

AUDIT COMMITTEE

TERMS OF REFERENCE

Authority/Constitution

1. The Audit Committee is constituted as a standing committee of the Trust's Board of Directors. Its constitution and Terms of Reference shall be as set out below, subject to amendment at future Board of Directors' meetings. The Audit Committee is a non-executive Committee of the Board and has no executive powers other than those specifically delegated in these Terms of Reference.
2. The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
3. The Committee is authorised by the Board of Directors to obtain outside legal or other independent professional advice and to secure the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.

Purpose

The Audit Committee shall provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical) both generally and in support of the achievement of the Trust's objectives. In addition, the Audit Committee shall:

- Provide assurance of independence for external and internal audit
- Ensure that appropriate standards are set and compliance with them is monitored in all areas that fall within the remit of the Audit Committee
- Monitor corporate governance (e.g. compliance with terms of the licence, constitution, codes of conduct, standing orders, standing financial instructions, maintenance of registers of interests)
- Ensure the Board has adequate assurance that systems and processes are in place to deliver safe care.

The primary function of the Audit Committee is to assess the adequacy and effectiveness of the Trust's underlying assurance processes which indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements. The Committee will:

- Monitor and review financial and other risk and associated controls, integrated governance (both clinical and corporate) and financial assurance across the whole of the Trust's activities
- Review the integrity of the financial statements to determine their completeness, accuracy and integrity
- Ensure there is an effective internal audit function established by management which provides appropriate independent assurance to the Committee
- To maintain an oversight of the Trust's general risk management structures, processes and responsibilities, including the production and issue of any risk and control-related disclosure statements
- Review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, it will review the work and findings of the auditors and consider management's response to their work.

Duties

Internal Control and Risk Management

4. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole organisation that supports the achievement of the Trust's strategic vision and objectives. In particular, the Committee will review the adequacy and effectiveness of:
 - The system of risk management across the whole of the Trust's activities (clinical and non-clinical) and receive regular monitoring information against the management of risks judged as 'significant' and provide assurance to the Trust Board on the systems in place for the management of risk across the Trust
 - All risk and control related disclosure statements including the Annual Governance Statement and Head of Internal Audit statement and external audit opinion, prior to endorsement by the Board
 - Policies and procedures for ensuring compliance with relevant regulatory, legal and conduct requirements
 - The arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial (fraud), clinical or safety matters and ensure that any such concerns are investigated proportionately and independently. In carrying out this work the Committee will utilise the work of internal audit, external audit and other assurance functions as well as reports and assurances sought from directors and managers and other investigatory outcomes. The Committee will also consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulators and inspectors within the health (and social care) sector and professional bodies with responsibilities that relate to staff performance and functions. This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and risk functions outlined above, that report to it.

5. To review the adequacy of the policies and procedures in respect of all anti-fraud work by satisfying itself that the organisation has adequate arrangements in place for anti-fraud, bribery and corruption that meets the NHS Counter Fraud Authority's (NHS CFA) standards. The Committee will refer any suspicious of fraud, bribery and corruption to the NHS CFA and review and approve the Trust's annual Anti-Fraud workplan, ensuring that it is consistent with the needs of the organisation.
6. Receive annual assurance from the Operational Performance Group on the arrangements in place for emergency preparedness in line with the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework to ensure that the Trust is complying with legal and policy requirements.
7. To receive assurance on the delivery of the LUHFT Improvement Plan and implementation of the actions. The Committee may request a deep dive into any areas within the identified areas of programmes of work of the plan to seek assurance.

In carrying out this work, Audit Committee will primarily utilise the work of Internal Audit, External Audit, and Trust's Executive Committees/Groups but will not be limited to these. Audit Committee will work closely with the Executive Assurance and Risk Committee. The work of the two committees needs to be linked so that the Trust Board can be confident that there is an aligned independent and executive focus on strategic risk and assurance. This will be achieved through committee work plans underpinned by the Assurance Framework, agreed priorities and routine referral of issues between committees so that there is respective understanding of risk and assurance concerns. It will also seek reports and assurances from directors and managers as appropriate, concentrating on overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Internal Audit

8. To review and approve the internal audit strategy and programme, ensuring that it is consistent with the needs of the organisation.
9. To oversee on an on-going basis the effective operation of internal audit in respect of:
 - adequate resourcing
 - its co-ordination with external audit
 - meeting relevant internal audit standards
 - providing adequate independent assurances
 - having appropriate standing within the Trust, and
 - meeting the internal audit needs of the Trust.
10. To consider the major findings of internal audit investigations and management's response and their implications and monitor progress on the implementation of recommendations.
11. To consider the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal of internal audit staff.

12. To conduct an annual review of the internal audit function.

External Audit

13. To make a recommendation to the Council of Governors in respect of the appointment, re-appointment and removal of an external auditor and related fees as applicable. To the extent that the recommendation is not accepted by the Council of Governors, this shall be included in the annual report, along with the reasons why the recommendation was not adopted.
14. To discuss with the external auditor, before the audit commences, the nature and scope of the audit, and ensure co-ordination, as appropriate, with other external auditors in the local health economy.
15. To assess the external auditor's work and fees each year and based on this assessment, to make the recommendation to the Council of Governors with respect to the re-appointment or removal of the auditor. This assessment should include the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.
16. To oversee the conduct of a market testing exercise for the appointment of an auditor at least once every three years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the auditor.
17. To review external audit reports, including the annual audit letter, together with the management response, and to monitor progress on the implementation of recommendations.
18. To develop and implement a policy on the engagement of the external auditor to supply non-audit services.
19. To consider the provision of the external audit service, the cost of the audit and any questions of resignation and dismissal of the auditors.

Annual Accounts Review

20. To review the annual statutory accounts, before they are presented to the Board of Directors, in order to determine their completeness, objectivity, integrity and accuracy. This review will cover but is not limited to:
 - the meaning and significance of the figures, notes and significant changes
 - areas where judgement has been exercised
 - adherence to accounting policies and practices
 - explanation of estimates or provisions having material effect
 - the schedule of losses and special payments

- any unadjusted statements, and
 - any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved.
21. To review the annual report and annual governance statement before they are submitted to the Board of Directors to determine completeness, objectivity, integrity and accuracy.
 22. To review all accounting and reporting systems for reporting to the Board of Directors, including in respect of budgetary control.

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

23. To review on behalf of the Board of Directors the operation of, and proposed changes to, the standing orders and standing financial instructions, the constitution, codes of conduct and standards of business conduct including maintenance of registers.
24. To examine the circumstances of any significant departure from the requirements of any of the foregoing, and whether those departures relate to a failing, an overruling or a suspension.
25. To review the scheme of delegation.

Other

26. To review performance indicators relevant to the remit of the Audit Committee.
27. To examine any other matter referred to the Audit Committee by the Board of Directors and to initiate investigation as determined by the Audit Committee.
28. To review each year the accounting policies of the Trust and make appropriate recommendations to the Board of Directors.
29. To develop and use an effective assurance framework to guide the Audit Committee's work. This will include utilising and reviewing the work of the internal audit, external audit and other assurance functions as well as reports and assurances sought from directors and managers and other investigatory outcomes so as to fulfil its functions in connection with these terms of reference.
30. To consider the outcomes of significant reviews carried out by other bodies which include but are not limited to regulator and inspectors within the health and social care sector and professional bodies with responsibilities that relate to staff performance and functions.
31. To review the work of all other Trust committees in connection with the Audit Committee's assurance function.

Membership

32. The Committee shall be composed of all Non-Executive Directors of the Trust with the exception of the Trust Chair. At least one of the members should have recent and relevant financial experience and should be appointed Chair of the Committee by the Board. The composition of the Committee should be given in the Trust's Annual Report.
33. The Chair of the Trust shall not be a member of the Committee.
34. A quorum will be three members.
35. The following are required to attend meetings of the Audit Committee in a non-voting capacity:
 - Chief Finance Officer
 - Chief Nursing Officer
 - Chief Medical Director
 - Head of Internal Audit
 - Representatives of the External Auditors
 - Anti-Fraud Specialist
 - Associate Director of Corporate Affairs/Company Secretary
 - Chief Executive Officer will attend meetings at least annually when the Committee considers the draft annual governance statement and the annual report and accounts.
36. Other Executive Directors or relevant members of staff may be co-opted or requested to attend for specific agenda items as necessary by invitation of the Audit Committee Chair.

