

**Council of Governors Meeting: Tuesday 20 November 2018**  
**CoG2018.36**

<b>Title</b>	<b>Report from the Performance, Workforce and Finance Committee</b>
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<b>Purpose</b>	For information.
<b>History</b>	The Performance, Workforce and Finance Committee provides a regular report from each of its meetings held to the Council of Governors.

## Report from Performance, Workforce and Finance Committee

1. Since the Council of Governors last met on 17 July 2018, the Performance, Workforce and Finance Committee has met once on 23 July 2018. The approved minutes from the meeting held on 29 May 2018 are appended.
2. At its meeting on 23 July, the Committee received its regular report from the Chairman of the Finance and Performance Committee of the Board. This included an update on performance against key standards.
3. In addition, the Chief Information and Digital Officer attended to present an update on the arrangements to deliver the NHS Improvement enforcement undertakings. The committee heard that the Executive Team had established a dedicated Project Management Office (PMO) to support the executive leads in co-ordinating the delivery and monitoring of the recovery plans. The arrangements for the PMO had been approved by the Board. Recovery plans remained under development and would require formal signoff by the Board prior to the next planned oversight meeting with NHSI in September.
4. The meeting of the Performance Workforce and Finance Committee scheduled for September was cancelled due to the availability of members and timing in relation to the governor elections. The minutes of the meeting held in July currently remain unapproved, and are not attached to this paper.

**Council of Governors' Performance, Workforce and Finance Committee**

Minutes of the meeting held on Monday, 29 May 2018 at 14:00 to 16:00 in the Board Room, Level 3, John Radcliffe Hospital.

<b>Present:</b>	Dr Cecilia Gould	CG	Public Governor, Oxford City (Chair)
	Mr Martin Havelock	MH	Public Governor, Vale of the White Horse
	Mr Brian Souter	BS	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
	Mr Tommy Snipe	TS	Staff Governor, Non-Clinical
	Mr Mariusz Zabrzynski	MZ	Staff-Governor, Non-Clinical
<b>In attendance:</b>	Mr Geoffrey Salt	GS	Non-Executive Director and Chairman of the Finance and Performance Committee
	Ms Maria Crawford	MC	Corporate Governance Manager
	Ms Marilyn Rackstraw	MR	Corporate Governance Manager
	Mr John Drew	JDr	Director of Improvement and Culture
<b>Apologies:</b>	Ms Susan Polywka	SP	Head of Corporate Governance

*The minutes are produced in the order of the agenda*

**CoGPWF/18/05/01 Welcome, apologies and declarations of interest**

Apologies were received from Susan Polywka, Head of Corporate Governance and Trust Secretary

Tommy Snipe declared an interest in Item 6, as a contributor to the paper.

**CoGPWF/18/05/02 Minutes of the meeting held on 26 March 2018**

The minutes of the meeting held on 26 March 2018 were accepted as a true and accurate record of the meeting subject to the following correction:

*CG emphasised that she felt that the figures relating to long waiting gynaecology patients were a major concern with 4.1% of all patients waiting over 52 weeks nationally being accounted for by this one OUH service. She highlighted that these patients ~~were~~ could be suffering from conditions that ~~would~~ could cause considerable discomfort and embarrassment. She asked what assurance the Board had that this would be resolved. AT agreed that this was something about which the Board was extremely concerned. It would continue to pursue this issue as it recognised that it had not yet received full assurance on this.*

**CoGPWF/18/05/03 Matters arising**

- **Impact of change in national reporting of cancer standards**

With effect from 1 April 2018, there will be national monitoring of an additional target – designed to incentivise earlier tertiary referral to OUH as the specialist centre, from other hospitals within the Cancer Network.

- **Retention of overseas nurse recruits**

There is no binding commitment to stay for a minimum period (nationally, experience has shown the application of 'golden handcuffs' to be ineffective). The average time spent in post by an EU nurse is reported at 2 years and for international nurses 6 years. Efforts are focused on providing the developmental opportunities that help retention rates generally.

The attraction of Oxford as a stepping stone is not to be under-estimated, nor should it be undermined.

### **CoGPWF/18/05/04 Report from the Finance and Performance Committee [F&PC] Chairman**

Geoff Salt (Chair of F&PC) presented the report from the Finance and Performance Committee's meeting held on 29 May 2018.

He noted that the situation had shifted significantly since the Committee's last meeting. Winter pressures had continued, with a number of key targets missed and remaining a concern.

The Committee heard that performance against the national standard for Referral To Treatment [RTT] for patients on incomplete pathways (requiring that 92% of patients should not wait longer than 18 weeks for consultant-led elective treatment, and none should wait more than 52 weeks) stood at 86.0% in February, down from 86.1% in January.

On 28 February 2018, 6,802 of 48,585 patients on incomplete pathways at OUHFT had waited for over 18 weeks. The total size list size had increased since January (the list having otherwise consistently reduced since July 2017). It was noted that this increase needed to be considered in the context of the national directive issued by NHS England [NHSE] in January 2018 to suspend all non-urgent elective care until mid-January 2018 to increase capacity for emergency cases.

