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<th>Trust Management Executive Report</th>
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<td>Status</td>
<td>For Information</td>
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<td>History</td>
<td>This is a regular report to the Board</td>
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<td>Board Lead</td>
<td>Dr Bruno Holthof, Chief Executive</td>
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1. **Introduction**

At the time of writing, and since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 11 January 2018
- 25 January 2018
- 8 February 2018
- 22 February 2018

and is next due to meet on:

- 8 March 2018

The main issues raised and discussed at the meetings are set out below, and the Chief Executive will provide a verbal update on anything further arising out of the meeting held on 8 March 2018.

2. **Significant issues of interest to the Board**

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

   i. Quality performance has been kept under review, informed in particular by consideration of the Quality Report, and by reports received from the Clinical Governance Committee [CGC].

   Key issues related to the quality of care which have been discussed by TME include breaches of the 12-hour target waiting time standard (from decision to admit or completion of treatment in the Emergency Department (ED) to when the patient is admitted). TME was informed of actions taken to improve visibility and escalation of 12-hour breaches, and to clinically review them.

   TME has been informed of three Never Events relating to wrong side nerve blocks in the period since last its report to the Board, and has reviewed the steps taken to investigate and ensure compliance with protocols.

   ii. TME also received an update in relation to the Care Quality Commission’s [CQC’s] report on its review of the Oxfordshire system, one of twenty system reviews undertaken, focusing specifically on how older people aged over 65 people move through the health and social care system, and considering how well services worked together.

   The review found that good relationships were being forged but that more development was required, particularly in respect of the strategic planning undertaken in collaboration between all system partners.

   iii. The publication of reports on other inspections undertaken by CQC is awaited, including the report on CQC’s inspection of whether services at the Trust were well-led, and focused inspections of the Oxford Centre for Enablement [OCE] at the Nuffield Orthopaedic Centre [NOC], and of Maternity Services at the John Radcliffe and Horton General Hospital.

   iv. Financial performance has been kept under review, with TME receiving updates on performance in each of months 8, 9 and 10, and continuing to review progress on delivering the financial re-forecast. Focus has been sustained on
improving divisional underlying recurrent EBITDA\(^1\) performance, and working towards a financially sustainable position for the Trust. TME is mindful that, in the medium to longer term, an EBITDA margin of 10% is required on a recurrent basis to support financial sustainability, providing the necessary cash to renew the asset base and fund new investments.

v. TME has been briefed on the guidance issued by NHSE and NHSI in February 2018 for the development of 2018/19 business plans, and has agreed that fully integrated budgets should be set for 2018/19 that take into account the workforce constraints; assessing the level of activity that can be delivered by available workforce, and the level of income that can be generated at full tariff.

vi. TME has received reports by exception from the Control Panels established to execute additional controls on expenditure, and will continue to monitor the impact of these controls, including through regular review of the key leading indicators for financial performance.

vii. TME has also kept operational performance under review, informed by consideration of the Integrated Performance Reports for Months 8 and 9.

eviii. Performance in the Emergency Department [ED], including against the 4 hour ED standard, has been kept under regular and close review.

ix. TME continues to support the transformation of the urgent care pathway, to support the ability of the system to manage patients effectively with minimal delays as they move through the stages of care, and thereby improve patient outcomes and staff satisfaction.

Internal actions taken to support ED performance include GP streaming, streaming to speciality and improving bed management functions, and external support is being provided from a range of sources to assist improvements to the urgent care pathway.

An integrated plan for the expansion of bed capacity at the Trust is being developed, incorporating previous bed realignment plans where applicable, pending the longer term objective of increasing capacity across the Oxfordshire system, outside hospital. The aim will be to optimise the bed capacity that can be provided by the current workforce, and proposals include plans to assess and cohort patients into therapy-led and high dependency wards as appropriate.

x. Consideration has been given to which clinical service areas should form the first cohort within which to implement and co-develop a new operating model and culture under which it is proposed that greater devolution of decision-making responsibility and accountability could be delegated to clinical services.

xi. Further consideration has been given to the Trust’s response to recommendations arising from a review of divisional leadership and to the approach that was being taken to divisional performance reviews.

It was noted that the Board had reviewed how it spends its time, and how changes could be made to increase its effectiveness. A further facilitated session, similar to that undertaken by the Board, is proposed to support a structured discussion of how the Trust Management Executive should most effectively spend its time.

