

**TRUST BOARD**  
**26<sup>th</sup> July 2012**

<b>TITLE</b>	<b>Annual Report of the Trust Executive Committee</b>
<b>EXECUTIVE SUMMARY</b>	<p>As a formal committee of the Trust, the Trust Executive Committee (TEC) presents an Annual Report to the Trust Board. The report is attached.</p> <p>The report summarises the key areas of activities over the last year in discharging the Trust Executive Committee'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 was undertaken with minor changes incorporated. These aligned with the changes in the Quality , Risk and Safety Strategy.</p>
<b>BOARD ASSURANCE (Risk) / IMPLICATIONS</b>	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.
<b>STAKEHOLDER / PATIENT IMPACT AND VIEWS</b>	None obtained.
<b>EQUALITY AND DIVERSITY ISSUES</b>	None known
<b>LEGAL ISSUES</b>	None known
<b>The Board is asked to:</b>	Note the Annual Report from the Trust Executive Committee
<b>Submitted by:</b>	Jane Gear Head of Corporate Affairs
<b>Date:</b>	8 <sup>th</sup> July 2012
<b>Decision:</b>	For noting

## TRUST EXECUTIVE COMMITTEE

### ANNUAL REPORT 2011-2012

#### 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 Board as part of the Board's assurance process.

This report covers the period 1 June 2011 to 31 May 2012.

#### 2 MEETING DATES

TEC meets bi monthly; the second Friday in the month being a Developmental Seminar and the fourth Friday in the month being the Business Meeting.

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

24 <sup>th</sup> June 2011	25 <sup>th</sup> November 2011
22 <sup>nd</sup> July 2011	27 <sup>th</sup> January 2012
26 <sup>th</sup> August 2011	24 <sup>th</sup> February 2012
23 <sup>rd</sup> September 2011	24 <sup>th</sup> March 2012
28 <sup>th</sup> October 2011	27 <sup>th</sup> April 2012
16 <sup>th</sup> December 2011	25 <sup>th</sup> May 2012

#### 3 MEMBERSHIP AND ATTENDANCE

Membership of TEC is the senior team responsible for overseeing the operational performance of the Trust. As such it includes the six Executive Directors and seven 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, the Associate Director of Informatics and the Head of Communications are also members.

The developmental TECs have a wider objective and as such are also open to attendance by the General Managers, 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	10/12	Donna Marie Jarrett	Associate Director of Health Informatics	12/12
Mike Baxter	Medical Director	6/8	Andrew Laurie	Divisional Director for Diagnostics and Therapeutics	10/12
Raj Bhamber	Director of Workforce and OD	10/12	Andrew Liles	Chief Executive	11/12
Paul Crawshaw	Divisional Director for Women's Health and Paediatrics	10/12	Paul Murray	Lead Clinician for Cancer	7/12
David Elliott	Divisional Director for Trauma & Orthopaedics	11/12	Gulam Patel	Divisional Director for Specialist Medicine and Specialist Surgery	8/12
David Fluck	Deputy and then Interim Medical Director	9/12	Suzanne Rankin	Chief Nurse	11/12
Jane Gear	Head of Corporate Affairs	11/12	Giselle Rothwell	Head of Communications	11/12
John Hadley	Divisional Director for Surgery	12/12	Michael Wood **	Divisional Director for Acute and Emergency Medicine	5/8
John Headley*	Director of Finance and Information	11/11	Peter Wilkinson **	Divisional Director for Acute and Emergency Medicine.	4/4
Mick Imrie	Divisional Director for Anaesthetics, Critical Care & Theatres	11/12			

- left end May
- \*\* Change in Divisional Director

**4 TERMS OF REFERENCE**

The Trust Executive Committee reviewed their Terms of Reference and substantially updated them in June 2011. A further review has taken place and a number of small changes are proposed. These revised Terms of Reference are attached for information (Appendix 3).

**5 ACHIEVEMENTS /PROGRESS**

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

TEC reviewed marketing and contracting reports. One of the remits of the TEC is to contribute to the development of the Trust's strategy and it received shaping documents on

- Short to medium term strategy for Urology
- Integrating Critical Care
- Midwifery Led Unit
- Quality, Risk and Safety Strategy 2012 - 2017

TEC has also discussed the implications 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:

- The Volunteer Strategy
- Information Governance Strategy
- Site Capacity Management Plan

A schedule of the policies approved by TEC during the period of the report are given at appendix 1.

## 7 **BUSINESS CASES**

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

All consultant appointments and re 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 the Midwifery Led Unit 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 2.

## 8 **DEVELOPMENTAL TECs**

These sessions give TEC the opportunity for wide ranging debate and challenge on topical issues. The developmental TECs focussed on a wide range of topics which included:

- Opportunities, challenges and context for Epsom
- Observational audit of clinical areas
- Developing the marketing strategy
- Visibility and assurance- educational half days
- CQC reflection and next steps
- Medical workforce planning
- Approach to mandatory training
- Enhancing clinical governance
- Themes emerging from the staff engagement tools.
- Developing the organisation

As these sessions are discursive, they are a good means of building team

relationships thereby assisting TEC to operate effectively and as a cohesive but challenging body.

**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 2012/13 will be:-

- Achieving green on the Monitor Governance rating with a particular focus on delivering the A&E target and also meeting the challenging infection control targets.
- Achieving CQC compliance on all Essential Standards
- Maintaining strong financial control
- Preparing for implementing the changes to support the acquisition of Epsom

**Policy approvals**

Car Parking Policy  
Grievance policy  
Access Policy  
Car Parking Policy- Stage 2 agreement- charging  
Access Policy  
Appraisal Policy  
Medical Appraisal Policy  
Theatres Operational policy  
Disciplinary Policy  
Committee Policy  
Hospitality Policy  
Registration Authority Policy

Appendix 2

**Business case approvals**

Replacement of the Operating Theatre Chillers at St.Peter's.  
Telecommunications Resilience Capital program  
Acute Oncology  
Neurology  
Replacement Respiratory Medicine Consultant  
Demolition Of The Lower Ramp And Creation Of Staff Car Parking  
Real Time Investment Case  
Replacement Occupational Health Physician  
Replacement Occupational Health Physician  
Midwifery led unit  
Rolling programme of ACCT equipment replacement

- Theatre Tables
- Anaesthetic equipment
- Diathermy

Haematology Consultant  
Fracture Liaison Service  
Additional Anaesthetists  
Creation of barrier controlled car parking, Ashford Hospital and general external support works  
Colorectal surgeon  
ENT consultant  
Neurophysiology  
Site Capacity Management Plan  
Hybrid Theatre stage one approval  
Dermatology Consultant  
T&O Consultant  
Admissions Lounge stage one approval  
Sterile Services Centralisation  
A&E consultants  
Replacement Microbiologist  
Bariatric surgery consultant  
PACS radiology system

**Trust Executive Committee  
Terms of Reference 2012**

**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. 7 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. Lead Clinician – Cancer Services
10. Head of Communications
11. Associate Director of Informatics

(Total 17)

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 fourth Friday of the month.

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. carparking.
- 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

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. Workforce Strategy Steering Group
6. Time limited operational groups

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

16 **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.

**Date June 2012**

**Approved by Trust Executive Committee**