NHS
Barts Health
NHS Trust

Group Accountability Framework (Appendices)

2023/24

March 2023

Contents

Barts Health NHS Trust

Appendix 1 – Governance

Executive level governance

Barts Health NHS Trust

WeImprove — **Group Executive Board**

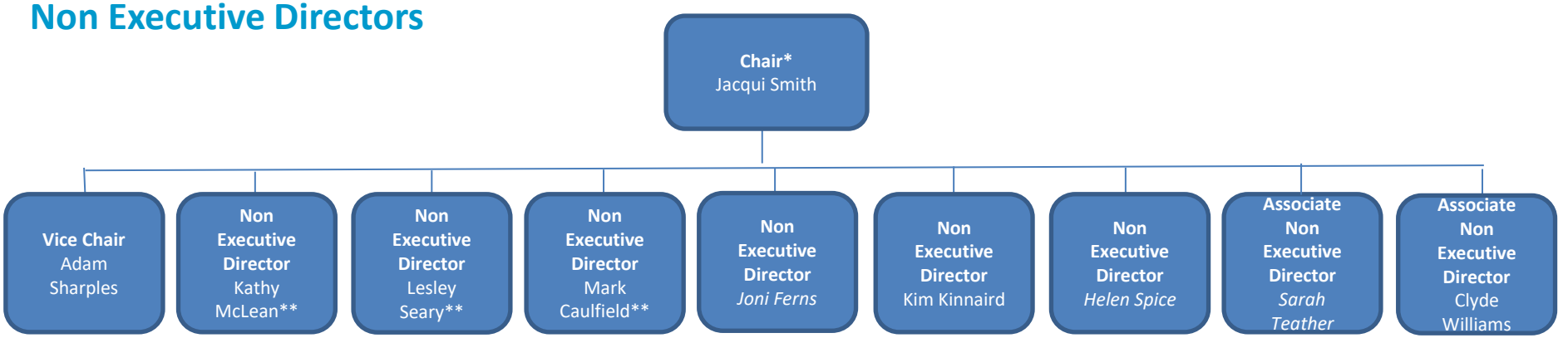
Thematic Group Boards	Inclusion & Equity Board *Chair: DI&E*	Estates Board *Chair: CFO*	Informatics Board *Chair: DS*	People Board *Chair: CN SRO: DP*	Quality Board *Chair: CMO/ CN*	Maternity Board *Chair: CN*	Financial Recovery Board *Chair: CFO*	Elective Care Board *Chair: COO*	Unplanned Care Board *Chair: COO*
GEB Commission	*To lead the **WeBelong** programme, ensuring equality and equity underpins all of our work.*	*Owning and delivering our **Estates Strategy,** including green plan and maintaining operational oversight of Estates, Facilities and Soft Services performance*	*Planning and delivering our **digital strategy** to ensure that this supports delivery of our key strategic objectives and helps to transform services*	To develop our **People Strategy**, make Barts Health an employer of choice and ensure we have workforce plans that reflect our ambitions	To ensure that our clinical services are **safe and high quality**, and that our patients have the best possible experience	*To lead the delivery of our **Maternity Strategy***	Oversees delivery of our financial recovery plan	To lead all aspects of our elective programme, ensuring we have strong operational processes as well as a elective transformation programme that increases our productivity and delivers group priorities	To lead our approach to unplanned care, ensuring that the whole hospital is helping to reduce pressure at the front door.
Cross Cutting Group Boards	**Clinical Advisory Group: *Chair: CMO***							Acts as an advisory board to ensure the clinical voice is built into our decision making process	
	Strategy & Planning Board: *Chair: DS*							Leads Strategy development and the Group planning process, triangulating finance, workforce and activity, and overseeing our investment programme	
	Risk Management Board: *Chair: DCD*							Oversees our key risks across the group, ensuring these are appropriately mitigated	
Functional areas manage/ subgroups	WRES/WDES Staff Networks Inclusive leadership Fair and just culture Equity of care Community partnership Population Health inequalities Anchor organisation Inclusion observatory	Health & Safety (Fire) Green Plan	Oversight of Informatics Programme BIU development Data Quality	Health and Wellbeing Group, Staff Partnership Forum, People Board working groups x3	Patient Safety Clinical Effectiveness Patient Experience End of Life, Safeguarding, Medicines Governance, IPC Pharmacy Radiation Safety	Maternity services Neonatal services	Financial Recovery Plan	104 week and 78 long waiters Activity v Plan Establishing HVLCs Outpatients Diagnostics Cancer Data Quality IECCP/LUNA implementation	Overseeing UEC performance Winter Planning Transformation programme REACH SDEC Discharge Virtual wards Emergency Planning

Appendix 2 – Organisational Structures

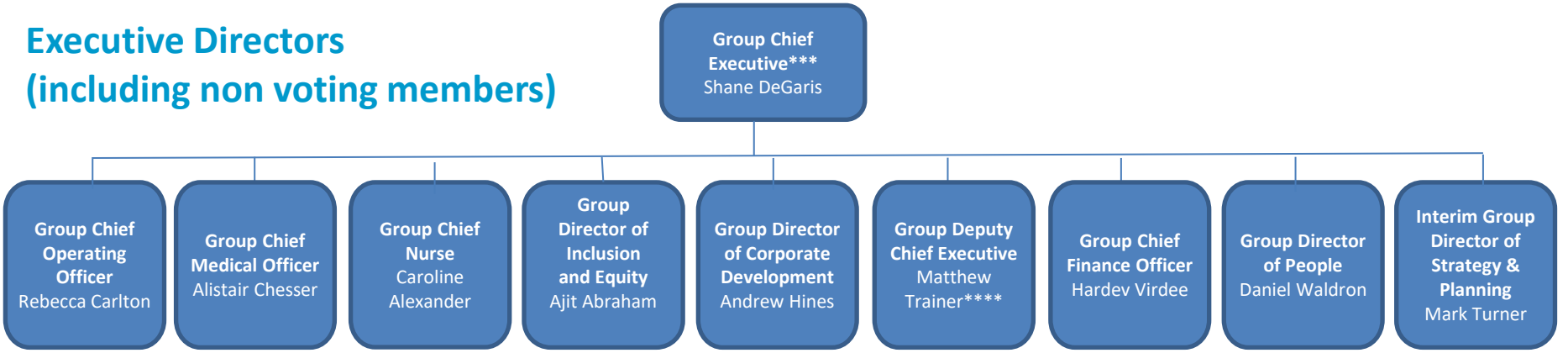
Trust Board members

Barts Health NHS Trust

Non Executive Directors



Executive Directors (including non voting members)



- Chair in Common with BHRUT
** Joint NED with BHRUT
*** Accountable Officer for Barts Health and BHRUT
**** BHRUT CEO and Deputy CEO at Barts Health

Non executive directors

Barts Health NHS Trust

Chair
Rt Hon Jacqui Smith

Non Executive Director & Vice Chair
Adam Sharples

Non Executive Director
Kathy McLean

Non Executive Director
Helen Spice

Associate Non Executive Director
Clyde Williams

Non Executive Director
Kim Kinnaird

Non Executive Director
Mark Caulfield

Non Executive Director
Joni Ferns

Non Executive Director
Lesley Seary CBE

Associate Non Executive Director
Sarah Teather

Executive directors

Barts Health NHS Trust

Group Chief Executive
Shane DeGaris

Group Deputy Chief Executive
Matthew Trainer

Group Chief Finance Officer
Hardev Virdee

Group Director of Corporate Development
Andrew Hines

Group Director of Inclusion and Equity
Ajit Abraham

Group Chief Medical Officer
Alistair Chesser

Group Chief Nurse
Caroline Alexander, CBE

Group Director of People
Daniel Waldron

Interim Group Director of Strategy
Mark Turner

Group Chief Operating Officer
Rebecca Carlton

Executive Director portfolios

Barts Health NHS Trust

Group Chief Executive
Shane DeGaris

- **Group Chief Nurse** — Caroline Alexander
- **Group Chief Medical Officer** — Alistair Chesser
- **Group Chief Operating Officer** — Rebecca Carlton
- **Group Director of Inclusion and Equity** — Ajit Abraham
- **Group Deputy Chief Executive*** — Matthew Trainer
- **Group Chief Finance Officer** — Hardev Virdee
- **Group Director of Corporate Development** — Andrew Hines
- **Group Director of People** — Daniel Waldron
- **Interim Group Director of Strategy & Planning** — Mark Turner

* Chief Executive of BHRUT and Deputy CEO of Barts Health Trust

- **Chief Executive, Royal London and Mile End** — Neil Ashman
- **Chief Executive, Whipps Cross** — Ralph Coulbeck
- **Chief Executive, Newham** — Simon Ashton
- **Chief Executive, St Bartholomew's** — Charles Knight

Group Chief Nurse
Professional lead for nursing, midwifery and AHPs
Quality & governance
Patient experience & engagement
Infection prevention & control
Safeguarding

Group Chief Medical Officer
Professional lead for medical staff
Safety, quality and effectiveness
Academic Health Sciences
Public health
Primary care

Group Chief Operating Officer
Operational Performance & Constitutional Standards
Transformation & Improvement
Emergency planning
Business continuity

Group Director of Inclusion and Equity
Staff and Patient Equalities, diversity and inclusion

Group Chief Finance Officer
Operational finance
Income & contracting
Procurement
Internal Audit
Estates and Facilities

Group Director of Corporate Development
Group development and Provider Collaboration
Corporate governance
Risk management
Legal
Communications and engagement
Archives and museums
Information governance
Business Intelligence

Group Director of People
People Services
People Strategy
Medical People Relations

Group Director of Strategy & Planning
Strategy
Whitechapel Life Sciences
Informatics
Planning
Commercial

Individual Statutory Accountabilities

Barts Health NHS Trust

In addition to the collective responsibilities of the Group Executive, individual roles hold accountability for certain externally-set statutory and regulatory functions.

These include, for example, clinical safety and quality roles required by CQC or NHS England, as well as corporate roles required by employment or health and safety law. Examples are set out below but this is not exhaustive

Accounting Officer (CEO)

The National Health Service Act 2006 designates the Chief Executive of an NHS trust as the accounting officer. In essence, the accounting officer's role is a personal accountability for the propriety and regularity of the public finances for which they are responsible.

