

**Trust Board Meeting in Public: Wednesday 8 July 2020**

**TB2020.62**

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

<b>Board Lead</b>	<b>Dr Bruno Holthof, Chief Executive Officer</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	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 May and June 2020.

## 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 May 2020
- 28 May 2020
- 11 June 2020
- 25 June 2020

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

### 1. Significant issues of interest to the Board

- Clinical Strategy:** TME agreed to commence the development of the OUH Clinical Strategy which will be developed through a collaborative process working with the Clinical Divisions and Directorates. The development of a Clinical Strategy for OUH will take forward the principles of our new overarching Trust Strategy for 2020-25. It will set out our vision for all our clinical services, tackling key issues such as how we make best use of our different hospital sites, and how we organise our services.
- Leading with Care:** TME agreed that 'leading with care' is a core leadership behaviour expected of leaders at all levels of the organisation. TME also agreed that leaders of teams have a key role to play in the wellbeing of staff, and as such will be the principal wellbeing lead for their team, with delegation opportunities in order to provide appropriate support depending on the demographics of individual teams. This builds on the learning from, and success of, the wellbeing leads to date. This programme will utilise the expertise of our Psychological Medicine and Occupational Health teams to enable our leaders to 'lead with care'. This is consistent with not only our ethos of compassionate excellence, but also our new Trust Strategy which reaffirms the commitment of the Trust Board to make OUH a great place to work by delivering the best experience and wellbeing for all staff.
- Social Distancing Project:** TME received an update on the Social Distancing Project and agreed to continue to role model social distancing and take an active role in supporting the actions of the group.
- Children's Review:** TME noted the strategic review of Children's Services that has now been completed. Actions identified in the review will be completed over the next 12 months.
- Annual Report and Accounts:** A key area of focus during this period was to consider matters related to year-end reporting for 2019/20. This work included review of the draft Annual Report, including the Annual Governance Statement with particular consideration of the potential significant gaps in control.
- Draft Quality Account:** TME reviewed the draft quality account which will be considered by the Audit Committee in July. This report incorporated all the requirements of the Quality Account Regulations as well as a number of additional

reporting requirements set by NHS Improvement /NHS England. The report specifically aims to improve Trust accountability to the public and other stakeholders for the quality of care they deliver. Due to the changing regulatory timescales related to Covid-19, the submission deadline has been extended to December, but because this work is nearly complete the Trust is working towards approval at the September Board, via Audit Committee in July.

- vii. **Estates Compliance:** TME recommended for approval of a rolling programme of investment in improvements to our Estates Infrastructure.

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

- i. **Financial Performance:** TME received regular reporting on the Trust's financial position and on capital allocation and contingency.
- ii. **Integrated Improvement Plan:** TME noted progress against the improvement programme, which continued to work with local managerial and clinical leaders to drive change and provide an improvement structure to build skills for sustainable results.
- iii. **Capital Projects:** TME have continued to receive an executive summary of all schemes on the capital programme.
- iv. **Internal Audit Recommendations:** TME received regular reports on the progress with implementing internal audit recommendations.
- v. **Clinical Governance Committee:** TME received updates from the Committee meetings providing assurance on the effectiveness of the Trust's clinical governance framework.
- vi. **National Inpatients Survey 2020:** TME received the results of the 2019 survey and details of the next steps.
- vii. **Adults and Children's Safeguarding Annual Report:** TME received the report that summarised the key issues and activity in relation to Safeguarding of Children and Adults during 2018/19.
- viii. **Learning from Deaths Q4:** TME received the paper that presented the findings from reviews completed for inpatient deaths during quarter four of 2019/20. TME discussed the learning points that had been identified in mortality reviews.
- ix. **Research and Development:** TME received a briefing that updated on the plans and decisions that had been put in place and taken in relation to OUH hosted clinical trials. TME heard that research activity would gradually escalate back to previous number of studies.
- x. **Review of Winter Plans 2019/20 and Update on 2020/21 Planning:** TME reviewed the demand and capacity analysis that has been undertaken to identify the potential range of the increase in patient demand for the remainder of this financial year, with a particular focus on the period between November and March.

- xi. **Courier, Staff Transport and Taxi Services:** TME noted the proposed review optimisation and procurement of Courier, Staff Transport and Taxi Services.
- xii. **Health and Safety:** TME received its regular report which summarised information relating to the promotion and management of health and safety activities and on the current risks associated with Health and Safety.

### 3. Key decisions taken included:

- i. Support of the recommendations for the new “all patients” patient portal configuration.
- ii. Approval of use of Ektacytometer for further assessment of results of genomic analysis.
- iii. Approval of the appointment of a substantive consultant in paediatric surgery.
- iv. Approval of the Terms of Reference for a Task and Finish Group that had been established to identify and assess potential options on the future use of the Trauma Unit.
- v. Approval of the Terms of Reference for the project that would provide oversight and delivery of the replacement of the West Wing Ventilation system for 14 theatres in West Wing in 2020/21.
- vi. Approval of adaptations to the Harm Review process in order to assess patients at risk of harm and ensure that no patient who is waiting on an RTT pathway was negatively affected by delays. The adaptations were based on a model of care at Cambridge University Hospitals NHS Foundation Trust.

### 4. 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 Patient Portal Configuration:* TME have noted the risk related to the Cerner Patient Portal configuration and the need for strong mitigations and safeguards in relation to the information that patients receive through the portal ensuring appropriate clinical support.
- ii. *Risks associated with Covid-19:* TME have continued to maintain oversight of key risks related to Covid-19 response and recovery.
- iii. *Risks associated with the financial performance:* TME continues to recognise the risks and opportunities to deliver at pace the changes required to recover the financial position.
- iv. *Risks associated with Health and Safety:* TME maintained oversight of areas that might need to be addressed to ensure full compliance with statutory and regulatory requirements.
- v. Risk associated with workforce and service pressures: TME noted the current level of risk at OUH in relation to ensuring that the substantive workforce can be effectively and productively deployed to meet local and national strategic objectives.
- vi. *Risks associated with an ongoing requirement to replace ageing sterile services equipment:* TME have been updated on the Outline Business Case for a new build Sterile Services facility and reviewed recommendations to improve services contingency arrangements to mitigate against the risks in this area.

## 5. Future Business

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

- i. The embedding of the Trust Strategy, including further discussion on the development of the Clinical Strategy.
- ii. To consider recommendations related to the West Wing Ventilation Project.
- iii. To review the Anaesthetic Work Plan and recommendations related to the formalised evidence based establishment reviews for Nursing and Midwifery.
- iv. To review the updated approach to the Integrated Improvement Plan and to receive regular reporting on the Trust's Integrated Improvement Programme and Financial Performance.
- v. To review and discuss internal audit follow up reports on the DSP Toolkit and Cyber Action Plan, and Business Continuity and Disaster Recovery.
- vi. To maintain continued oversight of internal audit recommendations.

## 6. Recommendation

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

**Dr Bruno Holthof**

**Chief Executive Officer**

March 2020