F&PC had also heard that as at 28 February 2018, 379 people had been waiting for over 46 weeks across 34 different specialities. Of these, 255 (67.3% of the total) were in Gynaecology. Over 52-week waits in Gynaecology had also increased to 150 (from 70 in December 2017) and a further 26 patients had waited for over 52 weeks in eighteen other specialities.

A verbal update on the plan for expansion of capacity and sustainable improvement in Gynaecology Services was provided. The administrative team's management of patient pathways and waiting lists was considered to be fundamental to delivering improvement in performance. Changes had included an additional team member to oversee the process of contacting all patients who had been waiting 42 weeks or more on the elective care pathway, as well as building additional capability into existing IT systems to enhance patient tracking. In addition, work had been undertaken to increase staff engagement and nurture working relationships within clinical teams to improve productivity.

In reviewing the Trust's financial performance up to 28 February 2018, the Committee noted that EBITDA (Earnings Before Interest, Taxes, Depreciation and Amortisation) was £+1.9m, £2.0m lower than in January. At Month 11 the Trust achieved a year-to-date EBIDTA of £30.5m, £11.6m lower than the £42.1m included

in the forecast submitted to NHS Improvement [NHSI]. This was reported to be mainly due to elective cancellations and winter pressures. The Committee also received a summary of EBITDA trends by division.

CG referred to the last bullet point on page 3 - The Board was informed that a different approach was being pursued in planning for the next financial year 2018/19, taking into account workforce and financial constraints, and acknowledging the difficulty in recruiting and retaining staff – and enquired as to whether something fundamentally different was being undertaken.

GS confirmed that the Trust was now working using a bottom up model to ensure buy in from the divisions and for the divisions to be clear around targets and what was realistically achievable.

BS asked if terminology definitions could be provided to the Governors to enable them to understand the technical language used within the finance reports.

**Action: JD**

It was noted that the Elective treatment waiting list was likely to grow from 49,100 at the end of March 18 to just over 55, 000 at the end of March 2019. This would represent a breach of NHS England guidance, which stated that waiting lists should be no greater than at the start of the year. CG enquired as to whether this was due to financial pressures, or capacity issues. It was confirmed that mitigation measures were currently being pursued.

MH enquired as to if the Board had an impression of how far down the plans were being owned, if divisional management were satisfied that all staff were on board, and if any feedback had been provided to date. It was confirmed that the divisional teams would be looking into this.

Discussion moved on to the integrated performance report for month 12. A brief overview of points to note included;

- In March 2018, 2,762 patients waited over four hours from arrival to admission, transfer or discharge from OUH's Emergency Departments. The Trust's four-hour wait performance reduced to 79.27%.
- High levels of bed occupancy continued to be experienced.
- On 31 March 2018, 7,456 of 50,147 patients on incomplete pathways at OUH were waiting for over 18 weeks. The total list size grew by 1,562 from February and waits of over 18 weeks grew by 654 (9.6%).
- 4. Performance against the national RTT Incomplete standard of 92% reduced again from 86.0% in February to 85.13% in March.
- OUH ended the year 2017/18 having delivered 3.8% more day case admissions than planned, 13.1% fewer inpatient admissions and 0.15% fewer outpatient attendances.
- Over 52-week waits in Gynaecology rose again to 164 (having been 70 in December). Another six patients were waiting for over 52 weeks for services associated with their Gynaecological treatment and a further 11 patients were waiting for over 52 weeks in seven other specialties.

- In March 2018, the percentage of patients receiving planned care with 18 weeks of referral reduced further to 85.13%. A slightly higher percentage of people who were admitted for treatment received in within 18 weeks in March than in February.
- Seven of the eight national cancer standards were met in February, with the 62 days from urgent GP referral to first treatment falling below the standard at 81.4%.
- All patients receiving an anti-cancer drug regimen (chemotherapy) following diagnosis did so within the national standard in February 2018 as in previous months.
- Performance on the six-week standard for diagnostic waits was outside the national standard in March 2018 at 2.07%, with particular pressures in Audiology, Cardiology and MRI.
- The national standard for VTE assessment was met in March, but the standard for providing care for inpatients with stroke on a dedicated stroke unit was not.

Attention was drawn to stranded patients and Delayed Transfers of Care. The number of patients medically fit for discharge (stranded patients, 7 days) constituted 47-57% of OUH's General & Acute beds throughout February and early March, being at the upper end of this range from 11 - 15 February. Delayed transfers of care affected 70 patients at the end of March 2018, with 7 Northamptonshire residents experiencing delay accounting for 11.6% of the 2,239 bed days used by delayed patients at OUH during the month.

It was confirmed that the divisions had been refined to subsume the Children's and Women's division into NOTSS and SUON respectively. MH enquired as to the current levels of theatre utilisation. GS confirmed that the Trust had 48 theatres, but spread across the four sites. Some needed repair work, and some were too small to accommodate a patient and any necessary equipment. The ability to staff theatres also remained a concern. It was noted that there would be an appointment made for someone to have oversight of all of the theatres, which would enable better management and utilisation of. It was agreed that an update should be provided to the committee at its next meeting.

