

**Trust Board Meeting: Wednesday, 13 March, 2013**  
**TB2013.41**

<b>Title</b>	<b>Foundation Trust update</b>
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<b>Status</b>	<b>Paper for information.</b>
<b>History</b>	This is a regular report to the Board.

<b>Board Lead</b>	Andrew Stevens, Director of Planning and Information			
<b>Key purpose</b>	<b>Strategy</b>	<b>Assurance</b>	Policy	<b>Performance</b>

**Summary**

1	Information has been provided to NHS South of England on the topics required to see the Trust's application progress to consideration by the NHS Trust Development Authority (TDA).
2	The TDA is awaiting Department of Health consideration of the Francis Inquiry's recommendations before clarifying how the Foundation Trust application process can proceed. In the meantime, action continues on performance, quality and culture under the banner of <i>Delivering Compassionate Excellence</i> .
3	An update is provided on meetings of the Foundation Trust Programme Board during February and minutes of the meeting held on 5 February are provided.
4	The Board is asked to <b>note</b> progress and <b>receive</b> the notes of the FT Programme Board meeting held on 5 February.

## Foundation Trust update

### Assessment process

1. As reported in paper TB2013.26, NHS South of England asked in January for further information to be provided by 1 March as part of the FT assessment process, including:
  - 1.1. Plans to reduce costs to operate within expected income levels for two years (initially 2013/14 and 2014/15), with these plans assessed for their potential impact on quality by the Medical Director and Chief Nurse.
  - 1.2. Revised letters of detailed support from Clinical Commissioning Groups.
  - 1.3. Confirmation that the Trust is meeting required operational performance standards.
  - 1.4. A Quality Governance Assessment Framework rating at the level required by the time of authorisation.
2. Information was provided to the SHA on 1 March as follows.
  - 2.1. Confirmation that:
    - 2.1.1. the Trust has in place:
      - detailed scheme-level Cost Improvement schemes for 2013/14 with Project Initiation Documents which have each been quality impact assessed in accordance with the National Quality Board's guidance by the Chief Nurse, Medical Director and Director of Clinical Services; Project Outline Documents for 2014/15 schemes, again with quality impact assessments completed; and
      - a revised schedule of mitigations taking the 2013 – 2015 schemes into account.
    - 2.1.2. In accordance with *Everyone Counts* and planning guidance issued by the Trust Development Authority (TDA) in December, the 2013/14 schemes will be assured by Oxfordshire Clinical Commissioning Group as an integral part of the commissioning process for the coming year and will inform the revision of the Trust's Integrated Business Plan in early 2013/14.
  - 2.2. Revised letters of support from the Trust's two major commissioners: specialised commissioners (acting on behalf of the NHS Commissioning Board from April 2013) and Oxfordshire Clinical Commissioning Group.
  - 2.3. Confirmation that, as evidenced in its monthly self-certification, the Trust is meeting operational performance requirements with the exception of the percentage of Emergency Department attenders treated and transferred or discharged within four hours. This continues to be a concern, with action reported to the Board at its latest meetings to address ED waits and delayed transfers. The submission to the SHA confirms that OUH's focus is on delivering excellent quality of care and a positive patient experience in the context of the levels of emergency activity being managed, with emergency admissions 24% above plan and emergency attendances 14% above plan this year.
  - 2.4. Confirmation that the Board has received a self-assessment against the Quality Governance Framework (QGF) standards showing a QGF score at the level expected for FT authorisation and progress continuing to be made to address

recommendations from the independent assessment carried out by RSM Tenon in 2012.

3. In the light of this further information, the TDA phase of assessment is anticipated to begin formally on 1 April. The duration of this phase is currently unclear, particularly as the TDA awaits the Department of Health consideration of the Francis Inquiry's recommendations which pertain to the FT application process.
4. Whilst this consideration takes place, OUH continues its work on Delivering Compassionate Excellence in the belief that this work on performance, quality and culture is entirely consistent with the changes that will be required of the wider NHS in order to respond to the Francis report and in the hope that consideration of Francis' recommendations to the Department of Health will strengthen, rather than delay, the Trust's progress towards FT authorisation.

### Foundation Trust Programme Board

5. Since the last FT update report to the Board, the Foundation Trust Programme Board has met twice. Approved minutes of the meeting on 5 February are attached.
6. At its meeting on 20 February, the Programme Board considered:
  - 6.1. Actions to communicate the Trust's vision and priorities through a process of engagement with all staff groups following the planned Leadership Events in April. Recommendations were agreed to the Trust Management Executive;
  - 6.2. Actions to complete the submission of material to NHS South of England on 1 March (as above);
  - 6.3. Progress on the Combined Action Plan against recommendations made in external assessments during 2012; and
  - 6.4. Public membership, with a particular focus on the diversity of the membership against a number of measures used by Monitor. Progress was welcomed and actions noted to raise awareness of the Trust's membership scheme with ethnic minority communities in Oxfordshire, with younger adults, and in areas of relative deprivation.
7. During March, the Programme Board will examine the risk register for the FT Programme. It will also review Monitor's consultation on its Risk Assessment Framework, which is anticipated to replace the current Compliance Framework during 2013 as Monitor assumes its new role as 'sector regulator' for the NHS in England. The consultation runs until 4 April.

