

TRUST BOARD
25th July 2013

TITLE	Annual Report of the Trust Executive Committee
EXECUTIVE SUMMARY	<p>As a formal Committee of the Trust, the Trust Executive Committee presents an Annual Report to the Trust Board.</p> <p>The report summarises the key areas of activities over the last year in discharging TEC's duties under its approved Terms of Reference. It also sets out its objectives for the coming year.</p> <p>A review of the Terms of Reference is included (Appendix V) with one proposed change in relation to staff engagement highlighted which was recommended by the Board in April 2013.</p>
ASSURANCE (Risk) / IMPLICATIONS	<p>The Board is assured by the role provided by the Trust Executive Committee in supporting the Chief Executive in the performance of his duties including the monitoring of operating and financial performance and the assessment and control of risk.</p> <p>.</p>
LINK TO STRATEGIC OBJECTIVE	TEC encompasses reference to all Trust Strategic Objectives.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	None obtained.
EQUALITY AND DIVERSITY ISSUES	None known
LEGAL ISSUES	None known
The Trust Board is asked to:	Receive the Annual Report from the Trust Executive Committee and approve the revised Terms of Reference.
Submitted by:	Andrew Liles, Chief Executive
Date:	July 2013
Decision:	For Approval

ANNUAL REPORT 2012-2013

1 INTRODUCTION

The Trust Executive Committee (TEC) is one of the Tier One Committees identified in the Trust Committee Policy and referred to in the Standing Orders of the Board. The Trust Executive Committee is established by the Chief Executive to help oversee the operational decision making and management of the Trust.

While not a formal sub committee of the Board, copies of its minutes are presented on monthly basis to the Closed Board as part of the Board's assurance process.

This report covers the period 1st June 2012 to 31st May 2013.

2 MEETING DATES

TEC meets twice a month. The formal business of the Committee is conducted on the Friday after the Trust Board meeting. Until April 2013 the second Friday in the month was used as a Developmental Seminar. This seminar is now held quarterly with the second Friday session now used to discuss progress with the PMO projects and is known as Strategic Delivery TEC.

Business meetings of the TEC were held on the following dates during the period of the report.

22 nd June 2012	14 th December 2012
27 th July 2012	1 st February 2013
24 th August 2012	1 st March 2013
28 th September 2012	22 nd March 2013
26 th October 2012	26 th April 2013
23 rd November 2012	31 st May 2013

3 MEMBERSHIP AND ATTENDANCE

Membership of TEC is the senior team responsible for overseeing the operational performance of the Trust. Membership was revised in April 2013 to include the Associate Directors of Operations as well as the Executive Directors and Divisional Directors. Where a core member is unable to attend the Terms of Reference allow for a deputy to be sent. The Lead Clinician for cancer and the Associate Director of Informatics post are no longer members of TEC.

The developmental TECs have a wider objective and as such are also open to attendance by the Heads of Nursing and Clinical Specialty Leads. Attendance at these seminars is not shown in this Report.

TEC Business meetings attendance:

Valerie Bartlett	Deputy Chief Executive	11/12	Andrew Liles	Chief Executive	10/12
Raj Bhamber*	Director of Workforce and OD	8/11	Simon Marshall	Director of Finance and Information	11/12
Claire Braithwaite**	Associate Director of Operations	1/2	Louise McKenzie****	Director of Workforce Transformation	1/1
Paul Crawshaw	Divisional Director for Women's Health and Paediatrics	10/12	Paul Murray***	Lead Clinician for Cancer	6/10
David Elliott	Divisional Director	8/12	Cathy Parsons**	Associate Director of Operations	1/2
David Fluck	Medical Director	10/12	Gulam Patel	Divisional Director	11/12
Victoria Griffiths**	Associate Director of Operations	1/2	Suzanne Rankin	Chief Nurse	10/12
John Hadley	Divisional Director	10/12	Giselle Rothwell	Head of Communications	10/12
Mick Imrie	Deputy Medical Director	8/12	Helen Sibley**	Associate Director of Operations	2/2
Donna Marie Jarrett***	Associate Director of Health Informatics	5/10	Peter Wilkinson***	Divisional Director	9/10
Andrew Laurie	Divisional Director	10/12			

- *left end April 2013
- **Member of TEC from April 2013
- ***No longer member of TEC from end of March 2013.
- ****Joined late April 2013.

