

Trust Board Meeting: Wednesday 12 November 2014

TB2014.138

Title	Trust Management Executive
--------------	-----------------------------------

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

Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 28 August 2014;
- 11 September 2014;
- 25 September 2014;
- 9 October 2014; and
- 23 October 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:

- Operational performance has continued to be monitored closely over months 3, 4, 5 and 6. The trajectory for delivery of operational standards was revised following national proposals to focus on patients waiting over 18 weeks, as agreed with the Commissioners, the Trust Development Authority and NHS England.
- Regular reports have been received on the Trust's financial performance, identifying underlying factors which could potentially affect the year-end position, and the measures proposed to address them.
- Outcomes of the Quarter 1 Divisional Performance Reviews were reported, summarising the main themes which had emerged, including plans to ensure delivery of financial balance at year end; the delivery of key operational performance standards; improved appraisal rates; and an increased level of compliance with statutory and mandatory training.
- Monthly updates have been provided on progress in the Action Plans relating to the compliance actions, and advisory actions, identified in the Care Quality Commission [CQC] Inspection Visit Report.
- Updates have been provided on the conduct of negotiations with Oxfordshire Clinical Commissioning Group [OCCG], Oxford Health Foundation trust [FT], and Oxfordshire County Council to reach an agreement on the proposal to be submitted in relation to the Better Care Fund.
- A report on progress in the Transformation Programme was received, and the establishment of a Transformation Steering Group was approved, as a sub-committee of TME.

- An update was provided on the Outpatient Project, and support was confirmed for the implementation of supporting standards in line with the CQC domains for all outpatient areas, and for the investigation of technology to increase efficiency and improve the patient experience in outpatients across the Trust, and implementation of an annual outpatient survey.
- Proposals to provide a full Employee Assistance Programme were presented, benefits of which had been demonstrated by implementation of the programme at the Nuffield Orthopaedic Centre to include the potential for a significant positive impact on the level of staff sickness absence. TME gave its support in principle to implementation of the programme, subject to further exploration of a source of funding.
- A report was received on the 2014 Annual NHS Staff Survey, which would be available from 1 October 2014, to be completed and returned by 1 December 2014, with national results expected in February 2015.
- An update was provided to confirm that the Joint Advisory Group [JAG] had expressly agreed an extension of accreditation in respect of the endoscopy service at the Horton, whilst issues relating to decontamination were resolved. A business case is being developed for consideration by TME.
- An external review of Specialised Vascular Services in the Thames Valley was received, noting that it had been commissioned without the Trust's knowledge, and without any opportunity being given for corporate involvement. An internal review meeting has been set up to develop a clear plan to respond to issues highlighted, for report back to TME.
- An external review of the Electronic Patient Record [EPR], Information and Communications Technology [ICT] and Information Management [IM] functions was considered, showing that overall the Trust has made good progress with proposed implementation of the EPR system. The review of IT services concluded that there were key areas in which further work was needed, including in relation to the governance of IM functions, ICT and EPR. An action plan has been drafted in response to the review, and a further report on the proposals will be provided to TME.
- An update was provided on the Business Case pipeline, reporting on progress to date with the planning, quality assurance and approval of developments requiring capital and/or revenue investment exceeding £100k in 2014/15.
- Regular reports were received from sub-committees of the TME, including the Health Informatics Committee, the Public Health Steering Committee, and the Clinical Governance Committee [CGC]. Issues highlighted by CGC for specific consideration by TME included:

- Out of hours paediatric airway cover
- Hip fracture mortality report
- Report on quality concerns raised by staff

Conclusion of the review into the effectiveness of the CGC and its sub-committees is awaited. In the meantime, CGC is to ask all divisions to consider and confirm the process by which issues are identified for escalation within the organisation's structure.

- TME received confirmation that the Friends and Family Test is to be introduced in the Trust's Outpatients and Day Case Units with effect from 1 October 2014.

Key Risks Discussed

Key risks discussed by the TME included:

- 2.1. An update on actions taken in relation to out of hours paediatric airway cover was received. It was noted that arrangements were in place to provide consultant cover for the twilight/weekend shift, and there was a clear protocol in place for escalating as necessary through the on-call cover provided between 22:00 and 08:00. A formal risk assessment is to be undertaken, to identify whether the level of risk that may remain is at an acceptable level, to provide a safe service.
- 2.2. A formal assessment of the risks in relation to the introduction of Electronic Prescribing and Medicines Administration was presented to TME, and the recommended mitigations were approved.
- 2.3. Proposals for controlling pay costs were considered at length, and referred for further discussion and development, to mitigate the risks associated with the measures necessary to achieve financial realignment and resilience.
- 2.4. Development of the plan to withstand the risks associated with winter pressures was reviewed. Specific consideration was given to the factors affecting the resilience of divisional and corporate capacities during acute activity over the winter period, and TME was satisfied that these had been fully taken into account as appropriate.
- 2.5. The risk of financial penalties being imposed for poor performance against the NIHR Research and Development metrics was considered, and it was agreed that this would be kept under review through quarterly divisional performance reviews.
- 2.6. A detailed review was undertaken of the risks that had remained static on the Corporate Risk Register [CRR], and a number of changes were agreed, which have subsequently been approved by the Audit Committee at its meeting on 17 September 2014.

3. Key decisions taken

Key decisions made by the TME included:

- 3.1. Supported the Business Case for replacement of the fluoroscopy equipment in Level 2 Radiology at the John Radcliffe, for submission to the Trust Board;
- 3.2. Agreed the level of funding to be paid to the University of Oxford under the service level agreement [SLA] for library services in 2014/15, and the basis for future changes to the level of funding;
- 3.3. Supported the Business Case for Redevelopment of the Churchill Day Surgery Unit, for submission to the Trust Board;
- 3.4. Supported the Business Case for the recruitment of 5.5 whole time equivalents [WTE] substantive consultant medical oncologists and associated support staff, to ensure the comprehensive and sustainable delivery of the medical oncology service and ensure effective partnership with the University of Oxford;
- 3.5. Approved the principles and governance arrangements for the development of a new service for adult patients with congenital heart disease in the south of England, to be delivered jointly by the Trust and the University of Southampton Hospital [USH].

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;
- Review of effectiveness of CGC and its sub-committees;
- Update on Peer Review Programme;
- Quality Impact Assessment of CIPs;
- Review of Trust-wide Health Records Audit;
- Digital Communications Strategy, including Social Media Policy

5. Recommendation

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

Sir Jonathan Michael
Chief Executive

November 2014