### Title

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<th>Trust Management Executive Report</th>
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### Status

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### History

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<th>The Trust Management Executive [TME] provides a regular report to the Board.</th>
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### Board Lead

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<th>Board Lead</th>
<th>Dr Bruno Holthof, Chief Executive</th>
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### Key purpose

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<th>Strategy</th>
<th>Assurance</th>
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Executive Summary

1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust’s ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee

   This regular report provided aims to contribute to the fulfilment of that purpose.

Recommendations

3. The Board is asked to:

   - Note the regular report to the Board from TME’s meetings held in January and February 2019.
1. Introduction

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

- 10 January 2019
- 24 January 2019
- 14 February 2019
- 28 February 2019

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 has considered the Well-Led Review of the Trust that was undertaken by Deloitte and noted the commitment of the Trust to implementing the recommendations of the report.

ii. TME has been updated on concerns raised by the Care Quality Commission [CQC] following their unannounced core service inspection in November and December 2018. The terms of reference for the Action Plan Group have been reviewed and approved and the action plans developed to urgently address the issues highlighted have also been approved. TME has been kept updated on progress against these action plans.

iii. TME has been kept informed regarding the five programmes of work associated with the NHSI undertakings. These programmes cover Urgent Care, Elective Care, Financial Recovery, Workforce and Governance. Particular focus has been given to the work required to deliver the 62 day cancer target for GP referral to treatment and to reducing to a minimum the number of patients waiting over 52 weeks for treatment following referral.

iv. 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].

v. TME has also received regular reporting on Serious Events Requiring Investigation and Never Events, including updates on the implementation of National Safety Standards for Invasive Procedures [NatSSIPs] and development of Local Safety Standards for Invasive Procedures [LocSSIPs]. In addition TME heard that a patient safety response team was being established.

vi. Performance in the Emergency Department [ED], including against the 4 hour ED standard, has been kept under regular and close review through the Integrated Performance Report and linked to the development of the Urgent Care Programme and the Winter Plan.

vii. Financial performance has been kept under review, with TME receiving updates on performance in months 8, 9 and 10 in advance of report being made to the Board on financial performance up to 31 January 2019 at its meeting on 13 March 2019.

Focus has been sustained on improving underlying recurrent EBITDA\(^1\) performance at divisional level, and working towards achieving financial sustainability for the Trust.

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

   a. The provision of an update on the rollout of Electronic Care Planning.
   b. An assessment of nursing vacancy rates in Specialist Surgery with internationally recruited nurses noted to be joining teams and revisions in skillmix being implemented with the introduction of new roles.
   c. The development of a standard approach to resolve outages to the Electronic Patient Record.

ix. TME has been updated on the development of planning and budgeting assumptions for 2019/20 based on the required planning submissions to NHSI.

x. An update has been provided to TME on the implementation of the Mental Health Act within the Trust.

xi. TME has been kept updated regarding actions that are being taken to ensure the implementation of the recommendations of Internal Audit reports.

xii. The Trust’s Corporate Risk Register and Board Assurance Framework have been reviewed and updated.

xiii. Other activity undertaken by TME has included review of the following:

   a. Proposals for a refresh of the OUH Strategy;
   b. Terms of Reference for the Cancer Strategy Group;
   c. Options for the relocation of the Trust’s Renal Inpatient services to deliver an improvement to patient experience;
   d. Options for the programme to refresh the John Radcliffe operating theatres;
   e. The Annual Review of the Constitution and Reservation and Delegation of Powers and Standing Financial Instructions;
   f. Workforce Committee minutes;
   g. Arrangements and timescales for the 2018 local Clinical Excellence Awards round;
   h. The timetable for development of the Annual Report;
   i. The Equality, Diversity and Inclusion 6 Month Progress Report;
   j. Results of the 2018 Staff Survey;
   k. A report on the gender pay gap;
   l. An update on planning for the UK’s exit from the EU;
   m. The Annual Report on Postgraduate Medical Education 2018-19;
   n. Outcomes of the Medical Engagement Scale survey; and
   o. An update report on recruitment and retention for nursing and maternity.

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

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

   TME has kept work on workforce planning under review, receiving regular reports from the Workforce Committee, and highlighting the development of action plans focused on areas where a shortage of workforce constrains the amount of activity that can be delivered.
TME has kept under review the staff incentive schemes which are being deployed to fill gaps in a planned way with the intention of maximising the impact on additional capacity. Improvements have also been agreed to the approach to approving recruitment in order to streamline the process and reduce delays.

**ii. Risks associated with financial performance**

Financial performance will be kept under review, focusing on achieving the best possible underlying EBITDA. TME has recognised that financial performance relies on delivery of the Trust’s agreed activity plan.

TME has been updated on the development of planning and budgeting assumptions for 2019/20 and will be involved in the development of the financial plan for the coming financial year.

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

TME will continue to monitor the risks associated with delivery of the agreed trajectories for key performance standards. TME has noted that the monitoring of key metrics is increasingly taking place on a weekly or even daily basis where appropriate.

Particular focus is being given to the work required to deliver the 62 day cancer target for GP referral to treatment and to reducing to a minimum the number of patients waiting over 52 weeks for treatment following referral.

## 4. Key decisions taken

Key decisions made by TME have included:

a. Approval of the Digital Work Programme for 2018/19;

b. Recommendation of the 2019/20 Capital Plan for approval by the Board;

c. Approval of an updated Media Policy;

d. Approval of the transfer of Dietetic and Speech and Language Therapy Services from Oxford Health NHS FT;

e. Approval of development of a bid for Severe Intestinal Failure Centre designation;

f. Approval of the business case for the appointment of Neurointensive Care Unit Anaesthetics Consultants;

g. Approval of the business case to appoint a replacement Consultant Oral and Maxillofacial Surgeon;

h. Approval of the business case to appoint a Consultant in Fetal Cardiology / Paediatric Consultant Cardiologist;

i. Approval of a business case for Perioperative Medicine Support within the Vascular Service;

j. Approval of a business case for a staffing expansion in the Renal and Transplant Service;

k. Approval of a business case for the expansion of Restorative Dentistry staffing capacity;
I. Approval of the business case to appoint a Gastroenterology Consultant with Input to Oncology; and
m. Approval of the business case to appoint a second Consultant in Adult Congenital Heart Disease.

5. Future Business
Areas on which TME plans to focus over the next three months include the following:

- Ongoing monitoring of the five programmes of work associated with the NHSI undertakings;
- Monitoring of operational, financial and quality performance delivery at divisional level, by exception, at clinical directorate level;
- Developing the Trust’s business plan for 2019/20 in line with the required planning submissions to NHSI;
- Monitoring of the implementation of the recommendations of the Deloitte Well-Led Review;
- Reviewing the impact of the 2018/19 Winter Plan and the lessons learned; and
- Keeping 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 2019