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<td>Status</td>
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<td>Board Lead(s)</td>
<td>Sir Jonathan Michael, Chief Executive</td>
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1. Introduction

The Trust Management Executive [TME] met on the following dates:

- 26 June 2014;
- 10 July 2014;
- 24 July 2014;
- 7 August 2014; and
- 14 August 2014

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:

- Regular reports were provided on nursing and midwifery staffing levels, in readiness for public presentation of the information, to comply with national requirements. A six month review of the acuity and dependency levels of patients was also considered, along with a first iteration of nurse sensitive indicators.

- The Organisational Development [OD] and Workforce Performance Report for Quarter 1, 2014/15 was received, and the OD and Workforce Programme was reviewed in the context of feedback from a Staff Recruitment and Retention Risk Summit held in July 2014.

- The TME was informed of updates to the Trust Business Plan, and the Divisional Business Plans for 2014-16.

- Updates were provided on the Board Assurance Framework and Corporate Risk Register.

- An extraordinary meeting was convened, to which Divisional General Managers and Senior Divisional Nurses were also invited, to agree measures required to realign budgets and ensure the delivery of financial targets for 2014/15, without compromising the quality of care provided.

- Updates were provided on the development and implementation of Action Plans in relation to the compliance actions, and ‘should do’ actions identified in the Care Quality Commission [CQC] Inspection Visit Report.

- The first Annual Report on Claims and Inquests for 2013/14 was reviewed, and Divisional Directors were invited to consider what information on claims and inquests they would find it most useful to receive on a regular basis.

- An update was received on implementation of the Diabetes Business Case, and it was agreed that a six-monthly review would be undertaken and reported to the TME.
• The TME considered a proposal aimed at achieving the cultural change required to ensure that all clinicians assumed responsibility for all diagnostic tests ordered, and for following-up to acknowledge and interpret the results as appropriate. The proposal had been referred by the Clinical Governance Committee [CGC], and with its support. A revised template was agreed, which would require insertion of an electronic signature to register the acknowledgement of results received.

Key Risks Discussed

The TME discussed the following key risks:

2.1. Operational performance, including the trajectory for improvement, continued to be monitored closely.

2.2. The risks to financial delivery were discussed, and an approach was agreed to realign budgets and ensure delivery of financial targets for 2014/15, without compromising the quality of care provided.

2.3. Risks associated with operational performance in Pharmacy were considered, including those related to the introduction of new robotics. The opportunity would be taken to identify what lessons could be learned for future projects to introduce technological innovations, so as better to anticipate the full impact ‘downstream’.

2.4. The potential risks in relation to the introduction of Electronic Prescribing and Medicines Administration were recognised, and a formal risk assessment is due to be reported to the TME at its meeting on 28 August 2014.

2.5. Potential risks associated with management of the Tissue Coordination Services, and the practices relating to obtaining consent, were considered. The Human Tissue Authority [HTA] had been invited to advise upon whether it would recommend any changes to the procedures followed, and the conclusions would be considered further by the Trust Board, along with the confidential report from an internal preliminary investigation.

2.6. A serious incident relating to breast screening, duly reported to NHS England and key stakeholder organisations, had highlighted potential risks associated with follow-up assessments, and these had been subjected to review. The 30 women identified, for whom additional tests may be required, had all been offered urgent call-back appointments. It was expected that for the majority of these women there would be no further action needed and the breast screening service would be able to reassure them that there are no further concerns. Any woman found to need treatment would be offered this urgently.

2.7. The potential risks associated with the management of patients being discharged from hospital on warfarin were considered, as identified and referred by the CGC. No instance of patient harm had been identified,
but an initial audit indicated potentially unsafe prescribing behaviour by some junior doctors, which suggested the need for improvements in supervision and training. The issues raised were to be formally considered at divisional clinical governance meetings, and reported back to the TME in September 2014.

2.8. Failings in the Picture Archiving and Communication System [PACS] were reported to have manifested themselves through the random re-orientation of the date on some scans, and it was agreed that this should be included on the Corporate Risk Register, pending resolution.

3. Key decisions taken

The following key decisions were made by the TME:

3.1. Approved the Business Case for the replacement of a 1.0 whole time equivalent [WTE] locum consultant neuroradiologist with a substantive consultant, to deliver a part year effective saving of £64k in 2014/15 (this saving being included within the CSS divisional CIP for 2014/15).

3.2. Approved the Business Case for expansion of Radiotherapy capacity.

3.3. Approved the Business Case for upgrade of Sunquest Laboratory Information Management System for Microbiology.

3.4. Supported recommendations for rollout of ePrescribing/ePMA.

3.5. Supported proposals to strengthen Board assurance on the quality of Post-graduate Medical Education and Training provided.

3.6. Supported proposed arrangements for the funding of medical education supervision.

3.7. Supported proposed measures to strengthen assurance in research support and governance, subject to finalisation of the appropriate leadership role and associated support for Research & Development [R&D] leads within each division; and subject to report to the Board being made six-monthly.

3.8. Approved a revised Private Patients Services Policy.

3.9. Approved revised Terms of Reference for the Trust Health & Safety Committee.

3.10. Supported promotion of the 2014/15 seasonal influenza vaccination programme to all staff.

3.11. Endorsed documentation for submission to the General Medical Council [GMC], in preparation for the GMC regional review of Thames Valley: Post-graduate medical education and training at OUH Trust.

3.12. Supported the Dementia Strategy and objectives for 2014-17, to be submitted to the Trust Board for approval at its meeting on 10 September 2014.
3.13. Endorsed the Leadership and Talent Development Strategic Framework, to be submitted to the Trust Board for approval at its meeting on 10 September 2014.

4. Future Business

The TME will be focusing on areas which will include the following in the next three months:

- Monitoring delivery of operational performance standards;
- Monitoring financial performance;
- On-going monitoring of Action Plans relating to CQC Inspection and Report;
- Reviewing nursing and midwifery staffing levels;
- Review of effectiveness of the sub-committees of CGC;
- Update on Peer Review Programme;
- Quality Impact Assessment of CIPs.

5. Recommendation

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

Sir Jonathan Michael
Chief Executive

September 2014