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<td>Status</td>
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<td>This is a regular report to the Board</td>
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<td>Board Lead(s)</td>
<td>Dr Bruno Holthof, Chief Executive</td>
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1. Introduction

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

- 22 September;
- 29 September;
- 13 October;
- 20 October; and
- 27 October.

The main issues raised and discussed at the meetings are set out below.

2. Significant issues of interest to the Board

Issues of interest highlighted for the Trust Board include the following:

i. TME's review of performance against quality standards was informed by consideration of the Quality Report (Month 5), and specific consideration has been given to an overview of the preliminary findings of an unannounced inspection undertaken by the Care Quality Commission [CQC] in early October. Much of the feedback provided by the CQC was positive, and included findings of a very strong positive learning culture in the Trust. The opportunity is also being taken to consider action required, pending receipt of the CQC's full draft inspection report. TME will be reviewing the issues raised, and assessing the level of assurance provided by the evidence produced in response to the CQC’s information requests.

ii. TME reviewed financial performance in Months 5 and 6. An extra meeting of TME was convened to consider in particular the report in Month 6 of a forecast adverse variance against plan. Initial corrective actions have been agreed, aimed at ensuring recovery to financial plan, and further actions are being developed for implementation in collaboration between the corporate and divisional teams. On-going delivery of improvements in financial performance in-year will be monitored by TME;

iii. TME has received reports on progress in development of the financial plan 2017-18 and 2018-19;

iv. TME has also kept operational performance under review and it was agreed in early October that Task Forces would be established with the aim of improving performance in:

- The urgent care pathway;
- The elective pathway for urology;
- The elective pathway for orthopaedics; and in relation to
- Endorsement of clinical test results and the issue of Discharge Summaries.

The Task Forces have cross-divisional membership, led by Executive Directors and Divisional Directors, and including representation from the Clinical Reference Group.
The stated aim is to secure improvement in access and patient flow, to improve service quality, deliver the core constitutional standards and reduce premium rate costs.

TME will monitor the Task Forces’ production of completed diagnostic analysis and proposed solutions; receive an update on the success of delivery solutions; and assess the impact of achievement of constitutional standards by the end of January 2017.

v. Performance against the 4 hour wait standard in the Trust’s Emergency Department was then reported to have deteriorated further during October, and TME endorsed the need to consider causal factors and determine the potential for action to be taken urgently to achieve improvements in performance against the 4 hour ED standard, 18 week Referral to Treatment [RTT] and Cancer standards. A detailed action plan has subsequently been developed in close liaison with the clinically-led divisions, and with the involvement of NHS Improvement. Regular report on delivery of the action plan will be made to TME.

vi. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for consideration have included:

a. Reports at the CGC meeting held on 19 October of significant pressures in meeting the Emergency Department [ED] four hour standard, with a large volume of patients coming to ED particularly after 18:00hrs. It was reported that a request had been made for all Divisions to review their triage pathways to divert patients away from the Emergency Department where possible and safe;

b. Slippage in Mortality Reviews undertaken in some divisions had been observed, and this was to be addressed at the October meeting of the Mortality Review Group;


d. Further investigation was to be undertaken of the underlying causes which had triggered as red the indicator for NOTSS Fracture Neck of Femur Time to Theatre.

vii. TME has received updates on development of the Buckinghamshire, Oxfordshire and Berkshire West [BOB] Sustainability and Transformation Plan [STP], the lead for which is the Chief Executive of the Oxfordshire Clinical Commissioning Group [OCCG]. TME has endorsed the Trust’s position that it wishes to remain committed to delivering impact through transformation which may be represented as part of the BOB STP; but it is not willing to dismantle effective collaborative work which was delivering that impact, albeit that those initiatives / innovations might not adhere to the footprint of BOB STP.

viii. TME has also received updates on development of the Oxfordshire Transformation Programme, and awaits confirmation of whether that will be ready and approved for OCCG to embark on public consultation by January 2017.

ix. Updates have been provided to TME on the implementation of the contingency plan for maternity and neonatal services at Horton General Hospital [HGH], and
TME has specifically reviewed progress in efforts to recruit obstetric Trust Grade doctors, as the basis for deciding whether it would be feasible to re-open obstetric services at HGH on 3 January 2017. On the basis that there will be no more than four doctors in post by mid-late November 2016, with one further doctor due to take up post in February 2017, it was decided on the grounds of patient safety to retain the Midwifery-led Unit [MLU] until 5 March 2017. The position will be reviewed again in mid-December 2016, to determine whether it is feasible to plan to re-open obstetric services on 5 March 2017.

