Trust Board Meeting in Public : Wednesday 13 September 2017

TB2017.88

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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:

- 6 July 2017
- 13 July 2017
- 20 July 2017
- 27 July 2017
- 3 August 2017
- 10 August 2017
- 17 August 2017
- 24 August 2017; and
- 31 August 2017

and is next due to meet on:

- 7 September 2017.

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

Provision has been 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, and the Chief Executive will provide a verbal update on anything further arising out of the meeting held on 7 September 2017.

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]. Further details of some of the issues highlighted by CGC are provided under paragraphs ix and x below.

ii. Amongst issues related to the safety and quality of care, TME has given specific consideration to staff recruitment and retention, particularly related to nursing workforce. TME continues to review what steps can be taken to broaden and strengthen the Trust's strategic approach to the recruitment and retention of key clinical staff, and regularly monitor all starters and leavers across the Trust.

iii. TME received a report on the outcome of Phase 1 of the consultation on health and care services in Oxfordshire following the OCCG Extraordinary Board meeting held on 10 August 2017. As is outlined in a separate report to the Board, TME noted that OCCG had approved proposed changes to healthcare services within the county in relation to the following:

- Critical Care;
- Acute Stroke Services;
- Changes to Acute Bed Numbers;
- Planned care services at the Horton General Hospital [HGH]; and
- Maternity Services.

TME noted that the Joint Health Overview Scrutiny Committee [HOSC] had previously referred the temporary suspension of obstetric and neonatal services at HGH to the Secretary of State for Health, who had in turn referred the matter to the Independent Review Panel [IRP].

Since OCCG’s decision permanently to close consultant led obstetrics at HGH, TME noted that JHOSC had formally referred that decision to the Secretary of State for Health.

iv. TME has kept financial performance under review over Months 3 and 4, in advance of report being made to the Board on financial performance up to 31 July 2017 at its meeting 13 September.

v. As is outlined in the separate report to the Board on financial performance, some improvement has been seen in Months 3 and 4. Whilst expressly voicing caution against placing too much reliance on improvements in performance seen in a single month, TME welcomed the improved financial performance reported in three of the five clinical divisions, and recognised that concerted efforts had been made by many across all divisions to deliver the improvement seen to date.

TME was reminded that the plan for financial recovery had been designed to be delivered over two phases:

- First, to recover to the level of financial performance delivered in the first half of 2016/17; and then
- To build on that, to deliver EBITDA at around £8m per month through initiatives that included:
  - Bed realignment and better deployment of staff, to reduce indirect costs incurred without impacting negatively on capacity;
  - Increased Referral to Treatment [RTT] activity delivered, enabled by selective recruitment;
  - Corporate Services Modernisation; and
  - Improvements in clinical productivity, through measures including the appropriate redeployment of medical, nursing and administrative and clerical staff.

vi. TME has received weekly reports from the Control Panels established to execute additional controls on expenditure, and has monitored the impact of these controls, including through weekly review of key leading indicators for financial performance.

vii. TME has also kept operational performance under review, informed by consideration of the Integrated Performance Report for Month 3, and has scrutinised the detailed performance improvement plans that have been developed for:

- Urgent care (including performance against the 4 hour ED standard);
- Cancer (including performance against the eight cancer standards).

and the plans to increase activity, improve productivity, and better manage demand in relation to delivery of:
- Referral to Treatment performance (including performance against the 18 week RTT Incomplete Standard).

TME considers the underlying issue affecting urgent care pathway performance to be the lack of flow through the system, and has endorsed the need for the Trust to continue to collaborate with its system partners to reduce delays in the transfer of care by providing more home care packages.

viii. TME heard that agreement had been reached within the system regarding the size of the challenge relating to the development and implement of a medium-term RTT plan which can restore balance between the rate of referral, and activity delivered. TME supports the approach proposed to identify the solutions at speciality level, and initial deep dives have been undertaken in workshops held with the five most challenged specialities, as below:

- Trauma / Orthopaedics
- Gynaecology
- ENT
- Ophthalmology
- Dermatology

Following positive outcomes from those initial workshops, further follow-up workshops have now been scheduled, with clinicians’ involvement, to develop operational plans for implementing the innovative interventions identified, to deliver the level of RTT activity required.