Requirements of Membership

37. Members of the Audit Committee must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance will be recorded and monitored.

Equality Diversity & Inclusion

38. In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

39. The minutes of all meetings of the Audit Committee shall be formally recorded and submitted to the next meeting for approval. An assurance report shall be submitted to the Board of Directors which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken. It will also include, when required, details of any evidence of potentially ultra vires, otherwise unlawful acts of co-mission or omission, practices or any other important matters.
40. The Chair of the Audit Committee will provide a report to the Council of Governors identifying any matters in respect it considers that action or improvement is needed. The report will specify what improvement is needed and make recommendations as to the steps to be taken to mitigate the level of risk posed to the Trust.
41. The Audit Committee will report annually to the Board of Directors in respect of the fulfilment of its functions in connection with these terms of reference. Such report shall include but not be limited to functions undertaken in connection with the annual governance statement, the assurance framework, the effectiveness of risk management within the Trust, the integration and adherence to governance arrangements, and any pertinent matters in respect of which the Audit Committee has been engaged.
42. The Trust's annual report shall include a section describing the work of the Audit Committee in discharging its responsibilities.

Administration of Meetings

43. Meetings shall be held as required but not less than six times per year. Additional meetings may be called if required.
44. The Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
45. Agendas will be produced and agreed by the Chair in conjunction with the Executive Lead and Lead Officer. Agendas and papers will be circulated at least 4 working days (or 3 working days plus a weekend) in advance of the meeting.
46. Minutes will be circulated to Committee members as soon as is reasonably practicable.

Review

47. The Terms of Reference of the Audit Committee shall be reviewed by the Committee and submitted to the Board of Directors for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Committee	Date ratified by Board (thereby come into force)
30/06/21	1	<p>The Chief Executive Officer will attend meetings at least annually when the Committee considers the draft annual governance statement and the annual report and accounts.</p> <p>Job titles updated for the Associate Director of Corporate Affairs/Company Secretary</p>	08/07/2021	27/07/2021
14/01/22	2	<p>To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control that support the achievement of the Trust's objectives</p> <p>Work closely with the Executive Risk & Assurance Committee so that the Trust Board can be confident there is an aligned independent and executive focus on strategic risk and assurance</p> <p>Receive annual assurance from the Operational Performance Group on the arrangements in place for emergency preparedness in line with the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework</p> <p>Receive assurance on the delivery of the LUHFT Improvement Plan and implementation of the actions. The Committee may request a deep dive into any areas within the identified areas of programmes of work of the plan to seek assurance.</p>	19/01/2022	25/01/2022

EXECUTIVE ASSURANCE & RISK COMMITTEE

TERMS OF REFERENCE

Authority/Constitution

1. The Executive Assurance & Risk Committee is constituted as a standing committee of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors meetings.
2. The Committee is authorised by the Board of Directors to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.
3. The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Committee is authorised to obtain such internal information as is necessary and beneficial to the fulfilment of its functions.

Purpose

5. The Executive Assurance & Risk Committee has been established to oversee, coordinate, review and assess the effectiveness of risk management, governance and assurance arrangements and related activities across the Trust. Interaction with the Audit Committee will be an important enabler of this power.
6. The Committee is responsible for managing the strategic risk across all areas of the Trust. This includes ensuring that the risks are being managed and minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic priorities of Great Care, Great People, Great Research & Innovation and Great Ambitions, through review and scrutiny of the relevant risks from the Board Assurance Framework and the Hospital Leadership Team/Corporate risk registers requiring consideration in accordance with the Risk Management Policy.
7. The Committee will operate in alignment with the Audit Committee in order to assess the adequacy and effectiveness of the Trust's underlying assurance processes which indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks.

Duties

8. The Committee will oversee and seek assurance on all matters and will make recommendations to the Board of Directors where appropriate and in line with the Scheme of Delegation. Specifically, this will include the following:

- To monitor performance and take appropriate action to ensure effective delivery of the Trust's principal objectives through receipt of the Integrated Performance Dashboard.
- To agree and monitor action plans where remedial steps are indicated to improve performance.
- To have overarching responsibility for risk and oversee the development and implementation of the Trust's Board Assurance Framework and risk management arrangements, including the approval of associated strategies and policies.
- To promote the 'risk management' culture and the 'risk appetite' of the Trust.
- To ensure significant risks to the Trust's Principal Objectives are identified and managed effectively and efficiently.
- To monitor delivery of the Trust's Improvement Plan (The Journey to High Reliability) and take appropriate action to ensure effective delivery.
- To ensure adequate assurance mechanisms exist and are appropriately monitored to enable self-certifications and declarations of compliance with national standards and guidance to be confidently given.
- To ensure quarterly Hospital Leadership Teams Annual Plan Reviews are undertaken, and ensure any required actions are taken to support the effective delivery of the Hospital Leadership's Principal Objectives. This includes those relating to Liverpool Clinical Laboratories together with Estates & Facilities.
- To provide assurance to the Board of Directors that ensures ongoing compliance with the Trust's authorisation and statutory duties.
- To establish and maintain an effective relationship with Audit Committee, to provide confidence to the Board of Directors with respect to the delivery of Trust's Principal Objectives.

Membership

9. The Group shall be composed of the following members:

- Chief Executive (Executive Lead & Chair of the Group)
- Chief Finance Officer
- Chief Nurse
- Medical Director
- Chief Operating Officer
- Chief People Officer
- Director of Strategy
- Director of Service Improvement
- Director of Communications
- Hospital Site Leadership Team (Aintree)
- Hospital Site Leadership Team (Royal)
- Hospital Site Leadership Team (Broadgreen)
- Leadership Team Liverpool Clinical Laboratories
- Director of Estates & Facilities
- Director of Quality Governance
- Chief Information Officer
- Chief Pharmacist

10. The Associate Director of Corporate Affairs/Company Secretary is required to attend meetings of the Committee in a non-voting capacity.
11. The Committee will be deemed quorate when three Executive Directors, one member of Hospital Site Leadership Team (Aintree) and one member of the Hospital Site Leadership Team (Royal) are present.
12. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.

Requirements of Membership

13. Members of the Committee must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Committee will be recorded and monitored.

Equality Diversity & Inclusion

14. In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

15. The minutes of all meetings of the Committee shall be formally recorded and submitted to the following meeting for approval.
16. The Committee will report to the Board of Directors and Audit Committee after each meeting via an assurance report which will provide key assurances and any identified exceptions / risks in relation to the delivery of the priorities set out in the Trust's Strategy and annual business planning objectives. In reporting to the Board of Directors and Audit Committee, details should include any associated action plans to mitigate the level of risk to the Trust
17. The Committee will report annually to the Board of Directors in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
18. The Committee will receive assurance reports from the Groups falling under the remit of its responsibilities, including:
 - a) Executive Finance & Digital Group
 - b) Executive Quality & Safety Group
 - c) Executive Clinical Effectiveness Group
 - d) Executive People & Organisational Development Group
 - e) Executive Research & Innovation Group
 - f) Executive Operational Performance Group
 - g) Aintree Hospital Assurance & Risk Group
 - h) Royal Hospital Assurance & Risk Group
 - i) Broadgreen Hospital Assurance & Risk Group

Assurance reports will be provided following each meeting of the relevant group and also at the request of the Committee, should the need arise.

Administration of Meetings

19. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee.
20. The Director of Corporate Affairs/Company Secretary will plan to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
21. Agendas and papers will be circulated 5 working days in advance of the meeting.
22. Minutes will be circulated to Committee members as soon as is reasonably practicable.

Review

23. The Terms of Reference of the Committee shall be reviewed and submitted to the Board of Directors for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Group	Date ratified by Board of Directors (thereby come into force)
21/12/21	1	Development of Terms of Reference for new Committee	17/01/22	25/01/22

NEW HOSPITAL COMMITTEE

TERMS OF REFERENCE

Authority/Constitution

1. The Committee is constituted as a standing committee of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors' meetings.
2. The Committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.
3. The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The Committee will provide assurance to the Board in relation to the plans, projects, systems and processes in place to ensure operational, workforce and quality readiness for the move to the new Royal Hospital.
6. The Committee will ensure that risks relevant to the Committee's purpose are minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the BAF and the divisional/corporate risk registers requiring consideration in accordance with the risk management policy.

