

Trust Board Meeting in Public : Wednesday 11 September 2019
TB2019.95

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 2019.

1. Introduction

Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 11 July 2019
- 16 July 2019
- 25 July 2019
- 8 August 2019
- 22 August 2019

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

1. Significant issues of interest to the Board

- Strategy Refresh:** TME were kept updated on the next stages of the strategy refresh and the outcomes of the consultation and engagement completed to date. TME were advised that, overall, staff were happy with the framework, particularly the three objectives. Some minor adjustments to the wording of the strategic themes were suggested and this was being taken forward. Staff welcomed the collaborative and inclusive approach and were keen to ensure this achieved meaningful change, had commitment from senior staff and was embedded in to business as usual.
- Culture and Leadership:** TME received an update on the review of culture and leadership and considered the feedback from the July Trust Board seminar on the important themes emerging from the Discover phase. The Discover phase of the culture and leadership review was on track with 'holding up the mirror' events to take place in October so as to follow the 23 September strategy sessions with a need to ensure a clear link between discovery and design.
- Equality, Diversity and Inclusion:** TME noted the approval and submission the Equality Standards data and considered the recommended actions to advance equality across the Trust as set out in the Gender Pay Gap Report, the Workforce Disability Standard Report and the Workforce Race Equality Standard Report. These reports were approved for submission to the Trust Board.
- Integrated Improvement Programme (IIP):** The programme continues to focus on working with local managerial and clinical leaders to drive change and providing an improvement structure to build skills for sustainable results. Key items noted by the TME included matters related to: leadership presence, areas of improvement for operational capacity, digital capability and programme improvement resource and knowledge transfer.

Key areas of focus for the IIP during 2019/20 are:

- Urgent and Emergency Care
- Outpatients, Diagnostics and Cancer

- Theatre Productivity
 - Non-clinical Productivity
 - Quality and Safety
 - Urgent and Emergency Care
- v. **Financial Performance:** TME received regular reporting on the Trust's financial position with the following points highlighted:
- Income and Expenditure (I&E) position at month 4 was a year to date deficit of -£9.4m, £5.4m worse than plan. TME considered options to correct and/or recover the financial position.
 - TME supported the requirement to implement the rules set by NHS Improvement as part of a larger measure to reduce the reliance on agency staff.
 - TME reviewed its regular report on capital allocation and contingency.
- vi. **Board Assurance Framework (BAF) and Corporate Risk Register (CRR):** TME received an update on the approach to the presentation of the BAF and the CRR to TME. The aim of this approach is to provide clarity, control and to drive improvement through positive change.
- vii. **Implementation of Internal Audit Recommendations:** TME noted the discussions underway with KPMG to streamline the reporting process and noted the current position on recommendations and the need for a clear plan to resolve any outstanding issues as quickly as possible.

2. Other activity undertaken by TME included review of the following:

- i. **Winter Plans:** TME considered a paper that focussed on a winter plan to meet the additional demand and capacity during the months from November 2019 to March 2020.
- ii. **Anaesthetic Workforce Plan:** TME considered the trust demand-capacity gap for anaesthetists, the trajectory to close it and solutions to manage the gap until it is eliminated. TME supported the guiding principles and requested further exploration in a number of areas.
- iii. **Market Test Soft FM Services, JR PFI:** The Market Test of Soft FM Services was received for information. TME noted the market test progress to date.
- iv. **Commissioning for Quality and Innovation (CQUIN) Programme Q1:** TME noted the CQUINs, the current positions with each and the predicted risks to delivery. TME considered the staff flu vaccination indicator and noted efforts to commence this work earlier this year.
- v. **Cleaning Standards:** TME were updated on the establishment of a Task and Finish Group and noted that the actions arising from the Patient Led Assessment of

the Care Environment (PLACE) audits would be included within the remit of this group.

- vi. **High Profile Visitors Policy:** TME reviewed and approved the updated High Profile Visitors Policy.
- vii. **Cyber Security and Information Governance Action Plan:** TME were updated on progress against the action plans forming the overarching Information Governance/Cyber Security action plan.
- viii. **Health and Safety Report:** This provided TME with a summary of the principal activities associated with the promotion and management of Health and Safety issues for the period 1 May to 31 July 2019.
- ix. **Clinical Governance Committee:** TME received updates from the Committee meetings held in June and July.

