Trust Board Meeting in Public: Wednesday 18 January 2017
TB2017.12

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<th>Status</th>
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<td>History</td>
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<th>Board Lead(s)</th>
<th>Dr Bruno Holthof, Chief Executive</th>
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<td>Key purpose</td>
<td>Strategy</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:

- 10 November 2016
- 24 November 2016
- 8 December 2016
- 22 December 2016

(Issues raised at the meeting scheduled on 12 January 2017 will be included in the report to the next meeting of the Board in March 2017).

The main issues raised and discussed at the meetings held in November and December 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 has been informed by consideration of the Quality Report (Month 7), and by consideration of specific issues raised following an unannounced inspection undertaken by the Care Quality Commission [CQC] in early October 2016. These included issues related to capacity of the resuscitation area in the Emergency Department [ED]. The risks associated with delivery of the business case for development of the resuscitation area in ED are now recorded on the Corporate Risk Register;

ii. Acknowledging the risk that the quality of care could be adversely impacted by operational pressures, and taking into account the failure to meet some of the performance standards relating to cancer care, TME received a report on the Trust’s approach to managing cancer patients waiting more than 104 days from urgent GP referral to first definitive treatment. (The operational standard – that 85% of patients receive treatment by day 62 – is designed to take into account the practicalities of managing complex diagnostic pathways, patients who are temporarily unfit for cancer treatment and those who chose to defer for personal reasons. In all cases where, for these or any other reasons, a cancer patient had waited more than 104 days, a clinical harm review must be undertaken). TME reviewed the agreed process for undertaking Cancer Clinical Harm Reviews, and noted that to date no clinical harm had been identified in this patient group. Action is being taken to improve performance against the 62 day cancer standard;

iii. TME kept financial performance under review in Months 6 and 7, and received a report on indicative financial performance in Month 8. Regular updates have been provided on the implementation and effectiveness of corrective actions agreed, aimed at ensuring recovery to financial plan by year end. On-going delivery of improvements in financial performance in-year will continue to be monitored by TME;

iv. TME received reports on progress in development of the financial plan 2017-18 and 2018-19 and approved its submission to NHS Improvement by 23 December, as required;
v. TME has kept operational performance under review, informed by consideration of the Integrated Performance Report for Month 7, which in particular highlighted deterioration in performance against the standard which required that 95% of patients attending the Emergency Department [ED] should be seen, assessed and discharged or admitted within 4 hours;

vi. TME endorsed adoption of an Automatic Acceptance Policy to enable the ED to refer patients quickly to other specialities where appropriate, in order to be able to deliver quality care as well as meet the 4 hour access target;

vii. Following notification that NHS Improvement [NHSI] had decided to open an investigation in relation to the Trust’s operational performance and related governance arrangements, TME has examined the plans put in place to improve Trust-wide performance against the key national standards relating to ED performance, 18 week Referral to Treatment [RTT] and cancer treatment. Monthly reports on progress in implementation of the Performance Improvement Plans will be submitted to TME in January, February and March 2017;

viii. TME has also received updates on progress in the cross-divisional working that had been initiated prior to notification of the NHSI investigation, focused on improving performance in the urgent care pathway, the elective pathway for urology, the elective pathway for orthopaedics, and in relation to the endorsement of clinical test results and the issue of Discharge Summaries. The full impact of this work on the achievement of constitutional and contractual standards will be assessed over the coming months;

ix. The Clinical Reference Group [CRG] reported to TME on learning points identified in the feedback sessions held with all clinical service areas in relation to the key strategic theme of Focus on Excellence. Of the specific features which had been identified as contributing to the success of a service, the most important of these was considered to be visible, strong clinical leadership; recognising that poor clinical leadership might arise from insufficient structured support being provided, and this was an overarching factor which would need to be addressed. The action plan arising from the project so far will be monitored by TME;

x. TME received the regular report from the Clinical Governance Committee [CGC], in which issues highlighted for consideration included:

- Improvement in the Fracture Neck of Femur [NoF] time to theatre had been reported in October, but only 72.3% of medically fit patients being operated on within 36 hours, against the target of 80%. Further actions are ongoing.
- Following the advice of the CQC regarding privacy and dignity of theatre direct access [TDA] patients, screens had been introduced and patients asked to stay in their own clothes until required to change for their procedure.
- The Chief Nurse and Deputy Chief Nurse had worked with divisional nurses on how to investigate pressure ulcers, and that had increased the capacity for staff to learn from these events.
- There was noted to be a presence of Candida auris on Neuro ICU, and additional infection control measures had been instituted.
xi. Progress in efforts to recruit obstetric Trust Grade doctors to work at Horton General Hospital [HGH] has been reviewed, as the basis for deciding whether it would be feasible to re-open obstetric services at HGH on 5 March 2017. The maximum number of obstetric doctors likely to be in post at HGH by January/February 2017 was 5, out of the 9 doctors needed to sustain the middle grade rota. On that basis, it was decided on the grounds of patient safety that obstetric services at HGH could not be re-opened on 5 March 2017, and the Midwifery-led Unit [MLU] will be retained.