TEC Strategic Delivery meetings attendance (from April 2013):

Evelyn Barker*	Associate Director of Operations	1/1	Andrew Laurie	Divisional Director	2/2
Valerie Bartlett	Deputy Chief Executive	1/2	Andrew Liles	Chief Executive	1/2
Claire Braithwaite	Associate Director of Operations	2/2	Simon Marshall	Director of Finance and Information	1/2
Paul Crawshaw	Divisional Director for Women's Health and Paediatrics	1/2	Louise McKenzie**	Director of Workforce Transformation	1/1
David Elliott	Divisional Director	1/2	Cathy Parsons	Associate Director of Operations	1/2
David Fluck	Medical Director	2/2	Gulam Patel	Divisional Director	2/2
Victoria Griffiths	Associate Director of Operations	2/2	Suzanne Rankin	Chief Nurse	2/2
John Hadley	Divisional Director	2/2	Helen Sibley	Associate Director of Operations	2/2
Mick Imrie	Deputy Medical Director	1/2			

- *left April 2013
- **joined late April 2013.

4 TERMS OF REFERENCE

The Trust Executive Committee reviewed their Terms of Reference and approved changes at the meeting on 1st March 2013. This included revised membership and meeting structure. One change is proposed with the inclusion of a responsibility of the Committee to:

- *“set a standard for measuring and improving employee engagement across the Trust”*

These revised Terms of Reference are attached for approval at Appendix V.

5 ACHIEVEMENTS /PROGRESS

Throughout the year the TEC received regular reports on performance and quality and approved changes to the Corporate Risk Register.

TEC reviewed marketing reports in June, December and March.

One of the remits of the TEC is to contribute to the development of the Trust's strategy and during the year it received shaping documents on:

- Co-location of critical care (Nov 12)
- Therapies Review and Modernisation Plan (Nov 12 and May 13)
- Re-admissions (Feb 13)
- Patient Experience Strategy (Feb 13)
- ePrescribing (Feb 13)
- Communications and Engagement Strategy (April 13)
- PIMS (Feb 13) and the impact of EDICS (May 13)
- Enhancing Staff Experience (May 13)

TEC also discussed the proposed implications and progress of the Epsom transaction, and reviewed progress against the action plan on achieving compliance on the CQC Essential standards.

6 POLICIES

TEC is responsible for approving arrange of Policies as part of its Terms of Reference. These fall under the headings of:-

- Operational matters
- Health informatics
- Communications and marketing
- Compliance
- Workforce

Other corporate documents which were approved by TEC included:

- Site Capacity Management Plan
- Risk Assessment – Business Continuity template

A schedule of the policies approved by TEC during the period of the report are given at appendix III. The Committee approved 12 policies in 2011/12 and 20 in 2012/13.

7 BUSINESS CASES

TEC has a formal role in the approval of Business cases.

All consultant appointments must be approved by TEC.

In addition, TEC can approve business cases with an estimated value over £100k (with Board approval required above £1m). Thus the business case for Vascular Services was reviewed and approved by TEC but the final decision lay with the Board.

A list of Business Cases approved by TEC is given as Appendix IV. The Committee approved 28 business cases in 2011/12 and 29 in 2012/13.

