

**Trust Board Meeting: Wednesday 11 March 2015**  
**TB2015.42**

<b>Title</b>	<b>Trust Management Executive</b>
--------------	-----------------------------------

<b>Status</b>	For Information
<b>History</b>	This is a regular report to the Board

<b>Board Lead(s)</b>	<b>Sir Jonathan Michael, Chief Executive</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	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:

- 8 January 2015;
- 22 January 2015;
- 12 February 2015; and
- 26 February 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 8 and 9. Delivery of operational performance standards in Q3 was achieved in line with projections, scoring 4 against Monitor's risk assessment framework. The Trust's forecast trajectory remains that a score of 3 or less should be achieved in Q4. Efforts remain focused on delivering the best possible operational performance.
- Updates have been provided on escalation bed capacity to meet winter pressures, and on the successful purchase of nursing home beds for post-acute patients. Of the escalation bed capacity planned, it has not been possible to open 10 beds on Ward 7E as intended, due to staffing difficulties. Acknowledging that these staffing difficulties are unlikely to be overcome, at a time when established beds have been closed due to staffing difficulties, TME has agreed that Ward 7E should be released with immediate effect, to commence estates work necessary for the re-location of respiratory services.
- Regular reports have been received on the Trust's financial performance, identifying underlying factors which could potentially affect the year-end position. Clinical divisions are doing all that they can to deliver the 'stretch' targets set, to help meet the Trust's target for the year, and to mitigate the underlying financial pressure going forward into 2015/16.
- TME received a report on the Trust's increased total contribution of £30.669m for 2015/16, payable to the NHS Litigation Authority [NHSLA] in respect of the Clinical Negligence Scheme for Trusts [CNST], and other schemes (covering occupiers' and employers' liability claims). This is an increase of £10.64m (or 53% more) than in 2014/15, and will represent an additional cost pressure on divisions.
- TME also received a report, providing an initial analysis of the claims data, as the basis upon which the Trust's contribution had been

calculated (along with specified volume metrics). Further analysis will be undertaken, and fed back to TME and through the Divisions;

- Progress in the review of Sterile Services provision was reported, and a Strategic Outline Case is being developed, for consideration by TME at its meeting on 26 March 2015;
- Briefing on the development of the Oxford Centre for Interventional Technology was considered, and TME expressed support in principle, whilst emphasising the importance of integration with existing services;
- TME received a presentation on *Innovation at OUH*, and an outline proposal is being developed for further consideration;
- The Referral to Treatment [RTT] Intensive Support Team Report was received, and TME approved the proposed Action Plan;
- TME approved the Urgent Care Action Plan, developed in response to reports received from the Emergency Care Intensive Support Team [ECIST]. This will be subject to on-going monitoring by the Internal Urgent Care Board, and TME will receive quarterly reports, from April 2015;
- A further update was provided on measures being taken to meet the challenges currently being experienced by the Trust in relation to the recruitment and retention of staff;
- Regular reports were received from sub-committees of the TME, including the Education and Training Committee, the Health Informatics Committee, and the Clinical Governance Committee [CGC].

Issues highlighted by the CGC for specific consideration by TME included the question of whether further steps were required to prevent, or flag-up, duplicate prescribing within the ePMA system. TME has asked for further work to be undertaken, to explore the scope for introducing mandatory requirements to standardise prescribing practice, and will consider the resultant recommendations.

## Key Risks Discussed

- 2.1. TME reviewed the actions being taken to mitigate the risk of diminished reliability of old ultrasound machines, and the potential risk of poor image quality. It was confirmed that the machines' reliability was being actively monitored, and plans were in place to replace the equipment, to avoid the potential risk of failure to detect foetal anomalies.
- 2.2. Actions taken to mitigate risks associated with out of hours gynaecological surgery in main theatres were reported, and it was agreed that these were sufficient to de-escalate the risk.

