click or tap here to enter text.

Date: Click or tap to enter a date.

Sponsor: click or tap here to enter text.

Division: click or tap here to enter text.

Specialty Service: Click or tap here to enter text.

Business Case Lead: Click or tap here to enter text.

Business Case Checklist Completed at Appendix 1 (must be completed): Choose an item.

Governance

Value of investment	Governance meeting	Template required	Date presented	Outcome
All	Operational Management Group	Business Case	Click or tap to enter a date.	Choose an item.
All	Executive Directors Committee	Business Case	Click or tap to enter a date.	Choose an item.
Over £500k	Finance and Performance Committee	Business Case	Click or tap to enter a date.	Choose an item.
Over £2.5m	Trust Board	Business Case	Click or tap to enter a date.	Choose an item.

NB: the process is cumulative so a paper should have gone through all previous steps.

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1. EXECUTIVE SUMMARY

1.1 KEY POINTS OF THE BUSINESS CASE

This section should be completed last!

Include the key points of the case – keep it brief but make sure you include:

- What is the issue you are addressing by writing this proposal?
- What is the current situation and why does it need to change?
- What is your proposal? – in simple terms.
- Why now?
- What are you asking for?

1.2 FINANCIAL SUMMARY

All figures shown in £'000

CHANGE IN:	EXISTING POSITION (IF RELEVANT)	YEAR 0 CURRENT YEAR	YEAR 1	YEAR 2	YEAR 3
Income					
Pay					
Non-Pay					
Overheads					
Depreciation/Capital Charges					
Total revenue budget requested (-) or benefit delivered (+)					
Change from existing position					
Capital investment					
WTE Impact					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					

2. STRATEGIC CASE

2.1 OBJECTIVES AND STRATEGIC ALIGNMENT

Describe what the proposal is seeking to achieve and define the targeted outcomes, they should be SMART (Specific, Measurable, Achievable, Realistic and Timebound) and linked to the expected benefits and aligned to the Trust's strategic objectives.

STRATEGIC OBJECTIVES		
Quality Delivering safe care; always improving outcomes and experience for patients	**People** Fostering a positive culture; living our values; helping our teams feel equipped to deliver	**Sustainability** Always searching for the best way to use our resources for clinical, workforce and financial outcomes

2.2 OVERVIEW OF CURRENT ARRANGEMENTS AND PROBLEM STATEMENT

Describe the existing situation with regards to the proposal – the status quo/do nothing. Provide a detailed account of the problems, difficulties and service gaps, including the impact on quality of care associated with the existing arrangements in relation to future needs.

2.3 THE PROPOSITION (PROPOSED SOLUTION TO THE PROBLEM)

Describe the proposed solution to the problem, the change that is being proposed and what the expected outcome and benefits would be. E.g. expand the service to 8-8, 7 days per week to offer 720 more appointments and reduce patient wait times.

3. ECONOMIC CASE

3.1 DESCRIBE EACH OPTION THAT IS BEING CONSIDERED INCLUDING THE CURRENT BUSINESS AS USUAL AS WELL AS A DO MINIMUM

Describe the options you have considered, this must include the current business as usual option as well as a do minimum.

3.2 EVALUATION AND PREFERRED OPTION

See business case guidance notes on how to complete this section. If there is a lot to write in the table below, please summarise here and include the detailed version as an appendix.

INVESTMENT OBJECTIVE	OPTION 1 – BUSINESS AS USUAL Click or tap here to enter text.	OPTION 2 – DO MINIMUM Click or tap here to enter text.	OPTION 3 – INTERMEDIATE Click or tap here to enter text.	OPTION 4 – DO MAXIMUM Click or tap here to enter text.
Investment Objective 1:				
Investment Objective 2:				
Investment Objective 3:				
Investment Objective 4:				
Investment Objective 5:				
Critical success factors				
Strategic fit and business need				
Potential value for money				
Supplier capacity and capability				
Potential affordability				
Potential achievability				
Summary	BAU - Baseline			

The preferred option and rationale:

State the preferred option from the investment appraisal above and document why this is the preferred option, particularly if you have had to choose between two options.

3.3 DEPENDENCIES RELATING TO PREFERRED OPTION

Record any dependencies (internal or external) that the proposal will be subject to, these will need to be carefully monitored and managed throughout the lifespan of the proposal.

3.4 IMPACT ON OTHER ACTIVITIES OF PREFERRED OPTION

List any potential impact on other activities that may occur as a result of the proposal, this will allow for discussions and subsequent plans to be developed to minimise the impact on others.

