

TRUST BOARD
27th November 2014

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>Following review of the workings of the Committee in August and September 2014 the Committee has reverted to one meeting a month which will conduct the formal business bestowed on the Committee. As part of this change the membership of the Committee changed. These changes are reflected in the Terms of Reference which are included at Appendix V.</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:	Suzanne Rankin, Chief Executive
Date:	20 th November 2014
Decision:	For Approval

TRUST EXECUTIVE COMMITTEE

ANNUAL REPORT 2013 - 2014

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 2013 to 31st August 2014.

2 MEETING DATES

Until September 2014 TEC has met bi-monthly. The formal business of the Committee is conducted on the Friday after the Trust Board meeting. The second Friday session is 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.

2013	2014
28 th June	31 st January
26 th July	28 th March
30 th August	25 th April
27 th September	30 th May
1 st November	27 th June
29 th November	1 st August
13 th December	

Following review of the workings of the Committee in August and September 2014 the Committee will revert to one meeting a month which will conduct the formal business bestowed on the Committee. The Strategic Delivery TEC will revert to a monthly Programme Board to review, monitor and challenge progress with the key PMO projects. Attendance will be from the Executive Directors and Associate Directors of Operations with optional attendance from the Divisional Directors and Associate Directors of Nursing.

The formal business TEC, as well as approving key strategies and business cases (and all Consultant appointments) has time set aside each meeting for focus topics/issues brought from both the EDs and Divisions. Time has been created by reducing the number of papers for noting.

Once a quarter two formal meetings of TEC will be held. The second a more strategic meeting focusing on a particular deep-seated issue or time to horizon scan to enable detailed discussion and challenge.

3 MEMBERSHIP AND ATTENDANCE

Membership of TEC is the senior team responsible for overseeing the operational performance of the Trust. Membership was revised in September 2014 to include the Associate Directors of Nursing and the Lead Clinician for cancer.

TEC Business meetings attendance:

Valerie Bartlett	Deputy Chief Executive	11/13	Andrew Liles	Chief Executive	10/13
Claire Braithwaite*	Associate Director of Operations	2/2	Simon Marshall	Director of Finance and Information	12/13
Paul Crawshaw	Divisional Director	9/13	Louise McKenzie	Director of Workforce Transformation	7/13
David Elliott	Divisional Director	10/13	Cathy Parsons	Associate Director of Operations	9/13
David Fluck	Medical Director	8/13	Gulam Patel*****	Divisional Director	5/9
Victoria Griffiths**	Associate Director of Operations	9/10	Bob Peet	Director of Strategic Development	7/13
John Hadley	Divisional Director	12/13	Suzanne Rankin	Chief Nurse	8/13
Danny Hariram***	Acting Director of Human Resources	2/2	Giselle Rothwell	Head of Communications	11/13
Mick Imrie	Deputy Medical Director	11/13	Helen Sibley	Associate Director of Operations	8/13
Lorraine Knight****	Interim Associate Director of Operations	3/3	Tom Smerdon	Associate Director of Operations	11/13
Andrew Laurie	Divisional Director	12/13	Peter Wilkinson*****	Divisional Director	1/1

*Left in August 2013

**Left in April 2014

***Began attending from 27th June 2014

****Began attending from 30th May 2014

*****Ceased being Divisional Director in April 2014

*****Began attending from 1st August 2014

TEC Strategic Delivery meetings attendance:

Valerie Bartlett	Deputy Chief Executive	13/15	Andrew Liles	Chief Executive	9/15
Claire Braithwaite*	Associate Director of Operations	1/2	Simon Marshall	Director of Finance and Information	13/15
Paul Crawshaw	Divisional Director	9/15	Louise McKenzie	Director of Workforce Transformation	9/15
David Elliott	Divisional Director	9/15	Cathy Parsons	Associate Director of Operations	9/15
David Fluck	Medical Director	13/15	Gulam Patel****	Divisional Director	5/11
Victoria Griffiths**	Associate Director of Operations	9/12	Bob Peet	Director of Strategic Development	9/15
John Hadley	Divisional Director	14/15	Suzanne Rankin	Chief Nurse	11/15
Mark Hinchcliffe	Programme Office Manager	14/15	Giselle Rothwell	Head of Communications	4/15
Mick Imrie	Deputy Medical Director	14/15	Helen Sibley	Associate Director of Operations	11/15

