

Trust Board Meeting in Public : Wednesday 9 May 2018

TB2018.49

Title	Trust Management Executive Report including Annual Report 2017/18
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Status	For Information
History	<p>The Trust Management Executive [TME] provides a regular report to the Board.</p> <p>The Annual Report summarises TME's activities for the financial year 2017/18, setting out how it has met its Terms of Reference.</p>

Board Lead	Dr Bruno Holthof, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues 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

The regular report provided in Section 1 aims to contribute to the fulfilment of that purpose.

3. In line with best practice in other sectors, TME also produces an Annual Report to the Board summarising its activities for the financial year 2017/18, setting out how it met its Terms of Reference. This is provided in Section 2.

4. The Trust Management Executive's Terms of Reference and Membership are attached at Section 2, Appendix 1.

Recommendations

5. The Board is asked to:

- Note the regular report to the Board from TME's meetings held in March and April 2018 (Section 1); and
- Review and approve the Trust Management Executive Annual Report 2017/18 including the Terms of Reference (Section 2).

SECTION 1

1. Introduction

At the time of writing, and since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 8 March 2018
- 22 March 2018
- 12 April 2018
- 26 April 2018

and is next due to meet on:

- 10 May 2018

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

2. Significant issues of interest to the Board

Issues of interest highlighted for the Trust Board include the following:

- Quality performance has been kept under review, informed in particular by consideration of the Quality Report, and by reports received from the Clinical Governance Committee [CGC].
- Key issues related to the quality of care which have been discussed by TME have included breaches of the 12 hour target waiting time standard (from decision to admit or completion of treatment in the Emergency Department (ED) to when the patient is admitted). TME was informed of the outcome of a Quality Review of 12 hour breaches, which concluded that good care had been documented for all these patients in relation to issues such as hydration, vital signs, nutrition and skin. In addition, action had been taken to formalise the process for making the decision to admit [DTA] a patient, in order to avoid DTAs being recorded that were not founded on appropriate medical assessment.
- TME has been informed of the details relating to a further Never Event relating to a wrong side ureteric stenting that occurred in the period since last report to the Board, and has reviewed the steps taken to investigate this, to ensure compliance with protocols and to strengthen safeguards.
- TME has considered the key findings contained within three reports of inspections undertaken by the Care Quality Commission [CQC]: the report on the CQC's inspection to determine whether services at the Trust are well-led, and focused inspections of the Oxford Centre for Enablement [OCE] at the Nuffield Orthopaedic Centre [NOC], and of Maternity Services at the John Radcliffe Hospital.
- Financial performance has been kept under review, with TME receiving updates on performance in each of months 10, 11 and 12, and continuing to review progress on delivering the financial re-forecast for 2017/18. Focus has been sustained on improving underlying recurrent EBITDA¹ performance at divisional level, and working towards achieving a financially sustainable position for the Trust.
- TME has had the opportunity to review and comment on the draft Trust Business Plan for 2018/19.

¹ Earnings before interest, tax, depreciation and amortization.

- vii. TME has discussed the approach to be taken to financial planning for the 2018/19 financial year and, in particular, the need to take into account workforce and financial constraints, and to acknowledge the difficulty of recruiting and retaining staff in the current environment.
- viii. Performance in the Emergency Department [ED], including against the 4 hour ED standard, has been kept under regular and close review.
- ix. TME continues to support the Urgent Care Delivery Programme, to improve the ability of the system to manage patients effectively with minimal delays as they move through the stages of care, and thereby to improve patient outcomes and staff satisfaction.

The “One Plan”, developed with the help of some external support, brings a number of current and future workstreams together, to provide a Trust-wide delivery plan. Future updates will be provided to TME on the progress of all workstreams within the programme.
- x. Following a recent survey regarding internal communications, TME has given consideration to the development of an internal communications plan, focusing on actions that can be delivered within the next twelve months.
- xi. TME received a report on the outcome of the Q3 Divisional Performance Reviews. This included observations regarding the process followed and recommendations regarding how this could be further strengthened, which have been incorporated into preparation for upcoming Q4 reviews.
- xii. TME received and commented on the draft Quality Account 2017/18, emphasising the Trust’s commitment to Quality Priorities which would underpin delivery of the Trust’s district general hospital services to the local population of Oxfordshire, as well as to the collaboration with the University of Oxford underpinning high quality care through research, education and training.
- xiii. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME’s attention have included:
 - a. The proportion of fractured neck of femur patients achieving the recommended time to theatre across the Trust had risen from 60% to 70%. Faster time to theatre is known to result in better outcomes and shorter lengths of stay.
 - b. There had been no further cases of *candida auris* on the Neuro Intensive Care Unit [NICU] and the outbreak had been declared closed.
 - c. Work was underway to ensure that all aspects of the Duty of Candour regulations were being adhered to following the recommendations of the CQC’s report of its inspection of the Oxfordshire Centre for Enablement [OCE].
- xiv. TME has reviewed the draft Annual Governance Statement.