Duties

7. The Committee will seek assurance and support, challenge and advise on:
 - a. The delivery of the operational planning and new hospital readiness programme, including (but not limited to) oversight of the:
 - Service reconfigurations and clinical models that impact significantly on the new hospital programme.
 - Application of the principles of the Quality Strategy to deliver safe, effective and caring services from day one.
 - Preparedness of the workforce for the move including organisational development, staff engagement, workforce capacity and capability, people processes and ways of working.

- Development and delivery of an integrated communications plan to ensure a joined up approach across the programme's workstreams.
 - Development and delivery of the New Hospital Digital Programme.
- b. The delivery of the construction programme, including (but not limited to):
- Compliance with the business case approval conditions and scheme of delegation set by the Department of Health.
 - Construction and site logistics.
 - The development of legal claims, including the potential impact on the supply chain and the recoverability of funds against expected legal costs in order to make a recommendation to the Trust Board for approval.
8. The Committee will seek independent and external assurance on the programme from internal audit, peer review processes and senior clinicians.

Membership

9. The Committee shall be composed of the following members:
- Chair (who must be an independent Non-Executive Director)
 - Non-Executive Directors (x 2)
 - Chief Operating Officer (Lead Executive)
 - Chief Executive
 - Chief Finance Officer / Deputy Chief Executive
 - Chief Nurse
 - Chief People Officer
10. The following are required to attend meetings of the Committee in a non-voting capacity:
- Associate Director of Corporate Affairs/Company Secretary
 - Director of Finance (Strategic Capital/Programme Senior Responsible Officer)
 - Director of Estates & Facilities
 - Director of Operational Planning / Integration (x2)
11. The Committee will be deemed quorate when three members are present, including at least one Non-Executive Director.
12. Non-Executive Directors that are not formal members of the Committee may attend meetings at their discretion or where the focus of the agenda falls within the remit of their responsibilities.
13. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.

Requirements of Membership

14. Members of the Committee must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Committee will be recorded and monitored.

Equality Diversity & Inclusion

15. In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community

Reporting

16. The minutes of all meetings of the Committee shall be formally recorded and submitted to the following meeting for approval.
17. The Committee will report to the Board of Directors after each meeting via an assurance report which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.
18. The Committee will report annually to the Board of Directors in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
19. The Committee will receive assurance reports from the groups falling under the remit of its responsibilities, including:
 - a) New Hospital Programme Steering Group
 - b) New Hospital Executive Led Group
 - c) New Hospital Project Board
 - d) New Hospital Workforce Executive Led Group
 - e) New Hospital Safe and Effective Care Group

Administration of Meetings

20. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee.
21. The Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
22. Agendas and papers will be circulated least 5 working days (or 4 working days plus a weekend) in advance of the meeting.
23. Minutes will be circulated to Committee members as soon as is reasonably practicable.

Review

24. The Terms of Reference of the New Hospital Committee shall be reviewed by the Committee and submitted to the Board of Directors for review and approval at least annually.

Date	Version no	Main changes proposed	Date approved by Committee	Date ratified by Board (thereby come into force)
07.07.21	2.0	Revised to reflect changing focus of the Committee from the construction of the building to operational and workforce readiness for the move to the new hospital	05.08.2021	28.09.2021

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE

Authority/Constitution

1. The Committee is constituted as a standing committee of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors' meetings.
2. The Committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.
3. The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Board of Directors

- Board of Trustees
- Approves Charitable Funds Committee terms of reference, Annual Report and Financial Statements

Charitable Funds Committee

- Ensures the requirements of the Charity Commission and other relevant regulatory and statutory frameworks are complied with
- Ensures charitable donations are administered efficiently and appropriately
- Approves grant applications of more than £5000

Chief Finance Officer

- Treasurer to the Charitable Funds Committee
- Ensures management and accounting arrangements are compliant with legislation

Purpose

5. To ensure the requirements of the Charity Commission and other relevant regulatory and statutory frameworks are complied with and to ensure that charitable donations are administered efficiently and legally and directed promptly towards appropriate charitable activity in accordance with the donor's wishes.

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6. The Committee will ensure that risks relevant to the Committee's purpose are minimised through the application of the Trust's risk management system. This will include but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the BAF and the divisional/corporate risk registers requiring consideration in accordance with the risk management policy.

Duties

7. In order to fulfil its role, the Committee will undertake the following:
 - Maintain and approve appropriate policy documents to ensure that the legal and administrative duties of the Corporate Trustee are met on behalf of the Board of Directors.
 - Monitor charitable funds, approve the creation of new funds within the umbrella fund and ensure a periodic review of existing funds takes place.
 - Ensure appropriate procedures are in place to control expenditure and ensure it is in accordance with the objectives of the funds.
 - Establish a strategy for charitable funds and, on the basis of professional advice, determine an investment policy within this strategy.
 - Review the Annual Report and Financial Statements and ensure consistency with the Charity Commission's Statement of Recommended Practice.
 - Receive the auditors' report on the Annual Report and Financial Statements and recommend their formal approval to the Board of Directors.
 - Oversee the administration of the Charity and ensure its spending is in accordance with the objectives set by the Board of Directors as Corporate Trustee and supports the delivery of the Trust's strategic priorities: Great Care; Great People; Great Research and Innovation; and Great Ambitions.
 - Ensure proactive management of the pipeline of funding applications and that the Charity's income does not accumulate unless there is a specific future use in mind.
 - Act in the best interests of the Charity and in such manner as meets the requirements of the Charity Commission.
 - Establish and maintain a charitable funds risk register.
 - Authorise charitable funds expenditure over £5000.
 - Refer any matters of concern to the Trust's Board of Directors.
8. Whilst the Committee has been established by the Board of Directors to carry out specific functions as noted in this document, it is important to note that the Trust retains ultimate responsibility, via its Board of Directors, for discharging its duties and responsibilities as the Charity's Corporate Trustee. To that end, the Board of Directors has absolute discretion over the activities and decisions of the Committee.

Membership

9. The Committee shall be composed of the following members:
 - a. Non-Executive Director (Chair)
 - b. Non-Executive Director
 - c. Chief Finance Officer
 - d. Chief Nurse/Medical Director (shared membership)

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10. The following are required to attend and participate in the meetings of the Committee in a non-voting capacity:
 - a. Director of Communications
 - b. Director of Strategy (or representative from Research and Innovation)
 - c. Finance Manager (Charitable Funds)
 - d. Head of Fundraising
 - e. Divisional representative (at the request of the Committee)
 - f. Professional Investment Advisor/Manager (at the request of the Committee)
 - g. Internal or External Audit (at the request of the Committee)
11. The Committee will be deemed quorate when 2 out of 4 members including the Non-Executive Director (chair) are present (tele-conferencing will be permitted, if necessary).
12. Members of the Board of Directors to attend one meeting a year as a minimum ex officio.
13. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.

Requirements of Membership

14. Members of the Committee must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Committee will be recorded and monitored.

Equality Diversity & Inclusion

15. In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community

Reporting

16. The minutes of all meetings of the Committee shall be formally recorded and submitted to the following meeting for approval.
17. The Committee will report to the Board of Directors after each meeting via an assurance report which will provide an overview of the discussions at the meeting, details of any matters in respect of which actions or improvements are needed and decisions taken.
18. The Committee will report annually to the Board of Directors in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

Administration of Meetings

19. Meetings shall ordinarily be held quarterly with additional meetings held on an exceptional basis at the request of the Chair.

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20. The Associate Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
21. Agendas and papers will be circulated at least 5 working days (or 4 working days plus a weekend) in advance of the meeting.
22. Minutes will be circulated to Committee members as soon as is reasonably practicable.