8 DEVELOPMENTAL TEC

These sessions provide TEC the opportunity for wide ranging debate and challenge on topical issues. Topics discussed in 2012/13 included:

- Strategic context and opportunities
- Health Informatics Workshop
- Winter planning
- Focus on Business Planning 2013-2016
- Divisional Management Arrangements
- Pay reform
- Clinical Strategy
- Staff Experience

9 OBJECTIVES FOR THE COMING YEAR

The primary focus of TEC is to oversee the day to day operational decision-making of the Trust. Key challenges in 2013/14 will be:-

- Delivery of the Trust Business Plan and the four strategic objectives and the priorities which are aligned to these;
- Delivery of the PMO projects (Appendix I);
- Delivery of the CQUIN (Appendix II);
- Maintaining CQC compliance on all Essential Standards;
- Achievement of a 'green' Monitor Governance Risk Rating, with a particular focus on delivering the A&E target; and
- Maintaining strong financial control with an achievement of a Financial Risk Rating of '3'.

Appendix I: 2013/14 PMO projects

Releasing Time to Care
Preventing Readmissions
Reducing in-Hospital Mortality
7 Day Services
Reducing Agency Spend
Improving Staff Experience
Integrating Critical Care
Delivering the Stroke Service Strategy
Care of Older Person Model
RealTime
E-Prescribing
Capacity Allocation Programme
Improving Patient-Facing Communications
'Ready to Go' – No Delays
Ambulatory Emergency Care Pathways
Planned Care
Improving the Emergency Surgery Pathway
Improving the Emergency Paediatrics Pathway

Appendix II: 2013/14 CQUINs

NATIONAL CQUINs

1. Friends and Family Test Lynn Robinson
2. NHS Safety Thermometer Ann Spiropoulos
3. Dementia Carrie James
4. VTE Prevention Rebecca Bushby

LOCAL CQUINs

5. Supporting Effective Discharge
6. Reduced Emergency Readmissions
7. End of Life Care
8. Improved outcomes for people with diabetes
9. Oral Nutritional Supplements (ONS)

SPECIALIST COMMISSIONING CQUINs

10. Renal Dialysis – Reducing the incidence of AKI (TBC)
11. Neonatal Intensive Care (TBC)

Appendix III: Policy approvals

RealTime Operational Policy
Register of Interests Policy
Complaints Policy (June 2012 and Feb 2013)
Performance and Capability Policy
Recruitment and Selection Policy and Procedure
Single Sex Policy
Professional Registration Policy and Procedure
Appraisal Policy
Protocol of Choice letters
Safeguarding Adults Policy
Corporate Records Management Procedure
Telecommunications Policy
Dress Code, Personal Hygiene and Uniform Policy
Retirement Policy
Management of Violence & Aggression Policy
Internal Referral Policy
Worklife Balance policy
Alcohol and Drugs at Work policy
PALS policy
Access Policy

Appendix IV: Business case approvals

2 x replacement Consultant post in Gastroenterology Medicine
2 x replacement and 1 x new Consultant Radiologists
Anaesthetics/Pain posts
Clinical Senior Lecturer in Sciences/ Honorary Consultant Cardiologist
Voice recognition and Transcription Service
Patient Self Check-in
Cardiac Catheter Laboratory Development
Vascular Services
Eye clinic OPD SPH refurbishment
Consultant Maxillofacial Surgeon
Managed Equipment Service
Endoscopy JAG Accreditation
Core Switch replacement
A&E Phase 2 rebuild
Breast Consultant
Consultant Paediatrician
Urology Consultant
Consultant Ophthalmologist
POD system expansion
Consultant Anaesthetist
Cardiology Consultant
Stroke Consultant
MAU Consultants
St. Peter's Hospital Entrance
Consultant Paediatrician
Rheumatology Consultant
Consultant Anaesthetist
Paediatric Emergency Consultants
Acute Oncology Service

Appendix V: Trust Executive Committee; Terms of Reference

Trust Executive Committee Terms of Reference 2013

1 **Constitution**

The Chief Executive hereby resolves to establish a Committee to be known as the Trust Executive Committee.

This is a permanent Committee.

2 **Authority**

The Committee will oversee the day to day operational decision making and management of the Trust. It is authorised to seek any information it requires from any Committee or Group and all employees are directed to co-operate with any request made by the Committee.