xii. Other activity undertaken by TME has included:

a. A review of longer hours in working practice within the Trust, to assess the need for a consistent agreed standard operating procedure for the management of rostered shifts. It is understood that funding is available to undertake further research into the impact of longer hours in working practice, and this is being further explored.

b. An update on Commissioning for Quality and Innovation [CQUIN], confirming that 100% of the CQUIN milestones and value had been achieved for Q1 (amounting to approximately £2.324m). 100% achievement was similarly anticipated for Q2 (valued at £3.5m) but there was recognised to be significant risk attributed to each CQUIN for the remaining quarters of the year, and the updated risk ratings were outlined.


d. Half-yearly update on Information Governance and Data Quality, highlighting a marked increase in the number of requests for access made under the Freedom of Information Act [FOI].

e. Review of Data Security, Consent and Opt-outs, highlighting that it was anticipated that a new consent model for data sharing in health and social care was likely to be released soon by the Department of Health, and that this was likely to require more transparency in respect of data usage, and propose new legislation on the use of data for research and audits.

f. Review of Annual Report on Tissue Viability 2015/16, which reinforced the stated ambition of the Trust was to continue to work towards zero avoidable category 3 and 4 hospital acquired pressure ulcers, and to have this reflected in divisional quality standards..

g. Review of Annual Report on Claims and Inquests 2015/16, which showed that a total of 233 new claims had been received against the Trust during the financial year 2015/16 (of which over 200 were clinical negligence claims), and 184 new inquests had been opened, with two Prevention of Future Death [PFD] reports issued by HM Coroner.

h. Update on Medical Education Annual Student Survey and HETV QM ratings, which is due to be submitted to the Board at its meeting on 18 January 2017.

i. Research and Development Governance and Performance Annual Report 2015/16, which is also due to be submitted to the Board at its meeting on 18 January 2017.
j. 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 AECOM’s initial proposed framework for development of the Headington sites is to be outlined at upcoming Senior Managers’ Briefing sessions.

- **“Focus on Excellence”** (prioritising investment in services, to develop world class excellence)
  In respect of which the key learning points identified by the Clinical Reference Group in its review of questionnaires submitted by all clinical service areas were fed back, as reported above.

- **“High Quality Costs Less”**
  In respect of which CQUINS achieved 100% in Q1, as reported above.

- **“Home Sweet Home”**
  In respect of which efforts continued to be focused on developing and enhancing the ambulatory care pathway.

- **“Building Capabilities”** (including the Change Champions programme)
  In respect of which a successful Boot Camp for Change Champions had been held 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, including consideration of additional measures that may need to be taken in order to achieve financial recovery to plan by year end;

3.4 TME has noted remedial action taken as a short term solution to maintain the Adult Intensive Care infrastructure, but emphasised the need to formulate and execute a plan to undertake development that meets service and patient needs in the long-term.

4. **Key decisions taken**

Key decisions made by TME included:

4.1 TME approved the appointment of a replacement Cleft Surgery Consultant on the basis that the job plan would be amended to reflect an increase to 15hrs or more operating time per week;
4.2 TME supported development of the Full Business Case to present the options for relocation of the renal ward;

4.3 TME referred proposals for the reconfiguration of Sterile Services for further consideration by a sub-group of TME/Business Planning Group;

4.4 TME approved the Business Case for the establishment of a formal Paediatric Antimicrobial Stewardship Programme, and specifically approved the appointment of an additional 10PA Paediatric Infectious Diseases Consultant, for an initial 2 year period and additional recurrent investment of £95k;

4.5 TME approved the Social Media Policy, subject to amendment to ensure that explicit provision was made for referral to the appropriate professional regulator, in the case of proven breaches of the policy;

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 impact of cross-divisional work undertaken to improve performance in relation to the Urgent Care Pathway, Elective Urology Pathway and Elective Orthopaedics Pathway, as well as in relation to the endorsement of clinical test results and the issue of Discharge Summaries;
- Progress in relation to the key themes of the OUH Strategic Review.

6. Recommendation

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

Dr Bruno Holthof
Chief Executive

January 2017