Review

23. The Terms of Reference of the Charitable Funds Committee shall be reviewed by the Committee and submitted to the Board of Directors for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Committee	Date ratified by Board (thereby come into force)
27.10.20	2.0	<p>Responsibilities chart added to Authority / Constitution section.</p> <p>Duties of the Committee amended to include:</p> <ul style="list-style-type: none">• Proactive management of the pipeline of funding applications.• Requirement for the establishment and monitoring of a charitable funds risk register.• Delegated authority to approve charitable funds expenditure.• Responsibility for ensuring that expenditure is aligned with the Trust's strategic priorities. <p>Membership updated to include additional Non-Executive Director</p> <p>Requirement for divisional representatives to attend meetings at the request of the Committee.</p> <p>Minor amendments to branding, job titles, formatting and grammatical issues.</p>	22 October 2020	27 October 2020 Item TB20.21_146

Liverpool University Hospitals NHS Foundation Trust

07.03.20 22	3.0	Additional Non-Executive Director to be included as a member.	24.09.2021	28.09.2021
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NOMINATION & REMUNERATION COMMITTEE

TERMS OF REFERENCE

Authority

1. The Committee is constituted as a standing committee of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors' meetings. The Nomination & Remuneration Committee is a non-executive Committee of the Board and has no executive powers other than those specifically delegated in these Terms of Reference.
2. The Committee is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Committee.
3. The Committee is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The purpose of the Committee is to provide for the nomination, and decide on the remuneration and allowances, and other terms and conditions of office, of the Chief Executive Officer (CEO) and Executive Directors of Liverpool University Hospitals NHS Foundation Trust (The Trust).
6. The Committee will recommend and monitor the structure of remuneration including setting pay ranges and receiving relevant reports (at least annually) for the layer of management under Executive Director not covered under Agenda for Change (AfC).

Duties

7. In order to fulfil its role effectively, the Committee will:
 - Act in accordance with the terms of the Trust's Constitution and Standing Orders, taking the relevant provisions of the NHS Foundation Trust Code of Governance into consideration

Appointments to the Executive Team

- Determine a remuneration policy for the CEO, Executive Directors and the Trust Secretary
- Approve the remuneration and terms of office for each vacant CEO and Executive Director post prior to the post being advertised

- Evaluate the skills, knowledge and experience on the Board and prepare a description of the role and capabilities required for the appointment of a CEO/ Executive Director
- Participate in the recruitment to vacancies for a CEO/Executive Director and ratify appointments
- Review the structure, size and composition of the Board and make recommendations where appropriate
- In the event of the Board agreeing to an Executive Director being appointed as a Non- Executive Director of another organisation, determine whether the individual should retain any associated remuneration

Remuneration

- Subject to receipt of a report on the annual performance of the CEO (from the Chair of the Board of Directors), and taking account of such national pay determinants, comparative data and other matters considered appropriate by the Committee, review the remuneration of the CEO on an annual basis
- Subject to receipt of a report on the annual performance of individual Executive Directors (from the CEO of the Board of Directors), and taking account of such national pay determinants, comparative data and other matters considered appropriate by the Committee, review the remuneration of the individual Executive Directors on an annual basis
- Taking account of value for money requirements for the organisation, ensure that remuneration is sufficient to recruit, retain and motivate the CEO and Executive Directors with the level of skills appropriate for proper and robust management of the organisation
- Ensure that the contractual terms of severance payments on termination of office for the CEO/Executive Directors are fair to the individual/organisation and in line with associated national guidance. Severance payments should not reward failure and, where appropriate, should reflect the director's duty to mitigate losses
- Ensure that the contractual terms of severance payments on termination of office for staff at Very Senior Manager (VSM) level and above are fair to the individual/organisation and in line with associated national guidance. Severance payments should not reward failure and, where appropriate, should reflect the staff member's duty to mitigate losses. This also applies to equivalent medical staff grade cases and any other cases where the severance payment exceeds £100,000
- Monitor levels of remuneration across the organisation, particularly in relation to those at VSM level
- Ensure compliance by the Trust with the requirements for disclosure of the CEO and Executive Directors' remuneration in the annual report and accounts
- Recommend and monitor the level and structure of remuneration for senior managers operating at and below Board level

Succession Planning

- Give full consideration to succession planning, taking into account the challenges and opportunities facing the Trust and the skills and expertise required on the Board

Membership

8. The members of the Committee shall include
 - The Chair of the Trust
 - The Non-Executive Directors of the Trust
9. The Chair of the Committee is the Chair of the Trust. The Deputy Chair of the Trust will Chair the Committee if the Chair is not present.
10. The following are required to attend and participate in the meetings of the Remuneration & Nominations Committee in a non-voting capacity except on those occasions when discussions or decisions relate to their own remuneration or terms of office:
 - Chief Executive
 - Chief People Officer
 - Associate Director of Corporate Affairs / Company Secretary
11. The meeting will be deemed quorate with three members (including the Chair or Deputy Chair of the Trust) of the Committee present. Where quorum cannot be established, the Committee will continue to meet but will be unable to confirm any documentation or take decisions.

Requirements of Membership

12. Members of the Committee must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings.
13. Attendance at the Committee will be recorded and monitored.

Equality, Diversity & Inclusion

14. In conducting its business, the Committee will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

15. The minutes of all meetings of the Committee shall be formally recorded and submitted to the next meeting for approval. An assurance report shall be available to the Board of Directors on request.
16. Identified risks are to be escalated to the Board of Directors in accordance with the agreed assurance and escalation procedure.
17. A summary of all CEO/Executive Director appointments and annual remuneration shall be reported in the Trust's annual report.

18. The Committee will report annually to the Board of Directors in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

Administration of Meetings

19. Meetings shall be held as required but not less than twice per year. Additional meetings may be called if required.
20. The Associate Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Committee members.
21. Agendas will be produced and agreed by the Chair in conjunction with appropriate staff. Agendas and papers will be circulated at least 4 working days (or 3 working days plus a weekend) in advance of the meeting.
22. Minutes will be circulated to Committee members as soon as is reasonably practicable.

Review

23. The Terms of Reference of the Nomination & Remuneration Committee shall be reviewed by the Committee and submitted to the Board of Directors for review and approval at least annually.

EXECUTIVE PEOPLE AND ORGANISATIONAL GROUP

TERMS OF REFERENCE

Authority/Constitution

1. The Executive People & Organisational Development Group is established as a Group reporting to the Executive Assurance & Risk Committee which constitutes one of the standing committees of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Executive Assurance & Risk Committee meetings.
2. The Group is authorised by the Executive Assurance & Risk Committee to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Group.
3. The Group is authorised by the Executive Assurance & Risk Committee to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The Executive People and Organisational Development Group is responsible for providing assurance to the Executive Assurance & Risk Committee in relation to the delivery of the Trust's People Plan and the Great People objectives, ensuring the cultural identity, values and behaviours framework is aligned to the delivery of Trust objectives and compliance with legislation. The Group will ensure that the Trust's workforce has the capacity and capability to deliver the Trust's Strategy and Great Care through effective leadership and development, workforce planning and organisation development; and ensure any risks identified scoring 10+ are managed in accordance with the Board Assurance Framework and Risk Management Strategy.
6. The Group will ensure that risks relevant to the its purpose are minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the Board Assurance Framework (BAF) and the divisional/corporate risk registers requiring consideration in accordance with the risk management policy.

Duties

7. To fulfil its role and obtain the necessary assurance, the Group will:

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- Contribute to, monitor and review the Trust's People Strategy seeking assurance on the associated delivery plans and ensure that the performance management of the Trust is aligned with the strategy.
- Review workforce performance indicators and action plans to deliver improved performance
- Monitor and evaluate compliance with public sector equality duty and delivery of equality objectives to improve the experience of staff with protected characteristics.
- Monitor the effectiveness of staff engagement processes.
- Monitor and review the effectiveness of the Freedom to Speak Up Policy in the Trust.
- Oversee the development and delivery of a workforce education and development plan.
- Oversee the development of the cultural identity, values and behaviours of the Trust, seeking assurance on the alignment with the delivery of workforce improvements.
- To review progress being made to establish the Trust as an anchor institution in terms of workforce and education.
- To oversee, review and ensure staff health and wellbeing is developed and maintained in line with the national People Plan.
- To oversee, review and ensure appropriate security management within the Trust in line with the NHS Violence Prevention and Reduction Standard 2020 and other relevant items as identified on the Group's Forward Plan (agreed annually by the Group).

