

Revised Terms of Reference Trust Management Committee

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Agenda Item No: 11.5

Trust Board Report

Meeting Date:	26 March 2018
Title:	Revised Terms of Reference for Trust Management Committee
Executive Summary:	<p>The revised ToR reflect and include all comments and changes submitted. The ToR are provided to TMC for a final review, approval and recommendation to the Trust Board.</p> <p>Sections highlighted in yellow are the most up to date replacements available:</p> <ul style="list-style-type: none"> • the revised Trust Objectives and • reporting Schedule in line with current Cycle of Business and • the Groups reporting to TMC. <p>Minor amendments – in red and crossed through are entries to be removed. Items in green and bold are to be inserted.</p>
Action Requested:	Receive and note (subject to confirmation of approval and any revisions agreed at TMC 23 March 2018)
For the attention of the Board	
Assure	<ul style="list-style-type: none"> • That the Trust Management Committee Terms of Reference have been reviewed and revised in line with the due review date.
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Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Equality and Diversity Impact	None
Risks: BAF/ TRR	None
Public or Private:	Public
Other formal bodies involved:	Trust Management Committee
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

TRUST MANAGEMENT COMMITTEE (TMC)	
TERMS OF REFERENCE	
Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality. 2. Proactively seek opportunities to develop our services. 3. To have an effective and well integrated local health and care system that operates efficiently. 4. Attract, retain and develop our staff, and improve employee engagement. 5. Maintain financial health – Appropriate investment to patient services. 6. Be in the top 25% of all key performance indicators.
BAF Risks	None currently with this Committee.
Meeting Purpose/Remit	The TMC will provide a formal platform for the major decision making process regarding clinical and non-clinical operations. It informs and supports the CEO and Executive Team in delivering the Strategic objectives of the Trust. The TMC will review performance of the organisation and agree actions where required. The TMC will delegate responsibility for specific aspects of performance and management to a number of subgroups and working groups.
Responsibilities	<ol style="list-style-type: none"> 1. The TMC will advise on and be responsible to the Trust Board on all matters relating to Trust operations. This will include responsibility for the following activities:- <ul style="list-style-type: none"> • Direct and monitor progress with implementation of key Trust strategies • Approval of Trust wide strategy, policies and procedures • Annual approval of the rolling 5 year service strategies for the Trust, via the Divisional structure • Approve business cases to deliver key Trust strategies and the corporate business plan which are in excess of £100,000 but below £500,000. • Monitor delivery of the service strategies for Divisions • Monitor delivery of the Trust Estate strategy • Monitor and redress as appropriate financial performance across operational service areas • Monitor the delivery of the Trust Nursing & Midwifery programme, ensuring effective integration into operational areas • Monitor the operational performance and implementation of the IM&T strategy • Receive advisory reports on the operation of governance, risk management and compliance deliverables across the Trust. • Approve annual sign off of the IG Toolkit requirements. • Receive regular updates and advice from the Finance, HR, Governance Directors to ensure effective operational integration with the following: <ul style="list-style-type: none"> - Policy - Strategy - Developments - National & local strategies, policies and developments - Legal issues 2. To monitor the delivery of the Trust Strategic goals and plans. 3. To review and act upon operational performance information including the Quality and Performance KPI/Activity Report, financial

	<p>position and key governance reports.</p> <ol style="list-style-type: none"> 4. Receive and comment upon service delivery change plans. 5. Review Divisional risk registers to be assured on the progressive management and identification of risks. 6. To approve the Terms of Reference annually and membership of its reporting subgroups and oversee the work of the sub-groups, receiving reports for consideration and action as necessary. 7. Review all reports to the Committee with a view to extrapolating risks to inform the Board Assurance Framework (BAF)/Trust Risk register or Divisional risk registers. 8. Review new/existing red and high amber risks across the Trust to inform appropriate progression and/or escalation. 9. Promote a culture within the Trust which encourages open and honest reporting of risk and an educative and supportive approach to the management of risk. 10. To examine any relevant matters referred to it by the Board of Directors or other Board Sub Committee. 11. Seek opinions on potential innovation and development opportunities.
Authority & Accountabilities	<p>The TMC is authorised by the Executive Team to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.</p> <p>The Committee shall transact its business in accordance with national/local policy and in conformity with the principles and values of public service (GP01)</p>
Reporting Arrangements	<p>The minutes of each Committee meeting shall be provided to the Board. The Chairman of the Committee shall provide a report of each meeting drawing to the attention of the Board any issues that require disclosure to the full Board, or require executive action.</p> <p>The Committee shall review reports of its subgroups (in line with agenda plan).</p>
Membership	<p>CEO (Chair) Chief Nursing Officer e (Deputy Chair) Deputy CEO Medical Director Chief Operating Officer Director of HR-Workforce Chief Finance Officer Director of Strategic Planning and Performance Director of Integration Head of Estates Development Divisional Medical Director x-4 - 6 Clinical Director — GP Vertical Integration Associate Medical Director – Appraisal and Revalidation Divisional Managers x-3 4 Heads of Nursing/Midwifery x-3 4 Director of Infection Prevention and Control Director of Research, Development and Innovation Director of Clinical IT Lead Cancer Clinician Company Secretary Head of Communications</p> <p>Members are expected to attend regularly and should not send deputies without the prior permission of the Chairman.</p>

