<table>
<thead>
<tr>
<th>Title</th>
<th>Trust Management Executive</th>
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<td>Status</td>
<td>For Information</td>
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<tr>
<td>History</td>
<td>This is a regular report to the Board</td>
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<td><strong>Board Lead(s)</strong></td>
<td><strong>Sir Jonathan Michael, Chief Executive</strong></td>
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<tr>
<td><strong>Key purpose</strong></td>
<td>Strategy</td>
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</tbody>
</table>
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 March 2015;
- 26 March 2015; and
- 23 April 2015.

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:

- Operational performance has continued to be monitored closely over months 10, 11 and 12. Delivery of operational performance standards in Q4 was achieved in line with projections, remaining on target to achieve a score of 3 against Monitor’s risk assessment framework;
- TME has reviewed the detailed action plans for urgent care and elective care, and endorsed the Trust’s trajectory for operational performance in Q1/Q2 2015/16, forecasting a score of 3 against Monitor’s risk assessment framework in Q1, and a score of nil in Q2;
- Regular reports have been received on the Trust’s financial performance, identifying underlying factors with the potential to affect the year-end position;
- Updates have been provided on Income and Expenditure Budgets for 2015/16;
- TME has been kept informed of progress in contract discussions with local and specialist commissioners for 2015/16;
- TME heard of the need for improved mechanisms to escalate and respond to quality issues raised by Oxfordshire Clinical Commissioning Group [OCCG], and this is being addressed;
- Progress in completion of compliance and advisory actions arising from the Care Quality Committee’s [CQC’s] Inspection has been closely monitored;
- TME reviewed the Business Case Pipeline, providing an update on the planning, quality assurance and development of business cases requiring investment in excess of £100k, and reporting on the progress of schemes within the Trust’s capital programme;
- A report on the status of the Care 24/7 Project up to the end of March 2015 confirmed achievements made in compliance with the national clinical standards, and OCCG CQUIN (Commissioning for Quality and Innovation) criteria, to secure £1.3m CQUIN payment;
• Current arrangements for claiming and approving additional consultant sessions were re-stated;

• TME considered the draft Internal Audit Plan 2015/16, in the context of the Trust’s risk priorities. Some additions were suggested, and the updated Internal Audit Plan will be reported to the next meeting of the Audit Committee;

• Requirements for the expansion of the Friends and Family Test [FFT] with effect from April 2015 were outlined;

• TME reviewed the current Governance Framework process which supports the Children’s Hospitals Network [CHN], as launched by OUH Trust and University Hospital Southampton [UHS], to provide a regional network focusing on Children’s Specialist Services. It was noted that there were plans for the CHN to host Operational Delivery Networks [ODNs], via Specialist Commissioning Services for the Thames Valley and Wessex;

• The Chief Nurse presented the Serious Case Review into Child Sexual Exploitation in Oxfordshire, published by the Oxfordshire Safeguarding Children Board;

• The Report from the General Medical Council’s [GMC’s] quality assurance visit to the Trust in 2014/15 was considered, along with the Trust’s response. The report acknowledged the overall good standard of education across the organisation, with some examples of high quality training, and areas of good practice identified in the supervision and support of trainees, foundation teaching, and dementia awareness strategy. The Trust acknowledges the need to improve certain areas of performance, including sustained emphasis of the importance of adequate time to support education and training;

• Regular reports were received from sub-committees of the TME, including the Cost Improvement Programme [CIP] Steering Group, the Transformation Group, and the Ebola Preparedness Group (agreeing that on-going governance of the latter group should be through the Medicine, Cardiac and Rehabilitation Division);

• TME considered the incidence of seven Never Events reported in recent months. A detailed analysis is to be undertaken, to identify any themes in the root cause(s) or contributory factors, and this is due to be reported to the next meeting of the TME on 14 May 2015.

Key Risks Discussed

2.1. TME discussed the risks associated with potential inconsistency in the application of the Trust’s Conflict Management Procedure, which had been highlighted in the Parliamentary Health Service Ombudsman’s [PHSO’s] adjudication of a complaint. A precis of the key messages has been disseminated, to raise awareness of how the procedure
should be applied, supported by communication from the Medical Director to all consultant staff;

2.2. Requirements of the Nursing and Midwifery Council [NMC] for the revalidation of nurses and midwives were reviewed and the risks and implications for the Trust were discussed. With no grace period allowed by the NMC, failure to produce revalidation evidence with third party sign off will result in immediate lapse of registration, during which time the individual would only be able to work as a Care Support Worker. A business case is being developed to provide the level of resource required to mitigate the risk of non-compliance with the NMC requirements;

2.3. TME considered the nursing and midwifery staffing review of acuity and dependency, which highlighted the need to address the skill mix requirements of nursing staff in three priority ward areas in the Surgery and Oncology Division. A case of need is being developed to address the requirements identified;

2.4. TME reviewed the Board Assurance Framework [BAF] and Corporate Risk Register [CRR], and supported the addition of a new financial risk in relation to the impact of changes to the specialist services tariff;

2.5. The information on risks recorded in OCCG’s BAF and Risk Register was reviewed, noting areas in which the description of the risk, and/or mitigating action stipulated, might represent a risk which the Trust should consider reflecting in its CRR;

3. Key decisions taken

Key decisions made by the TME included:

3.1. Approval of the Business Case to increase the provision for General Anaesthetic MRI for children referred to Neuroradiology Department;

3.2. Approval of the revised Elective Access Policy, taking into account recommendations from the Intensive Support Team (IST), and comments from OCCG;

3.3. Support in principle to move towards the implementation of an ‘Enhanced’ Living Wage [ELW], subject to further financial modelling, and further consideration of organisational employment issues;

3.4. Support for the Business Case for the Relocation of Respiratory Inpatient and Cystic Fibrosis Services, subject to approval of the Trust Board;

3.5. Approval of the Business Case for sustainable 6 day working within the orthopaedic directorate;

3.6. Support for measures proposed to improve the effective functioning of Cancer Multi-Disciplinary Teams;
3.7. Approval of a revised Policy for the Development and Management of Policies;

3.8. Approval of changes to the Integrated Performance Report [IPR] for 2015/16,

3.9. Approval of the public health priorities for 2015/16, recommending them for approval by the Trust Board;

3.10. Recommendation of the Information Governance Annual Declaration for submission to the Trust Board;

3.11. Support for the strategy to evaluate the Trust’s clinical audit programme, for report back to TME in July 2015, and subsequently to the Audit Committee in September 2015;

3.12. Support for the Closing the Loop on Diagnostic Tests: Action Plan, agreed by the OCCG, emphasising the key requirement for test results to be endorsed within five working days;

3.13. Request for a detailed analysis to be undertaken of the seven Never Events reported in recent months, to identify any themes in the root cause(s) or contributory factors.

4. Future Business

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

- Monitoring delivery of operational performance standards;
- Monitoring financial performance;
- Monitoring quality performance;
- Analysis of Never Events and Action Plan;
- Proposed Strategy for End of Life Care;
- Proposals for the development of Neurosurgical services;
- Update on Workforce Strategy;
- Strategy for Adult Intensive Care;
- CQC Guidance on display of ratings.

5. Recommendation

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

Sir Jonathan Michael
Chief Executive

May 2015