- xv. Other activity undertaken by TME has included review of the following:
- a. results of an Internal Communications Survey;
 - b. an update on developments in respect of health and safety reporting;
 - c. the results of the CQC Maternity Patient Survey 2017;
 - d. feedback from workshops on divisional and directorate leadership;
 - e. the Patient Catering Policy; and
 - f. an update on the Trust-wide Staff Survey Listening events.

3. Key Risks discussed have included:

- i. Risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas.
TME has reviewed the main themes of the draft People Strategy and priorities proposed for the next twelve months, which include initiatives to attract and retain staff, and this will be reflected in the Trust Business Plan for 2018/19.
- ii. Risks associated with financial performance.
TME has monitored progress in delivery of the financial re-forecast for 2017/18, focusing on achieving the best possible exit run rate for underlying recurrent EBITDA. TME has continued to monitor the effectiveness of controls on pay and non-pay expenditure.
- iii. Risks associated with the Trust's Business Plan for 2018/19
TME has considered risks to delivery of the plan based on whether proposals are realistic, taking into account factors that constrained workforce capacity, and financial resources.
- iv. Risks associated with meeting the challenges to delivery of operational and financial performance standards, whilst ensuring delivery of quality performance standards have been considered.

TME will continue to monitor the risks associated with delivery of the operational requirements associated with the NHS Planning Guidance issued in February 2018.

4. Key decisions taken

Key decisions made by TME have included:

- a. Approval of the revised Workforce Committee Terms of Reference and of additions to the Workforce Key Performance indicators.
- b. Approval of the proposal to develop the Opening Visiting Policy and survey questionnaires.
- c. Approval of the contingency plan for sterile services provision.
- d. Support for the Defibrillator Replacement Programme to be developed into a Business Case for submission to the Trust Board.
- e. Supported the approval of the provision of a managed Staff Bank Service to the OUH NHS FT.
- f. Approval of the Heads of Terms between OUH NHS FT and Ronald McDonald House Charities.

- g. Approved and endorsed the Emergency Preparedness, Resilience and Response – Core Standards Self-Assessment Audit 2017.
- h. Approval to provide External Responsible Officer Services for Helen Douglas House and Katherine House Hospice.
- i. Approval for continued recruitment of nurses from international sources.
- j. Approval of the Business Case for the appointment of a substantive Trauma Consultant at the John Radcliffe Hospital.
- k. Approval of the Business Case for the appointment of a Replacement Vascular Consultant.
- l. Approval of the Business Case for the appointment of a substantive Consultant Hip and Knee Surgeon.

5. Future Business

Areas on which TME plans to focus over the next three months include the following:

- Monitoring implementation of business plans for the new fiscal year;
- Monitoring of operational, financial and quality performance delivery at divisional level and, by exception, at clinical directorate level;
- Development of an integrated plan for the expansion of bed capacity at the Trust, incorporating previous bed realignment plans where applicable, pending the longer term objective of increasing capacity across the Oxfordshire system, outside hospital;
- Monitoring the execution of performance plans relating to urgent care and cancer, assessing whether the actions taken are effectively addressing the causal factors identified; and
- Keeping under review measures to control pay and non-pay expenditure and to monitor their effectiveness.

6. Recommendation

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

Dr Bruno Holthof
Chief Executive
May 2018

SECTION 2

Trust Management Executive Annual Report 2017/18

1. Background

- 1.1. Good practice states that the Trust Board should undertake an annual review of the performance of those committees that report to it, to determine if the committee has been effective, and whether further development work is required.
- 1.2. This draft Annual Report summarises the activities of the Trust Management Executive (TME) for the financial year 2017/18 setting out how it has met its Terms of Reference and key priorities.
- 1.3. The purpose of TME is laid down in its Terms of Reference, provided as Appendix 1.

2. Scope of Review of Effectiveness

- 2.1. This review covers the financial year from 1 April 2017 to 31 March 2018, and as a result it will not take into account any changes made to the operation of meetings from April 2018 onwards.
- 2.2. The review undertaken by the Deputy Director of Assurance focused on a review of the papers presented to TME in comparison to the agreed Terms of Reference (ToR). The review has been broken down into the following subsections:
 - Responsibilities;
 - Membership and Attendance Record;
 - Reporting Arrangements;

Responsibilities

- 2.3. During 2017/18, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of the key responsibilities is evidenced by the following actions:
 - The routine presentation and consideration of the following:
 - Quality Reports
 - Finance Reports,
 - Performance Reports.
 - The consideration of business cases, as required.
 - Review of reports issued by the Care Quality Commission [CQC], development of action plans and consideration of related updates following inspections.
 - Review of Annual Reports in relation to Equality and Diversity, Serious incidents reporting investigation (SIRI), Infection Control, Adults and Children Safeguarding, Claims and Inquests, Emergency Preparedness, Research & Development, Information Governance, Patient and Public Participation, Health and Safety.
 - Updates on the development of the Board Assurance Framework
 - Regular review and discussion of the Corporate Risk Register, to ensure that identified controls were appropriate to mitigate the risks to a level within the Trust's risk appetite.