Membership

8. The Group shall comprise the following members:

- Chair (Chief People Officer)
- Deputy Chief People Officer (Operations)- Deputy Chair
- Deputy Chief People Officer (Organisational Development, ED and I and Education) - Deputy Chair
- Chief Finance Officer
- Medical Director
- Chief Nurse
- Hospital Site Leadership Team (Aintree)
- Hospital Site Leadership Team (Royal)
- Hospital Site Leadership Team (Broadgreen)
- Liverpool Clinical Laboratories (LCL) Representative
- Deputy Chief Finance Officer
- Director of Communications and Marketing
- Deputy Medical Director

9. The Associate Director of Corporate Affairs/Company Secretary is required to attend meetings of the Group in a non-voting capacity.

10. The Group will be deemed quorate when three members are present, two of which must be an Executive Director and the Chief People Officer. A deputy must attend in the absence of the Chief People Officer. Deputies for other Executive members not listed above should only attend if there are relevant agenda items.

11. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.
12. Non-Executive Directors will attend the Group as determined necessary to provide assurance to the Trust Board of Directors.

Requirements of Membership

13. Members of the Group must attend at least six out of 12 meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Group will be recorded and monitored.

Equality Diversity & Inclusion

14. In conducting its business, the Group will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for our workforce, including those who have protected characteristics and vulnerable members of our community. The Group will ensure that the delivery of the Trust People Plan is clearly referenced within an equality impact assessment, which has been made available to all key stakeholders.

Reporting

15. The minutes of all meetings of the Group shall be formally recorded and submitted to the following meeting for approval.
16. The Group will report to the Executive Assurance & Risk Committee after each meeting via an assurance report which will provide an overview of the discussions at the meeting, the management of risks considered with a score of 12+, details of any matters in respect of which actions or improvements are needed and decisions taken.
17. The Group will report annually to the Executive Assurance & Risk Committee in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
18. The following working groups shall report to the Group:
 - a) Staff Experience and Resourcing Group
 - b) Education Governance Group
 - c) Equality Diversity and Inclusion Group
 - d) New Hospital Workforce Integration

The above groups will report as per the Executive People and Organisational Development Group cycle of business, and also at times when requested by the Group.

Administration of Meetings

19. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Committee.

20. The Associate Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Group members.
21. Agendas and papers will be circulated at least 5 working days (or 4 working days plus a weekend) in advance of the meeting.
22. Minutes will be circulated to Group members as soon as is reasonably practicable.

Review

23. The Terms of Reference of the People and Organisational Development Group shall be reviewed by the Group and submitted to the Board of Directors for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Committee	Date ratified by Board (thereby come into force)
31/12/2021	1	Initial draft of the Group's Terms of Reference to align with the Trust's revised operating model. Review undertaken by the Executive People & Organisational Development Group at its inaugural meeting.	20/01/2022	21/02/2022

EXECUTIVE CLINICAL EFFECTIVENESS GROUP**TERMS OF REFERENCE****Authority/Constitution**

1. The Executive Clinical Effectiveness Group (The Group) is established as a Group reporting to Executive Assurance and Risk Committee which constitutes one of the standing committees of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Board of Directors' meetings.
2. The Group is authorised by the Board to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Group.
3. The Group is authorised by the Board of Directors to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. To drive excellence in the provision of clinical care at Liverpool University Hospitals NHS Foundation Trust (LUHFT).
6. To review data on the quality of care (in its widest sense) and drive a continuous cycle of improvement.
7. The Group is authorised to provide assurance to the Executive Assurance and Risk Committee about the standards of clinical effectiveness and quality of clinical practice throughout the Trust and ensure any risks identified scoring 10+ are managed in accordance with the Board Assurance Framework and Risk Management Strategy.
8. The Group will ensure that risks relevant its purpose are minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the Board Assurance Framework (BAF) and the Hospital Site Leadership risk registers requiring consideration in accordance with the Risk Management Policy.

Duties

9. To ensure that each clinical service (Clinical Directors and service leads) has a defined set of metrics that define their service and its quality and that they know what their local data is, and how this compares nationally.
10. In order to fulfil its role and obtain the necessary assurance, the Group will provide assurance to the Executive Assurance and Risk Committee that the Trust:
 - Is compliant with relevant statutory legislation and demonstrates evidence of compliance with national best practice standards (to include Getting It Right First Time (GIRFT), Advancing Quality, Seven Day Services);
 - Has effective mechanisms in place to ensure that the site specific leads, divisional teams and Clinical Directors and Heads of operations have in place credible, evidence based and data driven plans to deliver the Trust's strategic and annual business objectives and meet contractual obligations in relation to clinical effectiveness. These plans must be tracked by the Divisional teams to ensure progress against key milestones.
 - Reviews, approves and ensures that key policies and documents relevant to Clinical Effectiveness have been reviewed and approved.
 - Ensures that there is an appropriate process in place to monitor and promote compliance across the Trust with clinical standards and guidelines
 - Develops and promotes the vision, values and culture of effective Governance across the Trust.
 - Ensures that the Trust's mortality review processes are implemented, trends and mortality statistics are scrutinised, and improvement actions are implemented to address learning.
 - Ensures the monitoring of medicines governance and use of controlled drugs systems and seek assurances that policies and procedures are in place and being complied with.
 - Reviews and monitors any relevant national reports and guidance (including external reviews and public inquiries) and ensure action plans are developed where deficiencies have been identified.
 - Ensures that there is corporate and divisional/care group review of appropriate national guidance including The National Institute for Health and Care Excellence (NICE), National Confidential Enquiry into Patient Outcome and Death (NCEPOD) and that risks are identified and reviewed in relation to the implementation of recommendations for action.
 - Monitors and evaluates the implementation of good consent, venous thromboembolism (VTE), does not attempt cardiopulmonary resuscitation (DNACPR), Sepsis and Transfusion processes at least twice a year across the organisation, identifying risks to practice and implement actions as required locally.
 - Ensures the Trust's Corporate Clinical Audit Programme and Strategy is functioning and fit for purpose providing assurances relating to the clinical practice.

- Ensures all techniques, procedures and treatments new to the organisation are reviewed and approved prior to agreeing a robust implementation plan.
- Provides recommendations on the assurances received on clinical effectiveness and clinical practice in all parts of the Trust.
- Provides clinical evaluation of recommendations arising from other committees/ groups, including, but not limited to workforce plans and digital development.
- Identifies and monitors any gaps in the delivery of effective clinical care in all specialties ensuring progress is made to improve these areas.
- Promotes a culture of learning and improvement and ensure the development of capacity and capability in continuous improvement on a systemic basis.

Membership

11. The Group shall be composed of the following members:

- Chief Executive Officer
- Medical Director (Executive Lead & Chair of the Group)
- Chief Nurse
- Chief Finance Officer
- Chief Operating Officer
- Chief People Officer
- Hospital Site Leadership Team (Aintree)
- Hospital Site Leadership Team (Royal)
- Hospital Site Leadership Team (Broadgreen)
- Liverpool Clinical Laboratories (LCL) Representative
- Director of Infection Prevention and Control
- Chief Pharmacist
- Deputy Medical Director
- Associate Medical Director Governance and Patient Safety
- Deputy Chief Nurse
- Director of Quality Governance
- Director of Patient Safety
- Director of Strategy
- Director of Quality Improvement

12. The Associate Director of Corporate Affairs / Company Secretary is required to attend meetings of the Group in a non-voting capacity.

13. The Group will be deemed quorate when two Executive Directors, one member of Hospital Site Leadership Team (Aintree) and one member of the Hospital Site Leadership Team (Royal) are present. Deputies for other Executive members should only attend if there are relevant agenda items.

14. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.

15. Non-Executive Directors will attend the Group as determined necessary to provide assurance to the Trust Board of Directors.

Requirements of Membership

16. Members of the Group must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Group will be recorded and monitored.

Equality Diversity & Inclusion

17. In conducting its business, the Group will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community

18. Overarching Values and Over Principles

- Excellent patient care is at the heart and centre of all we do.
- Actions will be data driven.
- The impact on staff wellbeing will always be considered.
- Every activity should be challenged with the question 'does this add value?'
- We will be driven by excellence and aim to be in the top 20% nationally for all metrics.
- We will invest to save.
- Every staff group should be practising and operating at the top of their license/competency.
- We will strive for efficient and cost-effective care.
- Research engagement, output and delivery is a key element and should feature in all we do.

