Trust Board Meeting in Public : Wednesday 8 November 2017
TB2017.107

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<td>Status</td>
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<th>Board Lead</th>
<th>Dr Bruno Holthof, Chief Executive</th>
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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:

• 7 September 2017
• 14 September 2017
• 21 September 2017
• 28 September 2017
• 5 October 2017
• 12 October 2017; and
• 26 October 2017

and is next due to meet on:

• 9 November 2017.

These meeting dates reflect a revised schedule, under which TME met once a week up to the end of September 2017.

Provision was made for this increased frequency of meetings to address the challenges facing the Trust in relation to quality, operational and financial performance.

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 kept under review performance against quality standards, informed 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 the timely issue of discharge summaries and the endorsement of clinical test results. The importance of improving performance has been emphasised, to meet trajectories agreed with the Oxfordshire Clinical Commissioning Group [OCCG].

TME has also received information on NHS Improvement’s ‘Getting it Right First Time’ [GIRFT] programme, and further consideration is being given to how to achieve the stated aim of ensuring that recommendations act as a catalyst for action.

Further details of some of the issues highlighted by the CGC are provided under paragraph xiv below.

ii. An update has been provided on progress in the implementation of the CQC Action Plan, developed following inspection undertaken in October 2016.

iii. Also related to the safety and quality of care, TME has given specific consideration to staff recruitment and retention, in particular the nursing workforce. TME received an update on the progress to date of International, European and graduate Registered Nurse recruitment initiatives which included:
• Collaborative working with Oxford Health NHS Foundation Trust and Oxford Brookes University to increase the number of graduates taking up Registered Nurse positions;
• Sourcing a minimum of 100 nurses from both India and the Philippines on successful completion of the English language test [IELTS] and Part 1 Nursing and Midwifery Council [NMC] assessment process; and
• Working with TTM Healthcare to initially source a minimum of 50 European Registered Nurses.

iv. TME has kept financial performance under review over Months 4, 5 and 6, in advance of report being made to the Board on financial performance up to 30 September 2017 at its meeting on 8 November 2017.

v. As outlined in the separate report to the Board on financial performance, some improvement has been seen in EBITDA\(^1\), and TME has welcomed improved financial performance reported within the clinical divisions which has been primarily driven by reduction in expenditure.

TME is mindful that 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.

vi. TME has reviewed the outputs of a detailed financial re-forecast exercise based at Month 5, and a further review of divisional and corporate opportunities with updated views of central assumptions.

On the basis of this exercise, TME supports the financial re-forecast that has now been approved by the Board and submitted to NHS Improvement for an EBITDA of £42.0m in 2017/18, and a deficit on control total of £5.2m.

Delivery of the financial re-forecast will be subject to weekly monitoring by all members of the Board and fortnightly review at TME, with a monthly assurance report to be submitted to the Board or the Finance and Performance Committee.

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

viii. TME has also kept operational performance under review, informed by consideration of the Integrated Performance Reports for Months 4 and 5, and scrutiny of the detailed performance improvement plans developed for:

• Urgent Care (including performance against the 4 hours ED standard); and
• Cancer (including performance against the eight cancer standards).

ix. Investment in the continued transformation of the urgent care pathway has been approved by TME, 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.

x. TME has reviewed the implementation of outstanding internal audit recommendations.

\(^1\) Earnings before interest, tax, depreciation and amortization
xi. TME has been kept updated on development of the operational plans to increase activity, improve productivity, and better manage demand in relation to

- Referral to Treatment [RTT] performance (including performance against the 18 week RTT Incomplete Standard).

xii. TME has reviewed the contingencies for dealing with anticipated winter pressures, including

a. Proposals for bed realignment, in preference to the current level of ad hoc bed closures that are being made on a daily basis to maintain safe staffing levels; and

b. Proposals for the ‘safer placement’ of patients, and development of an Emergency Department Full Hospital Protocol.

xiii. The development of a new operating model and culture has been considered, under which it is proposed that greater decision-making responsibility and accountability could be delegated to clinical services.

