Trust Board Meeting in Public: Wednesday 11 May 2016
TB2016.49

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<th>Trust Management Executive Report</th>
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<td>Status</td>
<td>For information and discussion</td>
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<tr>
<td>History</td>
<td>This is a regular report to the Board</td>
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<td>Board Lead(s)</td>
<td>Dr Bruno Holthof, Chief Executive</td>
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1. Introduction

Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 10 March 2016;
- 24 March 2016; and
- 28 April 2016.

2. Significant issues of interest to the Board

TME continues to monitor performance in relation to quality, operational and financial targets, and has received updates on relevant developments in relation to the key strategic themes of

- ‘Home Sweet Home’ (local health integration)
- ‘Focus on Excellence’ (prioritising investment in services, to develop world class excellence)
- ‘Go Digital’ (digital transformation)
- ‘The Master Plan’ (long term estates planning)
- ‘Good Quality Costs Less’ (delivering continuous service improvement)

and has been kept informed of progress in development of the Sustainability and Transformation Plan, due to be submitted in June 2016.

The following issues of interest have been highlighted for the Trust Board:

2.1. TME has endorsed the approach to be taken in the management of National, Local and Specialised CQUINS in 2016/17, noting that approximately £18m of the Trust’s 2016/17 financial plan is dependent upon the achievement of these quality targets. It was recognised that delivery is likely to be challenging, and further work is being undertaken, led by the Chief Nurse, Deputy Medical Director and Director of Operational Finance, to embed accountability for CQUINS throughout the organisation.

2.2. An update was provided on the Draft Quality Account, and the quality priorities for 2016/17 were highlighted as follows:

- Medication safety
- Acute kidney injury
- Recognition and treatment of sepsis
- Care 24/7
- iPad based track and trigger SEND project
- End of life care
- Dementia Care
- Compassionate care programme
- Stake holder engagement and partnership working
2.3. TME received the full Integrated Performance Report [IPR] for Month 10, and the 'IPR 'At a Glance' for Month 11, which reported the Trust’s failure to meet the 4 hour A&E standard in January and February. It also confirmed that it had not yet proved possible to achieve the level of reduction in DToCs which had been hoped for at the outset of the initiative to re-balance health and social care in Oxfordshire.

2.4. The impact of DToCs on the quality of care will continue to be monitored by the Quality Committee, and the Finance and Performance Committee will monitor performance against a reasonable and realistic trajectory for the further reduction of DToCs, alongside the trajectory for performance against the 4 hour A&E standard.

2.5. TME has also received reports on financial performance in Months 10, 11 and 12, and has considered the Trust’s operational and financial plan for 2016/17, as well as the latest draft of the Trust Business Plan 2016/17.

2.6. TME has been kept apprised of the position in relation to contracting for 2016/17, and budgeting for 2016/17

2.7. An update was provided on the achievements made to date in compliance with the National Clinical Standards for seven day services, and TME supported the action plan for further improvement.

2.8. Regular reports from the Clinical Governance Committee [CGC] have been presented. Issues highlighted for consideration have included:

- The Sentinel Stroke National Audit Programme (SNNAP) quarterly report had been received, highlighting that the Horton score was E, the lowest band. This is under discussion with the service and with commissioners.

- The Mortality review is to be removed from the Quality Priorities, as a Mortality Review Group has now been established.

- The Paediatric Spinal Surgery Service had resumed after an initial investigation found that there were no grounds for concern in relation to patient safety.

- Two Never Events had been declared in March 2016, and they are currently under investigation

- Strategies for improving test results endorsement were discussed for every division. A project carried out by the maternity team as ‘endorsing = signing for safety’ was discussed and the materials have been circulated to the committee. Progress made in surgery and oncology with respect to discharge summary timeliness and test result endorsement was noted

- The first report had been received from the newly formed mortality review group. A report on the CABG (other) outlier was confirmed to have given no cause for concern and this has been sent to the CQC.

2.9. Regular reports have also been received from the Energy Investment Project Board, the Health Informatics Committee and the Workforce Committee.
3. **Key Risks Discussed**

TME has discussed the risks associated with the challenge of meeting all targets set for quality, operational and financial performance in 2016/17;

The need to ensure that NHS patients’ consent has been obtained for the storage and use of tissue for research under licence held by the University of Oxford was raised;

TME has received updates on the mitigating actions put in place to deal with the impact of junior doctors’ industrial action.

4. **Key decisions taken**

Key decisions made by the TME included:

4.1. **Endorsement of a proposal to replace the Safety Thermometer Indicator with alternative measures, focused on the prevention of harm and deterioration.** This decision was taken in the light of detailed consideration by the Quality Committee, and subject to conferring further with colleagues in the Shelford Group.

4.2. **Approval of the Business Case for the Expansion of Heart Failure and Inherited Cardiac Conditions at OUH**

4.3. **Approval of the Business Case for Medical Appraisal and Revalidation**

4.4. **Support for the Interim solution to the replacement of the CT scanner at the Horton**

4.5. **Support for Proposals for the re-location of some Ophthalmology services**

4.6. **Approval of the Full Business Case for the expansion of JR Endoscopy**

4.7. **Approval of the Elective Access Policy**

5. **Future Business**

Areas on which the TME will be focusing over the next three months include the following:

- Monitoring quality performance;
- Monitoring delivery of operational performance standards;
- Monitoring financial performance;
- Progressing the fundamental Trust-wide Strategic Review;
- Maintaining an overview of relevant developments in key strategic themes;
- Receiving an update on outcomes emerging from the next phase of the Peer Review Programme;

6. **Recommendation**

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

Dr Bruno Holthof
Chief Executive

May 2016