### Title

Trust Management Executive Report

### Status

For Information

### History

The Trust Management Executive [TME] provides a regular report to the Board.

### Board Lead

Dr Bruno Holthof, Chief Executive

### Key purpose

<table>
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<tr>
<th>Strategy</th>
<th>Assurance</th>
<th>Policy</th>
<th>Performance</th>
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Trust Board Meeting in Public : Wednesday 16\textsuperscript{th} January 2019

TB2019.11
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
   
   This regular report provided aims to contribute to the fulfilment of that purpose.

Recommendations

3. The Board is asked to:
   
   • Note the regular report to the Board from TME’s meetings held in November 2018.
1. Introduction
Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 8 November 2018
- 22 November 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:

i. A brief update has been provided on an unannounced inspection undertaken by the Care Quality Commission [CQC], the outcome of which is not expected until later this year.

ii. TME has been regularly updated regarding the five programmes of work associated with the NHSI undertakings and the Programme Management Office [PMO] arrangements that have been put in place to coordinate the development and implementation of these plans. These programmes cover Urgent Care, Elective Care, Financial Recovery, Workforce and Governance.

iii. 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].

iv. Performance in the Emergency Department [ED], including against the 4 hour ED standard, has been kept under regular and close review, linked to the development of the Urgent Care Programme and the Winter Plan.

v. Financial performance has been kept under review, with TME receiving updates on performance in months 6 and 7 in advance of report being made to the Board on financial performance up to 30 November 2018 at its meeting on 16 January 2019.

Focus has been sustained on improving underlying recurrent EBITDA\(^1\) performance at divisional level, and working towards achieving financial sustainability for the Trust.

vi. Quality Impact Assessments in relation to key developments have been considered by TME in line with the new policy for such assessments which was approved by the Board in September.

vii. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME’s attention have included:

a. The National Cardiac Arrest Audit [NCAA] highlighted key data from the full year reports showing that there were fewer cardiac arrests per 1000 admissions than the available comparator but an increase from previous years. The percentages of patients with Return of Spontaneous Circulation for more than 20 minutes and for survival to hospital discharge were higher than nationally.

b. It was noted that national cases of harm and death by feeding through a misplaced feeding tube had occurred despite previous National Patient Safety Agency [NPSA] alerts regarding misplaced nasogastric feeding tubes. It was agreed that in order to ensure the Trust adhered to the NPSA alerts all registered nurses working in the clinical areas, identified as high frequency users of NG/Orogastric

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\(^1\) Earnings before interest, tax, depreciation and amortization
feeding tubes, must complete the eLearning package and the competency assessment by making the training mandatory to the role.

viii. TME has been kept updated regarding actions that are being taken to ensure the implementation of the recommendations of Internal Audit reports.

ix. Other activity undertaken by TME has included review of the following:
   b. Claims, Inquests and PFD Annual Report 2017/18;
   c. Workforce Committee Report;
   d. Research and Development Annual Report;
   e. Churchill Managed Equipment Service [MES] Reconfiguration;
   f. An update on the Job Planning Implementation Plan;
   g. HART Improvement Plan;
   h. An update on the Medical Engagement Scale [MES], a tool designed to assess the active and positive contribution of doctors to maintain and enhance wider organisational performance;
   i. An update on progress with Sterile Services;
   j. An update on Health and Safety Strategy;
   k. Report on End of Life Care: Learning from Deaths; and
   l. An update report on maternity staffing.

3. Key Risks discussed have included:

   i. Risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas
   TME has kept work on workforce planning under review, receiving regular reports from the Workforce Committee, and highlighting the development of action plans focused on areas where a shortage of workforce constrains the amount of activity that can be delivered.
   TME considered and approved further extension of staff incentive schemes which could be deployed to fill gaps in a planned way.

   ii. Risks associated with financial performance
   TME has discussed the approach to be taken to further revise and strengthen the Trust’s financial plan for the 2018/19 year as part of the Financial Recovery Plan under the PMO. Financial performance will be kept under review, focusing on achieving the best possible underlying EBITDA. TME has recognised that financial performance relies on delivery of the Trust’s agreed activity plan.

   iii. Risks associated with meeting the challenges to delivery of operational and financial performance standards, whilst ensuring delivery of quality performance standards
   TME will continue to monitor the risks associated with delivery of the agreed trajectories for key performance standards. TME has noted that the monitoring of key metrics is increasingly taking place on a weekly or even daily basis where appropriate. Key developments are now subject to review under the approved Quality Impact Assessment process.
4. Key decisions taken

Key decisions made by TME have included:

a. Approval of the revised Cash and Treasury Management Policy;
b. Approval of the new Space Planning Policy and Procedures;
c. Approval of the business case for the Trust-wide roll-out of an Inventory Management System;
d. Approval of the amendments to the revised Risk Management Strategy;
e. Approval of the amendments to the revised Assurance Strategy;
f. Approval of the business case for a permanent Consultant for the Craniofacial Service to provide Oral and Maxillofacial Surgical input;
g. Supported and approved the proposal to expand gynaecology capacity for the consideration of the Investment Committee;
h. Approval of the business case to appoint a substantive 6PA Consultant in Child and Adolescent Psychological Medicine;
i. Approval of the replacement of anaesthetic machines and monitors;
j. Recommending the approval of two significant medical devices contract awards;
k. Supported in principle the need to in-source elective activity in key specialities in 2018/19;
l. Approval of the changes contained within the Elective Access Policy v10.1;
m. Approval of the proposals for extension to staff incentive schemes;
n. Approval of the recommended option of a recurrent investment to purchase an eRostering and Leave Management system and to increase the administrative support in line with that at similar organisations; and
o. Approval of the business case for the substantive appointment of a fourth Paediatric Neurosurgeon.

5. Future Business

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

- Ongoing monitoring of the five programmes of work associated with the NHSI undertakings;
- Monitoring of operational, financial and quality performance delivery at divisional level, by exception, at clinical directorate level;
- Reviewing progress in implementing the Winter Plan 2018/19;
- Development of an Accountability Framework to support the Trust's agreed Performance Management Framework;
- 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
January 2019