

**Trust Board Meeting in Public: Wednesday 11 November 2015**  
**TB2015.132**

<b>Title</b>	<b>Trust Management Executive Report</b>
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<b>Status</b>	For information and discussion
<b>History</b>	This is a regular report to the Board

<b>Board Lead(s)</b>	<b>Dr Bruno Holthof, Chief Executive</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

## 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 September 2015;
- 24 September 2015;
- 8 October 2015; and
- 22 October 2015.

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:

- 2.1. TME has continued to monitor operational performance closely over Months 4 and 5, and has reviewed the outline position for Month 6. All operational performance standards have been achieved, with the exception of the standard for 95% of patients attending the Emergency Department [ED] being seen and admitted, transferred or discharged within four hours of arrival. The level of Delayed Transfers of Care [DTocS] remains a concern;
- 2.2. Consideration has therefore been given to proposals for a system-wide initiative to implement structural change within the Oxfordshire health economy, with the objective of increasing capacity to treat acutely ill patients in ED, and reducing the number of patients for whom an acute setting does not provide the best environment for delivering the optimal quality of care. The Trust has been collaborating with its partners in the Oxfordshire health economy, to finalise agreement for the implementation of system-wide measures. It is hoped this can be achieved in time to meet additional winter pressures;
- 2.3. TME has also continued to monitor the financial performance of the Trust in 2015/16. It has received regular reports on progress in the implementation of material corrective actions which were introduced with the objective of reversing underlying trends of overspend on pay, and activity underperformance against commissioner contracts. The full impact of the corrective actions in-year is being assessed;
- 2.4. Financial projections for 2016/17 and beyond have been reviewed, taking into account an anticipated reduction in income (as a result of anticipated reductions in tariff), coupled with anticipated increases in pay and non-pay costs. TME has confirmed its support for an approach which aims to ensure that the delivery of improvements to the quality of care should also realise improvements in financial and operational performance;
- 2.5. Initial consideration has been given to undertaking a strategic review, with the objective of improving the quality of care provided to patients, ensuring the clinical, financial and operational sustainability of the Trust's services;

- 2.6. TME received an update on outpatient projects, the detail of which was reported to the Finance and Performance Committee at its meeting in October;
- 2.7. A report on the outcome of the *Perfect Theatre Week* was considered, the content of which was also submitted to the Quality Committee at its meeting in October;
- 2.8. TME received an update on investigation into concerns which had been raised anonymously in relation to one of the Trust's services, and this was also provided to the Quality Committee at its meeting in October. An Action Plan is being developed for submission to TME in November, and will be subject to on-going monitoring thereafter;
- 2.9. An updated Media Handling Policy was presented, including guidance for staff on handling media requests, and on the use of social media following developments and the increased use of media technology. The Trust will seek to ensure that express permission is sought for any filming and photography on Trust grounds;
- 2.10. TME received regular reports from the Clinical Governance Committee [CGC]. Issues highlighted for consideration included:
  - Presentation of a paper detailing two Never Events which had been reported in August 2015; one concerning a retained swab, and the other an incident of wrong site surgery; and
  - An exception report of a further historical Never Event related to wrong site surgery during removal of a portacath which took place on 13 January 2015.

Further details of these Never Events are reported in the Quality Report submitted to the Trust Board in November 2015. The Trust has commissioned Professor Brian Toft to undertake a review of Never Event investigations, and his report will be submitted for consideration in due course.

Other issues highlighted by CGC included:

- An update on the Safe and Secure Storage of Medicines in which an audit was being undertaken. The final report is expected to be available in December;
- Report that the total percentage of patients screened in clinical areas for MRSA appeared to be below that required to comply with the Trust's MRSA screening policy. The need to screen all patients was reinforced to Divisional staff represented at CGC, with the request that this was cascaded and discussed at divisional quality meetings in order to achieve compliance;
- The clinical implications of introducing biosimilar medicines had been considered by CGC. It is proposed that biosimilars may replace several high-cost biological medicines whose patents are due to expire. The introduction of biosimilars presents a significant opportunity for cost savings, and is broadly supported by CGC;
- A substantial net decrease has been achieved in the number of unreported and unverified radiology examinations.

2.11. Regular reports were received from other sub-committees of TME, including from:

- i. The Public Health Steering Committee;
- ii. The Transformation and Cost Improvement Programme [CIP] Steering Group; and
- iii. The Health Informatics Committee.

### **3. Key Risks Discussed**

3.1. The risks associated with difficulty in recruitment and retention of middle grade staff at the Horton Maternity Unit were considered, and TME has agreed what action is to be taken to guarantee the safety of all users of the service in the immediate term;

3.2. The risks associated with increased activity in the acute paediatric service were also raised, and TME asked that a full risk assessment be undertaken, including a review of the options for key controls and contingency plans. This is due to be reported back to TME by the end of the year;

3.3. The Medical Director highlighted reports from the haematology laboratory of mislabelled blood samples being sent with the wrong patient's blood in the tube. A task force is being established to explore how the rate of such incidents may be reduced, and progress will be reported to TME.

### **4. Key decisions taken**

Key decisions made by the TME included:

4.1. Approval of a capital allocation for the replacement of Diagnostic Monitors and Equipment in Radiology, Pathology and Laboratories;

4.2. Approval of an extension to the current contract for provision of HealthRoster, E-360 and HealthAssure software;

4.3. Approval of revised governance arrangements in relation to the Electronic Patient Record [EPR], and approval of the Annual Plan, subject to submission and approval of business cases through the normal process;

4.4. Support for an Outline Business Case for the replacement of a 16 slice CT scanner with a 64 slice CT scanner at the Horton General Hospital, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;

4.5. Approval of investment in the development of Oxford University Hospitals NHS Foundation Trust and Northampton General Hospital NHS Trust Cardiology Service;

4.6. Support for an Outline Business Case for family accommodation in Children's and Newborn Services, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;

- 4.7. Approval of the Trust's Intestinal Failure [IF] Service to proceed with completion of the national tender for IF services;
- 4.8. Approval to proceed to develop an Outline Business Case for Sterile Services;
- 4.9. Support for proposals for the development of Botnar 3, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;
- 4.10. Support for a planned disposal of 0.012 hectares of land, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;
- 4.11. Support for the Risk Management Strategy, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;
- 4.12. Support for the Assurance Strategy, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;
- 4.13. Re-iterated approval of the business case for investment to support nursing and midwifery revalidation, on the basis that some resources could be shared with those which supported medical revalidation;
- 4.14. Support for the OUH Learning and Education Strategy, to be submitted for approval of the Trust Board at its meeting on 11 November 2015;
- 4.15. Approval of minor changes to the Policy for the Development and Management of Procedural Documents, designed to streamline the process, pending further consideration and development of improvements to the Trust-wide policy structure.

## 5. Future Business

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

- Monitoring financial performance;
- Monitoring delivery of operational performance standards;
- Monitoring quality performance;
- Monitoring the impact of material corrective actions which have been introduced to deliver a balanced financial out-turn at year end;
- Identifying initiatives to improve the quality of care, which can also deliver improvements in operational and financial performance;
- Reviewing the Board Assurance Framework and Corporate Risk Register;
- Self-assessment of compliance with CQC fundamental standards;
- Update on Peer Review Programme;
- Strategic Review.

## 6. Recommendation

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

**Dr Bruno Holthof**  
**Chief Executive**

**November 2015**