

## **Executive Management Committee**

### **Terms of Reference**

#### **1. Formation and purpose**

- 1.1. The Committee is a Committee of the Board of Directors, formed by the Executive Directors in the exercise of their delegated authority, to:
  - 1.1.1. Act as the senior management-level decision making group in the Trust, advising the Board of Directors, Board Committees and Executive Directors as required.
  - 1.1.2. Have clinical and operational oversight for the performance of the Trust across all areas using a risk based approach and including the three core access standards, delivery against the targets and plans agreed by the Board, and ensuring the safety and quality of the services delivered to patients.
  - 1.1.3. Provide strategic leadership to the Trust and its staff, including supporting the Executive Directors in the development of strategies, plans and targets for the consideration of the Board.
  - 1.1.4. Promote innovation, perform horizon scanning and share best practice.
  - 1.1.5. Exercise powers and authorities delegated by the Board within the Scheme of Delegation and any other powers or authorities delegated by the Chief Executive under the Standing Orders.
  - 1.1.6. Approve policies for the Trust in accordance with its delegated authorities and the Trust's policy for the approval of policies.
- 1.2. The Committee has a general responsibility to co-ordinate responses to issues that arise and affect a number of areas within the Trust.
- 1.3. The Committee has authority to establish sub-committees and/or working groups to assist in its work. Sub-committees and working groups remain responsible to, and shall regularly report to, the Committee.

#### **2. Specific responsibilities**

- 2.1. The Committee shall
  - 2.1.1. Oversee the operational implementation of the strategies, business plans and similar approved by the Board.
  - 2.1.2. Oversee the operational delivery of the key targets and objectives set by the Board.
  - 2.1.3. Consider, and make recommendation to the Board about, Trust strategies, investments, developments and business plans for future years.
  - 2.1.4. Receive updates on local strategies on System/Alliance work and provider collaboration.

- 2.1.5. Consider and approve opportunities to progress transformation schemes, for presentation to the Board as appropriate within the Scheme of Delegation and Standing Financial Instructions.
- 2.1.6. Ensure ongoing monitoring of major projects and undertake deep dives as required to share best practice and promote learning.
- 2.1.7. Have operational oversight of the system of internal controls and corporate risk management processes.
- 2.1.8. Approve policies, or make recommendations to the Board as appropriate, as outlined in the Trusts' policy for approving policies and Scheme of Delegation.
- 2.1.9. Lead the operational development of the Trust's culture and development of its workforce.
- 2.1.10. Have operational oversight of the development and talent management of Trust staff, including delivery of succession plans and targets related to Equality, Diversity and Inclusion.
- 2.1.11. Have operational oversight of the quality and safety of services provided to patients.
- 2.1.12. Have operational oversight of the Trust's information management and technology strategies and plans.

### **3. Membership, Chair, Quorum, attendance**

#### 3.1. The following shall be members of the Committee

- 3.1.1. The Executive Directors
- 3.1.2. The Divisional Director for each Division
- 3.1.3. The Deputy Chief Medical Officer
- 3.1.4. Associate Director of Nursing
- 3.1.5. Associate Director of Operations
- 3.1.6. Director of Clinical Strategy Transformation.

In attendance:

- 3.1.7. The Trust Secretary.

- 3.2. Where a member is unable to attend, they may nominate an appropriately senior deputy to attend on their behalf. The deputy shall not have voting rights and shall not count towards the presence of the quorum.
- 3.3. Other individuals may attend the Committee, at the invitation of the Chair, to support the Committee's consideration of specific items of business.
- 3.4. The Committee Chair shall be the Chief Executive, and the Deputy Chair shall be the Deputy Chief Executive. If both the Chair and Deputy Chair are absent, an Executive Director designated by the Chief Executive shall take the Chair.
- 3.5. A quorum for a meeting shall be five members, of whom-
  - 3.5.1. At least one must be an Executive Director
  - 3.5.2. At least one must be a Divisional representative.

- 3.6. In the absence of a quorum at the time set for the start of the meeting, the Chair may
  - 3.6.1. Wait up to 30 minutes if they have a reasonable expectation that a quorum will become available within that time
  - 3.6.2. Cancel the meeting, which may be re-arranged in accordance with 4.3 below.
- 3.7. Each member of the Committee is expected to give an appropriate priority to attending meetings of the Committee.
  - 3.7.1. There is an expected minimum attendance of 80% of available meetings in each financial year. The secretariat will compile attendance information for this purpose.
  - 3.7.2. Rates of attendance at the Committee will form part of performance discussions at annual appraisals and similar meetings. The secretariat will provide individual attendance information to managers for that purpose.
  - 3.7.3. Members persistently failing to attend meetings during the year may have that brought to the attention of the Chief Executive by the secretariat.

#### **4. Meetings**

- 4.1. The Director of Governance shall make the necessary arrangements for a secretariat to be provided to the Committee.
- 4.2. The Committee shall meet twice a month, in accordance with the annual calendar of meetings prepared by the secretariat, alternating between one operational and one strategic meeting.
- 4.3. The Chair may call additional meetings as required. Where necessary, the Chair may abridge the timescales for calling a meeting, provided that all members receive at least two days' notice of a meeting.
- 4.4. The secretariat shall prepare agendas for each meeting, which shall be subject to approval by the Chair. Members wishing to add items to the agenda for consideration should give at least seven days' notice to the secretariat; late items can only be added with the express permission of the Chair, on demonstrating why the notice is late and that the item cannot be delayed to the following meeting.
- 4.5. The agenda and supporting papers will be circulated to members not later than five days prior to the meeting. Late papers may only be circulated with the express authority of the Chair.
- 4.6. Where possible, decisions will be taken by consensus. Where a vote is required, each member shall have one vote; and the Chair shall have a second and casting vote in the event of an equality of votes.
- 4.7. Minutes and an action log shall be prepared following each meeting. The action log shall be circulated in draft within three days of the meeting. The minutes shall be considered for approval by the following meeting of the Committee.

#### **5. Reporting and Evaluation**

- 5.1. The following groups will provide key issues reports to this Committee:
  - 5.1.1. Clinical Effectiveness Group
  - 5.1.2. Clinical Reference Group
  - 5.1.3. Elective Programme Board
  - 5.1.4. Electronic Patient Record Project
  - 5.1.5. Emergency Programme Board

- 5.1.6. Faculty of Education Steering Group
  - 5.1.7. Investment Group
  - 5.1.8. Informatics Programme Group
  - 5.1.9. Information Records Governance Group
  - 5.1.10. Mental Health Transformation Steering Group
  - 5.1.11. New Business Group
  - 5.1.12. Nursing, Midwifery and AHP Council (NMAAC)
  - 5.1.13. Patient Experience Group
  - 5.1.14. Patient Safety Group
  - 5.1.15. Risk Oversight Group
  - 5.1.16. Strategic EPRR Group
  - 5.1.17. Strategy Programme Management Group
- 5.2. The Committee shall produce a key issues report to the Board from each meeting, which will
- 5.2.1. Highlight key operational issues for the Board to hold to account on, together with the key assurances in place
  - 5.2.2. Escalate any strategic issues to the Board for consideration
  - 5.2.3. Make recommendations in respect of any items considered that require the approval of the Board under the Scheme of Delegation or Standing Financial Instructions.
- 5.3. The Committee and its members shall participate in the annual programme of Committee evaluation.

**6. Review of Terms of Reference**

- 6.1 The Terms of Reference will be reviewed annually.

<b>Date</b>	<b>Version</b>	<b>Comments</b>
20 July 2023	V.1	Full revision following restructure to fortnightly meetings