

Trust Board Meeting: Wednesday 14 May 2014
TB2014.68

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 [TME] met on the following dates:

- 13 March 2014;
- 10 April 2014;
- 24 April 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:

- TME was updated with regard to the Care Quality Commission [CQC] Inspection, and the issue of its draft report and provisional findings, in response to which any comments upon factual accuracy were required to be submitted by 1 May 2014. Publication of the final report was expected after the Quality Summit scheduled for 12 May 2014;
- An update was provided to report on progress in the action plan relating to the Cardiac Theatre Review. There was evidence of positive culture change in many of the actions taken, and TME discussed plans to schedule a more formal survey of cultural practices and attitudes in cardiac theatres;
- The action plan relating to the Theatre Safety Review recorded significant progress made in relation to the Churchill Theatres. It was recognised that an equally rigorous review was merited across all theatre sites, and it was agreed that a further report on progress should be provided to TME in three months' time;
- Regular updates were provided on the utilisation of Emergency and Urgent bookable theatre lists at the John Radcliffe Hospital, and TME requested that this data be taken fully into account in the drafting of the strategic outline case for the re-development of the JR2 theatres;
- Having previously approved the Business Case to support the development of the Diabetic Service in response to the Trust Diabetes Risk Summit, TME received an update on progress in the implementation plan, and requested a further report in three months' time, to provide evidence of the extent to which there could be a greater degree of confidence in the standard of diabetic care across the Trust;
- An update was provided on progress in implementation of the Anaesthetic Workforce Plan. Pending delivery of the plan in full (by March 2015), TME had sought assurance that there was adequate provision to support out-of-hours airway management, and it was confirmed that an interim solution was in place to guarantee the

safety of patient care to a reasonable level. A further progress report would be provided in September 2014;

- Following concerns in relation to Neurosurgical training, raised after a visit by the Health Education Thames Valley [HETV] School of Surgery, and reflected in the CQC Inspection, TME received a report on the proposed phased recovery plan. An action plan, including initiation of an internal service review, was approved, for report back to TME in October 2014;
- TME received a report on performance against the Trust's agreed standard for face-to-face contact with a Consultant within 18 hours of emergency admission, with audits undertaken to date demonstrating variation in the level of compliance ranging between 40% and 100% across services. Performance against the standard will continue to be monitored by the Clinical Governance Committee;;
- Updates were provided on the successful conclusion of contract negotiations with commissioners, and TME was subsequently updated on plans to conclude the budget compact exercise which would take into account the imperatives governing delivery of the financial plans for 2014/15;
- TME received a presentation from the Head of Midwifery on the results of the National Survey of Women's Experiences of Maternity Services 2013. Work was underway to address the key issues raised, and would be reported back to TME;
- Regular updates were provided on the Board Assurance Framework and Corporate Risk Register. The TME discussed and considered the adequacy of mitigation plans for the identified risks and advised on further action where required;
- The Trust's operational and financial performance was monitored. Whilst difficulties persisted with delivering the delayed transfers of care standard, improved performance was seen in relation to Cancer Waits, Diagnostic Waits, and A&E 4 hour waits, and there had been a net reduction of some 4,000 patients on the waiting list. The objective remained to be back on track for achieving the 18 week Referral to Treatment [RTT] standard Trust-wide by the end of April 2014;

3. Key Risks Discussed

The TME discussed the following key risks:

- 3.1. Delayed transfers of care continued to be very closely monitored, with efforts focussed on being able to demonstrate steady improvement over the next few months.

4. Key decisions taken

The following key decisions were made by the TME:

- 4.1. Approved the Business Case for development of OUH Adult Congenital Heart Disease [ACHD] service to meet national designation standards;
- 4.2. Approved the Business Case for appointment of a replacement Consultant in Transplant and HPB Surgery;
- 4.3. Approved the Business Case for a replacement Consultant Clinical Oncologist in Head and Neck Cancer;
- 4.4. Approved the content of the provisional specification, tender plan and Patient Experience implementation plan;
- 4.5. Supported the Business Case for an increase in specialist palliative care provision to support end of life care in the John Radcliffe Hospital, subject to discussions with Commissioners about funding the increase in activity;
- 4.6. Supported the establishment of a Diabetes Quality Group to promote, oversee and provide assurance of high quality care for in-patients with diabetes;
- 4.7. Supported, in principle, the extension of internal contracting within the Clinical Support Services Division to include Theatres; mechanisms for internal contracting as previously agreed in Radiology and Pathology, to proceed with effect from 1 April 2014;
- 4.8. Supported the strategic outline case for the provision of accommodation for parents of patients in Children's and Newborn services;
- 4.9. Supported the full Business Case for EPR re-procurement;
- 4.10. Supported recommendation of the draft Business Plan to Trust Board.

5. Future Business

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

- Follow-up to CQC Inspection and Report;
- Reviewing nurse staffing levels;
- 24/7 clinical cover across all sites;
- Options for Sterile Services;
- Revised Private Patients' Policy;
- Workforce Performance; and
- Quality Impact Assessment of Cost Improvement Programmes.

6. Recommendation

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

Sir Jonathan Michael
Chief Executive

May 2014