

Cover Sheet

Trust Board Meeting in Public: 28 September 2022

TB2022.085

Title: Trust Management Executive Report

Status: For Information

History: Regular Reporting

Board Lead: Chief Executive Officer

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Confidential: No

Key Purpose: Assurance

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

The Trust Board is asked to:

- **note** the regular report to the Board from TME's meetings held on:
 - 14 July 2022
 - 28 July 2022
 - 11 August 2022
 - 1 September 2022
 - 15 September 2022

Trust Management Executive Report

1. Purpose

- 1.1. 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. Background

- 2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:
 - 14 July 2022
 - 28 July 2022
 - 11 August 2022
 - 1 September 2022
 - 15 September 2022

3. Key Decisions

- 3.1. TME gave its support to a new programme of work to support an effective Acute Primary Care interface, recognising that integration of care across the interface between primary and secondary care is crucial in ensuring that patients receive high quality and co-ordinated care in and out of hospital, in addition to making the best use of clinical time and resources across both settings.
- 3.2. TME was updated on the status of Theatre Sterile Supply Units (TSSUs), specifically on the condition of some of the equipment and how this could potentially impact emergency and elective procedures. It noted the current measures in place and the conclusions of a survey of the TSSU estate, and agreed capital expenditure to enable ongoing continuity of service until a permanent solution was delivered.
- 3.3. The formation of a Delivery Unit to support quality improvement across the Trust was supported by TME. This team will track the milestones and benefits of key projects at OUH to increase their visibility and support their delivery.
- 3.4. TME also supported the establishment of a Productivity Committee as a sub-committee of TME. This will monitor key performance indicators (KPIs) that reflect the overall productivity of the Trust's clinical and non-

clinical activities. It will also monitor the planning and implementation of annual efficiency plans by clinical divisions and corporate directorates; monitor the impact on productivity of the Quality Improvement programme; ensure that productivity improvement follows the Trust's Quality Impact Assessment policy; and monitor the delivery of key projects and the realisation of productivity benefits from business cases.

- 3.5. Terms of Reference for the Maternity Development Programme were approved by TME. This forms one strand of an overarching Maternity Plan and Strategy which aims to improve the experience of staff working in Maternity and the women and families in their care. Staff and other key stakeholders, including Oxfordshire Maternity Voices Partnership (MVP), will be fully involved in this work and will be kept informed of key decision points and plans.
- 3.6. TME approved a new Risk Management Policy which has been extensively reviewed and updated. The policy sets out the risk management processes in place within the Trust and identifies key committees and individual responsibilities.
- 3.7. TME approved the appointment of a new Transplant Consultant to employ someone in a substantive role replacing significant work currently covered by locums. The role is being funded jointly by the Nuffield Department of Surgical Sciences and the Trust.
- 3.8. An updated Board and Divisional Visibility Plan was considered and supported by TME.
- 3.9. TME considered the results of the Combined Equality Standards Report for 2022 prior to consideration by the Board and also supported the Equality, Diversity and Inclusion (EDI) Objectives for 2022-2026 which had been developed following a consultation process.
- 3.10. TME approved an annual quality evaluation assessment submission to Health Education England against its Quality Framework, which identifies the standards required for the provision of high-quality learning environments. It was further agreed that actions identified from the assessment will be incorporated into an action plan which will be monitored by TME.

4. Other activity undertaken by TME

- 4.1. TME received an update on the OUH Clinical Strategy Programme. The first phase of the programme had focused on developing a draft OUH Cancer Strategy, and supporting a system-wide project on critical care and specialised services across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). The Phase 2

approach was approved by TME and was to take the form of a Clinical Strategy Stocktake with Divisions working with all Clinical Directorates to identify key strategic opportunities across the Trust's services.

- 4.2. TME heard about a plan to develop a 'Kindness into Action' programme across the Integrated Care System (ICS) BOB (Buckinghamshire, Oxfordshire, Berkshire West) partnership. The training elements of this new programme will be rolled out in two phases and will start with our senior leaders and managers. The programme will support them with adopting new approaches, talking about the value of kindness within their teams and leading kindness into action. The second phase of the training will be rolled out to all staff.
- 4.3. TME received an update from the Urology Improvement Board. The focus of the Board is on safety and effectiveness, cancer performance and MDT function, administration, operational efficiency and team dynamics. Good progress had been made across each of these areas in the implementation of best practice.
- 4.4. An update was provided to TME to reflect on last year's Staff Survey, and how this year's should be approached. Last year's survey response rate was 57% and this year the Trust is aiming to achieve a 65% response rate. TME agreed that the Staff Survey is a vital channel of communication for our staff which gives our people the opportunity to talk about their experience of working at OUH.
- 4.5. TME received the R&D Governance Annual Report for 2021-22.

5. Regular Reporting

- 5.1. TME received the following regular reports:
 - Capital Schemes: The TME continues to receive updates on a range of capital schemes across the Trust.
 - Financial Performance Review: The TME continues to receive financial performance updates.
 - Divisional and Corporate Performance Reviews: TME receives a summary Performance Reviews that documents key themes and issues presented and actions agreed.
 - Workforce Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics.
 - Integrated Improvement Programme Update: TME receives updates on this programme following its consideration by the Integrated Assurance Committee.

- Business Planning Pipeline
- Procurement Pipeline
- Clinical Governance Committee

6. Key Risks

- 6.1. **Risks associated with Covid-19:** TME have continued to maintain oversight of key risks related to Covid-19 response and recovery.
- 6.2. **Risks associated with workforce:** TME maintained continued oversight on ensuring provision of staff to ensure productivity across the Trust. The impact on staff of cost of living pressures was also recognised.
- 6.3. **Risks associated with the financial performance:** TME continued to recognise the risks and opportunities to deliver at pace the changes required to maintain the financial position.
- 6.4. **Risks to operational performance:** TME continued to monitor the risks to operational performance and the delivery of key performance indicators and the mitigations that were being put in place.

7. Recommendations

- 7.1. The Trust Board is asked to:
 - **Note** the regular report to the Board from TME's meetings held on 14 July, 28 July, 11 August, 1 September and 15 September.