

**Trust Board Meeting in Public: Wednesday 9 March 2016**  
**TB2016.31**

<b>Title</b>	<b>Trust Management Executive Report</b>
--------------	--

<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:

- 14 January 2016;
- 28 January 2016; and
- 25 February 2016.

Members of TME were joined by other colleagues, including divisional management teams and Clinical Directors, at an 'Away Day' held on 11 February 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:

- 2.1. TME received the Integrated Performance Report for Month 8 and Month 9, noting that during November and December, 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.
- 2.2. The reported level of Delayed Transfers of Care [DTocS] continued to be of concern, notwithstanding implementation of the system-wide initiative to re-balance health and social care in Oxfordshire, which commenced in December 2015. The Trust has been able to release 70 acute beds, and is continuing to work with its partners, in an effort to overcome the challenges which are adversely affecting the flow of patients through the hospital, impacting on the ability of the Trust to achieve the 95% ED standard.
- 2.3. TME has considered proposals to implement a further major transformation stream, in relation to Improving Theatres Performance.
- 2.4. Members of TME joined with colleagues, including divisional management teams and Clinical Directors, at an Away Day held at Rhodes House on 11 February 2016, to consider the configuration of clinical services at the Horton General Hospital, and to review the basis for budget-setting in 2016/17 and beyond.
- 2.5. TME oversaw preparations for a Strategic Review Workshop held at St Anne's College, Oxford on 24 February 2016, attended by over 100 delegates drawn from the Trust and its partners within the Oxford Academic Health Sciences Centre [AHSC], as well as representatives from Oxfordshire Clinical Commissioning Group [OCCG], Oxfordshire County Council and NHS England.
- 2.6. With the support of facilitation provided by the Saïd Business School, the Strategic Workshop was aimed at developing a shared understanding of

the context within which the Trust is embarking upon a fundamental strategic review, including consideration of key themes:

- '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*)

- 2.7. Following a very high level of constructive engagement achieved at the Strategic Workshop on 24 February, work is underway to disseminate the key messages, and stimulate action to achieve progress of the Strategic Review;
- 2.8. TME has also been kept informed of plans for the Trust to engage with partners within the wider Oxford Academic Health Sciences Network [AHSN] and beyond, beginning with a meeting held on 2 March 2016 between OUH Executive Directors, the Head of the Medical Sciences Division and key representatives from neighbouring District General Hospitals, as well as the Chief Executive and Chief Operational Officer of Oxford AHSN.
- 2.9. TME has also considered proposals for the establishment of a network of *Champions for Change*, extending beyond the Trust, with nominations invited from Oxford Health NHS Foundation Trust and OCCG/GP federations.
- 2.10. Regular reports from the Clinical Governance Committee [CGC] have been presented. Issues highlighted for consideration have included:
- CGC had been informed of the content of the Toft report, and had been pleased to note that the review concluded that no evidence had been found to suggest that a patient safety problem existed within the Trust, and that the evidence strongly suggested the Trust had a proactive safety culture;
  - Challenges remained around achieving the compliance rate for cleaning standards;
  - The Trust had been in receipt of a letter from Oxfordshire Clinical Commissioning Group [OCCG] regarding the Southern Health Mortality Review, highlighting four deaths that the Trust had been asked to review. The Trust had met with OCCG to agree an approach to review these cases, and had identified further cases for review. No early concerns were raised.
- 2.11. TME has received a regular report from the Energy Investment Programme Board.
- 2.12. TME has received briefing on National Institute for Health Research [NIHR] reporting of Research and Development metrics.

### 3. Key Risks Discussed

- 3.1. TME has received updates on the mitigating actions put in place to deal with the impact of junior doctors' industrial action, and has considered the implications of implementing the new junior doctors' contract.
- 3.2. TME has also discussed the risks associated with implementation of agency controls.
- 3.3. In the context of embarking upon a strategic review of clinical services, discussion at the Away Day held on 11 February 2016 explored the basis upon which to develop healthcare facilities for the 21<sup>st</sup> century in Banbury;
- 3.4. At the Away Day held on 11 February, TME also considered the risks associated with budget-setting for 2016/17 and beyond;
- 3.5. TME has noted the risks associated with the safe and secure storage of medicines, as reported to have been identified from audits of medicines management conducted by the Trust's internal auditors, and from audits performed internally by the Trust
- 3.6. Changes made to the Board Assurance Framework and Corporate Risk Register have been kept under review.

### 4. Key decisions taken

Key decisions made by the TME included:

- 4.1. Support for the appointment of five Cardiothoracic Physician Associates;
- 4.2. Approval of the business case for upgrading OUH Business Intelligence and Reporting Tools;
- 4.3. Approval of funding to complete the OUH rollout of the electronic 'track and trigger' patient monitoring system [SEND];
- 4.4. Approval of the revised policy for monitoring and audit of clinical research studies;
- 4.5. Approval of the updated policy for Trust Management approval for Clinical Research;
- 4.6. Support for proposals to review the management arrangements of the Tissue Co-ordination Service;
- 4.7. Support for a Trust-wide Car Parking Survey.

## 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;
- Further development of transformation streams, to improve the quality of care, whilst delivering improvements in operational and financial performance;
- Developing the Sustainability and Transformation Plan;
- Update on BRC Bid;
- Progress in self-assessment of compliance with CQC fundamental standards;
- Update on implementation of the next phase of the Peer Review Programme;
- Progressing the fundamental Trust-wide Strategic Review; and
- Developing and delivering 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**

**March 2016**