ix. Regular report from the Clinical Governance Committee [CGC] highlighted issues for TME’s attention, including the high number of cohort ward areas with infrequent exposure to tracheostomy and laryngectomy patients limited. It was recognised that this limited the ability of staff to retain knowledge and consolidate the skills in clinical decision-making which were necessary to promote patient safety. It was also submitted that the large number of cohort areas represented a drain on the resources and finances available to support training of staff and equipment provision across all areas. CGC consequently supported the recommendation of the Tracheostomy Group that the current number of 16 cohort wards should be reduced to 13 ward areas, and this was approved by TME.

x. CGC further highlighted that Neuro ICU was currently free of Candida auris, achieved through good clinical practice. The management and containment of the outbreak had revealed that reusable temperature probes had been the novel means of transmission.

xi. TME received the Annual Review of Serious Incidents Requiring Investigation [SIRI] and Never Events 2016/17, which is submitted as a separate paper for consideration by the Board.

Issues highlighted were noted to include:

- there had been a total of 106 SIRI during the financial year March 2016-April 2017 (compared with 179 in the previous financial year);
- there was a high level of compliance with disclosure as required under the duty of candour;
- comparators in incident reporting showed OUHFT to be in the highest third of incidents reported per 1,000 bed days in the acute organisations
category with 44.06 incidents reported per thousand bed days; representing a rise of 2.2 incidents per 1,000 bed days compared to 2015/16. Indicating an improving reporting culture.

xii. Other activity undertaken by TME has included:
   b. Noting the update on the progress of the Administrative and Clerical review within the five clinical divisions and operations directorate since May 2017.
   c. Noting the Board’s decision to implement fire safety recommendations following receipt of a Fire Engineering Report produced by Trenton Fire in respect of the Trauma Unit at the John Radcliffe Hospital, which included the decanting of 52 trauma inpatients.
   d. Noting the update on progress for management of the Capital Programme.

3. Key Risks Discussed
   i. TME has considered the risks associated with a reduction in nursing workforce 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 considered the risks associated with meeting the challenges to delivery of operational and financial performance standards, whilst ensuring the delivery of quality performance standards.
   
   iv. TME has considered the importance of promoting a commitment to safety culture throughout the Trust, taking into account the recent enforcement notice issued in relation to fire safety and feedback from CQC.

4. Key decisions taken
   
   TME has taken key decisions in relation to the actions being taken to control both pay and non-pay costs of the Trust, focusing on reducing costs in non-clinical areas, without causing any adverse effect on patient safety or the quality of patient care. Since the introduction of these controls in May 2017, their effects and effectiveness has been kept under review, and TME has approved recommendations for some modification, including:
   
   • Panels will report to TME monthly, with leading indicators continuing to be reported weekly;
   
   • Pay Panels will continue to review and approve vacancies, with some refinement to application of the control mechanisms;
• The control mechanisms applied by Non-Pay Panels will similarly be refined, and aligned with mechanisms, including the procurement work plan.

Other key decisions made by TME have included:

a. Approval of the capital investment to enable the development of a Full Business Case for the re-provision of Resuscitation Area in ED at the John Radcliffe Hospital;
b. Approval of direct engagement of temporary staff supplied through NHS Professionals;
c. Approval of the relocation of the Pharmacy Purchasing and Distribution Unit and lease of warehouse space at Unipart Logistics;
d. Agreement of the principles for allocation of divisional and corporate budgets for 2017/18;
e. Endorsement of the recommendations made within the CQUIN 2017/18 Programme, and support for the content and proposed approach to monitoring and reporting on relevant standards;
f. Following a three month clinical harm review relating to patients waiting 52 weeks for treatment, and given the findings indicated the majority of breaches had been as a result of patient choice and administrative process delays, TME endorsed the original practice of exception reporting for patients breaching 52 weeks by raising Datix incidents, and where appropriate, discussion for level of investigation at the weekly serious harm forum;
g. Approval of an additional sum of capital to allow the relocation of the John Warin Ward to the John Radcliffe Hospital;
h. Approval of the principles informing ground rent calculations with the University of Oxford;
i. Approval of the use of the sunflower symbol as the logo to be adopted for end of life care throughout the Trust; and
j. Approval of the implementation of changes to overseas visitor charges.

5. Future Business

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

• Monitoring operational, financial and quality performance delivery at divisional level and, by exception, at clinical directorate level;
• Specifically to keep under review measures to control pay and non-pay expenditure, and to monitor their effectiveness;
• Monitoring execution of the performance improvement plans relating to urgent care, cancer, and RTT; scrutinising whether the actions taken are effectively addressing the causal factors identified;

6. Recommendation

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

Dr Bruno Holthof
Chief Executive
September 2017