3 **Membership**

1. Chief Executive (Chair)
2. 5 Divisional Directors
3. Director of Finance
4. Medical Director
5. Chief Nurse
6. Deputy Chief Executive
7. Director of Workforce & Organisational Development
8. Deputy Medical Director/ if not a Divisional Director
9. 5 Associate Directors of Operations

(Total 17)

In attendance:

1. Director of Strategic Development
2. Head of Communications

Additional members will be co-opted as required.

4 **Chair**

The Chief Executive shall act as Chair of the Committee. In his/her absence, the Deputy Chief Executive will chair the meeting. In exceptional circumstances, the chair may be taken by another Executive Director.

5 **Secretary**

The Head of Corporate Affairs will act as the secretary of the Trust Executive Committee.

6 **Attendance**

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend as a minimum 50% of the meetings per calendar year.

7 **Quorum**

The quorum necessary for the transaction of business is 10 members of whom at least one must be the Chief Executive or Deputy Chief Executive. In exceptional circumstances the Chair may be taken by another Executive Director as agreed with the Chief Executive.

In addition there must be a minimum of 2 Divisional Directors present.

8 **Frequency and Conduct**

The Committee will meet monthly on the Friday after the Trust Board meeting. Items for the agenda should be submitted to the Secretary a minimum of 10 working days prior to the meeting.

9 **Duties**

To provide assistance to the Chief Executive in the performance of his duties, including:

- The development and implementation of strategy, operational plans, policies, and budgets
- The monitoring of operating and financial performance
- The assessment and control of risk
- The prioritisation and allocation of resources
- Monitoring competitive forces in each area of operation

Limits to authority include:

- It is not the duty of the Trust Executive Committee to carry out any functions that properly belong to the Trust Board.

10 **Key Responsibilities**

The objectives of the Committee are as follows:

- As the core leadership team for the Trust, to develop, maintain and support appropriate leadership behaviours and visibility within the Trust
- To contribute to the development of the Corporate Business Plan which is approved on an annual basis by the Trust Board
- To implement the agreed Corporate Business Plan taking corrective action where necessary and advising the Board of changes in circumstances which require changes to plans.
- To monitor the activities of the Trust against targets using appropriate performance measures in matters of quality, performance, workforce and finance, ensuring corrective strategies are agreed where necessary.
- To ensure that proper organisational governance arrangements are in place to give the Board sound assurance.
- To contribute to the development of Trust strategy. To review proposals for strategic plans and significant service change/developments prior to approval by the Trust Board.
- To agree policies on:
 1. Health Informatics

2. Workforce
 3. Communications and Marketing
 4. Compliance
 5. Marketing
 6. Business case development
 7. Operational matters e.g. car-parking.
- To review the Corporate Risk Register, agreeing additions and removal of risks and ensuring it is being implemented actively.
 - To approve Business Cases in accordance with thresholds detailed in the Scheme of Delegation.
 - To approve Business Cases for replacement and new consultant appointments
 - To agree clinical and operational strategies which have Trust-wide implications.
 - To contribute to the development and monitoring of the work of the Programme Management Office
 - To set a standard for measuring and improving employee engagement across the Trust.

11 Reporting Lines

The Chief Executive will inform the Board on the proceedings of the Committee since the previous meeting via the circulation of minutes.

12 Reporting Arrangements from Sub – Groups

1. Health informatics Group
2. Major Incident and Business Continuity Planning Group
3. Cancer Steering Group
4. Equality & Diversity Steering Group
5. Time limited operational groups

Reporting will be in accordance with the requirements of the Committee Policy.

13 Monitoring

The effectiveness of the Committee and the governance processes will be monitored by Trust Board via receipt of the minutes and the annual report from TEC.

Membership and terms of reference will only be changed with the approval of the Committee and will be reviewed and agreed annually.

Reviewed: June 2013
TEC Approved: June 2013
Board Approved: