

Operational Board Item 6.1f

terms of reference

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Scope: Trust Wide	Classification: Terms of Reference
Replaces: Issue No. 1.0	
To be read in conjunction with the following documents: Governance Manual, Monitor licence Board Assurance Framework, Risk management Policy, LHCH Strategic and Operational plans	
Document for public display? Yes	

Unique Identifier: TOR/TB/10(09)	Review Date: July 2018	
Issue Status:	Issue No: 2.0	Issue Date:
Authorised by: Board of Directors	Authorisation Date: 28.7.15	
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Archive: Document Control	Date added to Archive:	
Officer responsible for archive: Document Control Administrator		

1. Constitution and Remit

The Operational Board is established by the Board of Directors of Liverpool Heart and Chest Hospital NHS Foundation Trust and has responsibility for the oversight of implementation of the Trust's operational strategies and objectives, providing assurance to the Board of Directors that effective performance management is being discharged through the Operational Board, ensuring delivery of the Trust's plans and operational targets.

2. Authority

The Operational Board has executive decision making powers as defined in the Scheme of Reservation and Delegation which is approved by the Board of Directors

Trust Standing Orders and Standing Financial Instructions apply.

3. Main Priority and Objective

The Operational Board is responsible for ensuring that all operational components of the Trust's services are on track to meet the business objectives of the organisation. The Operational Board will drive delivery of the annual plan and make informed decisions (within approved delegated limits) in relation to business investment / disinvestment and the development of the estate.

4. Duties and Responsibilities

The Operational Board will:

- i) Ensure the operational implementation and delivery of strategies and objectives as directed by the Board of Directors, including oversight and implementation of the Trust's:
 - annual plan and underpinning operational plans (including financial, capacity and workforce plans)
 - estates plan and capital programme
 - strategic objectives
- ii) Monitor the operational performance of the Trust (service and financial) and satisfy itself and the Board of Directors that the operational performance of the Trust is adequate;
- iii) Approve the remit and membership of its reporting subcommittees and oversee the work of those subcommittees, receiving reports from them for consideration and action as necessary and routinely receiving the minutes and / or action logs of their meetings. These sub committees are:
 - Division of Surgery – Governance and performance
 - Division of Medicine – Governance and Performance
 - Division of Clinical Services – Governance and Performance
 - Risk Management and Corporate Governance
 - CIP Steering Group
 - Operational Planning Group (Task and Finish)
- iv) Review the completeness and accuracy of the Corporate Risk Register and provide appropriate challenge and resolution to the sufficiency of mitigating action plans.
- v) Monitor the adequacy of progress made in mitigating corporate risks, identifying any areas where additional action is required and escalating risks to the Board of Directors where appropriate.
- vi) Approve relevant business cases, service changes and investments.
- vii) Review and approve Trust-wide policies and procedures developed by sub-committees.
- viii) Review the impact of new & emerging guidance from regulators and external agencies and preparing the Trust response to it.

5. Equality and Diversity

Ensure that equality and diversity and due consideration to the Human Rights Act are regarded in all aspects of the Operational Board's work. This will include review of any equity analyses that are commissioned against the Trust's clinical services portfolio.

In addition the Operational Board will have regard for NHS constitution in delivering its objectives.

6. Integration

The Operational Board will support the integration of clinical, organisational and financial governance across the Trust.

7. Membership

Chief Executive (Chair)
Chief Finance Officer / Deputy Chief Executive (Vice Chair)
Medical Director
Director of Nursing & Quality
Chief Operating Officer
Director of Strategy and Organisational Development
Director of Research & Informatics
Associate Director of Corporate Affairs

Associate Medical Director – Surgery
Divisional Head of Operations – Surgery
Head of Nursing – Surgery

Associate Medical Director – Medicine
Divisional Head of Operations – Medicine
Head of Nursing – Medicine

Associate Medical Director – Clinical Services
Divisional Head of Operations – Clinical Services
Head of Nursing – Clinical Services

Clinical Lead – Research and Innovation
Chief Clinical Information Officer

The Chair may co-opt or invite other officers to attend meetings as required.

Each member and attendee is required to nominate a deputy to attend in his / her absence as agreed with the Chair.

8. Quorum and Frequency

In order for decisions taken by the Operational Board to be valid, the meeting must be quorate. The Chair or Vice Chair; plus an additional 11 members of the Committee to include at least two members from each of the 3 Divisional Leadership Teams.

The Operational Board will meet monthly, except August. Twice each year the monthly operational meeting will be replaced with a strategy development day and attendance extended to include the Trust's clinical leads.

The work of the Operational Board will be supported by twice yearly 'deep dive' reviews between each of the Divisional Leadership teams and members of the Executive Team.

9. Reporting

The Operational Board will provide minutes and regular summary reports to the Board of Directors to provide assurance that it is effectively discharging its responsibilities. In addition the Board of Directors routinely receives Strategic and Operational dashboards and top risks and BAF updates directly to ensure that it is sighted on all aspects of operational delivery.

The Operational Board will determine the format, frequency and content of the information it requires from each Reporting Sub Committee e.g. minutes, action logs and / or exception reports.

10. Conduct of Committee Meetings

The Chair of the Operational Board will ensure that the appropriate processes are followed:

- Minutes, action log and reports of the Operational Board to the Board of Directors are accurate, comprehensive and timely
- The agenda and supporting papers are sent out to members 4 working days prior to the meeting, unless authorised by the Chair for exceptional circumstances
- Authors of papers presented must use the required template and adhere to BAF Policy.
- Presenters of papers can expect all committee members to have read the papers and should keep to a summary that outlines the purpose of their paper/report and key issues.
- For the avoidance of doubt, Trust employees who attend the Operational Board do so not only to represent or advocate their directorate or service area but to act in the interests of the Trust as a whole and as part of a Trust-wide governance structure.
- All Operational Board members and those in regular attendance should actively participate in discussions pertaining to the agenda, ensuring that solutions and action plans have multidisciplinary perspectives and consideration of Trust-wide impact
- The Chair will regularly review the effectiveness of meetings and make any recommendations regarding changes to these Terms of Reference to the Board of Directors as and when required.