4. COMMERCIAL CASE (ONLY RELEVANT WHERE EQUIPMENT OR SERVICES ARE BEING PURCHASED)

4.1 PROPOSED PROCUREMENT ARRANGEMENTS FOR PREFERRED OPTION

This section should only be completed where goods or services are being purchased, if there are none in the proposal please write "Not applicable" in the section. See business case guidance notes for more information.

5. FINANCIAL CASE (SEE APPENDIX 2 FOR FURTHER DETAIL)

5.1 FINANCIAL OVERVIEW

Provide a brief overview of the finances, what the revenue contribution is, or the investment required as well as any capital requirements and what it specifically relates to.

All figures shown in £'000

CHANGE IN:	EXISTING POSITION (IF RELEVANT)	YEAR 0 CURRENT YEAR	YEAR 1	YEAR 2	YEAR 3
Income					
Pay					
Non-Pay					
Overheads					
Depreciation/Capital Charges					
Total revenue budget requested (-) or benefit delivered (+)					
Change from existing position					
Capital investment					
WTE Impact					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					

5.2 SOURCE OF FUNDING

This section should list the source of funding, if this is to be funded from a donation from Friends of the Hospitals or Charitable funds, please attach approval letter as an appendix and provide Bid Reference in this section and on the Financial Analysis Capital tab. If it is to be funding from external sources, please state where the funding is coming from. If there is no funding source, please state that you are seeking funding to support the proposal.

6. MANAGEMENT CASE

6.1 BENEFITS REALISATION

Identify who will measure the benefits and be responsible for realising the benefits.

6.2 BENEFITS IDENTIFIED FROM PREFERRED OPTION (INCLUDING QUALITY BENEFITS)

DESCRIPTION OF BENEFIT	BASELINE MEASURE	TARGET MEASURE	DATE	FULL YEAR FINANCIAL IMPACT (£'000)
			FULL YEAR FINANCIAL BENEFITS	

6.3 PROJECT MANAGEMENT ARRANGEMENTS

Detail who is managing the proposal on a day-to-day basis, doing any work required to deliver the proposal and expected objectives. It should also include where progress is going to be monitored, including the monitoring of milestones, risks and issues.

6.4 PROJECT PLAN

Detail how long it is expected for the proposal to be implemented, the timeframe for delivery and any negative impact of change. The table will need to be populated with key milestones for successful delivery, noting who the milestone owner is and the expected delivery date.

MILESTONE NAME	MILESTONE OWNER	DELIVERY DATE

6.5 WORKFORCE PLAN

Detail the staffing requirements and/or proposed changes by staff group and by band and include the WTE and how this links to the NHS People Plan.

6.6 RISKS OF DELIVERING THIS PROPOSAL

RISK NAME	RISK OWNER	LIKELIHOOD	SEVERITY	RISK SCORE	MITIGATING ACTIONS

6.7 STAKEHOLDER VIEWS

Detail the communication and engagement approach, including the frequency and who will be responsible for this.

6.8 PATIENT AND PUBLIC ENGAGEMENT

Smaller proposals and minor changes are unlikely to need patient and public engagement. However, larger proposals may require patient and public engagement. For larger proposals, please detail the engagement approach, including the frequency and who will be responsible for this.

6.9 SUMMARY OF QUALITY/ EQUALITY / DATA PROTECTION IMPACT ASSESSMENTS

This should summarise whether all of the impact assessments are required and if so the outcome from the relevant meetings e.g. The Quality Impact Assessment has a positive impact and this has been approved by the Quality Impact Assessment panel.

7. APPENDICES

Appendix 1: Business Case Checklist
Appendix 2: Financial Analysis (including activity projections and assumptions)

8. ANNEXES

(available on the Extranet or from esht.businessplanning@nhs.net on request)

Some optional

- Quality Impact Assessment - Programme Support Office (PSO) - tasks and guides (esht.nhs.uk)
- Equality and Human Rights Impact Assessment - Equality and human rights impact assessment (Equality and diversity) - tasks and guides (esht.nhs.uk)
- Data Protection Impact Assessment - Information Governance resources (Information Governance) - tasks and guides (esht.nhs.uk)
- Detailed Project Plan
- Detailed Project Risk Register
- Benefits Register