The outline proposal is to be developed further in collaboration with clinical services, and will be submitted for consideration by the Board.

xiv. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME’s attention have included:

a. NHS patient safety alert-009 – reducing the risk of oxygen tubing being connected to air flowmeters. It was noted that this had breached its completion date in July and continued to breach. Assistance had been given from the Chair of the Patient Safety and Clinical Risk Committee (the Head of Clinical Governance) and the Clinical Governance Risk Practitioners to assist with actions required to close this alert; and

b. The Trust’s post-mortem licence had been inspected on 4-5 July 2017 and the final Human Tissue Act [HTA] inspection report had been received on 5 September 2017. Overall the report was positive with areas of good practice noted and actions were in place to address the shortfalls identified.

xv. Other activity undertaken by TME has included its noting of:

a. Claims and Inquests Annual Report 2016/17;

b. Adults and Children’s Safeguarding Annual Report 2016/17;

c. Implementation review for the Business Case for the redevelopment of the Churchill Day Surgery Unit;

d. Implementation review for the Full Business Case for redevelopment of the Horton Endoscopy Unit;

e. Updated Standards of Dress Code and Policy for Uniform;


g. Fit and Proper Persons Policy; and

h. Lessons and achievements of the Human Factors CQUIN.
3. Key Risks Discussed

i. TME has considered the risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas, and has reviewed the measures being taken to address this issue.

ii. TME has considered the risks associated with financial performance, and has instigated a number of additional controls on pay and non-pay expenditure, in parallel with commissioning external support to implement a programme aimed at improving productivity over the short, medium and long term.

iii. TME has also given consideration to the specific risks identified by each division as being associated with delivery of the financial re-forecast for 2017/18, and will be monitoring the adequacy of mitigating measures should the risks eventuate.

iv. TME continues to keep under review the 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 proposal to pursue a novel opportunity to fund a research project, subject to the opportunity being given to check that there was no conflict of interest with any existing BRC-funded activity;

b. Approval of the continued transformation in urgent care service delivery, together with associated investment;

c. Approval of the Policy for Engagement of External Auditors for providing Non-Audit Services;

d. Approval of the revised Statutory and Mandatory Training Policy, subject to reinstatement of CGC’s role in having oversight of the process for making any variation to the Training Needs Analysis (addition or removal of a competence);

e. Approval of updates relating to the Policy for Integrity in Clinical Research;

f. Approval of updates relating to the Policy for Safety Reporting in Clinical Research;

g. Approval of the Business Case for the appointment of a replacement Consultant Ophthalmologist specialising in Glaucoma;

h. Approval of the Business Case for the appointment of a substantive Hip and Knee Consultant;

i. Approval of the case for continued provision of Atrial Septal Defect [ASD] closures at OUH;

j. Support for the Policy on Compliance with CQC Regulation 5: Fit and Proper Persons in advance of its submission for approval of the Board;

k. Support for the updated Policy on Declarations of Interest, Gifts, Hospitality and Sponsorship in advance of its submission for approval of the Board;

l. Approval of the revised Standards of Dress Code and Policy for Uniform subject to changes being made to the wording at Section 29.1.1; and
m. Approval of the Business Case for the joint appointment of 6PA Consultant Orthodontist with Great Western Hospital NHS FT.

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;
- Specifically to monitor delivery of the financial re-forecast for 2017/18, including regular review of progress in the implementation of actions agreed, and assessment of their impact;
- Further to keep under review measures to control pay and non-pay expenditure, and to monitor their effectiveness;
- To monitor execution of the performance improvement plans relating to urgent care and cancer, scrutinising whether the actions taken are effectively addressing the causal factors identified; and
- To monitor delivery of the operational plans for RTT activity.

6. Recommendation

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

Dr Bruno Holthof
Chief Executive
November 2017