x. Other activity undertaken by TME has included:

a. Consideration of the annual review of cases involving doctors who were subject to the Trust’s disciplinary process, were working under restrictions or who were excluded from work in the course of an investigation during 2015/16;

b. Review of the Patient Experience and Complaints Annual Report 2015/16;

c. Update on the annual staff survey 2016/17;

d. Update in relation to the junior doctors’ contract, to be implemented with effect from October 2016;

xi. TME has been kept updated on relevant developments in relation to the key themes of the OUH Strategic Review, which include the following:

- **“The Master Plan”** (long term estates planning):
  In respect of which a follow up Workshop is to be held in conjunction with AECOM in November.

- **“Focus on Excellence”** (prioritising investment in services, to develop world class excellence)
  In respect of which it was reported that feedback on the completed questionnaires was being provided to all clinical service areas.

- **“High Quality Costs Less”**
  In respect of which it was noted that CQUINS achieved 100% in Q1.

- **“Home Sweet Home”**
  In respect of which it was noted that “Hospital at Home” commenced on 1 October 2016.

- **“Building Capabilities”** (including the Change Champions programme)
  In respect of which Divisional Directors have been asked to allocate Change Champions within their divisions to projects aligned with the strategic objectives of the organisation, consistent with divisional priorities.

  A Change Champions Boot Camp has been arranged in December, designed to help move projects forward using a number of tools developed in the health and commercial sectors.
3. Key Risks Discussed

3.1 TME has kept under review the risks associated with implementation of the contingency plan for maternity and neonatal services at HGH;

3.2 TME has discussed the risks associated with achieving operational performance standards;

3.3 TME has considered the risks associated with in-year delivery to financial plan;

3.4 TME has discussed the risk of delay in public consultation on the Oxfordshire Transformation Programme;

3.5 TME has considered risks associated with the BOB STP;

3.6 TME has discussed how to address risks identified in the CQC unannounced inspection;

3.7 TME has reviewed the Action Plan to address the risks which led to issue of an Improvement Notice in respect of compliance with the Ionising Radiation [Medical Exposures] Regulations 2000.

4. Key decisions taken

Key decisions made by TME included:

4.1 On the basis that there will be no more than four obstetric Trust Grade doctors in post at the Horton General Hospital [HGH] by mid-late November 2016, with one further doctor due to take up post in February 2017, TME decided on the grounds of patient safety to retain the Midwifery-led Unit [MLU] at HGH until 5 March 2017;

4.2 TME approved the upgrade of the Neuro Interventional Radiology equipment in the West Wing at the John Radcliffe Hospital; the upgrade being essential to maintain the local and tertiary clinical service for patients presenting with neuro interventional vascular pathology;

4.3 TME accepted the recommendation to extend the contract for provision of aseptic services for the full three year period provided;

4.4 TME supported the approach aimed at meeting the challenges to delivery of operational and financial performance, maintaining quality performance, which included the establishment of Task Forces to focus initially on the Urgent Care Pathway, Elective Urology Pathway and Elective Orthopaedics Pathway, as well as on the endorsement of clinical test results and the issue of Discharge Summaries.

4.5 TME agreed initial corrective action aimed at ensuring the delivery of Financial Plan in-year 2016/17, and supported on-going collaboration in the development and delivery of further controls required.

4.6 TME endorsed the need to consider causal factors and determine the potential for action to be taken urgently to achieve improvements in performance against the 4 hour ED standard, 18 week Referral to Treatment [RTT] and Cancer standards.
5. Future Business

Areas on which TME plans to focus over the next three months include the following:

- Monitoring divisional operational and financial performance delivery;
- Monitoring quality performance;
- Specifically monitoring the impact of additional measures taken to improve performance against the 4 hour ED standard, 18 week Referral to Treatment (RTT) and Cancer standards;
- Update on the success of delivery solutions identified by the Task Forces established to focus initially on the Urgent Care Pathway, Elective Urology Pathway and Elective Orthopaedics Pathway, as well as on the endorsement of clinical test results and the issue of Discharge Summaries.
- Update on the Sustainability and Transformation Plan;
- Update on Financial Plan 2017-18 and 2018-19;
- Progress in relation to the OUH Strategic Review; including specifically
  - Feedback from the Master Planning workshop held in November, to consider the options for long term estates planning estate planning
  - Feedback and reflections on the Change Champions Boot Camp to be held in 12 December

6. Recommendation

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

Dr Bruno Holthof
Chief Executive

November 2016