

Implementation of Specialist Sub-Committees

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Background

At its February and April meetings the Board considered and broadly approved proposals developed by David Evans for replacing the existing system of Task Groups with a reduced number of Sub-Committees of the Board. The purpose of this change was:

- To more clearly focus the aims and objectives of such groups within the framework of the Strategic plan.
- To reduce the amount of staff and Trustee time, and other resources, expended by the large number of existing Task Groups.
- To ensure the role of Sub-Committees in future is to review policy and strategy rather than to become involved in operational issues.
- To avoid potential conflict which had been experienced previously between Chief Executive's responsibilities and role and that of the former Task Groups.

At the last Board meeting on 23 April, it was decided that the implementation of the new Sub-Committees would follow the AGM when membership of the Board would be different. The Chief Executive was asked to consult further with David Evans to produce terms of reference and more detailed implementation plans for the proposed Sub-Committees.

Purpose of this paper

This paper sets out terms of reference for the Sub-Committees and also in the light of further discussions with Trustees and staff proposes some further changes. Once approved by the Board, the proposals in this paper can be presented at the AGM, with an opportunity being given for the new Trustee Board members to state which sub-committee (if any) they wish to join. At the same time the new chairmen of each Sub-Committee can be announced.

Structure and Terms of Reference of Sub-Committees

General

The new Sub-Committees are, as their name implies, accountable to the main Board. *Their primary focus is on policy and strategy rather than operational matters.* This is an essential point if confusion in lines of accountability and responsibility is to be avoided.

The role of the Sub-Committee is:

- To review the implementation of existing policies on an ad hoc or continuing basis as appropriate
- To consider policy change or the formulation of new policy within their specific specialist area as necessary
- To report to the main Board on the above, making recommendations where changes to existing policy or new policy is needed.
- The members of each sub-committee will be expected to maintain an expertise and knowledge within the specific area covered by that Sub-Committee.
- The lifetime of a Sub-Committee will be one year from one AGM to the next.
- Membership of each Sub-Committee will be decided at the first Board meeting following the AGM.

Membership of Sub-Committees

- Each Sub-Committee will be made of up four members, at least two of whom will be Trustees.
- The Chief Executive will determine which staff will attend each Sub-Committee. This will include allocating a staff member to service each Committee.

- The Chief Executive will be free to attend any of the Sub-Committees, but will not be required to be a permanent member of all of them.
- Each Sub-Committee will be able to co-opt one or two additional non-Trustee members with special expertise or experience if need be.
- Each Sub-Committee will be chaired by one of the Honorary Officers.
- The Chairman will have the right to attend any Sub-Committee.

Remit of Sub-Committees

Originally, it had been proposed that there should be four Sub-Committees: Membership; Health; Information; Resources. Subsequent discussions suggest it should be possible to combine membership and information into one, as both are very much to do with communications with people with haemophilia, including publications and publicity.

The Sub-Committees therefore would be as follows:

1. INFORMATION AND COMMUNICATIONS

Remit: Publications, Membership issues; Publicity and communications strategies.

This Sub-Committee would consider our annual publications programme, pricing and distribution policy in relation to publications, our communications and PR strategies. Membership policy; plans for recruitment and retention of members. Policy issues relating to local groups and special interest groups.

2. HEALTH

Remit: Blood products; HIV and hepatitis C and other infections, both information and policy issues. Health policy generally as it may affect the interests of people with haemophilia.

This sub-committee's role would be to consider latest information and research in relation to haemophilia treatments, health services, infections, and formulate policy recommendations to the Board as appropriate. It should keep a watching brief also on developments in health policy generally, such as changes in the NHS, and have the lead role in determining the Society's policy on specific areas. It will function as an information forum ensuring that the Society is up to date with current knowledge and practice in relation to haemophilia and other bleeding disorders.

For this committee it will be essential to have among the members one or more individuals with medical knowledge, as well as awareness of current health policy and NHS management issues.

3. RESOURCES

Remit: Finance, fundraising, investment and reserves policy; personnel and staffing issues with financial implications, such as salary and pay policy.

This sub-committee should function primarily as a finance committee, covering personnel issues when they have financial implications, and providing a source of financial expertise to advise the Chief Executive and main Board. It will be chaired by the Treasurer. It will have the key role in monitoring income and expenditure, forecasting and predicting financial risk, and in financial planning. This will include approving financial and fundraising strategies developed by the Chief Executive, and policies on areas such as investment, reserves. The role will include keeping a watching brief on latest issues in charity finance, particularly SORPS, to ensure that the Society complies with best practice and that Trustees fulfil their financial responsibilities under charity and company law.

For this committee it will be essential to have among the members individuals with financial expertise, and experience of business planning.

OTHER ISSUES

The new sub-committee system outlined above has a clear function linked to the Board of Trustees and the Board's overall responsibility for agreeing policy and strategy. The sub-committees should provide centres of expertise on specific areas which will inform the Board's work.

However, there is an additional role which has been performed by some of the existing Task Groups which is to provide a more informal 'think tank' for aspects of our work. One example is the Parents Task Group which has been a very valuable source of feedback from parents, and has functioned as a resource for staff, particularly for our Children and Family Worker. It would be a considerable loss to our work if this means of tapping into the experience of individuals and families with haemophilia were to be lost.

In this light it is recommended that the Chief Executive should review the need to maintain one or two such advisory panels or think tanks, which would be made up primarily of people with experience of haemophilia, not necessarily Trustees. Such advisory panels would be brought together on an occasional basis by the Chief Executive and would not have a formal link to the Board. Their role would be to provide feedback to inform staff's work, and they would not have a policy forming remit.

Another issue to be considered is the role of the Medical Advisory Panel of the Society, a group which has not met formally for some time. It would be valuable to review its role, and consider how it may best inform the Society's work in future.

RECOMMENDATION

⇒ It is recommended that the Board approves the Sub-Committee structure set out above, and that implementation of the new system takes place at the AGM as proposed.

⇒ It is recommended that the Chief Executive investigate the need for continuing certain advisory panels, notably that involving parents, as an occasional source of feedback for staff.

⇒ It is recommended that the Chief Executive review the role of the Medical Advisory Panel and its future.

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