



# TERMS OF REFERENCE TRUST EXECUTIVE GROUP

# 1. PURPOSE

1.1 The Trust Executive Group [TEG] collectively is accountable to the Board of Directors [the Board] for the development of strategic options for approval of the Board and delivery of the corporate objectives within that strategic framework. This arrangement forms part of the overall Board Assurance Framework. The Group is also accountable for the operational management of the Trust.

## 2. CONSTITUTION

2.1 The TEG is constituted as a standing committee of the Board.

As a committee of the Board, TEG has specific executive powers conferred with and by authority of the Board which include discharging the Trust's compliance with the Scheme of Powers Delegated and Reserved to the Board and the Standing Financial Instructions (SO/SFIs).

2.2 The TEG is the formal route to support the Chief Executive in effectively discharging his/her responsibilities as Accountable Officer.

## 3. RELATIONSHIPS

- 3.1 The TEG is the primary executive committee of the Board. It is chaired by the Chief Executive Officer of the Trust.
- 3.2 The TEG will seek the views of others, internally and externally, to support the discharge of its responsibilities including but not exclusively managers, the Trust Secretary, internal audit.
- 3.3 The TEG is supported by a number of sub-committees or groups including but not exclusively:
  - Trust Management Group (TMG);
  - Other executive working groups.

3.4 TEG engages with staff representatives via the Joint Steering Group (JSG) and the Staff Forum.

## 4. MEMBERSHIP

- 4.1 TEG comprises the Executive Director (voting) and Director (non-voting) Officer Members of the Board together with other Director level roles. It is chaired by the Chief Executive or Deputy Chief Executive.
- 4.2 The Trust Secretary is in attendance to advise on governance, compliance, legal and regulatory matters including the flow of information between the TEG, TMG and other groups reporting to TEG, the Committees and the Board.
- 4.3 Other persons may be invited to attend as necessary to support the discussion of specific agenda items.
- 4.4 Members are expected to attend all meetings. If unavailable, a suitable deputy must be nominated with prior agreement of the Chairperson.
- 4.5 Other senior managers or staff may attend the Committee as observers to support the delivery of their roles, with prior agreement of the Chairperson.

## 5. AUTHORITY

- 5.1 TEG is authorised by the Board to investigate any activity within its terms of reference and to take decisions within its remit, subject to the SOs/SFIs set out by the Board, to ensure the effective operational management of the Trust and the delivery of objectives set by the Board.
- 5.2 The TEG is authorised by the Board to obtain outside legal or other independent professional advice or service with relevant experience and expertise, as it considers necessary to fulfil its role.

#### 6. **RESPONSIBILITIES**

TEG, broadly, has four key functions, each with a number of specific responsibilities:

# 6.1 Strategy and Planning:

- 1. Develop strategic options for consideration and approval of the Board;
- 2. Deliver the strategy set by the Board;
- 3. Develop Business and Operating Plans for approval of the Board;
- 4. Develop the capital investment plan for approval of the Board;

- 5. Develop the revenue budget for approval of the Board;
- 6. Review business cases for significant developments, in line with SOs/SFIs and external regulatory requirements, and make recommendations to the Board:
- 7. Deliver effective horizon scanning to inform strategy, policy and plans;
- 8. Deliver effective systems to support positive engagement with staff and external stakeholders, and for monitoring their effectiveness;
- 9. Effectively discharge its delegated authority for decision making and ensuring all areas of the Trust are engaged in the corporate agenda.

# **6.2** Systems of Management Control:

- Provide leadership and role-model behaviours to support the Board's Purpose, Vision and Values;
- Oversee the day-to-day management of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities, both clinical and non-clinical, which also supports the achievement of the Trust's objectives and compliance with relevant regulatory, legal and code of conduct requirements;
- 3. Manage business cases for new and replacement posts and service developments, taking into account the delegated resource responsibilities and corporate objectives of the Trust, in line with SOs/SFIs and external regulatory requirements, for example establishment changes, Mutually Agreed Resignation Scheme (MARS), agency and consultancy spend;
- 4. Ensure that all areas of governance are effectively addressed during the year, through the agreement and management of annual work programme and agenda.

# 6.3 Assurance:

- Deliver the assurance processes that indicate the degree of achievement of corporate objectives and the effectiveness of the management of significant risks through the Board Assurance Framework and Corporate Risk Register;
- 2. Require and review reports and positive assurances from directors and managers on the arrangements for governance, risk management and internal control:
- Report formally to the Board of Directors at each meeting held in Public including the Annual General Meeting, through the Chief Executive's Report and the Trust's Integrated Performance Report.

### 6.4 Performance and Risk:

- 1. Support the Chief Executive in his/her role as Accountable Officer;
- 2. Review key areas of performance including financial, quality and service delivery, governance and risk highlighted through the Performance Management Framework;
- Develop and embed the policies, processes and systems required to support Trust wide delivery of the strategy, ensuring that there is compliance with relevant regulatory, legal and code of conduct requirements;
- 4. Deliver all risk and control related disclosure statements, in particular the Annual Governance Statement and declarations of compliance with the Essential Standards of Quality and Safety, prior to endorsement by the Board;
- 5. Manage all significant risks, incidents and events, ensuring effective action to mitigate future risk.

## 7. ATTENDANCE

- 7.1 Members are expected to attend all meetings personally where possible and, where unavailable, to provide a suitable Deputy with prior agreement with the Chairperson.
- 7.2 The TEG is quorate in the presence of three Executive Directors including either of the Chief Executive or Deputy Chief Executive.
- 7.3 Other managers, staff or external advisors may be invited to attend meetings depending upon issues under discussion.

## 8. REPORTING

- 8.1 The Minutes and Actions arising from TEG meetings will be formally recorded and shared with the Trust Chairman.
- 8.2 The TEG will report to each meeting of the Board, via the Chief Executive's report, drawing the attention of the Board to issues that require disclosure to the Board or require further consideration or action.

## 9. ADMINISTRATION

9.1 The Trust Secretary will ensure that the TEG is provided with appropriate administrative support to deliver the Minutes of the meeting, collation and circulation of papers and to ensure follow up actions are recorded, disseminated and managed appropriately.

## 10. FREQUENCY

10.1 The TEG meets weekly. The Chairperson of TEG may request additional meetings if he/she considers this necessary. The Chairperson will ensure that, if an additional meeting(s) are held virtually, these must be recorded.

## 11. MONITORING AND REVIEW

- 11.1 The TEG will review its effectiveness on an annual basis through completion of a structured self-assessment exercise which will be reported to the Board. This report will be prepared by the Chief Executive (as the Accountable Officer) and agreed by members of the TEG before being submitted to the Board. This will highlight any areas of good practice as well as any shortfall in assurance and the action(s) to be taken to address this.
- 11.2 The terms of reference will be reviewed annually, or as requested by the Trust Chairman or recommended by the Chief Executive, in agreement with the Trust Chairman.

Author: Executive Director of Quality, Governance & Performance Assurance/Trust

Secretary

Date: 13 March 2017 (Trust Executive Group) Approved: Board of Directors, 28 March 2017

Date of next review: March 2018