Lorraine Knight***	Associate Director of Operations	3/3	Tom Smerdon	Associate Director of Operations	12/15
Andrew Laurie	Divisional Director	14/15			

*Left in August 2013

**Left in April 2014

***Began attending May 2014

****Ceased being Division Director in April 2014

4 TERMS OF REFERENCE

The Trust Executive Committee reviewed and approved the Terms of Reference at its meeting in October 2014. These Terms of Reference are attached for approval by the Board. Changes (highlighted in blue) reflect the increase in the membership to include the Associate Directors of Nursing and the change to the review of the PMO projects.

5 ACHIEVEMENTS /PROGRESS

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

TEC reviewed marketing reports in July 2013 and March 2014.

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:

- Electronic Document Management (June 2013)
- ASPH Strategy Refresh (July 2013)
- Theatre Utilisation (Aug 2013)
- IT Strategy and Technology Fund (Aug 2013)
- Business Planning Process 2014/15 (Aug 2013)
- Winter Planning (Sept 2013)
- Strategy Consultation (Nov 2013)
- Surrey Pathology Services – Demand and Capacity (Nov 2013 + Apr 2014)
- RealTime ED Go Live Root Cause Analysis Report (Nov 2013)
- Patient Helpline (Dec 2013)
- Plastic Surgery (Jan 2014)
- 2013 Staff Survey (Mar 2014)
- Pharmacy Aseptic Service Integration (Apr & May 2014)
- Spring to Green (May 2014)
- Stroke Services (May 2014)
- NWS CCG Expected MSK Tender (May 2014)
- Improved Hospital Flow (May 2014)
- Urology Services (Aug 2014)
- Elective Care Intensive Support Team Report (Aug 2014)
- ASPH/RSCH Merger (Aug 2014)
- Electronic Document Management (EDM) Report (Aug 2014)

6 POLICIES

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

- Employment
- Organisational and Finance

- Patient Care

Other corporate documents which were approved by TEC included:

- Patient Flow and Escalation Policy
- Estimated Date of Discharge Policy, Standard Operating Procedures and Clinical Protocols

A schedule of the policies, approved by TEC during the period of the report, are given at appendix III. The Committee approved 13 policies during 1st June 2013 to 31st August 2014.

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).

A list of Business Cases approved by TEC is given as Appendix IV. The Committee approved 28 business cases during 1st June 2013 to 31st August 2014.

8 DEVELOPMENTAL TEC

These sessions provide TEC the opportunity for wide ranging debate and challenge on topical issues. Topics discussed in 2013/14 included:

- Improving Complaints (Dec 2013)
- Clinical Vision, Clinical Strategy and Future of the Partnership (Mar 2014)
- USA Study Tour and Merger Update (June 2014)

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 2014/15 will be:-

- Ensuring that the principal aim of the Trust to deliver high quality care and treatment is maintained and that this is done in an efficient and cost effective way;
- Delivery of the Trust Business Plan (prior to proposed merger) 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);
- The enhancement of staff engagement;
- Maintaining CQC compliance;
- Continuing achievement of a 'green' Monitor Governance Risk Rating, with a particular focus on delivering the A&E and RTT target in Q3 and Q4; and
- Maintaining strong financial control with an achievement of a Monitor Continuity of Services Risk Rating of '3'.

