

## **BARTS AND THE LONDON NHS TRUST**

### **TRUST MANAGEMENT EXECUTIVE**

#### **TERMS OF REFERENCE**

#### **1. Authority**

- 1.1 The Trust Management Executive is constituted as an executive committee of the Trust.

#### **2. Purpose**

- 2.1 The Trust Management Executive is the senior management committee within the Trust. Its purpose is to oversee the effective operational management of the Trust (including achievement of statutory duties, standards, targets and other obligations) and the delivery of safe, high quality, patient-centred care, and to support the Trust Board in setting and delivering the organisation's strategic direction and priorities.

#### **3. Membership**

- 3.1 The membership of the Trust Management Executive is as follows:

- Chief Executive (Chair)
- Medical Director
- Chief Nurse
- Director of Finance and Investment
- Chief Operating Officer
- Commercial and Marketing Director
- Director of Strategy
- Director of Human Resources and Organisational Development
- Director of ICT
- New Hospitals Programme Director
- Director of Communications
- Director of Corporate Service and Trust Secretary
- Divisional Directors
- Divisional General Managers
- Dean for NHS Liaison, School of Medicine and Dentistry

- 3.2 Members should send appropriate deputies.

#### **4. Attendance**

- 4.1 Others may attend by the invitation of the Chair as required for specific items.
- 4.2 The Director of Corporate Services will ensure that the Trust Office provides a Secretary and appropriate support to the Chair and committee members. This shall include agreement of the agenda with the Chair and attendees, collation of papers, taking the minutes and keeping a record of matters arising and issues to be carried forward and advising the committee on pertinent areas.

#### **5. Frequency of meetings**

- 5.1 Meetings will be held monthly, generally on the third or fourth Thursday of the month. This will enable discussions to feed into the monthly Trust Board meeting in the final week of the month.
- 5.2 In addition, a quarterly meeting will be scheduled to review performance against the corporate objectives and to take stock of key strategic issues.
- 5.3 Additional meetings will be scheduled as necessary at the request of the Chair.

#### **6. Reporting**

- 6.1 The following sub committees of the Trust Management Executive will report via regular exception reports to be presented by the sub committee chairs:
- Risk Committee
  - Quality and Safety Committee
  - Information Governance Steering Group
  - Education and Training Board
  - Clinical Research Board
- 6.2 A reporting schedule for these sub committees will be agreed by the Trust Management Executive on an annual basis.
- 6.3 The Trust Management Executive will report by exception to the Trust Board's Quality Assurance Committee (QAC) on key governance and risk issues which are relevant to the QAC's terms of reference. The Trust Management Executive will report by exception to the Trust Board on any significant risk matters that could impact on the Trust objectives.

## 7. **Review**

- 7.1 The Trust Management Executive will review its terms of reference at least annually.

## 8. **Duties**

### *Strategy and objectives*

- 8.1 Develop and agree proposals for submission to the Trust Board on the Trust's Vision, Purpose and Strategic Direction.
- 8.2 Develop and agree proposals for submission to the Trust Board on the Trust's annual objectives and Annual Plan, including the revenue and capital budgets to support delivery of the Annual Plan.
- 8.3 Monitor the implementation of the Annual Plan and delivery of the Trust objectives and report on this to the Trust Board on a quarterly basis.

### *Performance management*

- 8.4 Review the Trust's overall performance on a monthly basis to inform monthly performance reporting to the Trust Board, including review of the draft performance dashboard to be presented to the Trust Board and progress against the Trust's Stabilisation Programme.
- 8.5 Monitor ongoing compliance with statutory duties, standards, targets and other obligations, and agree actions and responsibilities to address shortcomings or development requirements identified.
- 8.6 Agree actions and responsibilities in relation to key performance issues escalated from the monthly Performance Review meetings with Clinical Divisions.
- 8.7 In relation to the Stabilisation Programme, challenge progress against key Performance Indicators, approve requests for resourcing changes and assess and manage risks outside the remit of members of the Stabilisation Programme Board.

### *Risk management and internal control*

- 8.8 Oversee the development and implementation of an effective system of risk management by receiving appropriate assurance from the Risk Management Committee and acting on risk issues escalated by the Risk Management Committee.
- 8.9 Review and approve for submission to the Audit Committee and the Trust Board the Trust's annual Statement on Internal Control.

- 8.10 Review on a quarterly basis the schedule of outstanding Internal Audit recommendations in advance of review by the Audit Committee.

*Standards for Better Health*

- 8.11 Review on a quarterly basis compliance with the Core Standards for Better Health, informed by the outcomes of quarterly domain reviews and consideration by sub committees, and agree and monitor action plans to address weaknesses in compliance or assurance.
- 8.12 Review the draft annual declaration of compliance with the Core Standards for Better Health and agree recommendations on compliance for submission to the Trust Board.

*Clinical quality and safety*

- 8.13 Oversee the effective delivery of safe, high quality, patient-centred care and the development and implementation of the Trust's quality and safety improvement programme. This will mainly be achieved through exception reporting from the Quality and Safety Committee, although specific items may be brought directly to the Trust Management Executive with agreement of the respective Chairs.

*Information governance*

- 8.14 Review and endorse draft Information Governance Toolkit returns for submission to the Trust Board.
- 8.15 Oversee the implementation of effective arrangements for information governance. This will mainly be achieved through exception reporting from the Information Governance Steering Group, although specific items may be brought directly to the Trust Management Executive with agreement of the respective chairs.

*Appraisal and training*

- 8.16 Monitor compliance with the Trust's policy on staff appraisal and ensure that effective actions are being taken to meet Trust targets.
- 8.17 Monitor the uptake of statutory and mandatory training through quarterly reports from the Education and Training Board and ensure that effective actions are being taken to meet Trust targets.

*Education and Research and Development*

- 8.18 Oversee the effective implementation of education and research programmes within Divisions and Clinical Academic Units and the application of appropriate governance arrangements.

*Business cases*

- 8.19 Review business cases for major service and strategic developments, making recommendations for approval to the Finance and Investment Committee and the Trust Board as required under the Trust's Standing Orders and Standing Financial Instructions.
- 8.20 Review and approve business cases for new and replacement Consultant posts, making recommendations to the Trust Board in the case of new posts.

*Exception reporting*

- 8.21 Receive exception reports from sub-committees as detailed in Section 6.

*Other*

- 8.22 Endorse major grant applications to the Barts and The London Charity.

*Version history:*

Draft reviewed and approved by Executive Team: 19 May 2009  
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