

Trust Board Meeting: Wednesday 8 July 2015
TB2015.84

Title	Trust Management Executive Report Including updated Terms of Reference
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Status	For Information
History	This is a regular report to the Board

Board Lead(s)	Sir Jonathan Michael, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Trust Management Executive [TME] provides a regular report to the Board on the main issues raised and discussed at its meetings. A summary of the Key Messages from each meeting is produced for communication throughout the Trust. The regular report to the Board is provided at Section 1.

2. As the executive decision making committee of the Trust, it is important to ensure that TME has a comprehensive picture of the entirety of the Trust business. A gap analysis was carried out in 2014 and several recommendations were agreed by TME to improve the governance structure and remit of its sub-committees, as well as the functioning of TME. A follow up report on the recommendations was provided to TME in April 2015, to provide assurance on implementation of the actions agreed.

3. At that time, TME's Terms of Reference were reviewed, and TME supported the submission of the updated Terms of Reference for approval by the Board. The updated Terms of Reference are provided at Section 2.

Recommendations

4. The Board is asked to:

- Note the regular report to the Board from the meetings of TME held on
14 May 2015
4 June 2015, and
25 June 2015
(provided at Section 1); and
- Approve the updated Terms of Reference (Section 2).

SECTION 1

1. Introduction

Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 14 May 2015;
- 4 June 2015; and
- 25 June 2015.

The main issues raised and discussed at the meetings are set out below.

1. Significant issues of interest to the Board

The following issues of interest have been highlighted for the Trust Board:

- 1.1. Operational performance has continued to be monitored closely over Month 12 in 2014/15, and Months 1 and 2 in 2015/16. Delivery of operational performance standards in Q4 was achieved in line with projections, achieving a score of 3 against Monitor's risk assessment framework. Operational performance in Months 1 and 2 of 2015/16 has remained on track for the Trust to deliver its forecast trajectory, and the Trust is expected to achieve a score of no more than 3 against Monitor's risk assessment framework for Q1;
- 1.2. Regular reports have been received on the Trust's financial performance up to year end 2014/15, and in relation to the emerging position for month 1 in 2015/16;
- 1.3. An update on financial plans for 2015/16 reported on the allocation of divisional and departmental funds, following the evaluation of contract values with commissioners;
- 1.4. TME received an outline strategy for the co-ordinated development of adult critical care services, which it is proposed will be submitted for further consideration at a Trust Board Seminar, together with the strategy for theatres development and reconfiguration of JR theatres;
- 1.5. Proposals for the development of neurosurgical services were considered, and TME confirmed its support in principle for an 'invest for return' approach, subject to the development of defined metrics to monitor delivery of the qualitative benefits identified, and subject to further work to be undertaken to analyse reference costs, and to explore the scope for any further Cost Improvement Programmes [CIP];
- 1.6. TME heard that there has been steady improvement in the efficiency of initiating and delivering clinical research at the Trust. An update on the National Institute for Health [NIHR] reporting of Research and Development [R&D] Metrics will be submitted for consideration by the Board at its meeting on 8 July 2015;
- 1.7. An update on the operational performance of Pharmacy was considered. TME noted the improvements made in the dispensing of prescriptions to take out [TTOs], and in medicines reconciliation, and the action being taken to tackle on-going challenges, including those relating to staff turnover on all sites;

- 1.8. TME received the latest Intelligent Monitoring Report published by the Care Quality Commission [CQC] on 29 May 2015. This identifies the Trust as having an overall risk score of 10 (out of a possible 190), which has risen from the overall risk score of 4 in December 2014. It was noted that the Trust is no longer banded as 'recently inspected', and is now banded at '3' (on a scale where the lowest risk is 6, and the highest risk is 1);
- 1.9. An update was provided on implementation of the CQC's fundamental standards (replacing previous outcomes/regulations), and this will be reported to the Board at its meeting on 8 July 2015;
- 1.10. TME also received an update on how the Trust is meeting the new CQC regulation to display ratings, which came into effect on 1 April 2015.
- 1.11. Regular reports were received from sub-committees of TME, including from the Clinical Governance Committee [CGC], at which key points were noted to have included the following:
- Under revised 2015 NHS Never Event guidance, any entrapment of a patient's chest or neck in non-compliant bed rails will constitute a *Never Event*. A summary report on OUH compliance with bed rail design had been considered by CGC, a replacement programme is expected to be completed by October 2015, and Trust guidance on bed rails will be revised as appropriate;

and from the Workforce Committee, at which key points were noted to have included:

- Approval of the Linking Pay Progression and Performance Policy
- Establishment of a Trust Accommodation Committee, and Travel and Transport Committee, to update policy and work on initiatives in support of improvements to recruitment and retention.

2. Key Risks Discussed

- 2.1. TME undertook a detailed review of the Corporate Risk Register [CRR], and recommended that the following risks should be escalated from divisional risk registers to the CRR:
- Risk of failure to comply with NMC requirements for the revalidation of Nurses and Midwives, the current risk of which was scored at **8** (Likelihood at 4 x Consequence at 2)
 - Risks associated with issues relating to the power supply at Churchill theatres, the current risk of which was scored at **10** (Likelihood at 2 x Consequence at 5)
 - Risks associated with the management of test results, the current risk of which was scored at **8** (Likelihood at 4 x Consequence at 2)
 - Risks associated with failure to provide timely discharge summaries, the current risk of which was scored at **16** (Likelihood at 4 x Consequence at 4)

- Risk of inability to demonstrate compliance with Duty of Candour regulations, the current risk of which was scored at **12** (Likelihood at 4 x Consequence at 3)
- 2.1 TME also reviewed the rolling 12 month view of risks, focusing on 'red' risks, and made the following recommendations:
- Failure to deliver the required level of Cost Improvement Programme [CIP] to remain at a score of **16** (Likelihood at 4 x Consequence at 4)
 - Failure effectively to control pay and agency costs, currently scored at **16** to be reviewed further following presentation to the Finance and Performance Committee [F&PC]
 - Impact of changes to specialist tariff newly added in April 2015, to remain at a score of **16** (Likelihood at 4 x Consequence at 4)
 - Failure to reduce delayed transfers of care in the light of lessons learned through the *Perfect Week*, the current risk was re-scored at **15** (Likelihood at 5 x Consequence at 3)
 - Failure to deliver National A&E targets again, in the light of lessons learned through the *Perfect Week*, the current risk was re-scored at **12** (Likelihood at 3 x Consequence at 4)
 - Lack of robust plans across healthcare systems subject to review if there was any notified change in tariff, the current risk was re-scored at **12** (Likelihood at 3 x Consequence at 4)
 - Difficulty recruiting and retaining high quality staff in certain areas the current risk was unchanged at **16** (Likelihood at 4 x Consequence at 4)
- 2.2 TME discussed the themes and lessons learnt from investigations into matters relating to Jimmy Savile, a report on which will be considered by the Trust Board at its meeting on 8 July 2015;
- 2.3 Recommendations of the Morecambe Bay Investigation, by Dr Bill Kirkup CBE were reviewed, and TME considered the gap analysis undertaken in relation to maternity services, a report on which will be considered by the Trust Board at its meeting on 8 July 2015;

3. Key decisions taken

Key decisions made by the TME included:

- 3.1. Approval of the Case of Need for an increase in staffing levels in Surgery and Oncology; funding to be released only upon the recruitment to substantive posts;
- 3.2. Approval of business cases for a cross-sectional Consultant radiologist, and for a 5PA Consultant Orthopaedic Oncology Surgeon;
- 3.3. Support for investment in End of Life Care, subject to further exploration of the scope for securing funding from commissioners;

- 3.4. Support for the pledges proposed under the national campaign *Sign up for Safety*, which will be reported to the Board at its meeting on 8 July 2015;
- 3.5. Approval of revised Terms of Reference for the Clinical Governance Committee;
- 3.6. Support for the Full Business Case for New Radiotherapy Service at Swindon, to be submitted for approval of the Trust Board;
- 3.7. Support for the Full Business Case for Redevelopment of the Horton Endoscopy Unit, to be submitted for approval of the Trust Board;
- 3.8. Approval of the (non-legally binding) memorandum of understanding between the Trust and Ronald McDonald House Charity in relation to the provision of accommodation for parents of patients in children's and newborn services;
- 3.9. Approval of the business case for a replacement plinth for medical oxygen supplies;
- 3.10. Support for the commencement of an acute ischaemic stroke intra-arterial service, in accordance with clinical guidelines and standards proposed;
- 3.11. Approval of the Emergency Preparedness, Resilience and Response Annual Report 2014/15, which will be submitted to the Board at its meeting on 9 September 2015.