Responsibility	Accountable person
Executive lead for safeguarding children, adults at risk and Prevent	Group Chief Nurse
Guardian of Safe Working Hours	Group Medical Director
Human Tissue Authority Licence	
Freedom to Speak Up Guardian	Group Chief People Officer
Health & Safety Responsible Officer (including RIDDOR)	Group Chief Operating Officer
Senior Information Risk Owner (SIRO)	Group Director of Corporate Development
Caldicott Guardian	Group Chief Medical Officer
Chief Information Security Officer (CISO)	Group Director of Strategy and Planning

NED Champions

Area	Champion
Freedom to Speak up	Kim Kinnaird
Wellbeing	
Maternity	Kathy McLean and Sarah Teather
Doctors Disciplinary	Kathy McLean
Security	TBC

Group, Hospital and Divisional Structure

Barts Health NHS Trust

GROUP EXECUTIVE

Group Chief Executive
Shane DeGaris

* Chief Executive of BHRUT and Deputy CEO of Barts Health Trust

- **Group Chief Nurse** Caroline Alexander
- **Group Chief** Medical Officer Alistair Chesser
- **Group Chief Operating Officer** Rebecca Carlton
- **Group Director of Inclusion and Equity** Ajit Abraham
- **Group Deputy Chief Executive*** Matthew Trainer
- **Group Chief Finance Officer** Hardev Virdee
- **Group Director of Corporate Development** Andrew Hines
- **Group Director of People** Daniel Waldron
- **Interim Group Director of Strategy & Planning** Mark Turner

HOSPITAL LEADERSHIP TEAMS

NB: Some hospitals have additional roles (e,g, Redevelopment Programme Director at Whipps Cross)

Hospital Chief Executive

- **Hospital Medical Director**
- **Hospital Director of Nursing**
- **Hospital Deputy Chief Executive**
- **Hospital Director of Operations**
- **Hospital Head of Finance**
- **Hospital Director of People**
- **Divisional Directors**
- **Hospital Deputy/ Associate Director of Estates & Facilities**

DIVISIONS

Royal London and Mile End
Emergency Care and Trauma
Specialist Medicine
Surgery, Peri-op & Critical Care
Women's Health
Children's Hospital
Allied Health Diagnostics & Cancer Services

Whipps Cross
Medicine
Surgery
Women's and Children's
Core Services

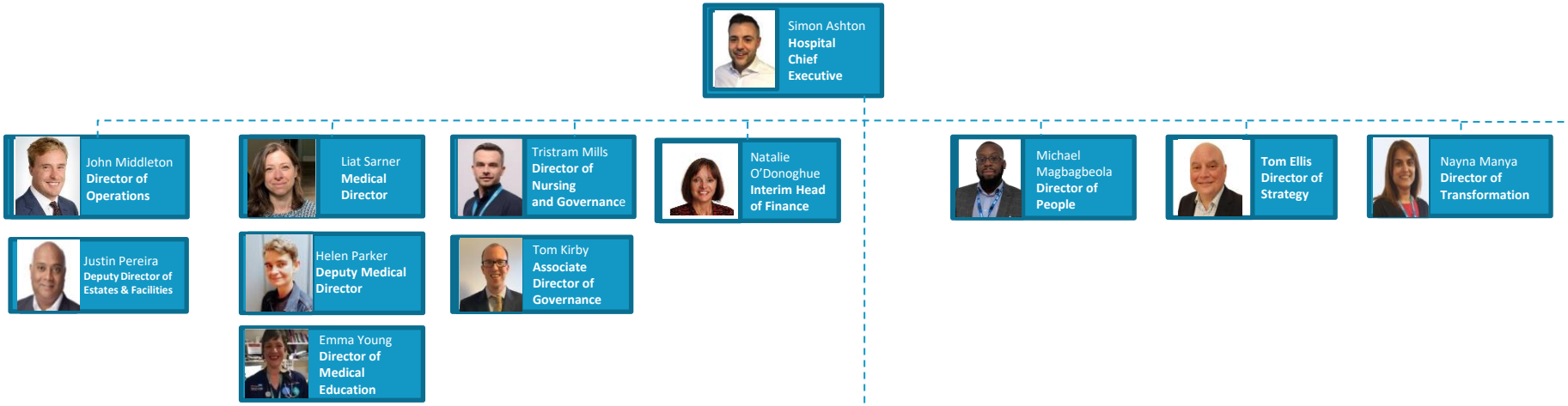
Newham
Medicine
Surgery
Women's and Children's
Clinical Support Services

St Bartholomew's
Barts Heart Centre
Barts Cancer Centre
Clinical Services

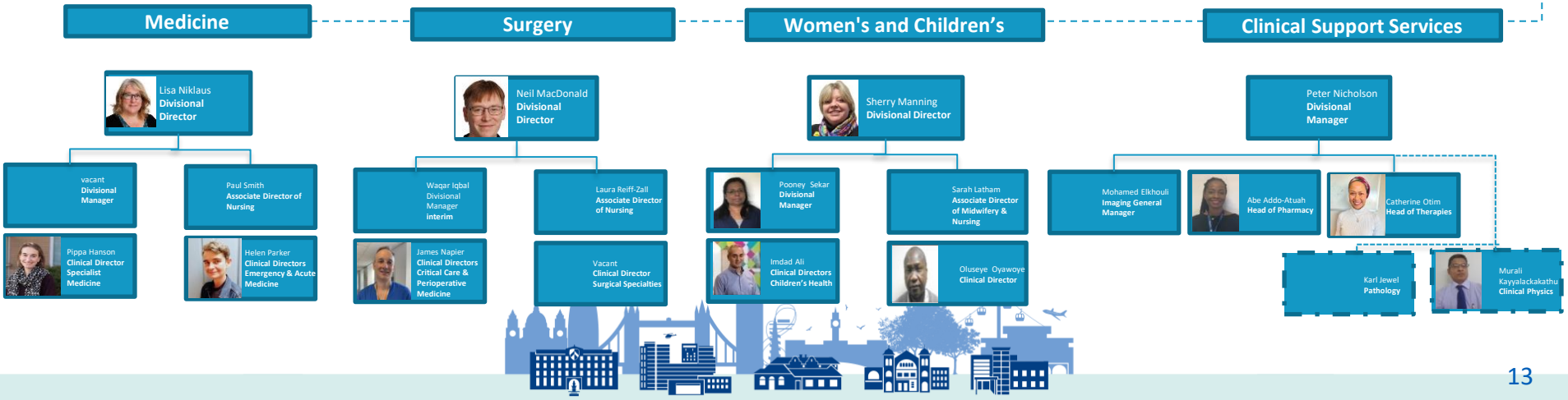
Newham Hospital Executive Board

Barts Health NHS Trust

DIRECTORS



DIVISIONAL LEADERSHIP



Royal London and Mile End Hospital Executive Board

NHS
Barts Health
NHS Trust

Neil Ashman
Chief Executive Officer

Malik P madhan
Medic. Director

Kat Davison
Chief Operating Officer

Fiona Peskett
Director of Integration & Strategy

Deputy CEO and Director of Nursing & Governance

Sally Quinn
Director of People

Craig Finch
Head of Finance

Kenny Hanlon
Director of Estates & Facilities

DIVISIONAL LEADERS

Children's Hospital

Vadivelam Murthy
Divisional Director

Gavin James
Divisional Director of Operations

Fiona Lodge
Associate Director of Nursing

Women's & Outpatients

Caroline May
Divisional Director

Thomas Logan
Divisional Director of Operations

Ailish Edwards
Interim Associate Director of Midwifery

Specialist Medicine

Raj Thuraisingham
Divisional Director

David Fitzgerald
Divisional Director of Operations

Laura Dopson
Associate Director of Nursing

Surgery, Peri-op & Critical Care

Nick Bunker
Divisional Director

Katherine Joel
Interim **Divisional Director of Operations**

Helen Mencia
Associate Director of Nursing

Emergency Care & Trauma

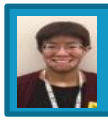
Mark Blunden
Divisional Director

Tom Cornwell
Divisional Director of Operations

Michael Moeller
Associate Director of Nursing

Allied Health Diagnostics and Cancer Services

Angela Wong
Divisional Director



Komal Whittaker-Axon
Divisional Director of Operations

Modupe Odeniran
Interim Associate Director of Pharmacy

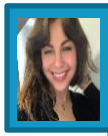
Fiona Kelly
Associate Director of Therapies

Dawn Hopkins
Associate Director of Radiography and Sonography

Specialist leaders

Karen Gordon
Associate Director of Governance

Gabby Walters
Head of Quality



Alenka Daniel
Head of Communications

Ruksana Khatun
Head of BIU (Inclusion Executive)

Martin Griffiths
Director of Medical Education

Sal Cheeroth
Director of Medical Education

St Bartholomew's Hospital Executive Board

Barts Health NHS Trust

DIRECTORS

Prof Charles Knight **Chief Executive**

Angela Robinson **Director of Nursing**

Justin Creigh **Deputy Chief Executive**

Karen Bates **Director of Operations**

Andrew Wragg **Medical Director**

Sara Little **Head of Quality and Efficiency**

Rachel Firth **Head of Finance (Interim)**

Jas Roopra **Director of People**

Steve Eames **Associate Director of Estates (Interim)**

DIVISIONAL LEADERSHIP

Clinical Services

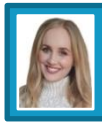
Sotiris Antoniou **Divisional Director**