- 2.3. Risks associated with the prioritisation of capital funds to maintain and replace/upgrade medical equipment were considered. TME agreed that prioritisation should be determined not on the basis of the age of equipment in isolation, but by reference to the contemporary minimum standard required for the Trust to discharge its duty of care. This is being addressed within the development of proposals to review the Trust's processes relating to planning and performance (including the management of capital projects), as considered by the Trust Board at its Seminar in February 2015.
- 2.4. Continued assurance was provided that the Trust had made appropriate plans and preparations for the care of patients with suspected Ebola virus infection, and for the management of risk of cross-infection to staff and the public. The Ebola Preparedness Group [EPG] will now meet less frequently, and will report to the Hospital Infection Control Committee.

### 3. Key decisions taken

Key decisions made by the TME included:

- 3.1. Support at the meeting held on 8 January 2015 for the Business Case to replace a 16 slice CT scanner in the John Radcliffe Radiology Department, as subsequently approved by the Board at its meeting on 14 January 2015;
- 3.2. Approval of the Business Case to expand medical staffing capacity to deliver the Lung Cancer service, to meet the increased demand for outpatient and diagnostic services;
- 3.3. Support for production of an options appraisal identifying how additional overhead components of research and development [R&D] activity can be incorporated into the standard R&D costing process. TME also supported proposals for the transfer of any balances remaining on research projects that had been closed (or financially inactive for two years or more) to a central reserve for re-investment in other research; and for the transfer of management responsibilities for the R&D Finance team, who will now report to the Associate Director of R&D.
- 3.4. Approval of a Business Case for expansion of the Critical Care capacity, which made provision for reduction in the planned income assumptions, taking into account the implications of the proposed marginal rate for specialist services, if this were introduced in 2015/16. The Divisional Director, Clinical Support Services will be working with the Director of Organisational Development and Workforce, to develop a specific recruitment drive;
- 3.5. Support of the Business Case to introduce barrier car parking management in two staff car parks on the John Radcliffe site, in parallel with on-going work to explore suitable alternative arrangements for staff who did not qualify for car parking permits;

- 3.6. Approval of the Business Case for a fully funded replacement Consultant in Clinical Oncology;
- 3.7. Approval of capital funding for the decontamination and demolition of Block 4 at the Churchill hospital, to be procured through single tender action;
- 3.8. Agreement to implement the mechanism by which funds to support Consultant PAs dedicated to educational supervision were to be administered by the Post Graduate Medical Education [PGME] Centre, vired back to Divisions;
- 3.9. Support of measures outlined to improve performance in Dementia assessments, including a drive to ensure adequate and appropriate training;
- 3.10. Support of the response proposed to a patient safety alert issued with regard to standardising the early identification of Acute kidney Injury [AKI], subject to implementation being achieved within existing resources;
- 3.11. Support of the Full Business Case for New Energy Investment Programme, and endorsement of the recommendations to the Trust Board, for consideration at its meeting in private on 11 March 2015;
- 3.12. Approval of the Business Case for a replacement Consultant in Neurophysiology. A comprehensive review of the neurophysiology service is to be undertaken, to inform development of a strategy for the service in 2015 and beyond;
- 3.13. Support of the Business Case for refurbishment of the Emergency Assessment Unit at the John Radcliffe, and endorsement of the recommendation to the Trust Board that this be approved at its meeting on 11 March 2015;
- 3.14. Approval of the Business Case for an additional Consultant in Cancer Genetics, to facilitate the provision of additional activity;

#### 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;
- Update on tariff, contract and budget-setting for 2015/16;
- Review of Nurse Staffing Acuity data;
- Trust Business Plan;
- Business Case Pipeline;
- Strategy for the provision of Critical Care;
- Strategic Outline Case for Sterile Services provision;
- Proposal to advance Innovation.

## **5. Recommendation**

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

**Sir Jonathan Michael**  
**Chief Executive**

**March 2015**