4. Future Business

Areas on which the TME will be focusing over the next three months include the following:

- Monitoring delivery of operational performance standards;
- Monitoring financial performance;
- Monitoring quality performance;
- Report on the external review commissioned of craniofacial services;
- Business Case for investment to support the NMC's requirement for revalidation of nursing and midwifery staff;
- Report from the Workforce Optimisation Steering Group;
- Briefing on the development of the Oxford Centre for Interventional Technology;
- Procedure for the process to be followed in relation to Cost Improvement proposals, including assessment of their impact on the quality of service provided;
- CQC Report on Crisis Care in Mental Health Services;
- The Carter Report on NHS efficiency

5. Recommendation

The Trust Board is asked to note the contents of this paper.

Sir Jonathan Michael
Chief Executive

July 2015

SECTION 2**Trust Management Executive
Terms of Reference****1. Authority**

- 1.1 The Trust Management Executive (TME) has been constituted by the Trust Board and is the executive decision making committee of the Trust, chaired by the Chief Executive.
- 1.2 The Committee is authorised by the Board to investigate any activities 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.
- 1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

2. Purpose

- 2.1 The purpose of the Committee is to provide the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, and its associated clinical strategies;
- 2.2. To ensure that there is appropriate integration, connection and liaison between individual clinical services, between clinical and corporate functions and between strategic and operational matters: within the Trust and between the Trust's academic partners;
- 2.3. To support individual directors to deliver their delegated responsibilities by providing a forum for briefing, exchange of information, mutual support, resolution of issues and achievement of agreement;
- 2.4. To make management decisions on issues within the remit of the Trust Management Executive.
- 2.2 To assure the Board through consultation with appropriate other subcommittees as necessary that the structures, systems and processes are in place and functioning to support the Committee's work as set out above.
- 2.3 To assure the Board that, where there are risks and issues related to the role of the Committee that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee.

3. Membership

- 3.1 The Committee will be appointed by the Board and its membership shall consist the following.
 - Chief Executive (Chair)
 - Medical Director
 - Director of Finance and Procurement

- Director of Clinical Services
- Director of Workforce and OD
- Director of Assurance
- Chief Nurse
- Director of Planning and Information
- Director of Development and the Estate
- Divisional Directors (x5)
- The Head of the Division of Medical Sciences of the University of Oxford
- Head of Corporate Governance
- Deputy Medical Director

3.3 The Chairman of the Committee has the overall responsibility for the performance of the Committee and also has the final decision on actions required in order to comply with the Terms of Reference.

4. Attendance and Quorum

4.1. The quorum for any meeting of the Committee shall be attendance by the Chairman (or nominated deputy) and

- Three Executive Directors
- Two Divisional Directors

4.2 Members are expected to attend at least three quarters of all meetings each financial year. An annual register of attendance of members will be published by the committee.

4.3 If members are unable to attend, a deputy may attend with the agreement of the Chairman. The nominated deputies should be specifically identified and should not be different for each meeting of the Committee that they attend. The named Executive shall not routinely allocate attendance at the Committee to their nominated deputy. This should only happen as a result of planned or unforeseen absence by the named Executive. Deputies will be counted for the purpose of the quorum.

4.4 The Chair may request attendance by relevant staff at any meeting.

5. Frequency of meetings

5.1. Meetings of the Trust Management Executive shall be held on the second and fourth Thursday of each month.

6. Specific Duties

6.1 Develop and agree objectives for submission to the Trust Board, in the form of the annual business plan, to deliver the agreed strategy and agree detailed capital and revenue business plans to deliver the objectives.