Reporting

19. The minutes of all meetings of the Group shall be formally recorded and submitted to the following meeting for approval.
20. The Group will report to the Executive Assurance and Risk Committee after each meeting via an assurance report which will provide an overview of the discussions at the meeting, the management of risks considered with a score of 12+, details of any matters in respect of which actions or improvements are needed and decisions taken.
21. The Group will report annually to the Executive Assurance and Risk Committee in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

22. The Group will receive assurance reports from the Groups falling under the remit of its responsibilities, including:
- a) Clinical Reliability Groups
 - b) Clinical Standards Operational Group (to include clinical audit, NICE, new techniques and devices) [Under Review]
 - c) Medicines Governance
 - d) Mortality
 - e) Resuscitation and Medical Emergency Team
 - f) Organ and Tissue Donation
 - g) Transfusion
 - h) The Divisions

The above groups will report as per the Executive Clinical Effectiveness Group cycle of business, and at times when requested by the Executive Clinical Effectiveness Group.

Administration of Meetings

23. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Group.
24. The Associate Director of Corporate Affairs / Company Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Group members.
25. Agendas and papers will be circulated least 5 working days (or 4 working days plus a weekend) in advance of the meeting.
26. Minutes will be circulated to the Group members as soon as is reasonably practicable.

Review

27. The Terms of Reference of the Group shall be reviewed by the Group and submitted to the Executive Assurance and Risk Committee for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Group	Date ratified by Board (thereby come into force)
31/12/2021	1	Amendments to the Terms of Reference to align with the Trust's revised operating model. Review undertaken by the Executive Clinical Effectiveness Group at its inaugural meeting.	03/02./2022	21/02/2022

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EXECUTIVE RESEARCH & INNOVATION GROUP

TERMS OF REFERENCE

Authority/Constitution

1. The Executive Research & Innovation Group (The Group) is established as a Group reporting to the Executive Assurance & Risk Committee which constitutes one of the standing committees of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Executive Assurance & Risk Committee meetings.
2. The Group is authorised by the Executive Assurance & Risk Committee to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Group.
3. The Group is authorised by the Executive Assurance & Risk Committee to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The Group will advise on, contribute to and direct the implementation of the Trust's Research and Innovation strategy, coherently integrated with the Trust's corporate strategic direction with the Trust's major partner, the University of Liverpool.
6. The Group is authorised to provide assurance to the Executive Assurance & Risk Committee on the effective implementation of the Trust's Research and Innovation strategy to deliver the strategic priority of GREAT research & innovation. This includes high quality research and innovation, widened access to research opportunities and embedding a culture of research & innovation. The Trust's focus is to grow and deliver world-class innovation and clinical research (translational to applied) which addresses the unmet clinical need of local communities, in conjunction with the University of Liverpool and other partners. The Group will provide assurance to the Executive Assurance & Risk Committee to ensure any risks identified scoring 10+ are managed in accordance with the Board Assurance Framework and Risk Management Strategy.
7. The Group is responsible for managing the strategic risks relevant to its area of responsibility and to provide assurance to the Executive Assurance & Risk Committee that the risks are being managed and minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and

scrutiny of the relevant risks from the BAF and the Hospital Leadership Team/Corporate risk registers requiring consideration in accordance with the Risk Management Policy.

Duties

8. In order to fulfil its role and obtain the necessary assurance, the Group will provide assurance to the Executive Assurance & Risk Committee that it will:
 - Define and monitor delivery and impact of the research and innovation strategy of the Trust in close partnership with the University of Liverpool and other partners.
 - Promote the integration of research and innovation into core service delivery
 - Provide assurance that the structures and processes for research and innovation are appropriate
 - Ensure that the Trust is compliant with statutory requirements
 - Review the Research Delivery & Innovation dashboard and approve action plans to ensure that corrective action to address failing performance is effective.
 - Ensure the Trust has a coherent programme to build sustainable, embedded research and innovation capacity and capability.
 - Promote sustained improvement in the programmes of research and innovation in the Trust, alongside their continuous quality assurance and receive other relevant items as identified on the Group's Forward Plan (agreed annually by the Group).

Membership

9. The Group shall comprise of the following members:
 - Director of Strategy & Lead Director for Research & Innovation (Executive Lead and Chair of the Group)
 - Chief Executive Officer
 - Chief Medical Director
 - Chief Finance Officer
 - Chief Operating Officer
 - Chief Nursing Officer
 - Chief People Officer
 - Director of Research & Innovation
 - Hospital Site Leadership Team (Aintree)
 - Hospital Site Leadership Team (Royal)
 - Hospital Site Leadership Team (Broadgreen)
 - Liverpool Clinical Laboratories (LCL) Representative
 - Chief Information Officer
 - Associate Director of Research & Innovation
 - Director of the Clinical Research Facility
 - Director of Communications & Marketing
 - Director of Quality Improvement

10. The Associate Director of Corporate Affairs/Company Secretary is required to attend meetings of the Group in a non-voting capacity.
11. The Group will be deemed quorate when two Executive Directors, one member of Hospital Site Leadership Team (Aintree) and one member of the Hospital Site Leadership Team (Royal) are present.
12. Deputies may attend in the absence of the Chief Medical Director or the Chief Finance Officer. Deputies for other members should only attend if there are relevant agenda items.
13. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.
14. Non-Executive Directors will attend the Group as determined necessary to provide assurance to the Trust Board of Directors.

Requirements of Membership

15. Members of the Group are expected to attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Group will be recorded and monitored.

Equality Diversity & Inclusion

16. In conducting its business, the Group will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

17. The minutes of all meetings of the Group shall be formally recorded and submitted to the following meeting for approval.
18. The Group will report to the Executive Assurance & Risk Committee after each meeting via an assurance report which will provide an overview of the discussions at the meeting, the management of risks considered with a score of 12+, details of any matters in respect of which actions or improvements are needed and decisions taken. The Group will provide key assurances and any identified exceptions / risks in relation to the delivery of the priorities set out in the Research & Innovation Strategy and annual business planning objectives. In reporting to the Committee, details should include any associated action plans to mitigate the level of risk to the Trust.
19. The Group will report annually to the Executive Assurance & Risk Committee in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.

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20. The Group will receive assurance reports from the Groups falling under the remit of its responsibilities, including:

- a) Research Steering Group
- b) Innovation Steering Group

The above groups will report as per the Executive Research & Innovation Group cycle of business, and at times when requested by the Executive Research & Innovation Group.

Administration of Meetings

21. Meetings shall be held bi-monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Group.

22. The Associate Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Group members.

23. Agendas and papers will be circulated at least 4 working days (or 3 working days plus a weekend) in advance of the meeting.

24. Minutes will be circulated to Group members as soon as is reasonably practicable.

Review

25. The Terms of Reference of the Executive Research & Innovation Group shall be reviewed by the Group and submitted to the Executive Assurance & Risk Committee for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Group	Date ratified by Executive Assurance & Risk Committee (thereby come into force)
17/01/2022	1	Initial draft of the Group's Terms of Reference to align with the Trust's revised operating model. Review undertaken by the Executive Research & Innovation Group at its inaugural meeting.	02/02/2022	21/02/2022

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EXECUTIVE QUALITY & SAFETY GROUP

TERMS OF REFERENCE

Authority/Constitution

1. The Executive Quality & Safety Group (The Group) is established as a Group reporting to the Executive Assurance & Risk Committee which constitutes one of the standing committees of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Executive Assurance & Risk Committee meetings.
2. The Group is authorised by the Executive Assurance & Risk Committee to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Group.
3. The Group is authorised by the Executive Assurance & Risk Committee to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The Group is authorised to provide assurance to the Executive Assurance & Risk Committee about the standards of quality and safety throughout the Trust and ensure any risks identified scoring 10+ are managed in accordance with the Board Assurance Framework and Risk Management Strategy.
6. The Group will ensure that risks relevant its purpose are minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the Board Assurance Framework (BAF) and the Hospital Site Leadership risk registers requiring consideration in accordance with the Risk Management Policy.

