Trust Board Meeting in Public: Wednesday 14 September 2016
TB2016.86

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TB2016.86 Trust Management Executive Report
1. Introduction

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

- 14 July 2016;
- 28 July 2016;
- 11 August 2016;
- 25 August 2016.

The main issues raised and discussed at the meetings are set out below.

2. Significant issues of interest to the Board

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

TME is kept updated on relevant developments in relation to the key themes of the OUH Strategic Review:

- “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); and
- “Good Quality Costing Less” (delivering continuous service improvement) as well as in relation to the enabling theme of:
- “Building Capabilities” (to develop the organisation’s ability to deliver its strategic objectives)
- “Delivering Sustainable Compliance” (to continue to deliver to the NHS constitution, national access standards and financial balance in a sustainable manner

This has included preparations for and participation in workshops held at St Hugh’s College on Wednesday 7 September, to provide an Update on OUH Strategy Review and to launch the Champions for Change Programme.

2.1. TME has reviewed the summary of work undertaken to identify the ‘financial gap’ for Oxfordshire, as part of national expectations to develop Sustainability and Transformation Plans [STPs] at regional level, to address the funding and efficiency gap, health and wellbeing gap and care quality gap.

2.2. TME considered specialised services which may be identified for Lead Provider Arrangements, under the theme of Focus on Excellence. And divisions have been asked to feedback on potential candidate services by September.
2.3. TME received an update on the Oxfordshire wide initiative to address patient delays in hospital beds, which was reported to be in Phase 2 of the programme.

The report provided the substance of the submission to the Joint Health Overview and Scrutiny Committee [HOSC] at the end of August 2016.

2.4. The Trust’s strategic review of the Horton General Hospital, proposing an opportunity to design a 21st century hospital at Banbury, was considered. TME noted that this will feed into the Oxfordshire Transformation Programme pre-consultation business case, and subsequently into full public consultation.

2.5. TME heard that progress had been made in respect of the Trust’s Medicines Management arrangements following an internal audit in February 2016, which had concluded “Partial Assurance with Improvements Required.”

2.6. TME considered the outcome of a review of Paediatric Spinal Surgery Services. While this had found no grounds for concern about patient safety, recommendations for improvements in communication were accepted. A reflective event had been organised at the end of August 2016, attended by Divisional Leads, and progress in the implementation of action and learning will be reviewed in readiness for report to the Quality Committee at its meeting in December.

2.7. A presentation was provided on the impact of systemic pressure on the quality of care in the Emergency Department [ED]. Overall, there was no evidence of any major patient safety issues though attendances were noted to have increased by 11%, compared to the national average increase of around 3%.

2.8. TME received and noted an update on the NIHR Clinical Research Network for Thames Valley and South Midlands [LCRN].

2.9. TME has received an Annual Review of Serious Incidents Requiring Investigation [SIRI] and Never Events 2015/16, acknowledging this was a new report, which would subsequently be submitted for consideration by the Board.

Issues highlighted included:

- the work undertaken to embed the legal, professional and regulatory Duty of Candour within the Trust;
- the four categories of SIRI that occurred most frequently;
- the extensive change programme to improve the SIRI process; and
- future plans for further improvements to the SIRI process.

Following a review of the report, TME asked for the Legal Services team to track SIRIs resulting in claims being made against the Trust.

2.10. TME has received reports on financial performance in months 2, 3 and 4.
2.11. Regular reports were received from the Clinical Governance Committee and Workforce Committee.

3. **Key Risks Discussed**

3.1. TME received a report on interaction between the Human Tissue Authority and the University of Oxford, in relation to its Licence for the Biobank. This had revealed risks associated with checking consent for research recorded on OUH NHS FT consent forms prior to samples entering the Oxford Radcliffe Biobank [ORB], in relation to which relevant actions are being progressed.

3.2. TME received a report on the recent CQC short-notice inspection of Radiology at the John Radcliffe Hospital which had resulted in the Trust being served with a Service Improvement Notice, in relation to failings which had included insufficient documentary evidence of training, audits and up-to-date policies. These areas for improvement are being addressed.

The risk that similar failings might be found in other parts of the Trust was recognised, and all divisions have been asked to undertake a review of their policies.

3.3. TME considered the risk that obstetric and neonatal services could not safely be delivered at the Horton General Hospital if the Trust was unable to fill six middle grade obstetric posts by the end of September 2016.

TME reviewed the development of a contingency plan for maternity and neonatal services at the Horton General Hospital, in the event that there had to be any temporary cessation of services, in the interests of patient safety.

3.4. The risks associated with lengths of shifts for both medical and nursing staff were discussed. A review of shift patterns across the Trust is to be undertaken and reported back to TME.

3.5. TME discussed the risks associated with the fact that the number of staff leaving the Trust had recently surpassed that of new employees recruited, and agreed the key priority for the Trust was to remain focused on improving staff turnover and retention.

4. **Key decisions taken**

Key decisions made by the TME included:

4.1. Support for the Full Business Case to replace the absorption chillers and cooling towers that serve the John Radcliffe Hospital Main Block (JR2) Building

4.2. Approval of the capital allocation for 2016/17 and support for the process for reviewing capital requirements for 2017/20.
4.3. Support for the decisions approved by the Trust Board relating to Phase 1 of achieving “Best Space for patients”, which included the relocation of some non-clinical teams to accommodation in Cowley.

4.4. Approval of the Trust medical induction arrangements for junior doctors.

4.5. Approval of the Full Business Case for the replacement of the High Voltage Switchboard currently supplying the Churchill Hospital.

4.6. Approval of the action plan developed in response to the Quality Assurance Report for the Oxfordshire Cervical Screening Programme following a visit from the Screening Quality Assurance Service (SQAS) on 18 and 19 April 2016.

4.7. Approval of the changes to the Corporate Risk Register (CRR), risk scores, escalated risks and proposed risks to archive.

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; *including specifically*
  - Feedback from the workshops held on 7 September regarding stakeholders’ reflections on how to ensure successful delivery, and implementation of the next phase of the *Champions for Change*
  - Next steps in relation to *Focus on Excellence*
- Update on outcomes emerging from the next phase of the Peer Review Programme;
- Update on Sustainability and Transformation Plan.

6. Recommendation

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

**Dr Bruno Holthof**  
Chief Executive  

**September 2016**