

Trust Board Meeting in Public : Wednesday 8 May 2019

TB2019.54

Title	Trust Management Executive Report
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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	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

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 March and April 2019.

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 March 2019
- 28 March 2019
- 11 April 2019

The meeting of 25 April 2019 is not reflected in this report due to the timing of Board meeting and availability of minutes from this meeting. This will be included in the next report to the Board.

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. Quarter 3 Divisional Performance Reviews focussed on performance concerns in five directorates and the corrective action that had taken place. It was noted the Pathology and Laboratory Directorate was rated as “strong performance” in quarters 2 and 3.
- ii. TME considered the Well-Led Review that was undertaken by Deloitte and received an update on the development of the related action plan which was linked to the existing improvement.
- iii. TME ratified a transfer in the management of the outpatient function: Horton Outpatients and the Blue Area Outpatients at the JR were moved from the corporate portfolio to the Clinical Support Services Division.
- iv. The Theatres Refresh Project was regularly reported at TME and commenced on the 5 April 2019 and duration of the works was expected to be 20 weeks, as planned. It was noted that there had been positive engagement across all clinical divisions, in relation to the project. A theatre calendar had been developed to cover the life of the project and an operational plan was also produced. Details were also published on the website and a series of staff communications had been issued. Early feedback demonstrated good team work from all those involved and that the works were proceeding well.
- v. TME has received regular reporting on Serious Events Requiring Investigation and Never Events. TME heard some good news following a national CAS alert in relation to a never event related to ‘the wrong type of orthopaedic plate’: the Trauma team had investigated the CAS and the review confirmed that this had not happened with any patient at the Trust.
- vi. Integrated Performance Report - Month 11 highlighted:
 - a. A&E was at 85.6% towards the end of March and was 6.5 higher compared to this time last year, but still a significant improvement.
 - b. There was a significant improvement in RTT total waiting list size and with validation this stood at 49,859, at 31 March 2019.
 - c. The 52 week wait standard has remained a focus of the meeting over this period, with 9 patients waiting over 52 weeks by 31 March 2019.

- d. Cancer targets continued to be a challenge and have been a focus for TME over the meetings included in this report. The Cancer Strategy Group would be reviewing the various breaches in these areas.
- vii. Financial Performance Report - Month 11 highlighted:
 - a. The Trust had £47m in the bank and had not required cash support from NHSI in 18/19.
 - b. Capital expenditure was £13.9m below plan and was expected to be at £10m below plan by year end.
- viii. Financial Performance Report - Month 12 highlighted:
 - a. The Trust was on track to deliver the financial control total, subject to audit, however it was noted that this was due to one-off items and TME discussed the need to ensure the budgets are sustainable for 2019/20.
- ix. The Freedom to Speak up (FtSU) Annual Report 2018/19 was presented and highlighted:
 - a. Engagement across the sites proved to be a challenge.
 - b. Henrietta Hughes, National Guardian spoke at the last event held in October.
 - c. The emerging themes were aligned to the national picture of bullying and harassment and were also consistent to that of the staff survey.
 - d. Some recommendations to improve process in relation to the grievance and recruitment processes were suggested.

3. Other activity undertaken by TME included review of the following:

- i. TME noted the funding increases with the Staff Graduate Management Trainee Scheme and agreed to support 7-8 trainees and work in collaboration with other organisations in the region to undertake the first stage application process which was in mid-March.
- ii. The Internal Communications Survey 2019 was conducted with participation from around 1600 staff. Areas for action would form part of the Internal Communications and Staff Engagement Action Plan 2019/20.
- iii. Culture and Leadership Programme: The 'discover phase' would start in April and be overseen by the Board and conducted by a range of staff representatives – specifically a core change team with coaching and expert support from an Organisational Development (OD) expert through NHSI.
- iv. TME was presented with the draft Annual Governance and considered and assessed any potential significant gaps in control that may have occurred in the financial year.
- v. A Business Case for Sterile Services was considered this is due to be progressed following further feedback from TME.
- vi. The draft Trust Business Plan 2019/20 was received, it was agreed that the Communications Team would produce a two page summary, as in 2018/19 and the Business would be reported to the May Board.
- vii. The draft Quality Account 2018-19 detailed commitments to areas of work referred to as Quality Priorities. A patient engagement event was held on 15 January 2019 and had helped to agree the Quality Priorities 2019/20.

- viii. The Nursing Associate role is now registered with the Nursing and Midwifery Council (NMC). TME considered the support required to establish and recruit up to 100 Nursing Associate Trainee posts across the Trust over 2019/20.
- ix. The Sanction and Redress Policy was updated it was agreed that a more robust version and would be discussed at the Audit Committee.
- x. The Board Assurance Framework and Corporate Risk Register was reviewed by TME during this period.
- xi. The Terms of Reference for the Strategic Review of Children's Directorate was approved.
- xii. TME received regular reports on EU exit Planning and any potential issues that may impact upon various areas of the Trust's service delivery.

4. Key Risks discussed have included:

i. Risks associated with the MTC Peer Review

TME acknowledged that there would be a number of business cases submitted over the coming financial year (2019/20) in relation to the areas for raised by the peer review panel.

ii. Risks associated with financial performance

Financial performance will be kept under review, focusing on achieving the best possible underlying EBITDA.

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 noted that the monitoring of key metrics is increasingly taking place on a weekly or even daily basis where appropriate. Particular focus is being given to the work required to deliver the 52 weeks for treatment following referral.

5. Key decisions taken included:

- i. Approval of the 3 WTE Consultant Dermatologists jointly with the Royal Berkshire NHS Foundation Trust.
- ii. Approval of the relocation of the Renal and Transplant Inpatient Services into Jane Ashley / Colo-rectal Ward at the Churchill Hospital.
- iii. Approval of the Operational Forum Terms of Reference.
- iv. Approval of the expansion of the Adult Rheumatology staffing capacity to meet increasing demand.
- v. Approval of the Paediatric Anaesthetist consultant appointment.
- vi. Approval of the changes to the membership of the Clinical Governance Committee and SIRI Forum with the new Terms of Reference.

6. Future Business

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

- Development of a Strategy and Partnerships Function in line with the recommendation from Deloitte to strengthen the Trust's senior capacity
- Theatres Refresh Project with a report to TME on the key actions and any operational issues.

7. Recommendation

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

Dr Bruno Holthof

Chief Executive

May 2019