Jonathan Kelly **Divisional Manager**

Samantha Philpott-Jones **Divisional Nurse**

Barts Heart Centre

Dr Simon Woldman **Divisional Director**



Alicia Housego Divisional Manager

Samantha Philpott-Jones **Divisional Nurse - Cardiology**

Heather Byers **Divisional Nurse - Surgery/POM /Respiratory**

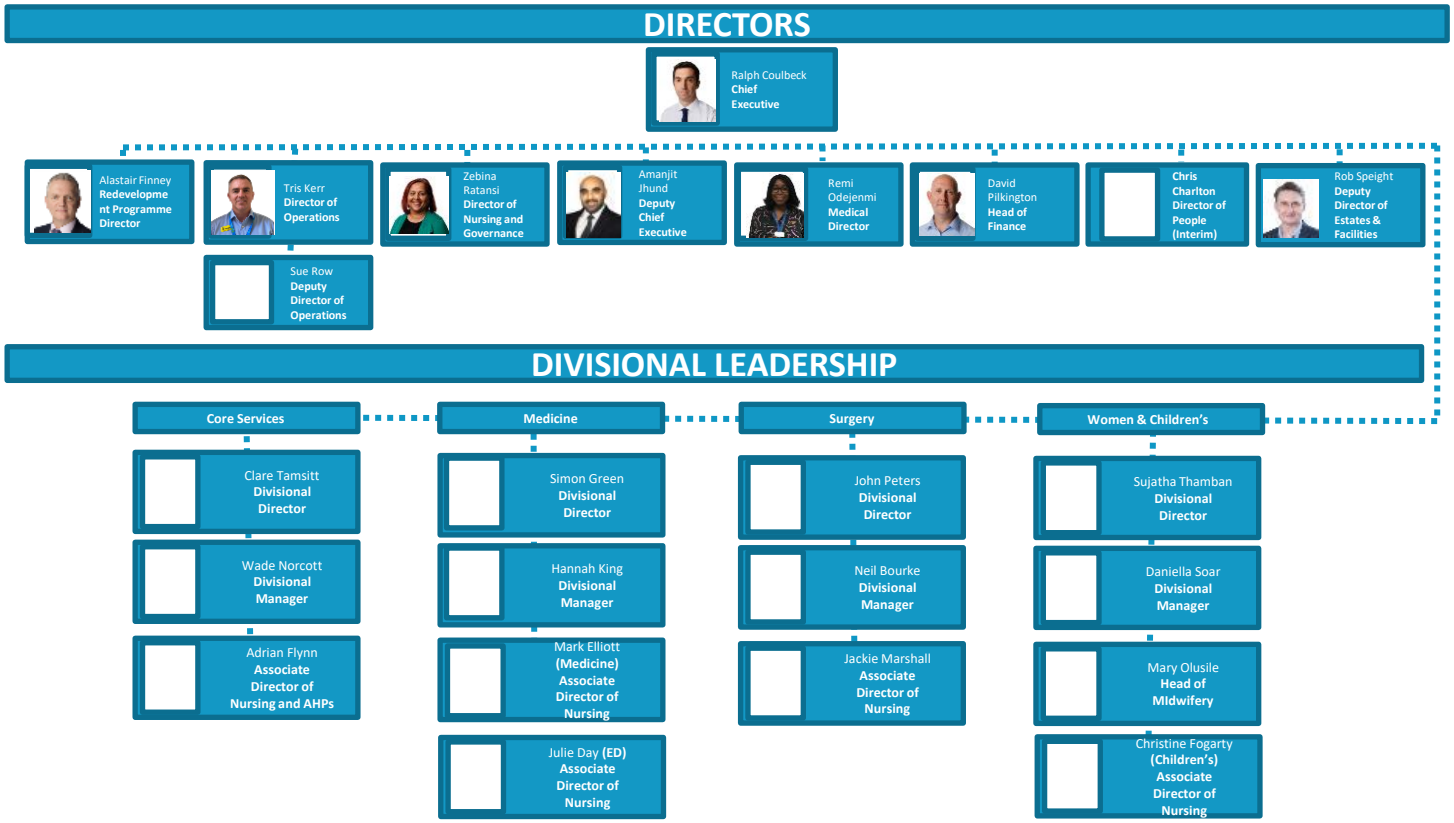
Barts Cancer Centre

Prof Tom Powles **Divisional Director**

Will Brunt **Divisional Manager** (Interim)

David Curran **Divisional Nurse**

Whipps Cross Hospital Executive Board



Appendix 3 – Standing orders and Standing Financial Instructions and related corporate governance articles

Standing Orders and SFOs

The Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (Sos and SFIs) provide a regulatory framework for the business conduct of the Trust – and are a statutory requirement for trusts to produce, based on a national model.

- The SOs and SFIs represent the governing instruments of the Trust, upon which all Trust policies, guidelines and procedures are founded and are reviewed annually by the Trust – setting out the levels of authority delegated to the Board, its committees and to directors and other officers as well as Nolan Principles on standards for holding public office. These are published on the website: SOs and SFIs.

The SOs and SFIs are supported by the Trust's Standards of Business Conduct policy, which sets out requirements of individuals in upholding the integrity of the organisation and its officers, such as declaring details of interests, gifts and hospitality to support transparency and assuring on effective use of public funding. Related additional requirements that apply to the Board and its directors are set out in Fit and Proper Person's Test requirements.

Appendix 4 – Terms of Reference

Board and Board Committee ToRs

- *summary format only to illustrate key duties (the Trust Board reviews and approves more detailed versions, which are available on request)*

Trust Board - Terms of Reference (summary)

Barts Health NHS Trust

Frequency: Every Two Months
Duration: 2.5 hours
Location: Rotates across hospital sites
Chair: Trust Chair

Objectives:

- Formulating the Trust's strategy to deliver safe and compassionate, high quality, patient-centred care. This includes agreeing the vision, annual plan / objectives and major investment decisions.
- Ensuring accountability by holding the organisation to account for the delivery of the strategy and for organisational performance, and through seeking assurance that systems of control are robust and reliable. This includes arrangement to monitor and improve clinical quality; efficient, effective and economic use of resources; and its statutory duties.
- Establishing the values of the Trust and promoting these in the way that the Board does business and interacts with the rest of the organisation and external stakeholders.
- To receive and approve statutory reporting (Annual Accounts, Annual Report and Quality Account) to be adopted at an annually convened Trust Annual General Meeting.
- To consider any matters escalated from the Board's sub committees.
- To establish and maintain a Board seminar programme to support strategy development and board development.

Membership:

- Chair and seven NEDs, Group Chief Executive, Group Deputy Chief Executive, Group Chief Medical Officer, Group Chief Nurse, Group Chief Finance Officer (voting members).
- Group Chief Operating Officer, Group Director of People, Group Director of Strategy, Group Director of Corporate Development, Group Director of Inclusion and Equity

Quorum: at least one third of the whole number of the Chair and members (including at least two Executive directors and two Non Executive Directors)

Authority:

Reporting into: N/A
Receives reports from: Executive and Board committees, national and local partner organisations and regulators

Inputs:

- Integrated Performance Report.
- Standing progress reports
- Board committee exception reports

Outputs:

- Minutes and action log
- Statutory reporting adopted at AGM.

Other:

- Terms of Reference to be reviewed and agreed two yearly.
- All agenda, papers and Minutes/action logs to be stored on central committee folder (as administered by Trust Office)
- Confidential matters will be reviewed in a separate closed Part 2 session.

Audit and Risk Committee - Terms of Reference (summary)

Barts Health NHS Trust

Frequency: Quarterly (at least four times a year)
Duration: 2.5 hours
Location: Virtual / face to face
Chair: Non Executive Director

Objectives:

- To review the establishment and maintenance of an effective system of governance, risk management and internal control to support the achievement of Trust objectives.
- To review the annual accounts and report, accounting and associated audit process to determine completeness, integrity and accuracy.
- To assess adequacy of: risk management structures and processes (including high risk register); risk and control-related disclosures (e.g. Annual Governance Statement and Audit opinions); assurance processes; compliance with laws and regulations, including fraud and corruption; arrangements for raising concerns in confidence (e.g. whistleblowing).
- To recommend appointment and review effectiveness of Internal Audit and External Audit functions, horizon scan and review national policy / findings of external assurance functions.
- Reviews proposed amendments to SOs and SFIs.

Membership:

- Four NEDs (including the chair of the committee)

In attendance:

- Chief Financial Officer, Director of Corporate Development and CEO (once per year)
- Secretariat provided by Director of Corporate Development

Quorum:

- Two members

Authority:

Reporting into: Trust Board
Receives reports from: Chief Financial Officer, Internal Audit, LCFS and External Audit, Risk Management Board, Quality Assurance Committee

Inputs:

- Standing progress reports from Internal Audit and External Audit against audit plans.
- Counter fraud progress reports.
- Waivers (below Board threshold), special payments and losses reports.
- Annual report and accounts (including AGS).
- Board Assurance Framework and High Risk Register.

Outputs:

- Minutes and action log
- Exception report to Trust Board
- Annual Report to the Trust Board
- Recommendations to the Trust Board relating to annual accounts and amendments to SOs and SFIs.

Other:

- Terms of Reference to be reviewed and agreed every two years by the Trust Board
- All agenda, papers and Minutes/action logs to be stored on central committee folder (as administered by Trust Office)

Nominations and Remuneration Committee - Terms of Reference (summary)

Barts Health NHS Trust

Frequency: Scheduled for three times a year – and as required between scheduled meetings
Duration: 1½ hours
Location: *Virtual / rotates*
Chair: Chair of the Trust

Objectives:

- Review the structure, size and composition of the Board and the Executive Team and recommend any changes to the Board.
- Undertake succession planning for the Chief Executive and Executive Directors.
- Oversee the process for recruitment of a Group Chief Executive and Executive Directors as vacancies arise, including agreeing the role definition and job description.
- Consider any matter relating to the continuation in office of the Chief Executive or an Executive Director, including the suspension or termination of service.
- Agree and keep under review the overall remuneration policy of the Trust, including setting pay ranges and flexibility parameters for very senior management grades.
- Set individual remuneration, allowances and other terms and conditions of office (including termination arrangements) for the Group Chief Executive and Executive Directors.
- Monitor and evaluate performance of the Group Chief Executive and Executive Directors against objectives for the previous year and note forward objectives.
- Agree any compromise agreements, settlements and redundancies before any external submission.
- Review the outcome of local Clinical Excellence Awards rounds.
- Oversight of the Trust Fit and Proper Persons arrangements.

