

**Trust Board Meeting in Public: Wednesday 13 January 2016**  
**TB2016.12**

<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:

- 12 November 2015;
- 26 November 2015; and
- 10 December 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 received the Integrated Performance Report for Month 6 and Month 7, noting that the Trust had failed to achieve 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 has also remained a concern.
- 2.2. Progress in implementation of the system-wide initiative to reduce the level of delayed transfers of care has been kept under review. As emphasised by the Chief Executive, the rationale for implementation of this initiative has been primarily to improve the quality of care for patients whose transfer had been delayed, and to increase the capacity within the Trust for the admission and treatment of acutely ill patients.
- 2.3. In approaching the process of budget setting for 2016/17, TME has sought to identify other initiatives which will similarly improve the quality of care, while impacting positively on operational performance, and realising financial benefits for reinvestment.
- 2.4. TME has endorsed the importance of delivering continuous service improvement, as a pre-requisite to ongoing financial sustainability of the Trust in 2016/17 and beyond.
- 2.5. The financial performance of the Trust in 2015/16 has been kept under close scrutiny. Additional meetings have been held with each of the clinical divisions, focused on identifying immediate actions for implementation, to deliver the out-term position pledged during re-forecasting undertaken in Month 5.
- 2.6. TME has approved specific plans developed for the implementation of a price cap on the hourly rates paid for all agency staff, in accordance with national rules introduced by Monitor and the Trust Development Authority.
- 2.7. Proposals for a comprehensive and fundamental strategic review have been developed, to be pursued in collaboration with the Trust's partners within the Academic Health Sciences Centre, and more broadly within the Academic Health Sciences Network. Two strategic workshops have been scheduled to take place on 24 February and 2 March 2016.

- 2.8. TME has reviewed progress achieved against an action plan developed in response to the findings of a panel established to investigate concerns raised anonymously about one of the Trust's services.
- 2.9. Regular reports from the Clinical Governance Committee [CGC] have been presented. Issues highlighted for consideration have included:
- Safeguarding training was not attaining the 90% compliance required in levels 1 - 3;
  - Current OUH standards for Multi-disciplinary Team [MDT] review of emergency admissions required that this be undertaken within 18 hours. The NHS England standard required that it be undertaken within 12 hours, but this was not felt to be realistically achievable;
  - CGC recommended that the risks attendant upon implementing the price cap on agency staff, including its potential effect on safe staffing levels in some critically important clinical areas, be escalated to the Corporate Risk Register.
- 2.10. Regular reports were received from other sub-committees of TME, including from:
- The Energy Investment Programme Board;
  - Workforce Committee;
  - Education and Training Committee; and
  - Health Informatics Committee.
- 2.11. New governance arrangements were reported in relation to Information Management and Technology [IM&T], covering the Health Informatics Committee, together with its three sub-committees: the IM&T Clinical Leadership Group, The IM&T Programme & Performance Management Group and the Information Governance & Data Quality Group.
- 2.12. Proposed updated terms of reference for the Genetic Modification Safety Committee have been drafted, for review and approval.
- 2.13. TME received briefing on National Institute for Health Research [NIHR] reporting of Research and Development metrics.
- 2.14. TME discussed contingency plans developed to deal with the threat of industrial action by junior doctors.

### 3. Key Risks Discussed

- 3.1. TME has reviewed changes made to the Board Assurance Framework and Corporate Risk Register, approving changes in risk scores. Beyond the review of individual risks, TME has initiated a more fundamental review, to address:
- Whether the risks as recorded still represent the principal strategic risks to the organisation;
  - What are the inter dependencies between some of the risks; and
  - What action is required to address "red" risks which have remained relatively static over a recently prolonged period of time.

Action taken to focus on long-standing, "red" risks is being prioritised by the executive management team.

- 3.2. TME has considered a summary of the learning from the Care Quality Commission's [CQC's] report on Cambridge University Hospitals NHS Foundation Trust, to reflect upon what findings could be made by the CQC, upon its inspection of the OUH Trust. In particular, the Chief Nurse is to undertake a systematic review, to assess whether the appropriate skill mix of staff is preserved when nursing staff are redeployed to maintain safe nurse staffing levels, and the outcome of this review will be reported to the Quality Committee at its meeting in February 2016.
- 3.3. TME has considered the outcome of Professor Brian Toft's review of investigations relating to Never Events that occurred at the Trust between November 2013 and March 2015, and has supported the development of an action plan to address the recommendations made.

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

Key decisions made by the TME included:

- 4.1. Approval to implement an Equality Delivery System [EDS2];
- 4.2. Approval of a business case for capital investment in office accommodation for clinical genetics, subject to clarification that the Trust will not be at risk of any additional expenditure required to deal with asbestos, if found;
- 4.3. Approval of a business case for the appointment of a substantive Consultant Plastic Surgeon with an interest in Trauma;
- 4.4. Support for proposals to develop provisional plans for the Oxford Centre for Interventional Technology; and
- 4.5. Acceptance of recommendations to undertake work identified as necessary through building surveys and risk assessments in relation to Legionella;

#### **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;
- Identifying further transformation streams, to improve the quality of care, whilst delivering improvements in operational and financial performance;
- Progress in self-assessment of compliance with CQC fundamental standards;
- Update on implementation of the next phase of the Peer Review Programme;
- Strategic Review of services at the Horton Hospital; and
- Developing operational and financial plans for 2016/17.

## **6. Recommendation**

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

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

**January 2016**