### Recommendations

8. The Board is asked to **note** progress and **receive** the minutes of the FT Programme Board meeting held on 5 February.

**Andrew Stevens, Director of Planning and Information**  
**Jonathan Horbury, Foundation Trust Programme Director**  
**March, 2013**

Oxford University Hospitals NHS Trust  
**Foundation Trust Programme Board**  
**Meeting held on Tuesday 5 February, 2013**

**Present** – Andrew Stevens (AS), Sue Donaldson (SD), Mark Mansfield (MM), Tony Berendt (TB), Paul Brennan (PB), Elaine Strachan-Hall (ESH), Eileen Walsh (EW) and Jonathan Horbury (JH).

1. **Apologies for absence** were received from Sir Jonathan Michael (JM), Ted Baker (EB), Geoff Salt (GS), Melanie Proudfoot (MP) and Mark Trumper (MT).
2. **Notes of the meeting held on 23 January** were **agreed** as a correct record.
3. **Matters arising**
  - 3.1. *Governor election arrangements*: JH reported that an invitation to tender had been issued. This would be circulated to Programme Board members [action **JH**].
  - 3.2. Dates were being arranged for meetings with public members and staff members interesting in finding out more about the Governor role. Dates would be circulated, with the aim of having a Board member present at each if possible, though not required to present. [**JH**]
  - 3.3. *Vision communications plan*: SD noted that a clear link had been established between potential next steps in the *Listening Into Action* programme and planning to communicate the Trust's vision, values and objectives.
  - 3.4. Following the proposal in minute 8.8 from the 23 January meeting, AS tested support for a programme over several months of face-to-face meetings with all staff (as far as possible). Feedback from LIA events indicated a strong 'pull' from staff to have this happen.
  - 3.5. Discussion in an LIA communications group had suggested that these meetings could perform three main functions: face-to-face contact between senior leaders in Divisions/Directorates (as applicable) and staff; thanking staff for their contribution; and facilitated discussion on the contribution participants will make to delivering the Trust's vision and objectives.
  - 3.6. It was **agreed** that:
    - 3.6.1. Such a programme should take place, starting as soon as possible after April's leadership event.
    - 3.6.2. Divisional Directors' support would be developed prior to TME discussion. [**PB**]
    - 3.6.3. 'By-products' should be expected to include a clear mechanism in each Division and corporate Directorate to communicate with all staff.
    - 3.6.4. The exercise should be seen not as a 'one-off' but as part of a continuing programme across the Trust.
    - 3.6.5. An action plan including a clear statement of aims would go via Executive Directors to February's TME. [**AS/SD/MT**]
4. **Progress update on items due for 1 March**
  - 4.1. *CIPs and mitigations*: MM reported that 2013/14 plans in BDO template form were being developed for quality impact assessment to be completed and signed off by ESH, EB and PB by 28 February.

- 4.2. 2014/15 project outline level schemes were being developed with key metrics, outcomes and process for delivery by 20 February. It was noted that work on the 14/15 schemes would enable some to be brought forward into 13/14 if needed during the year.
- 4.3. MM would circulate POD outlines and membership of working groups. [MM]
- 4.4. It was noted that the pace of development meant that a wide range of schemes were under discussion, by no means all of which would be adopted and implemented, and those involved in this work needed to be clear about this with colleagues.
- 4.5. *Commissioner sign-off*: the 2013/14 CIP programme had been discussed with commissioners. A further meeting would be set up to seek formal agreement to schemes. [MM].
- 4.6. JH had sought advice from NHS South of England on what was required in letters of commissioner support by 1 March and had agreed to test a draft with the SHA. [JH]
- 4.7. *Governance*: an initial draft document clarifying the flow of information to the Board via its committees had been considered by EW and JH and would be finalised during February. [EW/JH]

## 5. FT timeline for 2013

- 5.1. A draft, estimated timeline for the application process during 2013 was discussed.
- 5.2. It was noted that considerable uncertainty remained about the duration of the TDA stage of the process. 'System' concerns about commissioner funding post-April and QIPP planning, plus the need to demonstrate sustained performance and meet challenging standards in 2013/14, could combine to lengthen the TDA stage such that the application did not move to Monitor before October. More rapid assessment could also see this take place sooner.
- 5.3. With these factors in mind, the need was recognised to continue making progress on the key elements which underpinned the FT application and the Trust's future, including the quality strategy, performance improvement, CIPs and delivering compassionate excellence.

## 6. FT risk register

- 6.1. The risk register was reviewed and **adopted**.
- 6.2. Risk owners would review the status of controls and the scoring of their risks to inform discussion of a revised risk register with updated risk scores at the meeting on 4 March. [PB, MM, AS, EW, JM, EB, JH]

## 7. Forward business

- 7.1. It was **agreed** that an update on progress against the Combined action plan would come to the next meeting. [JH]
- 7.2. A briefing was being developed on Monitor's current consultation on the regulator's Risk Assessment Framework, recognising that the outcome of the Francis Inquiry may influence the options being consulted upon. With this in mind, this briefing would come to the meeting on 20 March, prior to the consultation deadline of 3 April. [JH]

## 8. Next meeting

Wednesday 20 February 2013, 0930 - 1100, Board Room, John Radcliffe Hospital.