Membership:

- Chair and Non Executive Directors

In attendance:

- Group Chief Executive, Director of People, Trust Secretary

Quorum: Three members

Authority:

- **Reporting into:** Trust Board
- **Receives reports from:** Group Chief Executive and Director of People

Inputs:

- Reports on Board level director nominations.
- To review reports on remuneration for executive, VSM and consultant grades
- Other reports as required

Outputs:

- Minutes and action log
- Exception report to Trust Board (templated)

Other:

- Terms of Reference to be reviewed and agreed every two years by the Trust Board
- All agenda, papers and Minutes/action logs to be stored on central committee folder (as administered by Trust Office)

Finance Investment and Performance Committee - Terms of Reference (summary)

Barts Health NHS Trust

Frequency: Monthly – 1st week of the month
Duration: 2 hours
Location: *tbc*
Chair: Non Executive Director

Objectives:

- Oversee the development of the Trust's annual financial plan (including capital programme) and long-term financial strategy and the underpinning assumptions.
- Review monthly operational performance (delivery on NHS constitutional standards) with a focus on urgent care, patient flow, elective activity, cancer and diganostics trajectories.
- Review monthly financial performance (including CIPs and capital programme) and identify issues and risks requiring escalation to the Trust Board.
- Review specific aspects of financial and operational performance as requested by the Trust Board.
- Review the outputs of service line reporting and the implications for investment and disinvestment decisions.
- Review and approve all business cases (SOC, OBC and FBC) and asset disposals with a value in excess of SFI thresholds requiring the Committee's approval.
- Approve the establishment of joint ventures or other commercial partnerships/ relationships including the incorporation of start-up companies.

Membership:

- Four NEDs (including the chair of the committee)

In attendance:

- Group Chief Executive, Deputy Chief Executive, Chief Financial Officer, Director of People, Director of Strategy
- Secretariat provided by Director of Corporate Development

Quorum: Two members

Authority:

- **Reporting into:** Trust Board
- **Receives reports from:** Chief Financial Officer, Financial Strategy Board

Inputs:

- Operational performance report
- Monthly financial performance report
- Monthly QCIPs report
- Capital programme update reports
- Business cases >£3 million
- Other reports as required

Outputs:

- Minutes and action log
- Exception report to Trust Board
- Annual Report to the Trust Board

Other:

- Terms of Reference to be reviewed and agreed every two years by the Trust Board
- All agenda, papers and Minutes/action logs to be stored on central committee folder (as administered by Trust Office)

Quality Assurance Committee - Terms of Reference (summary)

Barts Health NHS Trust

Frequency: Every Two Months
Duration: 2.5 hours
Location: tbc
Chair: Non Executive Director

Objectives:

- To review the implementation of the Quality Strategy and any related CQC improvement plans including progress against key milestones.
- To review performance against key quality indicators including any flagged as of concern through escalation reporting progress against or as requested by the Trust Board.
- To agree a programme of thematic reports on key quality assurance areas including complaints, incident reporting, clinical audit, mortality, guardian of safe working, medicines management, safeguarding and infection control.
- To oversee Trust arrangements to support patient experience and engagement.
- To receive and review the annual Quality Account and progress on annual quality objectives.
- To consider Internal Audit and key clinical audit reviews linked to quality and safety.
- To consider key quality and safety issues and risks, including BAF risks for which the Committee leads on.
- To consider matters escalated from the Quality Board and Maternity Board.

Membership:

- Three NEDs (including the chair of the committee)
- Chief Medical Officer, Chief Nurse, Quality Improvement Director, Director of Corporate Development.

In attendance:

- Secretariat provided by PMO.

Quorum: A third of members.

Authority:

- **Reporting into:** Audit and Risk Committee
- **Receives reports from:** CMO and CNO, Internal Audit, Quality Board

Inputs:

- Quality Dashboard.
- Standing progress reports

Outputs:

- Minutes and action log
- Exception report to Trust Board (templated).

Other:

- Terms of Reference to be reviewed and agreed every two years.
- All agenda, papers and Minutes/action logs to be stored on central committee folder (as administered by Trust Office)

Group boards - ToRs

Group Executive Board – Terms of Reference

Barts Health NHS Trust

Frequency: Fortnightly
Duration: 3 hours
Location: Virtual / Canary Wharf
Chair: Group Chief Executive, Barts Health

Objectives / Duties:

- Review operational delivery, quality and safety, and financial performance for the group against national/local regulations, standards and action plans; and agree necessary actions to improve performance.
- Monitor and oversee establishment and delivery of the Trust's strategies, business plans and objectives - including management and mitigation of key risks and issues; implementation / reprioritisation of capital plans; equalities and inclusion issues; consultant and other significant workforce investments; operational delivery; development of the group model; service developments; charitable bid submissions; and horizon scanning on national policy.
- Monitoring and oversight of key duties of executive boards and committees reporting into the group executive board.
- Review Organisational Development/leadership development plans.
- Provide oversight and assurance of the overall Quality Improvement programme.
- Support Executive Directors to deliver their delegated responsibilities by providing a forum for exchange of information, mutual support, resolution of issues and recognition of key achievements.
- Make management decisions on issues within the ToR/remit of the Group Executive Board and provide the Trust Board with assurance on executive delivery of plans and strategies with appropriate escalation of significant issues.
- Ensure that there is appropriate integration and liaison between clinical and corporate and between strategic and operational functions, within the Trust and the interface with external partners.

Membership:

Group Chief Executive (Chair)
Group Chief Medical Officer
Group Chief Finance Officer
Group Director of People
Group Director of Corporate Development
Director of Communications and Engagement
CEO, St Bartholomew's Hospital
CEO, Whipps Cross Hospital
Director of Improvement
Group Chief Nurse
Group Director of Equity and Inclusion
Group Director of Strategy
Director of Estates and Facilities
CEO, RLH and ME Hospitals
CEO, Newham Hospital
Group Chief Operating Officer Strategy board chair

In attendance: Secretary to Board; others on invitation as required. **Quorum:** 1/3 of members

Authority:

- **Reporting into:** Trust Board
- **Receives reports from:** All group boards (via exception report)

Inputs:

- IPR, exception reports from reporting committees, BAF, Internal Audit limited assurance reports, retrospective waivers, Board sub-committee papers
- Exception reports from above groups

- **Outputs:**

Minutes and action log

Other:

- Terms of Reference to be reviewed and agreed with Trust Board three yearly
- All agenda, papers and Minutes/action logs to be stored centrally and available via VBR

Inclusion Board –Terms of Reference

Barts Health NHS Trust

Frequency: Each month **Chair:** Group Director of Inclusion

Duration: 120 minutes **Location:** MS Teams

Authority

- GEB
- Hospital E&I Committees

Purpose:

- To develop the Group's strategic inclusive ambition to drive change through the WeBelong strategy, to create a truly inclusive organisation.

Objectives:

- To oversee the delivery and direct the vision of the WeBelong strategy against the four pillars; Inclusion Centre, Community Connectivity, Equity and Inclusion Observatory.
- To be the voice of the Staff Diversity Networks, advocating for co-production to foster an evolving dialogue between colleagues trust-wide.
- To direct the vision for HEBs and E&I committees and set their agenda.
- To commission research and insight to support the evolution of our inclusion priorities.
- To oversee embedded communications and engagement planning to ensure awareness of our campaigns.
- To foster the mainstreaming of inclusion and equity into all Barts Health business and planning.

Inputs:

- Advisory Board input into IB
- Inclusion Centre report
- Inclusion Observatory report
- Community Connectivity report
- Equity report
- Hospitals/GCS/GSS Inclusion reports
- Gender Pay Gap Report
- WDES & WRES
- Staff Survey
- Grid of local meetings

Outputs:

- Minutes and action log
- Exception report to Group Executive Board

Membership:

- Group CEO
- Group Director of Inclusion (Chair)
- Chief Nursing Officer
- Non-Executive Director
- Head of Community Connectivity
- Head of Equity
- Group Co-Chairs from Staff

Diversity Networks

- Hospital/GCS/GSS Inclusion Board Co-Chairs
- Group Director of People
- Director of Insight
- Director of Communication & Engagement
- Director of Strategy
- Deputy Group Director of

People

- Co-Chair, Staff Partnership Forum
- Associate Director of Inclusion

Other members may be co-opted for specific commissions of work.

Other:

- Terms of Reference to be reviewed and agreed with Group Executive Board annually.
- All agenda, papers and Minutes/action logs to be stored by the Group Secretariat's office.
- In attendance: Minute taker Inclusion Centre
- Quorum: Co-Chair and one third of members.

Estates Board –Terms of Reference

Barts Health NHS Trust

To be added

Informatics Board - Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 90 Minutes
Location: ICT Centre
Chair: Director of Strategy

Objectives:

- Keep current and deliver the Trust's Informatics Strategies aligning priorities with clinical requirements and financial resources and oversee resource allocation. Ensure that the ICT strategies remain aligned with the Trust's strategy and objectives.
- Oversee the planning, procurement and deployment of new IT systems and the effective operation and availability of existing systems.
- Coordinate all informatics projects and programmes running in the Trust, setting and monitoring against budgets, objectives , milestones and KPIs.
- Manage ICT and programme risks and keep the Executive informed of rising tide risks.
- Ensure effective communications with users and other key management groups of the Trust including Hospital Executive Boards and Clinical Boards.
- Management of the Trust's ICT infrastructure including ensuring the security of the Trust's data and ensuring adequate defense against loss, destruction, theft or corruption of data including defense against external threats (cyber security).
- Provide assurance to the Group Executive and / or Board as required.

Membership: Director of Strategy, Chief Information Officer, Director of ICT, Director of Clinical Systems, Director of Business Intelligence, Chief Clinical Information Officer (and/or Deputy), Chief Nursing Information Officer, Information Governance Manager

In attendance: Others at the invitation of the chair

Quorum: 5 members

Authority:

- **Reporting into:** Group Executive Board
- **Receives reports from:** Information Services, Information Governance, ICT, Clinical Systems, Clinical Informatics Board, Technical Design Authority

Inputs:

- Programme updates and progress reports including risks and issues to projects.
- Policies and Strategies for review / approval
- IG Report
- Business Cases for investment
- SI reports

Outputs:

- Guidance for ICT Users
- Occasional subject reports to GEB and / or Board
- Strategies and Policies to GEB and / or Board
- Terms of Reference to be reviewed annually

People Board - Terms of Reference

Barts Health NHS Trust

Frequency: Monthly **Duration:** 90 minutes
Location: MS Teams **Chair:** Group Chief Nurse | SRO: Group Director of People

Overall Aim

The purpose and function of the Committee is to gain assurance, on behalf of the Group Executive Board, regarding People issues across the Group and to set the direction and monitor delivery of the people strategy.