- The Committee received the following regular reports as listed in 7.1 of the ToRs;
 - Regular Reports from the Clinical Governance Committee
 - Capital Programme Board reported by exception
 - Health and Wellbeing and Public Health Steering Committee
 - Workforce Committee
 - Health and Safety Committee Annual Report
- With the exception of reports from:
 - The Education and Training Committee, and
 - The Energy Centre Project Board, in respect of which it was recorded that report should be made by exception.

2.4. As part of this review it was noted that the following had not been considered by TME during the year:

- Approval of major charitable funding bids prior to submission to the trustees (6.12 of the ToR)

It is suggested that the ToR should be reviewed and that it would be appropriate to amend TME's remit, consistent with the independent status of the Oxford Hospitals Charity.

to reflect the independence of the Oxford Hospitals Charity.

Membership and Attendance Record

2.5. During 2017/18 TME met a total of thirty seven times, holding weekly meetings until 12 October 2017, following which meetings reverted to the previously established regularity of twice-monthly meetings. The record of attendance has been reviewed, and this demonstrates that every meeting held during the year was quorate and the majority of members met the expectation to attend at least three quarters of the meetings held during the year (either through their own attendance or that of a nominated deputy).

Reporting Requirements

2.6. TME reported regularly to the Trust Board, providing a summary of each meeting during the year. Reports included a description of the business conducted, highlighted significant issues of interest to the board, risks identified, key actions agreed and decisions taken. Key risks discussed by TME and reported to the Trust Board for information included:

- Risks associated with achieving operational performance standards, including constitutional standards relating to A&E performance, cancer care and 18 week Referral to Treatment standard;
- Risks associated with financial performance and controls including non-pay expenditure and short, medium and long term plans;
- Risks associated with meeting the challenges to delivery of operational and financial performance standards
- Risks associated with reductions in nursing workforce
- Risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas and has reviewed measures taken to address the issues

- Risks identified by each division as being associated with delivery of the financial re-forecast
- 2.7. TME has also considered the importance of promoting a culture of safety following the enforcement notice issued in relation to fire safety and feedback from the Care Quality Commission.
- 2.8. TME's reports have consistently identified areas to be raised to the Trust Board or referred to other sub-committees of the Trust Board, where appropriate.

Terms of Reference

- 2.9. The Terms of Reference were last reviewed and revised in July 2017, and the review of the effectiveness of TME for 2017/18 has confirmed, subject to the recommendation at 2.4, that no further changes are required to the Terms of Reference, beyond amending job roles for designated attendees.
- 2.10. The Terms of Reference are presented in Appendix 1, including changes to the membership as highlighted.

3. Conclusion

- 3.1. The review has identified that TME has delivered the responsibilities as set out in its Terms of Reference, subject only to the noted exceptions. Attendance at meetings has been good, and TME has been quorate throughout the year.

4. Recommendations

- 4.1. The Board is asked to:
- Review and approve the Trust Management Executive's Annual Report 2017/18, and the Terms of Reference [ToR] (revised to incorporate minor amendments to reflect changes in membership), subject to further amendment to the ToR to ensure that TME's remit is consistent with the independent status of the Oxford Hospitals Charity.

Dr Bruno Holthof
Chief Executive

May 2018

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
 - Chief Finance Officer
 - Director of Clinical Services
 - Director of Workforce and OD
 - Director of Assurance
 - Chief Nurse
 - Chief Information and Digital Officer
 - 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 relevant 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 Group
- Education and Training Committee
- Health Informatics Committee
- Performance Review Committee
- Public Health Steering Committee
- Research and Development Committee
- Workforce Committee
- Health and Safety Committee
- Energy Investment Programme Board

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:

Approved by: Trust Board

Next review date:

Trust Management Executive Membership 2017/18

Chief Executive (Chair)	Dr Bruno Holthof
Medical Director	Dr Tony Berendt
Chief Finance Officer	Jason Dorsett
Director of Clinical Services	Mr Paul Brennan
Interim Director of Workforce and OD Director of Improvement and Culture	Ms Susan Young Mr John Drew
Chief Information and Digital Officer	Prof Peter Knight
Director of Assurance	Ms Eileen Walsh
Interim Chief Nurse	Mr Andrew MacCullum Ms Sam Foster
Director of Assurance	Ms Eileen Walsh
Divisional Director (C&W)	Professor Stephen Kennedy until the end of April 2018. Replaced by
Divisional Director (CSS)	Professor Fergus Gleeson
Divisional Director (NOTSS)	Dr Jon Westbrook
Divisional Director (MRC)	Dr James Price
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 Chris Kennard Mr Gavin Screaton