APPENDIX 1: BUSINESS CASE CHECKLIST

Assessment	Response	Name	Role	Date	Comments
The divisional leadership supports this proposal	Choose an item.		Chief/ DDO	Click or tap to enter a date.	
The proposal makes operational sense and is aligned to the Trust's strategies (Clinical, People, Estates etc.)	Choose an item.		DDO	Click or tap to enter a date.	
The costs presented are accurate and complete	Choose an item.		FBP	Click or tap to enter a date.	
The workforce assumptions are deliverable	Choose an item.		HRBP	Click or tap to enter a date.	
The marginal activity assumptions are reasonable	Choose an item.		Head of Info. Mgmt.	Click or tap to enter a date.	
The income assumptions are reasonable	Choose an item.		Head of Contracting and Income	Click or tap to enter a date.	
Contractual implications have been considered?	Choose an item.		Head of Contracting and Income	Click or tap to enter a date.	
Impact on the following areas have been considered? And departments have been briefed and can support this? • Procurement • Digital – include Request for Works Ref: • Estates • Facilities • Education	Choose an item. Choose an item. Choose an item. Choose an item.		Service Lead	Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date.	

Assessment	Response	Name	Role	Date	Comments
• Core services, e.g. booking, clinic room capacity, pathology, pharmacy, secretarial support. • DAS, e.g. theatre capacity and radiology diagnostics • Community Services, e.g. acute or community therapies, adult services. • Any other Divisions/ Departments not listed above (please advise which areas).	Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.			Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date.	
Is there any System impact as a result of this case?	Choose an item.		Service Lead	Click or tap to enter a date.	
The case includes a section on sustainability in line with the Trust's Green Plan ESHT Green Plan 02.indd	Choose an item.		Service Lead	Click or tap to enter a date.	
A Quality Impact Assessment (QIA) has been completed or there is confirmation from Quality Impact Assessment Panel that a QIA is not required?	Choose an item.		Service Lead	Click or tap to enter a date.	
An Equality and Health Inequalities Impact Assessment has been completed?	Choose an item.		Service Lead	Click or tap to enter a date.	

Assessment	Response	Name	Role	Date	Comments
A Data Protection Impact Assessment has been completed?	Choose an item.		Service Lead	Click or tap to enter a date.	

TO BE COMPLETED FOR CASES WITH CAPITAL

Support Required From	Supported	Name	Role	Date	Comments
Clinical Procurement Group	Choose an item.			Click or tap to enter a date.	
Maintenance Services Manager	Choose an item.	Simeon Beaumont	EME Services Manager	Click or tap to enter a date.	
Infection Control	Choose an item.			Click or tap to enter a date.	
Property Management	Choose an item.	Mike Chewter	Estates Development Manager	Click or tap to enter a date.	
Health and Safety	Choose an item.			Click or tap to enter a date.	

Click or tap here to enter text. – BUSINESS CASE BRIEF

REF: Click or tap here to enter text.

Date: Click or tap to enter a date.

Sponsor: click or tap here to enter text.

Division: click or tap here to enter text.

Specialty Service: Click or tap here to enter text.

Business Case Lead: Click or tap here to enter text.

Business Case Checklist Completed at Appendix 1 (must be completed for cases up to £50k): Yes

Governance

Value of investment	Governance meeting	Template required	Date presented	Outcome
All	Operational Management Group	Business Case	Click or tap to enter a date.	Choose an item.
All	Executive Directors Committee	Business Case	Click or tap to enter a date.	Choose an item.
Over £500k	Finance and Productivity Committee	Business Case	Click or tap to enter a date.	Choose an item.
Over £2.5m	Trust Board	Business Case	Click or tap to enter a date.	Choose an item.

NB: the process is cumulative so a paper should have gone through all previous steps.

1. THE CASE FOR CHANGE

1.1 OVERVIEW OF CURRENT ARRANGEMENTS AND PROBLEM STATEMENT

Describe the existing situation with regards to the proposal – the status quo/do nothing. Provide a detailed account of the problems, difficulties and service gaps, including the impact on quality of care associated with the existing arrangements in relation to future needs.

1.2 THE PROPOSITION (PROPOSED SOLUTION TO THE PROBLEM)

Describe the proposed solution to the problem, the change that is being proposed and what the expected outcome and benefits would be. E.g. expand the service to 8-8, 7 days per week to offer 720 more appointments and reduce patient wait times.

1.3 WHAT ARE THE EXPECTED OUTCOMES AND BENEFITS?

Describe what the proposal is seeking to achieve and define the targeted outcomes, they should be SMART (Specific, Measurable, Achievable, Realistic and Timebound) and linked to the expected benefits and aligned to the Trust's strategic objectives. List the benefits, including quality benefits that will be delivered from the proposal, the baseline measure, the target that the proposal is expected to get to and the date it is expected to achieve the benefit and the financial impact.