Key objectives:

- Developing an integrated approach across nursing, AHP, medical other professions in conjunction with people function
- Set the annual People Plan to form part of the Board's Annual Cycle of Business, and report to the Board on its progress
- Develop and advise the Board on a people strategy linked to operational plans and alignment with strategic objectives for the Group
- Ensuring that the Trust has a suitable framework to deliver the strategy and people policy of the organisation. Ensuring these align with the National People Plan and the relevant CQC and NHS Improvement workforce standards
- Maintaining oversight of the associated committee sub-structure (including People Relations, People Governance and Systems, Resourcing, Medical Staffing and Culture and Engagement Groups) through the receipt of regular update reports
- Ensure alignment and effective coordination of people activities between Group and Hospital structures
- Identify, address and where necessary provide mitigations for risks associated with the Barts Health workforce
- Review strategic intelligence, research evidence on people and work, and distil their relevance to the Trust's strategic priorities (including, where necessary, commissioning research to inform its work)

Authority:

- **Reporting into:** Group Executive Board
- **Receives reports from:** Hospital & GSS Boards, Health & Wellbeing Committee, Staff Partnership Forum, Medical Leadership Group, Inclusion Board, Education Committee, NMAHP Workforce Board

Inputs:

- People sub-groups
- National and ICS guidance and communications
- People data & insights

Outputs:

- Action log
- Exception reports to Group Executive Board

Membership:

- Group Chief Nurse (Chair)
- Group Director of People (SRO)
- Group Chief Medical Director
- Deputy Group Director of People
- Finance representative
- Group Director of Allied Health Professionals
- Director of People Strategy
- Director of People Services
- Deputy Director of Communications
- Managing Director, Education Academy
- Director of Nursing and Profession Standards
- Chair of Staff Partnership Forum
- Hospital People Directors
- Group Director of Midwifery
- Group Director of Pharmacy
- Chief Registrar WXH
- Healthcare Scientist
- NUH Representative: Chief Executive
- RLH Representative: Director of Nursing
- SBH Representative: Deputy Chief Exec
- WXH Representative: Chief Exec, Deputy Chief Exec

Quorum:

- A third of members

Other:

- All agenda, papers and Minutes/action logs to be stored on electronic storage (VbR)
- Secretariat provided by Group Director of People

Quality Board –Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 2.5 hours
Chair: Group Chief Medical Officer /Group Chief Nurse
Location: Virtual / rotating

Objectives:

- Lead on the development and implementation of our Quality Strategy
- Provide direction and leadership support to the WeImprove Quality Improvement Programmes
- Provide strategic direction/vision and a framework for clinical effectiveness, patient safety and patient experience in order to assure the delivery of high quality patient care and outcomes
- Review the Trust Quality Dashboard, spot light reports, risk register, thematic reviews and surveillance themes to identify areas of concern that may require further analysis, intervention or escalation
- Provide direction to quality interventions and initiatives that require trust wide leadership and consistency
- Oversee and ensure delivery of trust quality objectives and production of the Quality Account
- Ensure that there is a robust quality assurance framework providing Ward to Board Assurance
- Ensure quality and safety is effectively and consistently measured and triangulated across the Trust using metrics and thematic analysis and where hot spots/areas of concern identified deep dives/other reviews are commissioned as needed
- Discuss key themes/issues from hospital quality and safety committees, deep dives, and clinical Boards to support appropriate actions to ensure consistent application of learning and standards across the organisation
- Oversee compliance with quality and safety related accreditation standards and education and training (e.g. safeguarding)
- Receive highlight and exception reports from Sub-Groups of the Quality Board
- Oversee compliance with CQC and other regulation requirements and inspections through clinical leadership discussions on key issues of concern and oversight of the CQC BAU processes
- Consider and respond to the quality and safety implications of workforce challenges and oversee the QIA process for CIPs with a constant eye to improving quality and efficiency in unison
- Ensure the Trust has embedded systems that demonstrate learning from incidents and patient feedback
- Horizon scan

Inputs:, Quality Dashboard and Spot lights reports , annual reports, internal and external audit reports, independent review reports, CQC reports and reports on compliance, peer and external review reports, reports from sub-committees

Outputs: Minutes and action log, exception and action reports to GEB and QAC, annual report to QAC, recommendations to sites and corporate departments

Authority:

- **Reporting into:** Group Executive Board and the Trust's Quality Assurance Committee
- **Receives reports from:** see attached sub-committee structure
- **Linked committees/groups:** Risk Management Board, Operational Delivery Board, Equalities and Inclusion Board

Membership:

- Group Chief Nurse (co-chair)
- Group Chief Medical Officer (co-chair)
- Deputy Chief Nurse
- Deputy Chief Medical Officer
- Director of Quality Governance
- Head of Quality Governance
- Group Director of Corporate Development
- Director of Quality Improvement
- Director of Group Operations
- Director of Organisational Development
- Managing Director of Education Academy
- Director of Nursing (RLH/SBH/NUH/WXH) *
- Medical Director (RLH/SBH/NUH/WXH) *
- Director of Nursing (Babies, Children and Young People)
- Chief Pharmacist
- Director of Midwifery
- Director of Public Health
- Director of AHPs
- Clinical Director of Infection Prevention and Control
- Head of Research and Development

*either the DoN or MD for each Hospital must attend

Quorum: A third of members

Coordination and secretariat: Business Managers to CNO and CMO

ToR to be reviewed: Yearly

Maternity Board –Terms of Reference

Barts Health NHS Trust

GROUP MEMBERSHIP

Caroline Alexander	CNO & Co-Chair
Chris Pocklington	Group Director of Ops & Co-Chair
Alistair Chesser	Chief Medical Officer
Mark Turner	Group Director of Strategy
Ian Basnett	Director, Public Health
Lynn Street	Group Director of Quality Governance
Louise Hicks/Sarah Jensen	CNIO/ Chief Information Officer
Kath Evans	Director of Nursing (Babies, Children and Young People)
Rehan Khan	Chair Women's Clinical Board
Shereen Nimmo	Director Midwifery
Nick Wilson	Neonatal Network Lead
vacant	Chair Perinatal Board
TBC	Maternity Voices Chair
Hospital leadership	Hospital CEOs *
Hospital leadership	Hospital Medical Directors*
Hospital leadership	Hospital Directors Nursing*

* Not all expected. Need to agree representation

AIMS:

To provide a single Group-wide strategic forum that provides direction, oversight and leadership to Barts Maternity and Neonatal services. Bring senior leaders together from across the Barts Health Group to oversee, solve problems and plan for Maternity services.

STANDING AGENDA

1. Group level update and priorities
2. Risk review
3. Change and Transformation Activity
4. Review of Maternity Dashboard and Escalations
5. Site Report - Operations, Activity and Pressure Points. Quality and Safety Review
6. AOB

INPUTS

- National Maternity and Neonatal Reports
- Maternity Dashboard (quality, operations, finance, workforce)
- Hospital and group updates
- Screening Assurance

OUTPUTS

- Maternity Work Plan
- Workforce Capacity Plan
- Peer Review / Audit Plan and reports
- Risk and Issues log
- Maternity Strategy
- LMNS Report

SECRETARIAT:

Frequency: bi-monthly

Assessment: Annual self assessment of board and governance effectiveness and the impact of the deliverables

ENGAGEMENT:

Internal: To deliver the priorities and ambitions as set out by QAC, GEB and Trust Board.
External: Active engagement with system-wide Maternity bodies (networks)

Elective Care Board –Terms of Reference

Barts Health NHS Trust

Frequency: **Monthly, with weekly performance review**
Duration: **2 hours**
Location: Virtual – MS Teams
Chair: **Chief Operating Officer**

Reporting:
- Group Executive Board
- NEL Planned Care Board

Decision Making:
- The Board has the authority to take decision within the scope of the responsibilities and functions set out in these terms of reference. If consensus cannot be reached, the Chair has the right to take the final decision or to escalate the matter for approval.
- Members are individually accountable for their delegated responsibility

Purpose:
- To provide oversight and assurance to GEB on progress in delivering elective priorities and the Trust's current and forecast performance, escalating issues where necessary
- To identify group wide improvement opportunities to accelerate planned care improvement and improve productivity
- To commission specific improvement programmes from the group wide Transformation and Improvement Team
- To align with the APC Planned Care programme, ensuring that Barts Health informs its priorities and delivers outputs locally within our hospitals

Aims:
- To ensure we have a clear understanding of our elective position, the drivers for performance and a clear set of improvement actions
- To oversee delivery of national elective performance targets and initiatives, including cancer, diagnostics and outpatients
- To ensure all improvement programmes have a clear brief, with agreed outcomes and a delivery plan that can be monitored
- To align elective performance with the group financial plan, to ensure that we achieve income targets that have been set
- To operationally deliver our surgical strategy, implementing HVLC hubs across the group of hospitals
- To look for opportunities to reduce health inequalities in our elective programme
- To Ensure cross site learning is delivered across all sites and the system

Inputs:
- Activity Dashboard and hospital highlight reports
- Improvement Programme Plans and highlight reports

Outputs:
- Minutes and Action Log within 3 working days
- Exception reporting via Chair of areas of concern in respect of project delivery and associated metrics
- Recommend and supported actions to be taken by Hospital sites, UEC transformation team and WEL.

Membership:
- Chair
- Director of Group Operations
- Hospital Directors of Operations
- Programme Director - Elective
- NEL Elective Programme Director
- Surgery Network Chair

Quorum:
- Director of RTT Performance
- Director of Transformation and Improvement
- Deputy Director of Finance - Revenue
- BIU Lead
- Group Director, Cancer
- *Hospital CEOs will be invited to the monthly meeting.*

Other:
- To be reviewed regularly and updated as necessary given the pace of change
- Agendas, Minutes and Action Log to be stored on a shared folder
- Risk register

Unplanned Care Board –Terms of Reference

Barts Health NHS Trust

Frequency: **Fortnightly**
Duration: **2 hours**
Location: Virtual – MS Teams
Chair: **Executive Director of Clinical Operations**
Co chair: **Director of Emergency Care Improvement**
Clinical Leadership- Dr Derek Hicks .

Reporting:
- Group Executive Board
- NEL Emergency Care Board
- Contributes and aligns with Acute Provider Collaborative

Decision Making:
- The Board has the authority to take decision within the scope of the responsibilities and functions set out in these terms of reference. If consensus cannot be reached, the Chair has the right to take the final decision or to escalate the matter for approval.
- Assurance and Escalation to Group Executive Board as required
- Members are individually accountable for their delegated responsibility.

Purpose:
- To provide oversight and assurance of programmes which impact on-unplanned care pathways
- Identify opportunities to redesign urgent and emergency care clinical pathways and improve flow
- Collaborate with Hospital sites and system partners to design new models of delivery for urgent and emergency care
- Oversee the work and progress of the Hospital and TNW wide emergency care transformation and discharge streams of work
- Evaluate through metrics and dashboard the impact of these workstreams on unplanned care pathways, and UEC performance across the Trust and wider TNW places.
- Lead on behalf of Barts Health Group Executive Board in the development and delivery of the Urgent and Emergency Care plan and planning in 2023/24

Aims:
- Provide leadership and direction to the Unplanned Care System within Barts Health and TNW enabling improvement along the UEC pathways
- Work in partnership with the TNW to design, develop and implement integrated pathways of care
- Develop high quality emergency and urgent care pathways, which are both clinically and financially sustainable
- Deliver excellent care and an exceptional experience for our patients.
- Drive quality, patient safety and innovation across Barts Health NHS Trust
- Review best practice based on key trends, current guidance and operational performance standards.
- Monitor consistency of delivery against these standards across all sites.
- Ensure cross site learning is delivered across all sites and the system
- Support delivery of the Trust's Quality strategy and implement initiatives relevant to Urgent and Emergency Care flow

Inputs:
- Exception reports from hospital transformation programmes
- Unplanned care dashboard

Outputs:
- Minutes and Action Log within 3 working days
- Exception reporting via Chair of areas of concern in respect of project delivery and associated metrics
- Recommend and supported actions to be taken by Hospital sites, UEC transformation team and WEL.

Membership:
- **Chair (Executive Director of Operations)**
- Lead clinician UEC Group wide
- Workstream leads (from each site
- BH UEC Transformation
- TNW UEC Transformation
- Senior BIU rep
- QI programme Director
- We Connect rep
- Clinical lead and Senior Nurse from each site (UEC)
- Administrative support from Ops Hub

Quorum:
- Chair or Deputy Chair
- 1 rep from each site
- Workstream leads
- BIU
- Clinical Lead
- TNW UEC Transformation
- BH UEC Transformation

Other:
- To be reviewed regularly and updated as necessary given the pace of change
- Agendas, Minutes and Action Log to be stored on a shared folder
- Risk register

Clinical Advisory Group –Terms of Reference

Barts Health NHS Trust

To be added

Strategy and Planning Board –Terms of Reference

Barts Health NHS Trust

Frequency: Every 6 Weeks **Duration:** 1.5 hours **Location:** Virtual – MS Teams **Chair:** Group Director of Strategy and Planning **Vice Chair:** Group Chief Financial Officer	**Reporting:** • Group Executive Board	**Decision Making:** • The Board has the authority to take decision within the scope of the responsibilities and functions set out in these terms of reference. If consensus cannot be reached, the Chair has the right to take the final decision or to escalate the matter for approval.

Purpose

- To oversee Strategic Planning in Barts Health Group on behalf of the Group Executive Board (GEB), ensuring a 'golden thread' between organisational strategy, business planning and in-year delivery.

Organisational Strategy

- Oversee the development and approval of the Group's organisational strategy. This should connect the Group's corporate vision and values, with its clinical strategy, underpinned by a long term financial plan and supporting 'enabling' strategies. This should include horizon scanning of national policy developments that may impact strategic planning.
- Review and approval of the clinical strategy, linking to the development of the wider Acute Provider Collaborative Clinical Strategy, as well as providing a forum for decisions on service change proposals
- Responsible for financial strategy in the short term: i) 22/23 strategy to address drivers of the deficit and medium and longer term: ii) strategic revenue plan (5yrs) and strategic capital plan (5yrs)
- Review and approval of wider key enabling strategies – eg people, digital, estates, procurement (every 3yrs), commercial - in support of the wider organisational strategy.

Annual Barts Health Group Operational Plan

- Oversee the development and sign off of the Group Operational Plan each year. This should include the setting of annual strategic objectives and associated deliverables for the coming year - ensuring these meet national planning guidance requirements – culminating in a single Group Operational plan and associated Hospital Site Plans.
- This should include assuring the triangulation of activity, workforce and finance assumptions, alongside productivity ambitions, revenue and capital investment (via ISC), taking a strategic view on the trade offs and the approach to final plan submission, including the calibration of risk across the organisation.
- Oversee the Group's approach to a 12 month planning cycle, reviewing and refreshing this annually post the completion of the annual plan.
- Sign off the Trust wide non-pay work-plan annually

Implementation of the Group Operational Plan

- Ensure robust mechanisms exist for tracking and overseeing implementation through the Group's Accountability Framework, with defined roles for each of the Group Boards in overseeing delivery.

Membership: • Chair – Group Director of Strategy and Planning • Group CFO – Vice Chair • GD of People • Group COO • GD of Corporate Development • GD of Inclusion and Equity • Senior Clinical Representative (s) (TBC) • Hospital Site Senior Reps – Deputy CEOs • Deputy Finance Directors (Ops and Strategic Finance) • Director of Service Development & Implementation • Director of BIU • GD of Transformation • Chief Procurement Officer • GD of Estates and Facilities • Head of Business Planning	**Quorum:** • Chair or Vice Chair • 1 rep from at least 2 sites • Workforce rep • Ops rep • Finance rep • Clinical rep	**Inputs:** • See above **Outputs:** • Minutes and Action Log • Regular reporting to GEB	**Other:** • To be reviewed regularly and updated as necessary given the pace of change • Agendas, Minutes and Action Log to be stored on a shared folder

Risk Management Board - Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 2 hours
Location: Virtual / across sites
Chair: Director of Corporate Development

Objectives:

- To ensure the establishment and continuing improvement of a system of risk management and internal control to support the achievement of Trust objectives.
- Review the Risk Management Policy, for approval by the Trust Board on at least a three yearly basis.
- Develop, approve and review progress against a risk management strategy, to include actions to promote a risk management culture and understanding of risk appetite / tolerance.
- Regularly review high risks and metrics providing assurance of effective risk management.
- Agree an annual work programme with deep dives to identify thematic Group-wide issues, and risk management performance issues for follow up in hospital performance reviews.
- Receive the Board Assurance Framework at each meeting.
- Provide risk-based input to the development of Internal Audit, External Audit and Clinical Audit work plans and the Trust capital plan.

Membership:

Director of Corporate Development (Chair), Chief Operating Officer, Chief Medical Officer, Chief Nursing Officer, Deputy CFO (capital and strategy), Managing Director of Education Academy, Trust Secretary, Hospital directors (representation determined by respective hospital CEOs), Associate Director, Estates and Facilities Risk and Compliance, Trust Risk Manager,

In attendance:

- Secretariat provided by Director of Corporate Development

Quorum:

- five members (including a minimum of two GEB members and three hospital reps)

Authority:

- **Reporting into:** Group Executive Board with regular report to Audit and Risk Committee
- **Receives reports from:** Hospital Risk Management Groups, Risk Review Group, Emergency Planning Steering Group, Fire, Health and Safety and Trust Policies Committee

Inputs:

- Risk report (including risks scoring 15 and above) monthly.
- Quarterly report on Risk Strategy.
- Deep dive reports from hospitals and corporate directorates and group themes.
- Emergency Planning Steering Group, Trust Policies Committee exception reports.
- Board Assurance Framework.

• Outputs:

- Minutes and action log
- Minutes to Group Executive Board and HEBs
- Regular reports to Audit and Risk Committee.
- Recommendations to the Trust Board relating to BAF.

Other:

- Terms of Reference to be reviewed and agreed every three years by the Group Executive Board
- All agenda, papers and Minutes/action logs to be stored on electronic storage (VbR)

Finance Recovery Board - Terms of Reference

Barts Health NHS Trust

Frequency: Fortnightly **Duration:** 1.5 Hours **Location:** MS Teams **Chair:** Group CEO or Group CFO	**Authority:** Make decisions on matters relating to the delivery of the 23/24 financial plan **Reporting to:** GEB and FIP Committee **Reports from:** FPG
Objectives: • Oversee delivery of the 23/24 financial savings plan across Barts Health • Receive programme updates including risks and issues that need executive support to ensure delivery of savings • Resolve issues which go across Barts Health in order to release financial savings with consideration against Barts priorities/plans • Revise the savings plan accordingly as required • Execute actions to ensure delivery of the financial plan	**Inputs:** • Site savings programme delivery reports • GSS savings performance • FPG outputs • ISC outputs • Trust wide issues through networks and sites • Financial performance reports
Membership: Group Chief Executive (chair), Group CFO (Chair), Chief People Officer, Chief Operating Officer, either CMO or CNO, Group Director of Corporate Development, Group Strategy Director, Hospital CEOs, Deputy CFO (Operational Finance), Deputy CFO (Strategic Finance), Director of Performance, members from People Service and Operations, site and GSS representatives as deemed necessary **Quorum:** Two Group Directors, two Hospital CEOs **Administration:** TBC	**Other:** • Terms of Reference to be reviewed and agreed with the Board annually • Papers to be circulated at least 48 hours prior to the meeting

Hospital PRs – Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 2 hours
Location: Hospitals
Chair: Group CEO

Authority:

- **Reporting into:** Group Executive Board
- **Receives reports from:** Hospitals / Divisions

Purpose:

- Performance Reviews are the primary mechanism for holding the hospitals and CSS to account, taking an integrated approach to performance management across all aspects of the operational plan.
- Performance Reviews will normally follow a standard agenda including oversight of operational plan deliverables; with other time dedicated to more developmental topics. The balance of the two elements of the Performance Review will flex depending on performance against the operational plan and any exceptional external demands.

Objectives:

- To provide oversight and scrutiny of the hospitals delivery of their operational plan and agreed strategic priorities.
- To identify any areas where support from Group Leadership is required to deliver the operational plans
- To discuss developmental topics including well-led development plans, sector and place-based developments

Inputs:

- Hospital Integrated Performance Report
- Hospital Operational Plan
- Other reports as required

Outputs:

- Minutes and action log
- Exception report to Group Executive Board

Membership:

Group CEO, Group COO, Group Chief Finance Officer, Group Director of People, Group Director of Strategy, Group Chief Nurse, Group Chief Medical Officer, Group Director of Corporate Development, Group Director of Equity and Inclusion, Hospital Chief Executive, Hospital Deputy Chief Executive, Hospital Director of Operations, Hospital Medical Director, Hospital Director of Nursing, Hospital Director of Finance, Hospital Director of People, Hospital Director of Estates

In attendance: Minute taker from Group Secretariat

Quorum: A third of members

Other:

- Terms of Reference to be reviewed and agreed with Group Executive Board annually
- All agenda, papers and Minutes/action logs to be stored by the Group Secretariat's office.