Appendix I: 2014/15 PMO projects

1. Preventing Admissions
2. Temporary Staffing Project
3. Improving Staff Culture and Experience
4. Responsive and Accessible to Patients and GPs
5. Ashford Elective Centre
6. Emergency Care Pathway
7. Integrating Critical Care
8. RealTime
9. Theatre Utilisation

Appendix II: 2014/15 CQUINs

1. Friends and Family Test
2. NHS Safety Thermometer
3. Dementia
4. Sepsis Pathway: Compliance with Severe Sepsis Bundle
5. End of Life Planning: Do Not Attempt Resuscitation (DNAR)
6. Reducing Cardiac Arrests for all Patients Outside of Critical Areas
7. Responsive Approach to Improving Patient Experience
8. Reduction in Emergency to Emergency Readmissions in 30 days
9. Senior Review and EDD Set and Recorded within 14 hours of Admission
10. Improved Hospital Flow
11. Ward Level Discharge Performance – moving towards majority of discharges before 2pm
12. Safe Flow Bundles – Ward Level Discharge Performance

Appendix III: Policy approvals

Medical Appraisal and Revaluation Policy	Approved 28 th June 2013
Clinical Procurement and Introduction of New Products Policy	Approved 30 th Aug 2013
Supplier Representatives Policy	Approved 30 th Aug 2013
Estimated Date of Discharge Policy (EDD) Policy, Standard Operating Procedures and Clinical Protocols	Approved 27 th Sept 2013
Policy on Policies	Approved 29 th Nov 2013
Safeguarding Adults Policy	Approved 31 st Jan 2014
Deprivation of Liberty Policy	Approved 31 st Jan 2014
Committee and Group Policy	Approved 31 st Jan 2014
Maternity Leave Policy	Approved 25 th April 2014
Whistleblowing Policy	Approved 25 th April 2014
Multi-Disciplinary Discharge Team Led Discharge for Adults Policy	Approved 27 th June 2014
Patient Flow and Escalation Policy	Approved 1 st Aug 2014
Appraisal Policy	Approved 1 st Aug 2014

Appendix IV: Business case approvals

Acute Oncology Service	Approved 28 th June 2013
Paediatric A&E	Approved 28 th June 2013
Specialist Non-Surgical Weight Management Service	Approved 26 th July 2013
Expansion of the EP Services	Approved 30 th Aug 2013
Consultant Histopathologist	Approved 30 th Aug 2013
Ambulatory Emergency Care Unit	Approved 27 th Sept 2013
2 x Consultant Post in Trauma and Orthopaedics (Upper Limb and Lower Limb)	Approved 1 st Nov 2013
Plastic Surgery	Approved 1 st Nov 2013
Aseptic Unit Transfer to Royal Surrey	Approved 1 st Nov 2013
Ophthalmology Consultants	Approved 1 st Nov 2013
Consultant Radiologists	Approved 1 st Nov 2013
Consultant Paediatrician	Approved 29 th Nov 2013
Stroke	Approved 29 th Nov 2013
Histology	Approved funding and endorsed Locum Consultant funding 29 th Nov 2013
OSNA	Approved 29 th Nov 2013
Anaesthetics	Approved 29 th Nov 2013
Maxillofacial Surgeon	Approved 29 th Nov 2013
Neurophysiology	Approved 31 st Jan 2014
CT Scanner	Approved 28 th Mar 2014
Sterile Services	Approved 28 th Mar 2014
Neonatal Consultant	Approved 25 th Apr 2014
Consultant Ophthalmic Surgeon	Approved 25 th Apr 2014
Replacement Upper GI Surgeon	Approved 27 th June 2014
Access Team Review	Approved 27 th June 2014
Primary Percutaneous Coronary Intervention	Approved 27 th June 2014
Consultant Neurologist	Approved 1 st Aug 2014

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. Divisional Directors
3. Director of Finance & Information
4. Medical Director
5. Chief Nurse
6. Deputy Chief Executive
7. Director of Workforce Transformation
8. Deputy Medical Director/ if not a Divisional Director
9. Associate Directors of Operations
10. Associate Directors of Nursing
11. Director of Strategic Development
12. Lead clinician for cancer

(Total 23)

In attendance:

- Acting Director of Human Resources
- Head of Communications
- Head of Corporate Affairs

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 ~~4~~ 12 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 two Divisional Directors present.

8 Frequency and Conduct

The Committee will meet monthly on the ~~second Thursday of the month~~ ~~Friday after the Trust Board meeting~~ ~~Friday~~ after the Trust Board meeting. Items for the agenda should be submitted to the Secretary a minimum of ~~4~~ 7 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 Trust 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; and
- ~~• 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: October 2014

Approved: October 2014