1.4 FINANCIAL SUMMARY – THIS MAY NOT BE KNOWN AT BUSINESS CASE BRIEF STAGE FOR ALL PROPOSALS, BUT FOR THOSE LESS THAN £50,000 THIS MUST BE POPULATED.

All figures shown in £'000

CHANGE IN:	EXISTING POSITION (IF RELEVANT)	YEAR 0 CURRENT YEAR	YEAR 1	YEAR 2	YEAR 3
Income					
Pay					
Non-Pay					
Overheads					
Depreciation/Capital Charges					
Total revenue budget requested (-) or benefit delivered (+)					
Change from existing position					
Capital investment					
WTE Impact					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					
Activity Vol. Choose an item.					

APPENDIX 1: BUSINESS CASE BRIEF CHECKLIST

THIS MUST BE COMPLETED FOR ALL PROPOSALS BELOW £50,000

Assessment	Response	Name	Role	Date	Comments
The divisional leadership supports this proposal	Choose an item.		Chief/ DDO	Click or tap to enter a date.	
The proposal makes operational sense and is aligned to the Trust's strategies (Clinical, People, Estates etc.)	Choose an item.		DDO	Click or tap to enter a date.	
The costs presented are accurate and complete	Choose an item.		FBP	Click or tap to enter a date.	
The workforce assumptions are deliverable	Choose an item.		HRBP	Click or tap to enter a date.	
The marginal activity assumptions are reasonable	Choose an item.		Head of Info. Mgmt.	Click or tap to enter a date.	
The income assumptions are reasonable	Choose an item.		Head of Contracting and Income	Click or tap to enter a date.	
Contractual implications have been considered?	Choose an item.		Head of Contracting and Income	Click or tap to enter a date.	
Impact on the following areas has been considered? And departments have been briefed and can support this? • Procurement	Choose an item.		Service Lead	Click or tap to enter a date.	

Assessment	Response	Name	Role	Date	Comments
• Digital– include Request for Works Ref: • Estates • Facilities • Education • Core services, e.g. booking, clinic room capacity, pathology, pharmacy, secretarial support. • DAS, e.g. theatre capacity and radiology diagnostics • Community Services, e.g. acute or community therapies, adult services. • Any other Divisions/ Departments not listed above (please advise which areas).	Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.			Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date. Click or tap to enter a date.	
Is there any System impact as a result of this case?	Choose an item.		Service Lead	Click or tap to enter a date.	
The case includes a section on sustainability in line with the Trust's Green Plan ESHT Green Plan 02.indd	Choose an item.		Service Lead	Click or tap to enter a date.	
A Quality Impact Assessment (QIA) has been completed or there is confirmation from Quality Impact	Choose an item.		Service Lead	Click or tap to enter a date.	

Assessment	Response	Name	Role	Date	Comments
Assessment Panel that a QIA is not required?					
An Equality and Health Inequalities Impact Assessment has been completed?	Choose an item.		Service Lead	Click or tap to enter a date.	
A Data Protection Impact Assessment has been completed?	Choose an item.		Service Lead	Click or tap to enter a date.	

TO BE COMPLETED FOR CASES WITH CAPITAL

Support Required From	Supported	Name	Role	Date	Comments
Clinical Procurement Group	Choose an item.			Click or tap to enter a date.	
Maintenance Services Manager	Choose an item.	Simeon Beaumont	EME Services Manager	Click or tap to enter a date.	
Infection Control	Choose an item.			Click or tap to enter a date.	
Property Management	Choose an item.	Mike Chewter	Estates Development Manager	Click or tap to enter a date.	
Health and Safety	Choose an item.			Click or tap to enter a date.	

East Sussex Healthcare NHS Trust

East Sussex Healthcare NHS Trust
Executive Committee ("ExCom" or "the Committee")
Terms of Reference (TOR)

1. Purpose and objectives

1.1 The Executive Committee (ExCom) is established by the Chief Executive Officer as the most senior operational group for formal executive decision-making within the Trust. It is the formal mechanism for supporting the Chief Executive in effectively discharging their responsibilities as Accounting Officer.

1.2 ExCom will oversee the development of the Trust's Annual Plan to ensure that it is robust in terms of its objectives, performance measures, investment priorities and affordability.

1.3 ExCom will ensure the embeddedness of quality and service improvement across the Trust and will work in ways that reflect and embody the Trust's values.

2. Authority

2.1 ExCom is authorised by the Board of Directors, through the Chief Executive, to investigate any activity within its terms of Reference.

2.2 ExCom is accountable to the Board of Directors through the Chief Executive for the operational management of the Trust and delivery of objectives agreed by the Board.

3. Membership

3.1 The membership of ExCom shall comprise:

- Chief Executive (Chair)
- Deputy Chief Executive & Chief People Officer
- Chief Operating Officer
- Chief Financial Officer
- Chief Nursing Officer
- Chief Medical Officer
- Chief of Staff
- Director of Estates and Facilities
- Director of Transformation & Improvement
- Divisional Chiefs of Service
- Chief Clinical Information Officer

3.2 Each Clinical Director or Executive Director may nominate a deputy to attend in their place if they are unable to attend. Other attendees may attend at the discretion of the Chair in support of specific agenda items.

4. Quorum

4.1 A quorum necessary for transaction of business shall be half of the members, which must include at least two (2) Executive Directors and at least one (1) representative from the Divisional Management Teams.

5. Duties

National and system Updates

- Share national/system updates and informal intelligence as it relates to the operations of the Trust and any potential impact
- Discuss strategic/tactical issues affecting the Trust and the wider health and care economy and, where appropriate, determine the Trust's response.

Operational, Quality and Performance

- monitor the Trust's performance against key targets, business plans, actions arising from recommendations by CQC and other external bodies;
- monitor performance against agreed strategic and operational priorities and other activities;
- Receive assurance and have oversight of Care Quality Commission (CQC) preparedness and to ensure subsequent actions are effectively embedded.
- The monthly Integrated Performance Report will be circulated for information and approval.

Strategy and Business Planning

- Provide clear recommendations to the Trust Board on key strategic and operational decisions which are retained by the Board;
- Support the development of the Trust Annual Plan, including policy direction, revenue and capital finance and play a key role in developing and implementing the overall strategy of the Trust;
- Provide the Board with assurance concerning the setting and delivery of the strategic direction for the Trust, its associated clinical strategies and annual objectives
- To ensure effective arrangements are in place to manage key partnerships and stakeholder engagement;
- Maintain the Board Assurance Framework, reviewing and mitigating gaps in evidence and assurance to align with and support the Trust's objectives.
- Review business cases and service developments requiring investment of £50k and above (should be submitted to Business Development Group (BDG) for recommendation to ExCom) business cases of less than 50k will be approved at IPR meetings.
- ensure that the Trust meets both the letter and spirit of its obligations around equality, diversity and inclusion, and that these are central to its work;
- ensure the maintenance of effective internal and external two way communication flows, and that staff, patients and all of the Trust stakeholders are kept up to date on all aspects its work, future developments and performance against its strategy and key objectives;
- take a key role in the development of the Trust strategy and that of the wider Sussex Integrated Care System;
- identify and help develop any potential commercial opportunities arising from the Trust's work.
- Assure the Board, through engagement with its committees as necessary, that the structures, systems and processes are in place and functioning or, in the event these are at risk, this is being managed in a controlled way.
- Provide a corporate view on Trust-wide issues of current concern ensuring co-ordination between Divisions.

Governance and Risk

- monitor the effectiveness of the management of organisational risks;

- Receive and review the Corporate Risk Register;
- Receive assurance that both the clinical and non-clinical Register of External Visits and Accreditations is maintained and that the outcome of these visits has been appropriately actioned;

Procedural Documents in line with the Policy for Policies

- Review and approve relevant procedural documents, including strategies, policies, protocols and procedures;

Receive Reports from the following sub-groups*

- Operational Management Group
- Maternity Board
- Trust Infection Prevention Control Group
- Use of Resource Group
- Patient Safety & Quality Group
- Capital Reviews Group
- Transformation/BFF Board
- Digital Steering Group
- Health and Safety Steering Group

*Frequency of reporting to be dictated by the Committee's annual business cycle.

The agenda for ExCom meetings will be structured to allow time for strategic debate and discussion of current and future issues affecting the Trust and the wider local health and care economy. It will ensure a good balance between day-to-day business considerations and longer term strategic development.

6. Frequency

6.1 Meetings of ExCom will take place once a month. Every fourth meeting will be scheduled as an extended session, with the meeting to be followed by a development, strategy or seminar session. This session will be open to other senior managers within the organisation (Senior Leadership Seminar).

6.2 Meeting packs will be circulated at least three working days before the meeting

7. Reporting arrangements

7.1 Formal minutes of Committee meetings will be recorded; and will normally be confirmed as accurate at the next meeting of the Committee.

7.2 The Chair of the Committee shall draw to the attention of the Board to any issues that require disclosure to the full Board. The Committee shall also raise any significant concerns in relation to the business undertaken directly with the Board in a timely manner.

7.3 The Committee will report to the Board of Directors annually on the performance of its duties as reflected within its Terms of Reference

7.4 The sub-committees and groups under ExCom will provide regular reports of their activities to the ExCom using the Committee and Group Chair's Upward Reporting template.

8. Notice and Conduct of meetings

8.1 Meeting dates will be booked a year in advance. The agenda and supporting papers will be sent by the Friday before the date of the meeting. At the discretion of the Chair, papers may be tabled at the meetings.

8.2 Meetings shall be conducted in accordance with these Terms of Reference and the provisions of the Standing Orders, and Scheme of Delegation and Schedule of matters reserved for the Board and Standing Financial Instructions approved by the Board.

8.3 Meetings shall take place on a face-to-face basis whenever possible, for maximum attendance meetings may be hybrid.

9. Review

9.1 These Terms of Reference will be subject to an annual review. The Committee shall conduct an annual self-assessment on the performance of its duties as reflected within its Terms of Reference and report any conclusions and recommendations for change to the Board.

9.2 As part of this assessment, the Committee shall consider whether or not it receives adequate and appropriate support in fulfilment of its role and whether or not its current workload is manageable.

Finance and Performance Committee ("the Committee")
-Terms of Reference

1. Constitution

The Trust Board has resolved to establish a committee of the Board to be known as the Finance and Performance Committee ("the Committee"). The Committee is a committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference.

2. Purpose

The Finance and Performance Committee is designed to oversee the effectiveness and efficiency of our financial and operational performance within the context of providing safe care for patients. It should provide recommendations and assurance to the Board relating to:

- ***Financial planning, strategy and development***:
  - Development and oversight of the Trust's financial and capital plans and strategies
  - The process for business case assessments and scrutiny including a review of future financial challenges and opportunities
  - Approve/recommend to Board business cases in line with Standing Financial Instructions (SFIs) and tracking of associated benefits.
  - Understanding the financial risk environment in which the Trust operates including reviewing relevant Board Assurance Framework (BAF) risks, providing assurance on mitigations (requesting plans where relevant) and helping the Board to set the financial risk appetite for the Trust
  - The effectiveness and robustness of financial planning
  - Understanding the financial (revenue and capital) and performance environments in which the Trust operates

- ***Financial monitoring and assurance***
  - Tracking monthly financial and capital performance against budget, and reviewing and approving changes to forecast if required
  - Monitoring balance sheet risks and the cash position
  - Reviewing productivity and efficiency delivery
  - Undertaking substantial reviews of issues and areas of concern
  - Tracking performance against planned productivity improvement trajectories
  - Considering any impact resolving financial compliance might have on the Trusts performance metrics

- **Cash Management**
  - Reviewing of cash forecasts, the reasons for the Trust's cash position, and performance against cash key performance indicators

- Reviewing and monitoring of the management of financial risk and the availability of cash to meet operational requirements
- Ensuring that the Trust settles with its creditors in accordance with the Government's Better Payment Practice Code;
- Reviewing the level of funds owed to the Trust is minimised through effective credit control
- Overseeing the cash impact of capital investments
- Reviewing a monthly cash report
- Reviewing the management of any surplus cash in line with the Trust's treasury management policy.
- Making recommendations to the Board in respect of applications for revenue public dividend capital from NHS England.

- **Operational performance**
  - Reviewing Trust performance against local (NHS Sussex) and national (NHS England) priorities and operating guidance; incorporating and not exclusively reviewing planned care waiting times, cancer performance, diagnostic performance and performance against the 4 hour emergency clinical care standard
  - Understanding all-type activity against plan income expectations and its contribution to improvements or deterioration to performance standards
  - Escalating issues of non-delivery to the Board
  - Considering any impact resolving performance standards might have on the Trusts financial sustainability

Membership and attendance

The Committee membership shall comprise of:

- at least three non-executives
- Chief Executive
- Chief Finance Officer
- Chief Operating Officer
- Director of Transformation and Improvement
- Chief Nursing Officer/Chief Medical Officer

To ensure that non-executive directors hold the majority of votes on the Committee, only the Chief Financial Officer and Chief Operating Officer shall be invited to vote on any matter. The Committee Chair will have a second and casting vote in the event of a tie.

Where executive directors are in attendance at a Committee meeting, attendance of their deputies is optional, other than where such deputies are presenting an agenda item. Other members of staff including members of the divisional leadership and the finance teams will attend by invitation.

4. Quorum

Quorum of the Committee shall be four members which must include at least two non-executive director and the Chief Financial Officer (or deputy). Nominated deputies will count towards the quorum.

5. Frequency

Meetings shall meet at least ten times a year. Additional meetings may be arranged as required.

6. Duties

The Committee shall review and monitor the longer-term financial health of the Trust. In particular its duties include:

- Reviewing the financial and performance environment in which the Trust operates, and supporting the Board to ensure that its focus on financial and performance issues continually improve
- Monitoring the productivity of the Trust, scrutinising the opportunities for improvement and challenging the organisation to increase efficiency as appropriate with reference to the Trust's broader strategy and values as well as performance against agreed metrics
- Monitoring the overall cash position and management of capital expenditure and working capital balances.
- Supporting the Board to understand and secure the financial, fiscal, productivity and operational performance data and reporting it needs to discharge its duties
- Understanding the market and business environment in which the Trust operates and ensuring the capacity and capability of the Trust to respond to the demands of the market under review
- Understanding the business risk environment within which the organisation operates, providing assurance on mitigations (requesting plans where relevant) and helping the Board to agree an appropriate risk appetite for the Trust
- Supporting the Board to agree an annual capital and financial plan
- Supporting the Board to agree an integrated business plan
- Approving or recommending to the Board business cases according to the SFIs. In 2024 this included approving business cases between £500k-£2.5m and recommending cases above £2.5m to the board.
- Ensuring that business cases submitted for approval are in line with the priorities identified in the Trust's strategy
- Receiving assurance and scrutinise the effectiveness of demand and capacity planning. Ensuring that the overall financial strategy of the ICS, and any decisions relating to finance made by the ICB, are considered
- Escalating material deviation from planned financial and operating performance to the Board.

The Board may from time to time delegate to the Committee the authority to agree specific investment decisions over and above the annual financial plan provided that the amended plans:

- Do not compromise the Standing Orders and Standing Financial Instructions
- Do not adversely affect the strategic risk facing the Trust
- Do not adversely affect the organisation's ability to deliver its operational plans and delivery against constitutional standards

The Committee may as appropriate review the work of other Committees within the organisation whose work can provide relevant assurance to the Finance and Performance Committee's own scope of work.

7. Decision making

Every decision put to a vote at a Committee meeting shall be determined by a majority of the votes of members present and voting on the question. In the case of an equal vote, the person presiding, (i.e. Chair of the Committee) shall have a second and casting vote.

8. Reporting arrangements

The Chair of the Finance and Performance Committee will provide an upward report on key items for escalation to the Board which will be issued at the next Public Board meeting. However, in some instances including commercial, sensitive and confidential issues and early discussions on the forecast a report will be presented at the Private Board.

The Chair of the Committee shall make recommendations to the Board deemed appropriate by the Committee to be (on any area within the Committee's remit where disclosure, action or improvement are needed). The Committee shall undertake a self-assessment of its effectiveness on at least an annual basis. In collaboration with the Chair of the Committee the CFO, COO the EA to the CFO will support the Committee to develop and implement an annual work programme

These terms of reference shall be reviewed by the Board of directors at least annually.

Terms of Reference approved by the Finance & Performance Committee on 29 May 2025

Ratified by the Board of Directors on 24 June 2025.

East Sussex Healthcare NHS Trust

Operational Management Group
Terms of Reference FINAL - DRAFT

1. Authority

1.1 The Operational Management Group (OMG) meeting is responsible for overseeing the operational management of the Trust and for endorsing papers/business cases prior to submission to the Trust Executive Committee

The meeting is established under the chief operating officer's daily operational function.

2. Purpose of the committee / group

2.1 The purpose is to consider, debate, advise and make decisions on a range of operational issues which impact on operational resilience within the Trust prior to formal ratification at ELT and/or ExCom.

3. Membership

Chief Operating Officer (Chair)
Deputy Chief Operating Officers
Divisional Chiefs
Divisional Directors of Operations
Deputy Chief Nurse
ADN's
AHP's
Other Executive Directors to be invited as required
Senior Manager, Estates, Facilities
Senior Representative for Transformation
Senior Representative for Workforce and OD
Senior Representative for Finance
Senior Representative for Digital Services
Senior Representative for Communications
Senior Representative for Procurement (as required)
Senior Representative for Health, Safety Fire and Compliance (as required)
Senior Representative for Emergency Planning (as required)

4. Attendance and Quorum

4.1 A quorum shall consist of COO/Deputy COO. A representative from a minimum of 4 out of the 6 divisional triumvirates and 3 corporate/support services.