Hospital governance

The following represent ‘model ToR’ as the basis from which each hospital works, tailoring details to their site

Hospital Executive Board - Terms of Reference

Barts Health NHS Trust

Frequency: Fortnightly **Duration:** 2-3 hours
Location: Hospital sites **Chair:** Hospital CEO

Objectives:

- Review operational delivery, quality and safety, and financial performance for the hospital against national/local standards and action plans; and agree necessary actions to improve performance.
- Provide oversight and assurance of the overall hospital strategy, ensuring Clinical Board input and recommendations.
- Provide oversight and assurance of the overall hospital quality improvement plan and related programmes.
- Review the hospital risk register and identify risks requiring additional mitigation / escalation.
- Review Organisational Development/leadership development plans.
- Review assurance reporting on Estates and Informatics issues.
- Agree key communication and engagement messages and monitor/improve effectiveness of internal communications.
- Receive upward reporting from divisional boards and identified subgroups and hold divisions to account. Ensure hospital subgroups interface effectively with Group-level equivalent boards.
- Consider hospital capital and revenue business cases for investment ahead of any subsequent group approval mechanism.
- Identify operational issues/risks requiring escalation to the Group Executive Board.

Membership: Hospital CEO (Chair), Deputy CEO, Medical Director, Director of Nursing and Governance, Director of Operations, Director of Finance, Director of People, Estates and FM Lead, Divisional Directors, Communications Lead

In attendance / on invitation: Head of Improvement, Other Divisional leads, Board secretary / Minute taker, [others for items] **Quorum:** A third of members

Authority:

- **Reporting into:** Group Executive Board
- **Receives reports from:** Divisional Boards, Hospital subcommittees (including Quality and Safety Committee, Inclusion Committee, Operational Delivery Committee, Organisational Development Committee, Financial Delivery Committee)

Inputs:

- Integrated Performance Report (hospital element)
- Minutes of listed HEB sub-groups
- Hospital risk register and site assurance framework
- Other reports as required including rolling reports from Clinical Boards.

Outputs:

- Minutes and action log
- Exception report to Group Executive Board
- Divisional Director feedback to respective divisions

Other:

- Terms of Reference to be reviewed and agreed with GEB annually
- All agenda, papers and Minutes/action logs to be stored on virtualboardroom

Hospital Equality & Inclusion Committee - Terms of Reference

Barts Health NHS Trust

Frequency: Every two months
Duration: 1.5 hours
Location: Main Hospital Site
Chair: [Deputy Hospital CEO – or other as determined by Hospital CEO]
Purpose: The Equality and Inclusion Forum is committed to driving real change across the hospital, with members who have given their time to ensure we create and maintain a diverse and inclusive place to work.

Objectives:

- To lead and drive the development and delivery of the different workstreams necessary to achieve the Trust and hospital-specific equality objectives.
- Provide assurance to the HEB on steps to meet the Public Sector Equality Duty (equality legislation) and national requirements, and use of workforce and patient equalities monitoring data, including data from ESR, staff surveys and patient surveys to target improvements.
- Identify and review equalities impact assessments associated with clinical service reconfigurations or policy changes.
- Develop, monitor and support progress on staff experience KPIs: including Bullying and Harassment, embedding WeCare values, engaging staff on EU Exit implications, equitable recruitment, reasonable adjustments and career progression for staff with protected characteristics.
- Monitor patience experience and patient access for those with protected characteristics to address health inequalities.
- Review staff training and development to support equality objectives.

Membership:

- To include: Deputy Hospital CEO, Hospital Director of People, Divisional representative, Staff side representative, Lead Clinical site Manager, Associate General Manager, Hospital Inclusion Lead, Hospital Lead for Learning Disabilities, Quality Manager, Hospital Diversity Network Chair

Authority:

- **Reporting into:** Hospital Executive Board
- **Receives reports from:** Hospital/site based work streams; Task & Finish groups

Inputs:

- Site level Workforce Equality information
- Site level Employee Relations (ER) reports
- Patient Data - Equality Information
- Progress reports against agreed equality objectives
- Key Performance Indicators (as developed)
- Other reports as required

Outputs:

- Action log
- Equality Objective Action Plan with progress update
- Annual Work Programme
- Reports to Equality & Inclusion Working group as required
- Update to staff via site bases communications channels

Other:

- Terms of Reference to be reviewed and agreed every 3 years
- All agenda, papers and Minutes/action logs to be stored by site team

Hospital Estates Committee –Terms of Reference

Barts Health NHS Trust

To be added

Hospital People Committee - Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 1.5 hours
Location: Hospital site
Chair: Hospital Director of People

Objectives:

- To agree a clear vision and priorities of the hospital improvement programme and expectations for 'Well Led'. This is to include recommendations from CQC, HEE and CIP transformation schemes and Quality Improvement themes.
- To agree the hospital staff survey improvement plan and undertake oversight and any improvement actions from the quarterly SFFT results for the hospital.
- To review performance against workforce and staff satisfaction measures for the hospital, in order to assure the delivery of a high performing workforce
- To oversee the development of new workforce models and organisational design.
- To determine and monitor delivery of the communications and engagement plan.
- To review and develop methods for sharing learning share within and across hospitals.
- To agree and oversee leadership development plans, including commissioning of related educational and training activities.
- To input to Quality Improvement plans.
- To input to development of the group model, accountability framework and interface with Clinical Boards.

Membership:

- Director of People (Chair), Director of Operations, Deputy Director of Nursing, Deputy Medical Director, General Managers, Associate Directors of Nursing, Organisational Development Hospital lead, Head of Quality & Efficiency, Recruitment Lead, Nominated Clinical Board Lead, Hospital Education Lead

In attendance:

- Secretariat provided by Hospital Management Team

Quorum: A third of members

Authority:

- **Reporting into:** Hospital Executive Board,
- **Receives reports from:** Hospital recruitment leads,

Inputs:

- Workforce dashboard
- Risk Register – workforce related risks
- Organisational Development update
- Staff engagement / QI updates

Outputs:

- Action log
- Workforce Exception report to Hospital Executive Board

Other:

- Terms of Reference to be reviewed and agreed with Hospital Executive Board at least annually
- All agenda, papers and Minutes/action logs to be stored on central committee folder

Hospital Strategy Committee - Terms of Reference

Barts Health NHS Trust

Frequency: Quarterly
Duration: 2 hours
Location: Hospital Site
Chair: Hospital Chief Executive

Objectives:

- Oversee the alignment of the Hospital's strategic plans with the Trust's clinical strategy, quality improvement plan and enabling estates, commercial, workforce, digital, research and education strategies.
- Share details and provide feedback on group strategy developments.
- Review and make recommendations on development of regional and borough collaborative working, STP and ICS developments.
- Provide a forum for discussion of communication with sector commissioners to agree local priorities, protocols and engagement plans.
- Provide an interface with and receive regular reports from Clinical Boards on the development of clinical networks and key strategic issues.
- Receive reports on education delivery and research strategy implementation.
- Review and monitor progress on major business case developments, workforce and service redesign transformation opportunities, including transformational CIPs.

Authority:

- **Reporting into:** Hospital Executive Board
- **Receives reports from:** Clinical Boards, strategic programme boards including TST and Lifesciences Board, Commercial Strategy Group, Trust Research Board, Education Committee, Quality Improvement

Inputs:

- Exception reports from Clinical Boards and strategic programme boards, Education Committee and Research Board
- Other reports as required

Outputs:

- Minutes and action log
- Minutes to HEBs
- Decisions to establish any new strategic programme boards

Membership: Hospital Chief Executive, Deputy Hospital CEO, Medical Director, Director of Nursing, Divisional Directors, Director of People, Clinical Board representatives (on a rotating basis), Head of Estates,

In attendance: On invitation

Quorum: A third of members

Secretariat provided by Hospital management team

Other:

- Terms of Reference to be reviewed and agreed at least annually
- All agenda, papers and Minutes/action logs to be stored on electronic storage (VbR)

Hospital Quality and Safety Committee – Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Chair: Hospital CEO (or as nominated by Hospital CEO)
Duration: 1.5 hours **Location:** Hospital Site

Objectives:

- Oversee the delivery of the hospital's quality and safety agenda, CQC improvement plans/actions and regulatory compliance.
- Ensure quality and safety is effectively and consistently measured and triangulated across the hospital using established quality metrics (including CQUINs and annual quality objectives) and thematic analysis and oversee related improvement actions.
- Review quality and safety comparisons to local and national benchmarks.
- Monitor key quality and safety indicators at Hospital level, with escalation as appropriate on:
    - Reported risks, complaints and serious incidents, quality dashboards
    - Triangulation of quality performance metrics with evidence from patient feedback from national surveys, friends and family test
    - Outcomes of external audits, inspections and reviews of clinical services.
    - Specific priorities, e.g. patient safety alerts, safeguarding, Sign up to Safety, Duty of Candour, National Early Warning System, infection control, NatSSIPs, DoLS, HSMR, SHMI, MCA, NICE guidelines
- Oversee compliance with quality and safety related accreditation standards and education and training (eg safeguarding)
- Receive highlight and exception reports of peer and external reviews.
- Co-ordinate quality and safety improvement initiatives and nput to development and monitoring of quality improvement initiatives.
- Develop engagement of patients, carers and staff (protected time) in quality improvement.
- Ensure the hospital embeds learning from incidents and shared learning across the group.

Membership: Hospital Chief Executive, Medical Director, Director of Nursing, Divisional Directors, Associate Directors of Nursing, Head of Midwifery, Head of Governance, Quality Improvement Hospital lead, Divisional Representative, Lead Pharmacist, Patient Representative, Chairs of reporting committees according to agenda

Quorum: Chair plus representation from at least 3 Hospital divisions

Coordination and secretariat: Hospital team to confirm

Authority:

- **Reporting into:** HEB, Dotted-line reporting into Quality Board
- **Receives reports from:** Hospital quality sub-committees

Inputs: Hospital IPR (quality sections), Hospital quality dashboards, exception and highlight reports, independent review reports, CQC reports, peer and external review reports, reports from quality sub-committees

Outputs: Minutes and action log, exception and action reports to HEB (template), recommendations to departments. Reporting by exception to Quality Board.