3. Key Risks discussed have included:

TME have maintained oversight of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and through this process have reviewed the corporate risk and its interconnectivity with risks held in division, actions taken by the Trust and Divisions and assurances of the effectiveness of our controls. Key risks discussed have included:

- i. *Risks associated with the financial performance*

TME continues to recognise the risks and opportunities to deliver at pace the changes required to recovery the financial position as reported at month 2.
- ii. *Risks associated with the internal audit recommendations*

It was recognised that there were a number of outstanding internal audit actions which required completion. TME received regular updates on progress against these outstanding areas which the Board will receive oversight of through the Audit Committee.
- iii. *Risk associated with workforce and service pressures*

TME considered the risk related to failure to meet the Trust baseline demand for anaesthetic cover. Despite recruiting 8 anaesthetists to increase the workforce capacity, 5 leavers resulted in a net gain of 3 WTEs in 2018/19. Proposals to close the demand-capacity gap for anaesthetists have been considered and supported by TME. Other areas have also seen specific pressures in services related to demand-capacity gaps and this issue has informed a number of business case proposals put forward to TME.
- iv. *Risk associated with cyber security action plans*

TME were advised of areas of risk within the action plan for which work is underway.

4. Key decisions taken included:

- i. **Geriatrician Assessment of Major Trauma Patients Admitted to the John Radcliffe Hospital (JRH) Major Trauma Centre (MTC):** TME approved the establishment of a fellow-delivered, consultant-supervised model to provide initial review of all elderly Major Trauma patients admitted to the John Radcliffe Hospital Major Trauma Centre (MTC).
- ii. **Decontamination of Semi-Critical Invasive Medical Devices:** TME approved the recommendation to support the Decontamination Committee and Hospital Infection Prevention & Control Committee for current practice to become Best Practice.
- iii. **Transfusion medicine and immuno-haematology at OUH:** TME approved the appointment of a new consultant haematologist post to support transfusion medicine and immuno-haematology, with thrombotic thrombocytopenia purpura (TTP). This appointment will maintain patient safety and enable continued savings on blood product expenditure to be realised.
- iv. **Full Business Case for the Procurement of Computerised Tomography (CT) Scanner in West Wing Neuroradiology:** TME discussed this business case and recommended approval of the procurement of the new CT scanner to the Investment Committee.
- v. **Sustaining Palliative Care Provision across the OUH NHS FT:** TME approved the business case for investment to support improved quality for patients, greater support for staff and a change of culture (for health care professionals and the public at large).
- vi. **Charity Radiology Equipment Donation Arrangement:** TME approved the proposals to accept the donated X-ray machine from OHC and to move forward with replacement of other radiology equipment if this pilot proves a success.
- vii. **Establishment of an OUH Trust Child Death Team:** TME approved the establishment of a Child Death Team consisting of a named lead doctor for Child Death and a support team consisting. TME also approved revenue investment which would be a call upon the business case reserve.
- viii. **Changing Places Facility:** TME considered the key issues driving this proposal (including: dignity, the national government initiative and feedback from patients and carers) to introduce Changing Places toilets which give severely disabled people and their families the opportunity to visit public places, which they otherwise would not be able to and can therefore make a huge difference to their quality of life. TME approved the capital funding for the Changing Places works to commence on site.
- ix. **JR2 Theatre Refresh Project:** TME approved the uplift in capital costs for the JR2 theatres refresh project to reflect the increased scope of the project following the CQC inspection.

- x. **Sustainable delivery of the Gynaecology Service:** TME discussed investment in staffing capacity and equipment in the Gynaecology Service in both the north and south of the county to improve patient access and enable the gap between demand and capacity to be addressed. TME made recommendations to address, which require further discussion at the Operational Forum.

5. Future Business

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

- i. To monitor the development of the new Trust Strategy;
- ii. To receive regular reporting on the Trust's Integrated Improvement Programme for 2019/20;
- iii. To continue to monitor progress against outstanding internal audit recommendations;
- iv. To develop proposals for a leadership programme, building on that run in 2018/19 and closely linked to the Trust's current programmes and priorities; and
- v. To further develop Equality, Diversity and Inclusion Plans.

6. Recommendation

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

Dr Bruno Holthof

Chief Executive

July 2019