4.2 Members unable to attend must send a deputy who is briefed and able to make decisions on their behalf. 2

5. Frequency of meetings

5.1 Once monthly 2 hours in duration.

6. Specific duties and decision making

6.1 The responsibilities within OMG are:

To provide a forum for the divisional triumvirates and corporate/support services to update on current issues impacting on service delivery or that may have implications for the wider Trust

Ensuring systems are in place to implement and operationalise corporate decisions throughout the Divisions

To maintain alignment of operational solutions to transformation plans

To have operational oversight of capital business cases prior to submission to Capital Planning Group and Trust Executive Committee for approval and revenue, in order to assure the appropriate divisional/operational and corporate input has taken place

Agreement of options appraisals in relation to the development of clinical services

To advise and escalate to the Trust Executive Committee on all operational issues that will require further ratification by this Group

To act as a mediator of decisions made by one Division which impacts on others

Reviewing papers requiring Trust Executive Committee approval.

6.2 OMG is a screening forum for discussion and agreement prior to referral or escalation to Trust Executive Committee / and or board for final sign off. There may be some decisions that do not require referral and can be agreed by OMG. This will be made clear by the chair and should be highlighted on any papers being presented.

6.3 The agenda will be agreed by the chair and minutes taken by an appointed administrator. The action log will be monitored at each meeting with progress captured on the log.

Standard Agenda items to be covered each month:
Site updates
Corporate operational/ shared divisional risks
Finance
Performance
Updates from Urgent Care Oversight Group and the Planned Care Oversight Group
Business cases – capital and non-capital
Divisional Updates/Items (by exception)
Divisional risks and mitigations
Any Other Business
Items for Escalation to Trust Executive Committee

7. Administrative support

7.1 The agenda will be agreed by the chair and minutes taken by an appointed administrator (COO Office Executive Assistant).

7.2 A request for agenda items and papers should be distributed 5 working days prior to OMG.

Papers and agenda items must be returned 3 working days before OMG

Agenda and papers including weekly performance should be distributed 2 working days prior to OMG

All papers and minutes should be stored on a centralised drive where the membership can access within 5 working days of the meeting

All papers should be presented on the official / Trust Board template ensuring OMG is highlighted in the committee section on the front cover

Escalate matters of concern to Trust Executive Committee

8. Meeting data and scorecards

8.1. The agenda will initially be supported by the Trust Integrated Performance Scorecard with the data sets split where available by division.

8.2. The data requirements for this meeting will be reviewed on a regular basis to ensure suitability.

9. Accountability and Reporting arrangements

9.1 The Divisional and Corporate leads will be accountable for actions required within their Divisions.

10. Monitoring effectiveness and compliance with terms of reference

10.1 OMG is a screening forum for discussion and agreement prior to referral or escalation to Trust Executive Committee / and or board for final sign off. There may be some decisions that do not require referral and can be agreed by OMG. This will be made clear by the chair and should be highlighted on any papers being presented.

10.2 The Trust Executive Committee will conduct an annual review of its effectiveness and the COO will consider what changes are needed to ensure the OMG continues to improve in its effectiveness and leadership

11. Review of terms of reference

11.1 The Terms of Reference of the OMG will be reviewed in annually and an interim review in December 2024 once the OMG has had a period of operation. However, if in the light of experience of OMG working, earlier material amendment is required, then it will be considered.

Date approved:
Approved by:
Next review date:

	ExComm	F&P	Trust Board
Membership	See terms of reference	See terms of reference	Information publicly available on Trust website: https://www.esht.nhs.uk/about-us/trust-board/
Chair (Name & job title)	Jayne Black, CEO	Paresh Patel, Vice Chair and SID	Steve Phoenix, Trust Chair
Meeting frequency	Monthly	Monthly	Bi-monthly public and private meetings
Submission deadline for papers	2 weeks prior to the meeting	2 weeks prior to the meeting	2 weeks prior to the meeting
	04.08.26	26.08.26	
	01.09.26	30.09.26	
	06.10.26	28.10.26	18.08.26
	03.11.26	25.11.26	20.10.26
Dates of Meetings	01.12.26	December date TBC	15.12.26
	2027 meeting dates have not yet been set		
Terms of Reference	Attached	Attached	Information publicly available on Trust website: https://www.esht.nhs.uk/wp-content/uploads/2023/03/02479_P.pdf