

Trust Board Meeting in Public : Wednesday 12 September 2018

TB2018.88

Title	Trust Management Executive Report
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Status	For Information
History	The Trust Management Executive [TME] provides a regular report to the Board.

Board Lead	Dr Bruno Holthof, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee

This regular report provided aims to contribute to the fulfilment of that purpose.

Recommendations

3. The Board is asked to:

- Note the regular report to the Board from TME's meetings held in July and August 2018.

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 July 2018
- 26 July 2018
- 9 August 2018
- 23 August 2018

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

2. Significant issues of interest to the Board

Issues of interest highlighted for the Trust Board include the following:

- i. TME has been regularly updated regarding the five programmes of work associated with the NHSI undertakings and the Programme Management Office arrangements that have been put in place to coordinate the development and implementation of these plans. These programmes cover Urgent Care, Elective Care, Financial Recovery, Workforce and Governance.
- ii. Quality performance has been kept under review, informed in particular by consideration of the Quality Report, and by reports received from the Clinical Governance Committee [CGC].
- iii. A Never Event Action Plan was presented to TME which outlined a programme of work designed to reduce the incidence of Never Events, and to improve the identification and implementation of organisational learning drawn from them. A strengthened version of the plan was due to be submitted for TME's further consideration following the Risk Summit which took place during August 2018.
- iv. TME reviewed a methodology to ensure consistent assessment of risk and quality so as to maintain safety when managing interim staffing skillmix changes.
- v. Performance in the Emergency Department [ED], including against the 4 hour ED standard, has been kept under regular and close review.
- vi. Financial performance has been kept under review, with TME receiving updates on performance in months 3 and 4. Focus has been sustained on improving underlying recurrent EBITDA performance at divisional level, and working towards achieving financial sustainability for the Trust.
- vii. TME received a report summarising the Q1 2018/19 Divisional Performance Reviews.
- viii. TME has received and commented on proposals for an updated Performance Management Framework which has been further developed for approval by the Trust Board.
- ix. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME's attention have included:
 - a. The National Patient Safety Team was reported to have undertaken a review of how the Trust was adhering to National Safety Standards for Invasive Procedures (NatSSIPs), which included the Trust's "Local Safety Standards for Invasive Procedures" (LocSIPPs). Feedback also included the desirability of a standardised approach to safety standards and the prevention of surgical Never Events, to which end a Safer Surgical Procedures Group has been established.

- b. Particular focus was placed on undertaking Positive Patient Identification (PPID) before any patient intervention. A PPID poster had been produced which was to be placed in every room in outpatient areas in the Trust (as a first wave prior to wider distribution). Clinical Leads has also been asked to re-emphasise the importance of checking a patient's identity.
 - c. Following the recent Care Quality Commission (CQC) puerperal sepsis alert these incidents were also now recorded on the dashboard and were noted to have reduced.
- x. Other activity undertaken by TME has included review of the following:
- a. the Complaints and Patient Experience Annual Report 2017/18;
 - b. the Adult and Children Safeguarding Annual Report 2017/18;
 - c. the Workforce Race Equality Standard (WRES) Data Report 2018;
 - d. the Responsible Officer's Revalidation Report 2017-18;
 - e. the Workforce Committee Report for August 2018;
 - f. options for creation of a Flexible Training Champion role;
 - g. an update on the work of the Thames Valley Cancer Alliance; and
 - h. the outcome of an external review of OUH's analytical capability, following which TME approved the search for a Head of Analytics.

3. Key Risks discussed have included:

- i. *Risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas*

TME has kept work on workforce planning under review, highlighting development of action plans focused on areas where a shortage of workforce is starting to constrain the amount of activity that can be delivered.

The new People Strategy also includes initiatives to attract and retain staff.
- ii. *Risks associated with financial performance*

TME has discussed the approach to be taken to further revise and strengthen the Trust's financial plan for the 2018/19 year. Financial performance will be kept under review, focusing on achieving the best possible exit run rate for underlying recurrent EBITDA. TME has continued to monitor the effectiveness of controls on pay and non-pay expenditure.
- iii. *Risks associated with the Trust's Business Plan for 2018/19*

TME has considered risks to delivery of the plan, including whether proposals for increased efficiencies and improved productivity are realistic, taking into account factors that include constrained workforce capacity, and financial resources.
- iv. *Risks associated with meeting the challenges to delivery of operational and financial performance standards, whilst ensuring delivery of quality performance standards*

TME will continue to monitor the risks associated with delivery of the agreed trajectories for key performance standards.

4. Key decisions taken

Key decisions made by TME have included:

- a. Support for the recommended approach to the sexual health services tender.
- b. Approval of a revised Overseas Visitors Policy.
- c. Approval of the Trust's overall costing methodology.
- d. Approval of the recommendation to proceed with providing additional capacity for ED resus for winter 2018/19 ahead of the new build extension.
- e. Approval to strengthen the current Quality Impact Assessment [QIA] Policy.
- f. Approval of the business case for the substantive appointment of a consultant in plastic and reconstructive surgery with an interest in trauma.
- g. Approval of the procurement strategy and the principal of additional investment to generate savings and also of a subsequent procurement and supply chain business case.
- h. Support for the appointment of two Intensive Care Unit [ICU] consultants subject to agreed amendments to proposed job plans.
- i. Approval of the reallocation of the Small Capital Schemes budget from the Director of Clinical Services to the Chief Information and Digital Officer and Head of Capital and Architectural Practice.
- j. Approval of the recommendation to adopt extend the "Recommend a Friend" scheme recruitment initiative, to make it applicable to "hotspot" areas that had been identified as difficult to recruit to.
- k. Approval of a summer incentive scheme for Nursing and Midwifery.
- l. Approval of changes to the Standing Financial Instructions [SFIs] and Limits of Delegation Policy for onward approval at the Trust Board.
- m. Approval of the appointment of a replacement 10PA Consultant in Psychological Medicine.
- n. Approval of a new phone contract with the same supplier to provide Wi-Fi calling and with active Mobile Device Management in line with the Trust's requirements for Cyber Security, and also the replacement over a 6 month time frame of the current bleep system with a new phone application.
- o. Approval of the replacement of the water tank on the John Radcliffe site.

5. Future Business

Areas on which TME plans to focus over the next three months include the following:

- Ongoing monitoring of the five programmes of work associated with the NHSI undertakings;
- Monitoring of operational, financial and quality performance delivery at divisional level and, by exception, at clinical directorate level;
- Reviewing development of a refreshed Quality Strategy for the Trust;
- Reviewing development of the Winter Preparedness Plan for 2018/19;
- Reviewing the development of a Never Event Improvement Plan;
- Keeping under review measures to control pay and non-pay expenditure and to monitor their effectiveness.

6. Recommendation

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

Dr Bruno Holthof
Chief Executive
September 2018