\(^1\) Earnings before interest, tax, depreciation and amortization
xii. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME’s attention have included:

   a. Results of a Trust-wide point prevalence audit of peripheral cannulas undertaken by the Infection Prevention and Control Team [IPC] demonstrated that compliance with documentation needed to be improved and that a third of cannulas were sited in the antecubital fossa; and

   b. Hand hygiene audits had revealed some poor results. The Infection Control Team is working through all areas to provide teaching support, and will be repeating the audit.

xiii. TME has reviewed the updated guidelines developed to provide a framework for staff undertaking the assessment and escalation required for the enhanced observation of patients (‘specialling’).

xiv. TME received the Trust’s Gender Pay Gap Report, outlining data which will be published in March, and agreed the development of an action plan to address the root causes.

xv. TME has reviewed the Board Assurance Framework and Corporate Risk Register, noting work that was being undertaken to ensure a clear linkage between corporate and divisional risk registers.

xvi. Other activity undertaken by TME has included review of the following:
   
   a. Update on Learning from Deaths;
   
   b. Results of the Bereavement Survey;
   
   c. Progress report regarding organisational preparedness for the General Data Protection Regulation (Data Protection Act 2018);
   
   d. Details of the recommendations and action plan relating to the use of the Mental Health Act in the Trust and its ongoing monitoring;
   
   e. Recruitment and retention of Medical Appraisers;
   
   f. Results of the Staff Survey 2017;
   
   g. Update on developments with internal communications and a survey of staff views on internal communications;
   
   h. The Trust’s preparations for the NHS 70th anniversary celebrations; and
   
   i. Update on the delivery of the NHS Staff Health and Well-being CQUIN: Healthy Food for Staff, Visitors and Patients.

3. **Key Risks** discussed have included:

   i. Risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas.

   TME has reviewed the measures being taken to address this issue. The fragility of safe nurse staffing levels in some areas has been highlighted, providing the context for development of an acuity-based approach to the configuration of services.
ii. Risks associated with financial performance.

TME has monitored progress in delivery of the financial re-forecast of -£5.2m deficit by year end, and will continue to keep the situation under scrutiny, focusing on achieving the best possible exit run rate for underlying recurrent EBITDA.

TME will continue to monitor the effectiveness of controls on pay and non-pay expenditure, and will keep under close review the risks associated with the Trust's Business Plan 2018/19, and its implications for budget-setting, taking into account NHS Planning Guidance issued in February 2018.

iii. Risks associated with meeting the challenges to delivery of operational and financial performance standards, whilst ensuring the delivery of quality performance standards.

4. Key decisions taken

Key decisions made by TME have included:

a. Approval of the Business Case for the implementation of Patient Flow;

b. Approval of the Business Case for the appointment of a replacement 10PA Consultant Rheumatologist;

c. Approval for the appointment of a replacement 10PA Consultant Haematologist in the Oxford Haemophilia Thrombosis Centre;

d. Approval for the replacement of two Consultant Oncologists (one medical and one clinical);

e. Support for the approval of continued radiotherapy services contracted by NHSE Specialist Commissioners;

f. Support for the Trust’s Major Capital Schemes and the recommended approach to the Capital Programme 2018-19;

g. Approval for an Inventory Management System at the Nuffield Orthopaedic Hospital [NOC];

h. Approval of the Business Case for the appointment of a replacement Consultant Oral and Maxillofacial Surgeon specialising in Trauma;

i. Approval of the Sponsorship of Clinical Research Studies Policy;

j. Approval of the Policy for Trust Management approval of clinical research;

k. Approval of the Guiding Principles for Research IP related agreements;

l. Approved the Patient and Public Participation Strategy Annual Review;

m. Endorsement of the changes proposed to the Constitution and Reservation and Delegation of Powers and Standing Financial Instructions, subject to Board approval;

n. Approval of the Elective Access Policy, on the understanding that it would be subject to review.
5. Future Business
Areas on which TME plans to focus over the next three months include the following:

- Monitoring of operational, financial and quality performance delivery at divisional level and, by exception, at clinical directorate level;

- Development of an integrated plan for the expansion of bed capacity at the Trust, incorporating previous bed realignment plans where applicable, pending the longer term objective of increasing capacity across the Oxfordshire system, outside hospital;

- Monitoring delivery of the financial re-forecast up to year end, and the development of business plans for the next fiscal year on the basis of a fully integrated plan, to be developed ‘bottom-up’;

- To monitor the execution of performance plans relating to urgent care and cancer, scrutinising whether the actions taken are effectively addressing the causal factors identified; and

- Further to keep under review measures to control pay and non-pay expenditure and to monitor their effectiveness.

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

Dr Bruno Holthof  
Chief Executive  
March 2018