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<p>Attendance</p>	<p>The TMC may request the presence of any senior manager/clinician to interpret/ comment on data (with notice). For the purpose of leadership development occasional shadowing at this meeting will be allowed following prior discussion and agreement with the Chair.</p>
<p>Chair</p>	<p>CEO</p>
<p>Quorum</p>	<p>The Committee will be quorate when a minimum of 10 members are present and with two from:</p> <ul style="list-style-type: none"> • Chair/Deputy Chair • Chief Operating Officer • Medical Director • Chief Financial Officer
<p>Frequency of meetings</p>	<p>Monthly</p>
<p>Administrative support</p>	<p>The Executive Secretariat will provide administrative support. Agenda and papers will be circulated four working days a week prior to the meeting.</p>
<p>Standards</p>	<p>Monitor Risk Assessment Framework Monitor Well-led Framework CQC Essential Standards of Quality and Safety NHSLA Risk Management Standards Annual Governance Statement</p>
<p>Standard Agenda</p>	<p>Monthly: Integrated Performance & Quality Report (Chief Nurse & Chief Operating Officer) Division Reports (Div Med Dir) Trust Financial Position Month (Chief Finance Officer) Capital Programme Month (Chief Finance Officer) Policies for approval (Chief Nurse) Financial Recovery Board (Director of Strategic planning & performance) Chief Nurses Report (Chief Nurse) Workforce Summary (Director of Workforce) GP Vertical Integration (Director of Integration) Minutes Operational Finance Group (Chief Finance Officer)</p> <p>Every 2 Months: Property Management Updates (Chief Finance Officer)</p> <p>Quarterly: Learning from deaths (mortality) (Medical Director) Estates Strategy (Chief Finance Officer) Contracting (Director of Strategic Planning and Performance) Tenders (Director of Strategic Planning and Performance) IG Toolkit Reqs (Medical Director)</p> <p>6 Monthly: Emergency Planning Group (Chief Operating Officer) Strategic Objectives (Director of Strategic Planning and Performance) Health and safety Report (M Arthur – Head of governance) IM and T Strategy & Update report (Chief Finance Director)</p>

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	<p>Midwifery Service Report (T Palmer) 100,000 Genomes (C Hitchcock) RWT Research and Development (Medical Director) Cancer Services (S Grumett) Education (Medical Director) Sustainability and Carbon Reduction Group (Chief Finance Officer) Site Strategy Progress (Chief Finance Officer) D of Infection Prev. and Control Report</p> <p>Annual: Revalidation Steering Group (Medical Director) Divisional Accountability Meetings (S Evans) Trust Annual Business Plan (Director of Strategic Planning & Performance) Infection Prevention report (M Cooper) Annual Fire Safety Report (Chief Operating Officer) Undergrad Training Teaching Academy (Medical Director) Review of ToR of TMC (Chief Nurse) PLACE Scores (Chief Operating Officer) Annual Equalities Report (Director of Workforce) Staff Survey Results (Director of Workforce) Chat-back results (Director of Workforce) Capital Programme – 5 Years (Chief Finance Director) Budget Income/Expenditure (Chief Finance Director) Winter Planning and Pressures (Chief Operating Officer) Seasonal flu plan (Chief Operating Officer & Director of Workforce) Patient Experience Annual Report (Chief Nurse) EPRR self-assessment Core Standards (Chief Operating Officer) Freedom to speak up Guardian Annual Report (Director of Workforce) Pharmacy (Medical Director) Risk escalation reports can be added from other Board subcommittees.</p>
<p>Subgroups</p>	<ul style="list-style-type: none"> • Divisional Management Groups • Emergency Planning Group • Senior Nurse Strategic Group • Information Management & Technology/ICT Strategy Board • Research and Development • Policy Group • Clinical Practices Group • Local Delivery Group • Sustainability and Carbon Reduction Group • Revalidation Steering Group • Operational Finance Committee • Financial Recovery Committee • Nurse Recruitment and Retention Group • Medical Workforce Group
<p>Date Approved</p>	<p>March 2017 March 2018</p>
<p>Date Review</p>	<p>March 2018 March 2019</p>