

Trust Board Meeting: Wednesday 12 March 2014
TB2014.47

Title	Trust Management Executive
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Status	For Information
History	This is a regular report to the Board

Board Lead(s)	Sir Jonathan Michael, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

1. Introduction

The Trust Management Executive met on the following dates:

- 23 January 2014;
- 13 February 2014;
- 27 February 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:

- Updates were provided on the Peer Review Quality Summits, now concluded across all Divisions. Divisions had engaged constructively with the process, and it was reported that staff had welcomed the opportunity to be involved in what was perceived as a collaborative and positive process, providing a valuable opportunity to address internal and inter-divisional issues;
- Following approval of a business case to improve nurse staffing levels on the acute medical wards, updates were provided on implementation of the increase in staffing levels. This had stemmed from the regular review of acuity and dependency of patients on the wards and which had identified a need to increase staffing on some wards;
- The challenges faced in the provision of non-elective urology services, due to reduced bed capacity and split site working was flagged to the attention of Trust Management Executive. A options appraisal paper was requested to address the identified issues;
- Updates were provided on the use of Emergency and Urgent bookable theatre lists at the John Radcliffe Hospital. Further collaborative work was being undertaken by all divisions to improve utilisation across all theatres, keeping in mind that the key metric needed to be related to the delay to surgery, and the avoidance of adverse clinical impact on patients;
- An update was provided of the key measures taken to achieve demonstrable progress in implementing improvements in discharge arrangements across the Trust, recognising that there remained a significant amount of work to be completed to achieve a fully sustained system;
- Oversight was provided of the work being undertaken to identify the level of clinical cover provided out of hours, on each site of the Trust, and to address any gaps in service identified;

- A report was provided on the Trust's performance against the National Institute for Health Research [NIHR] metrics, emphasising the importance of clinical research management, governance and performance;
- TME's Terms of Reference were reviewed, to identify the elements that TME should retain for review, and those which should be delegated for more detailed consideration by one of its sub-committees. Responsibility for monitoring performance was expressly stipulated to lie within TME's remit, with the sub-committees of TME being responsible for addressing all aspects of operational delivery. It was agreed that the Health and Safety Committee would become a direct sub-committee of TME, alongside the Clinical Governance Committee, Health Informatics Committee, Research and Development Committee, Workforce Committee, Education Committee, Cost Improvement Committee and Performance Review Committee. Further consideration is to be given to the scope for accelerating the timescale for reporting of performance information;
- A report was provided on the Health Education Thames Valley Visit to the School of Surgery, together with the Trust's response, and a report on progress to date;
- Updates were provided on the Board Assurance Framework and Corporate Risk Register;
- Results were presented of the Emergency Preparedness, Resilience and Response [EPRR] self-assessment audit conducted in December 2013, and the Trust Management Executive endorsed the statement of compliance and EPRR improvement plan, as agreed with NHS England;
- The Trust's operational and financial performance was monitored with specific focus on targets which were not being achieved, for example diagnostic waiting times, A&E 4 hour waits, and 18 week referral to treatment targets. The Trust Management Executive requested that forecast performance was included in its regular reporting.

3. Key Risks Discussed

The TME discussed the following key risks:

- 3.1. The forecast year-end financial position continued to be closely monitored due to the current over performance in activity and income for both local and specialised commissioners;

4. Key decisions taken

The following key decisions were made by the TME:

- 4.1. Approved the Business Case for additional investment of £2.448m in nurse staffing following a review of the acuity and dependency of patients on the acute general medicine wards;
- 4.2. Approved the Business Case for the replacement of switchboard technology and rationalisation to a single switchboard based at the John Radcliffe site;
- 4.3. Approved the Business Case for ventilation for Maternity Theatres in the Women's Centre at the John Radcliffe Hospital;
- 4.4. Approved the Business Case for redevelopment of ultrasound facilities at the Horton;
- 4.5. Approved the Business Case to support the development of the Diabetic Service in response to the Trust Diabetes Risk Summit;
- 4.6. Approved the Business Case for the development of a Specialised Asthma Service including Bronchial Thermoplasty and Inflammometry;
- 4.7. Approved the Business Case for the Relocation and Development of the JR Ultrasound Department;
- 4.8. Approved the Business Case to secure designation as provider of specialised Paediatric Medicine: Gastroenterology, Hepatology and Nutrition service (currently derogation in place), including appointment of second substantive Consultant in Paediatric Gastroenterology;
- 4.9. Approved the Business Case for the appointment of PET-CT Consultant;
- 4.10. Supported the proposed centralisation and amalgamation of mattress budgets, under the control of the Tissue Viability Team;
- 4.11. Supported the Procurement Strategy for 2014-17;
- 4.12. Supported the Organisational Development and Workforce Strategy;
- 4.13. Supported the Draft Public Health Strategy
- 4.14. Accepted recommended amendments to the Trust Management Executive's Terms of Reference, attached at Appendix 1

5. Future Business

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

- CQC Inspection and Report;
- Corporate Risk Register to link to outcomes of Peer Review;
- Staff and Patient Experience;
- Theatres and Cardiac Theatres Review - implementation of action plans;
- Out of Hours clinical cover across all sites;
- Appropriate nurse staffing levels.

6. Recommendation

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

Sir Jonathan Michael
Chief Executive

March 2014