Duties

7. In order to fulfil its role and obtain the necessary assurance, the Group will provide assurance to the Executive Assurance & Risk Committee that the Trust:
 - Is compliant with relevant statutory legislation and demonstrates evidence of compliance with national best practice standards (to include compliance with CQC Fundamental Standards of Quality and Safety)

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- Has effective mechanisms in place to deliver the Trust's strategic and annual business objectives and meet contractual obligations in relation to quality and safety (including patient experience).
- Reviews and approves key policies and documents relevant to Quality and Safety.
- Develops and promotes the vision, values and culture of learning and continuous improvement.
- Monitors and evaluates the implementation of relevant improvements plans (including those related to national patient surveys, fundamentals of care and serious incidents) and progress against relevant strategies (including dementia, end of life care, patient engagement) at least twice a year across the organisation identifying risks to practice and implement actions as required locally.
- Ensure compliance with national quality governance standards and processes including duty of candour, complaints and serious incident management.
- Oversee the implementation of and learning from the Liverpool Quality Assessment (LQA) Framework
- Review and ensure that health inequality issues are considered to support clinical care.
- Ensure oversight of safety, prevention and risk management in relation to hip fractures, falls and dementia to gauge the effectiveness of practice.
- Receive assurance on work undertaken to improve the quality of palliative and end of life care.
- Oversee the implementation of the Resuscitation Policy.
- Receive assurance on the Learning from Deaths review process and champion quality improvement that leads to actions that improve patient safety. Further, receive assurance that information is published on the organisation's approach, achievements and challenges.
- Receive assurance on the Health and Safety Policy and scrutinise the integrity of processes to support significant health and safety risks.

Membership

8. The Group shall be composed of the following members:

- Chief Executive
- Chief Nurse (Executive Lead and Chair of the Group)
- Medical Director
- Chief Finance Officer
- Chief Operating Officer
- Chief People Officer
- Director of Strategy
- Director of Quality Improvement
- Director of Communications & Marketing
- Hospital Site Leadership Team (Aintree)
- Hospital Site Leadership Team (Royal)



- Hospital Site Leadership Team (Broadgreen)
 - Liverpool Clinical Laboratories (LCL) Representative
 - Assistant Medical Director Governance and Patient Safety
 - Deputy Chief Nurse
 - Deputy Medical Director
 - Director of Patient Safety
 - Director of Quality Governance
 - Director of Infection, Prevention & Control
 - Director of Estates & Facilities
 - Assistant Director of Health & Safety
 - Chief Pharmacist
9. The Associate Director of Corporate Affairs/Company Secretary is required to attend meetings of the Committee in a non-voting capacity.
10. The Group will be deemed quorate when two Executive Directors, one member of Hospital Site Leadership Team (Aintree) and one member of the Hospital Site Leadership Team (Royal) are present. Deputies for other Executive members should only attend if there are relevant agenda items.
11. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.
12. Non-Executive Directors will attend the Group as determined necessary to provide assurance to the Trust Board of Directors.

Requirements of Membership

13. Members of the Group must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Group will be recorded and monitored.

Equality Diversity & Inclusion

14. In conducting its business, the Group will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

15. The minutes of all meetings of the Group shall be formally recorded and submitted to the following meeting for approval.



16. The Group will report to the Executive Assurance & Risk Committee after each meeting via an assurance report which will provide an overview of the discussions at the meeting, the management of risks considered with a score of 12+, details of any matters in respect of which actions or improvements are needed and decisions taken.
17. The Group will report annually to the Executive Assurance & Risk Committee in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
18. The following groups shall report to the Quality & Safety Group:
 - a) Health and Safety Group
 - b) Infection Prevention and Control Group
 - c) Safeguarding Group

The above groups will report as per the Executive Quality & Safety Group cycle of business, and at times when requested by the Executive Quality & Safety Group.

Administration of Meetings

19. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Group.
20. The Associate Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Group members.
21. Agendas and papers will be circulated least 5 working days (or 4 working days plus a weekend) in advance of the meeting.
22. Minutes will be circulated to Group members as soon as is reasonably practicable.

Review

23. The Terms of Reference of the Executive Quality & Safety Group shall be reviewed by the Group and submitted to the Executive Assurance & Risk Committee for review and approval at least annually.



Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Group	Date ratified by Executive Assurance & Risk Committee (thereby come into force)
31/12/2021	1	Initial draft of the Group's Terms of Reference to align with the Trust's revised operating model. Review undertaken by the Executive Quality & Safety Group at its inaugural meeting.	19/01/2022	21/02/2022

LIVING OUR VALUES



EXECUTIVE FINANCE & DIGITAL GROUP

TERMS OF REFERENCE

Authority/Constitution

1. The Executive Finance & Digital Group (The Group) is established as a Group reporting to the Executive Assurance & Risk Committee which constitutes one of the standing committees of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Executive Assurance & Risk Committee meetings.
2. The Group is authorised by the Executive Assurance & Risk Committee to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Group.
3. The Group is authorised by the Executive Assurance & Risk Committee to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The Group has been established to have oversight of the delivery of the Trust's financial and digital plans and strategies, and to provide assurance to the Executive Assurance & Risk Committee on the management of associated strategic risks set out in the Board Assurance Framework and ensure any risks identified scoring 10+ are managed in accordance with the Board Assurance Framework and Risk Management Strategy.
6. The Group will ensure that risks relevant its purpose are minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the Board Assurance Framework (BAF) and the Hospital Site Leadership risk registers requiring consideration in accordance with the Risk Management Policy.

Duties

7. The Group will oversee and seek assurance on all financial and digital matters and will make recommendations to the Executive Assurance & Risk Committee where appropriate and in line with the Scheme of Delegation. Specifically, it will:

- Oversee and monitor delivery of the enabling strategies falling within the Group's remit, including:
 - a) Estates
 - b) Digital
 - c) Sustainability
- Raise awareness of commercial matters and facilitate discussions that identify benefits to procurement activity and strategic development;

Finance

- Oversee and seek assurance on the development, management and delivery of:
 - The annual financial plans including revenue, budgets, capital programme and the Cost Improvement Plan (CIP) programme.
 - The Trust's financial plans over the short, medium and long term.
 - Compliance with financial reporting requirements in line with Foundation Trust financial obligations and duties.
 - The Group is responsible for oversight and raising the profile of procurement within the Trust in line with the Procurement Target Operating Model (PTOM) programme.
 - Procurement activities and compliance with procurement regulations including the NHS Standards of Procurement.
 - Estates related plans and submissions, including (but not limited to): the NHS Premises Assurance Model and the Estates Return Information Collection.
 - The Trust's sustainability plans to support the delivery of a Net Zero NHS.
- In line with the Trust's Scheme of Delegation, the Group will:
 - Approve all financial reports required to be submitted to the regulator as delegated by the Board of Directors.
 - Consider and make recommendations to the Board of Directors in relation to proposed changes to the Trust's Standing Financial Instructions.
 - Review, approve and make recommendations to the Trust Board in relation to procurements.

Digital

- Oversee and seek assurance on the development, management and delivery of:
 - The Digital Strategy and associated delivery plan, including the risks and mitigations associated with digital change and the effectiveness of communications with key stakeholders.
 - Technology that is innovative, scalable, interoperable, flexible, fixable, resilient and fit for purpose.
 - The Group should ensure on behalf of the Board that the 10 minimum cyber-security standards published by the Cabinet Office are met.

- The Group should regularly review cyber security risks, ensuring appropriate mitigation, and that regular maintenance of critical systems and equipment takes place, while minimising impact on clinical services during system downtime. This should include the following:
 - Removal of unsupported systems from trust networks
 - Timely patching of systems and prompt action on high severity alert when they are issued
 - Ensuring robust and immutable backups are in place.
- The Business Intelligence Development and Delivery Plan.
- In addition, the Group will receive other relevant items as identified in the Group's cycle of business (agreed annually by the Group).

Membership

8. The Group shall be composed of the following members:

- Chief Executive
- Chief Finance Officer (Executive Lead & Chair of the Group)
- Chief Nurse
- Medical Director
- Chief Operating Officer
- Chief People Officer
- Chief Information Officer
- Hospital Site Leadership Team (Aintree)
- Hospital Site Leadership Team (Royal)
- Hospital Site Leadership Team (Broadgreen)
- Liverpool Clinical Laboratories (LCL) Representative
- Deputy CFO / Director of Finance (Operations)
- Deputy Director of Finance – Strategic Finance & Business Intelligence
- Director of Estates & Facilities
- Chief Clinical Information Officer
- Chief Nursing Information Officer
- Director of Communications and Marketing
- Director of Quality Improvement
- Director of Finance and Business Services
- Deputy Director of Finance
- Director of Strategy and Planning

9. The Associate Director of Corporate Affairs/Company Secretary is required to attend meetings of the Group in a non-voting capacity.