6.2. To ensure, where appropriate, the alignment of the Trust's strategy with the strategy of the University of Oxford and other key partners.

- 6.3. To develop the Trust's clinical service strategies, ensuring co-ordinating and alignment across the clinical divisions,
- 6.4. Closely monitor standards of care, quality and safety by ensuring appropriate actions are taken.
- 6.5. Identify and mitigate risk by monitoring the corporate risk register and board assurance framework, agreeing resourced action plans and ensuring their delivery and ensure compliance and appropriate escalation in accordance with the Trust's risk management systems and processes.
- 6.6. Develop, agree and monitor implementation of plans to improve the efficiency, effectiveness and quality of the Trust's services.
- 6.7. Monitor the delivery of the Trust's service activity and financial objectives and agree actions, allocate responsibilities, and ensure delivery where necessary to deliver the Trust's objectives or other obligations.
- 6.8. Monitor and ensure the delivery of all specific actions agreed by the Trust Board, by the Trust Management Executive and by committees of both.
- 6.9. Monitor the delivery of the Trust's enabling strategies as advised by the Trust Management Executive's sub-committees.
- 6.10. To devise the Trust's annual and longer term capital programme and monitor its delivery.
- 6.11. Agree all policies – other than those retained by the Trust Board - to ensure the delivery of external and internal governance and best practice requirements and compliance.
- 6.12. Approve major charitable funding bids prior to submission to the trustees.
- 6.13. Approve the Terms of Reference for all the sub-committees and groups of the Committee, delegate work as appropriate and hold the respective Chairs to account for compliance with their responsibilities.

7. Sub-committees

- 7.1 The Trust Management Executive is supported by a number of Sub-committees/Groups, including:
 - Clinical Governance Committee
 - Transformation and Cost Improvement Plan [CIP] Steering Committee
 - Education and Training Committee
 - Health Informatics Committee
 - Performance Review Committee
 - Public Health Steering Committee
 - Research and Development Committee
 - Workforce Committee
 - Health and Safety Committee

8. Administrative Support

- 8.1 The Committee will be supported administratively by the Head of Corporate Governance, whose duties in this respect will include:

- Agreement of the agenda with the Committee Chairman, collation and distribution of papers at least 2 working days before each meeting.
- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Providing support to the Chairman and members as required.

9. Accountability and Reporting arrangements

- 9.1 The Committee shall be directly accountable to the Trust Board.
- 9.2 The Chairman of the Committee shall prepare a summary report to the Board detailing items discussed, actions agreed and issues to be referred to the Board.
- 9.3 The minutes of the Committee meetings shall be formally recorded and will be available to the Board on request.
- 9.4 The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any aspect of the running of the Committee.
- 9.2 Where the Chairman of the Committee considers appropriate, he will escalate immediately any significant issue to the Board.

10. Monitoring Effectiveness and Compliance with Terms of Reference

- 10.1 The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

11. Review

- 11.1 The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Board.

Date approved: **Month Year**

Approved by: **[name of parent committee]**

Next review date: **Month Year**

Trust Management Executive Membership 2015/16

Chief Executive (Chair)	Sir Jonathan Michael
Medical Director	Dr Tony Berendt
Director of Finance and Procurement	Mr Mark Mansfield
Director of Clinical Services	Mr Paul Brennan
Director of Workforce and OD	Mr Mark Power
Director of Assurance	Ms Eileen Walsh
Chief Nurse	Ms Catherine Stoddart
Director of Planning and Information	Mr Andrew Stevens
Director of Development and the Estate	Mr Mark Trumper
Divisional Director (C&W)	Professor Stephen Kennedy
Divisional Director (CSS)	Professor Fergus Gleeson
Divisional Director (NOTSS)	Dr Jon Westbrook
Divisional Director (MRC)	Dr Hywel Jones
Divisional Director (S&O)	Professor Freddie Hamdy
Deputy Medical Director	Dr Clare Dollery
Head of Corporate Governance	Ms Susan Polywka
The Head of the Division of Medical Sciences of the University of Oxford	Professor Alistair Buchan