ToR to be reviewed: every two years and all documentation to be stored on central committee folder

Hospital Financial Performance Committee - Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 1 hour
Location: Hospital Site
Chair: Hospital Head of Finance

Objectives:

- Oversee operational performance for the Hospital against national/local standards and improvement trajectories, approve necessary actions to improve performance and identify issues and risks requiring escalation to the Hospital Executive Board.
- Oversee financial performance for the Hospital against the financial plan and CIPs, agree necessary actions to improve performance and identify issues and risks requiring escalation to the Hospital Executive Board.
- Oversee the Hospital capital investment programme.
- Oversee the Hospital Business planning process.
- To agree any performance escalation from divsions to inform performance review agendas.
- To receive regular reporting on core operational transformation workstreams and productivity (including SLR and Model Hospital data).
- To receive rolling reports on estates and ICT issues ; with exception reporting on any ICT/Estates issues with operational impact (e.g. planned outtages).
- To review workforce plan delivery and themes from People section of the IPR.
- To oversee the Hospital resilience programme, receive reports on emergency planning and business continuity.

[NB. Planned implementation from Q3 2019 of separate finance and ops committees to deliver objectives]

Membership:

- Director of Operations, [Hospital Chief Executive], Director of Finance, Deputy Director of Operations, Director of Nursing, Medical Director, Director of People, Associate Director of Estates and FM, Divisional Directors, Head of Quality and Efficiency, Informatics Lead, Emergency Planning Lead

In attendance:

- Secretariat provided by Senior Leadership Team

Authority:

Reporting into: Hospital Executive Board

Receives reports from:

- Finance and contracting
- Theatre productivity
- Emergency Flow Improvement Board
- Hospital Resilience
- Capital Investment
- Business Planning
- Brexit Group

Inputs:

- Integrated Performance Report (Hospital element)
- Finance report (Hospital element) and SLR reports
- Other reports as required

Outputs:

- Minutes and action log within 5 working days
- Exception report to HEB, Divisional Director feedback to respective Divisions

Other:

- Terms of Reference to be reviewed and agreed with Operations Board at least annually
- All agenda, papers and Minutes/action logs to be stored on central committee folder

Hospital Operational Performance Committee - Terms of Reference

Barts Health NHS Trust

Frequency: Monthly
Duration: 1 hour
Location: Hospital Site
Chair: Hospital Director of Operations

Objectives:

- Oversee operational performance for the Hospital against national/local standards and improvement trajectories, approve necessary actions to improve performance and identify issues and risks requiring escalation to the Hospital Executive Board.
- Oversee financial performance for the Hospital against the financial plan and CIPs, agree necessary actions to improve performance and identify issues and risks requiring escalation to the Hospital Executive Board.
- Oversee the Hospital capital investment programme.
- Oversee the Hospital Business planning process.
- To agree any performance escalation from divsions to inform performance review agendas.
- To receive regular reporting on core operational transformation workstreams and productivity (including SLR and Model Hospital data).
- To receive rolling reports on estates and ICT issues ; with exception reporting on any ICT/Estates issues with operational impact (e.g. planned outtages).
- To review workforce plan delivery and themes from People section of the IPR.
- To oversee the Hospital resilience programme, receive reports on emergency planning and business continuity.

[NB. Planned implementation from Q3 2019 of separate finance and ops committees to deliver objectives]

Membership:

- Director of Operations, [Hospital Chief Executive], Director of Finance, Deputy Director of Operations, Director of Nursing, Medical Director, Director of People, Associate Director of Estates and FM, Divisional Directors, Head of Quality and Efficiency, Informatics Lead, Emergency Planning Lead

In attendance:

- Secretariat provided by Senior Leadership Team

Authority:

Reporting into: Hospital Executive Board

Receives reports from:

- Finance and contracting
- Theatre productivity
- Emergency Flow Improvement Board
- Hospital Resilience
- Capital Investment
- Business Planning
- Brexit Group

Inputs:

- Integrated Performance Report (Hospital element)
- Finance report (Hospital element) and SLR reports
- Other reports as required

Outputs:

- Minutes and action log within 5 working days
- Exception report to HEB, Divisional Director feedback to respective Divisions

Other:

- Terms of Reference to be reviewed and agreed with Operations Board at least annually
- All agenda, papers and Minutes/action logs to be stored on central committee folder

Hospital Risk and Regulatory Committee - Terms of Reference

Barts Health NHS Trust

Frequency: Every month
Duration: 1 hour
Location: Hospital site
Chair: Director of Nursing (or other nominated by Hosp CEO and attends Group RMB)

Objectives:

- To ensure the establishment and continuing improvement of a system of risk management and internal control.
- Develop, approve and review progress against a risk management strategy, to include actions to promote a risk management culture including risk management training.
- Regularly review high risks, metrics and approve/validate new high risks providing assurance of effective risk management and regulatory compliance.
- To horizon scan identifying emerging threats and opportunities
- To receive the Site Assurance Framework at each meeting (and support/advise on its development).
- Agree an annual work programme with deep dives to identify thematic issues, and issues for follow up in hospital performance reviews.

Membership:

Director of Nursing (Chair of the Committee), Medical Director, Director of Finance, Managing Director of Education Academy, Trust Secretary, Associate Director Estates and Facilities, Head of Governance

In attendance:

- Secretariat provided by hospital team

Quorum:

- five members

Authority:

- **Reporting into:** Hospital Executive Board
- **Receives reports from:** Risk Review Group

Inputs:

- Risk report (including risks scoring 15 and above) monthly.
- Deep dive reports from divisions.
- Site Assurance Framework.

Outputs:

- Minutes and action log
- Exception report to Hospital Executive Board with regular reports to group Risk Management Board.
- Recommendations relating to SAF for HEB and BAF.

Other:

- Terms of Reference to be reviewed and agreed every three years by the Group Executive Board
- All agenda, papers and Minutes/action logs to be stored on electronic storage (VbR)

NEL Acute provider governance

- Selected ToR for board level collaboration

BH-BHRUT Board Collaboration Committee – Terms of Reference

Barts Health NHS Trust

Frequency: Every two months

Chair: Chair in Common, BHRUT and Barts Health (Trust Vice Chairs to deputise)

Objectives:

The purpose of the committee is to provide **unitary direction and oversight** to the Collaboration on behalf of the Trusts Boards, and specifically:

- Set the **aims and objectives** of the collaboration.
- **Oversee and assure the areas of collaboration** between BH and BHRUT, receiving reports from the Collaboration Executive Group.
- **Oversee and assure enabling activities** (eg leadership and culture) underpinning effective delivery of collaboration priorities
- **Maintain alignment** with the governance and priority work programmes of the NEL ICS including the Acute Provider Collaborative and place based partnerships.
- **Horizon scan for good practice** on effective provider collaboration.
- **Review and make recommendations to the BHRUT and Barts Health Trust Boards** in relation to the collaboration.
- Make recommendations to the Trust Boards on **further steps towards closer integration**.
- Oversee the design and development of the **governance of the collaboration**.

Membership:

Chair in Common, Group CEO, BHRUT CEO, BH Group Director of Corporate Development, BH Deputy CEO, Vice Chairs x 2, joint NEDs x 3, BHRUT executive directors x3, BH executive directors x3

In attendance: Collaboration Programme Director

As required: collaboration workstream leads, NEL ICS representative (on invitation only)

Quorum: A minimum of 2 NEDs, one from each Trust (and including the Vice Chairs in the absence of the Chair), and 4 executive directors, 2 from each Trust

Secretariat provided by: Board *secretariats*

Authority:

- **Reporting into:** BHRUT Trust Board
  Barts Health Trust Board
- **Receives reports from:** BH-BHRUT Collaboration Executive Group

This committee makes recommendations for approval by the two Trust Boards.

Inputs:

- BHRUT-BH collaboration workstream reports
- Report from BH-BHRUT Collaboration Executive Group
- Other reports as required

Outputs:

- Minutes and action log
- Minutes to BHRUT and Barts Health Trust Boards

Other:

- Terms of Reference to be reviewed and agreed at least annually
- All agenda, papers and Minutes/action logs to be stored on electronic storage at BHRUT (Admin Control) and Barts Health (Virtual Boardroom)

NEL Shadow Acute Provider Collaboration Board – Terms of Reference

Barts Health NHS Trust

Frequency: Quarterly **Chair:** Chair, Homerton Healthcare **Vice Chair:** Chair in Common, Barts Health and BHRUT	**Authority:** • **Reporting into:** Trust Boards • **Receives reports from:** APC Shadow Executive
Objectives: The purpose of the APC Board is to provide **non-executive scrutiny** of APC strategy and plans, ensuring effective reporting to the three Trust Boards and the ICB: • Approve and assure the effectiveness of governance structures • Assure work programmes and resourcing • Assure strategies and operating plans, including for any ICB delegated powers • Receive and note update reports from the Shadow APC Executive • Monitor and track progress of programmes against agreed targets and milestones • To ensure alignment on any issues escalated for resolution by the Shadow APC Executive, and where necessary escalate to the ICB	**Inputs:** • Shadow APC Executive minutes • APC reports • Other reports as required **Outputs:** • Minutes and action log • Reports to BHRUT, Barts Health and Homerton Trust Boards and the ICB
Membership: Chairs (x2): Chair, Homerton Healthcare; Chair in Common, Barts Health and BHRUT NEDs (x2): NED, Homerton Healthcare; Joint NED, Barts Health and BHRUT CEOs (x3): Group CEO, Barts Health and BHRUT; CEO, Homerton Healthcare; CEO, BHRUT Executive Directors (x2): Executive Director, Homerton Healthcare; Executive Director for Barts Health and BHRUT **In attendance**: Programme Director, APC and Barts Health/BHRUT collaboration **Quorum:** 1 NED and 1 executive from each of Homerton Healthcare and the Barts Health/BHRUT collaboration **Secretariat provided by**: APC Programme Team	**Other:** • The ToR are for the shadow Board; Browne Jacobson are supporting ongoing work on the ToR for future ICB governance. • Shadow APC Board ToR to be reviewed at six months.