10. The Group will be deemed quorate when two Executive Directors, one member of Hospital Site Leadership Team (Aintree) and one member of the Hospital Site Leadership Team (Royal) are present. Deputies must attend in the absence of the Chief Finance Officer or the Chief Information Officer. Deputies for other Executive members should only attend if there are relevant agenda items.
11. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.
12. Non-Executive Directors will attend the Group as determined necessary to provide assurance to the Trust Board of Directors.

Requirements of Membership

13. Members of the Group must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Group will be recorded and monitored.

Equality Diversity & Inclusion

14. In conducting its business, the Group will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

15. The minutes of all meetings of the Group shall be formally recorded and submitted to the following meeting for approval.
16. The Group will report to the Executive Assurance & Risk Committee after each meeting via an assurance report which will provide an overview of the discussions at the meeting, the management of risks considered with a score of 12+, details of any matters in respect of which actions or improvements are needed and decisions taken.
17. The Group will report annually to the Executive Assurance & Risk Committee in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
18. The Group will receive assurance reports from the Groups falling under the remit of its responsibilities, including:
 - a) Digital Oversight

- b) Financial Improvement Programme
- c) Information Governance

Assurance reports will be provided following each meeting of the relevant group and also at the request of the Group, should the need arise.

Administration of Meetings

- 19. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Group.
- 20. The Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Group members.
- 21. Agendas and papers will be circulated 5 working days in advance of the meeting.
- 22. Minutes will be circulated to Group members as soon as is reasonably practicable.

Review

- 23. The Terms of Reference of the Group shall be reviewed by the Group and submitted to the Executive Assurance & Risk Committee for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Group	Date ratified by Executive Assurance & Risk Committee (thereby come into force)
14/01/2022	1	Initial draft of the Group's Terms of Reference to align with the Trust's revised operating model. Review undertaken by the Finance & Digital Group at its inaugural meeting.	20/01/2022	21/02/2022



EXECUTIVE OPERATIONAL PERFORMANCE GROUP

TERMS OF REFERENCE

Authority/Constitution

1. The Executive Operational Performance Group (The Group) is constituted as a Group reporting to the Executive Assurance & Risk Committee which constitutes one of the standing committees of the Trust's Board of Directors. Its constitution and terms of reference shall be as set out below, subject to amendment at future Executive Assurance & Risk Committee meetings.
2. The Group is authorised by the Executive Assurance & Risk Committee to act within its terms of reference. All members of staff are directed to co-operate with any request made by the Group.
3. The Group is authorised by the Executive Assurance & Risk Committee to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
4. The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

Purpose

5. The Group is responsible for the oversight of operational performance including Constitutional Standards together with the provision of assurance to the Executive Assurance & Risk Committee in relation to operational performance and to ensure any risks identified scoring 10+ are managed in accordance with the Board Assurance Framework and Risk Management Strategy. Details of the standards are contained as an appendix to the Terms of Reference.
6. The Group is responsible for managing the strategic risks relevant to its area of responsibility and to provide assurance to the Executive Assurance & Risk Committee that the risks are being managed and minimised through the application of the Trust's risk management system. This will include, but not be restricted to the consideration of significant risks to the delivery of the Trust's strategic objectives, through review and scrutiny of the relevant risks from the Board Assurance Framework and the Hospital Leadership Team/Corporate risk registers requiring consideration in accordance with the Risk Management Policy

Duties

7. In order to fulfil its role and obtain the necessary assurance, the Group will:
- Monitor delivery of all relevant operational performance metrics and associated trends, exceptions and variances against plans on a Trust-wide, Site Leadership and divisional basis.
 - Provide advice and interpretation of reporting requirements of new or emerging national or location guidance in relation to the operational delivery of services.
 - Oversee any remedial action plans required to achieve or rectify performance.
 - Provide assurance to the Executive Assurance & Risk Committee that there are robust systems and processes in place to manage operational performance and the achievement of key performance targets. This includes assurance on the validation and quality of data.
 - Oversee and monitor the Trust's Emergency Planning Resilience Response (EPRR) plans, including the EPRR annual self-assessment process on the readiness of the Trust to respond to emergencies, in line with NHS England/Improvement requirements. The Group will provide assurance on annual basis to the Trust's Audit Committee on these arrangements.
 - Other relevant items as identified on the Group's cycle of business (agreed annually by the Group).

Membership

8. The Group shall be composed of the following members:
- Chief Operating Officer / designated Accountable Emergency Officer (Executive Lead and Chair of the Group)
 - Chief Executive
 - Chief Finance Officer
 - Chief Nurse
 - Medical Director
 - Chief People Officer
 - Chief Information Officer
 - Director of Service Improvement
 - Director of Strategy
 - Hospital Site Leadership Team (Aintree)
 - Hospital Site Leadership Team (Royal)
 - Hospital Site Leadership Team (Broadgreen)
 - Liverpool Clinical Laboratories (LCL) Representative
 - Director of Performance and Operational Improvement
 - Director of Operational Planning and Integration
9. The Associate Director of Corporate Affairs/Company Secretary is required to attend meetings of the Group in a non-voting capacity.

10. The Group will be deemed quorate when two Executive Directors, one member of Hospital Site Leadership Team (Aintree) and one member of the Hospital Site Leadership Team (Royal) are present. Deputies for other Executive members should only attend if there are relevant agenda items.
11. Other management or clinical staff may be co-opted or requested to attend for specific agenda items as necessary.
12. Non-Executive Directors will attend the Group as determined necessary to provide assurance to the Trust Board of Directors.

Requirements of Membership

13. Members of the Group must attend at least 75% of all meetings each financial year but should aim to attend all scheduled meetings. Attendance at the Group will be recorded and monitored.

Equality Diversity & Inclusion

14. In conducting its business, the Group will at all times seek to promote its commitment to equality and diversity by the creation of an environment that is inclusive for both our workforce, patients and service users including those who have protected characteristics and vulnerable members of our community.

Reporting

15. The minutes of all meetings of the Group shall be formally recorded and submitted to the following meeting for approval.
16. The Group will report to the Executive Assurance & Risk Committee after each meeting via an assurance report which will provide an overview of discussions at the meeting, the management of risks considered with a score of 12+, details of any matters in respect of which actions or improvements are needed and decisions taken. This will include key assurances and any identified exceptions / risks in relation to the delivery of the priorities set out in the Trust's Strategy and annual business planning objectives. In reporting to the Committee, details should include any associated action plans to mitigate the level of risk to the Trust.
17. The Group will report annually to the Executive Assurance & Risk Committee in respect of the fulfilment of its functions in connection with these terms of reference. This will include an evaluation of its performance according to a standardised framework and process.
18. The Group will receive assurance reports from the Groups falling under the remit of its responsibilities, including but not limited to:



- a) EPRR Oversight Group
- b) Outpatient Transformation Steering Group
- c) Patient Flow Steering Group

The above groups will report as per the Executive Operational Performance Group cycle of business, and at times when requested by the Executive Operational Performance Group.

Administration of Meetings

- 19. Meetings shall be held monthly with additional meetings held on an exceptional basis at the request of the Chair or any three members of the Group.
- 20. The Director of Corporate Affairs/Company Secretary will make arrangements to ensure that the Group is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chair and Group members.
- 21. Agendas and papers will be circulated 5 working days in advance of the meeting.
- 22. Minutes will be circulated to Group members as soon as is reasonably practicable.

Review

- 23. The Terms of Reference of the Group shall be reviewed by the Group and submitted to the Executive Assurance & Risk Committee for review and approval at least annually.

Version Control Schedule

Date	Version no	Main changes proposed	Date approved by Group	Date ratified by Executive Assurance & Risk Committee (thereby come into force)
14/1/2022	1	Initial draft of the Group's Terms of Reference to align with the Trust's revised operating model. Review undertaken by the Executive Operational Performance Group at its inaugural meeting.	20/01/2022	21/02/2022