**Action: SR**

It was further suggested that the biggest shortfalls in productivity be presented. MH enquired as to whether a surgeon might be available to attend the committee to provide ideas / views on how to improve.

**Action: JD**

Discussion turned to staff morale across the Trust. MZ noted that the media department were communicating with staff in a more effective way, but he felt that building staff morale needed further work. He further stated that education and training was important. GS concurred that good leadership and support was vital to the delivery of services across the Trust, and reported that he was pleased to see a premium being put on leadership skills.

TS noted that HR felt much separated from the Trust currently with their base being at OUH Cowley. He further stated that the communications around the Divisional restructure was handled badly, for which the Chief Executive had apologised to staff.

CG enquired about staff morale in the Gynaecology department. GS confirmed that currently this was positive. A new matron was 6m in post, and working through skill mixes of band 4 rather than band 5, and a new clinical Director had been appointed.

It was felt by the committee that Executive presence, as well as Chairman and NED, needed to be much improved.

### **CoGPWF/18/05/05 Update on Business Plan 2018/19**

Due to the unplanned absence of the Director of Performance and Development, this item was deferred.

**Action: JD**

### **CoGPWF/18/01/06 Update on Workforce Planning including ref to Workforce and OD performance Q4, and an update on Staff Listening Events**

The Director of Improvement and Culture presented the Workforce and Organisational Development report for Q4, highlighting the following points;

- The Trust has shown marginal growth for staff in post in the last 12 months, and continues to recruit in significant numbers both locally and nationally. This increase in staff in post has, resulted in vacancy levels falling to 7.0%. Band 5 nursing vacancy levels continue to be of concern. In response the Trust continues to recruit from abroad with two cohorts of nurses, (25 in total) being recruited in the last quarter.
- Whilst the Trust has experienced a reduction in its turnover rate, 14.2% at Q4, the number of leavers continues to be too high. The Trust continues to examine ways of improving retention, including focusing on ‘hot spots’.
- As predicted, sickness and absence levels have risen in the last quarter to 3.3%, which is just above the Trust’s KPI of 3.2%. Despite this, the Trust compares favourably to national rates of 4.1%, and against the Shelford group, 3.8%.
- The Trust has been represented at a number of external recruitment events in Q4. OUH has also hosted its own event; the aim of the event was to showcase OUH as an employer of choice and to attract local and national candidates. Although the number of people attending was lower than for similar events in the past, the event attracted high calibre attendees and received favourable media coverage, and will be repeated in 2018/19.
- The New Joiners Welcome Day has been revised with phase 1 of the changes being implemented in Q4. Feedback for the event has improved following the introduction of the changes.
- In Q4 the Trust launched its first Women’s Network. Meetings will take place each month covering topics such as gender pay gap, flexible working and sexual harassment.

- The Centre for Occupational Health and Wellbeing (COHWB), reported that it had vaccinated 70.2% of front line staff with the flu vaccine by February 2018. As a consequence the Trust achieved its CQUIN. The department was assisted by 80 ward based vaccinators.
- The Trust's first Gender Pay Gap report was produced and is now on the Trust's website. As a result of the findings, an action plan has been developed and will be actioned throughout 2018/19.
- At the end of Q4, the overall statutory and mandatory training compliance rate was 84.9% against a target of 90%. Compliance rates have remained relatively stable through the financial year, and we need to improve them.
- Agenda for Change (AFC) appraisal rates continue to be disappointing at 62%. The Trust will seek to improve completion rates in 2018/19 as a matter of priority.
- The staff survey results were released in Q4. The proportion of respondents has increased to 39%, although 43% of the questions elicited a significantly worse score, which impacted on the engagement index dropping from 3.84 to 3.78. This is the same score as 2 years ago, although the National average score has also declined, our results showed a worse than average decline.

He confirmed that the Trusts' people strategy was almost complete, which would then be presented to the Board for approval at its meeting in July. The aim of the people strategy was *'To make Oxford University Hospitals a place where people are proud and excited to work, where teams and individuals are trusted with responsibility and are accountable for what they do, and where the development and care of our people is recognised as being as important as the care of our patients'*.

*A presentation was provided on people priorities and staff survey 2017, which is attached as an appendix to the minutes. This highlighted the priorities for the year ahead, and also detailed the employee engagement index scores, a composite of 9 questions. OUH average score was noted as being 3.78*

*Themes continued to come from listening events being held across the Trust, such as the importance of saying please and thank you, and the importance in having a good appraisal.*

*MH noted staff priority 1, compassionate inclusive and effective leaders and managers at all levels, and enquired as to whether group culture needed development. JDr confirmed this, and noted that rather than looking at predominantly the NHS, other sectors could be useful to learn from, and provide influence so that the Trust could reclaim leadership as a positive.*

*LO reported that some great work was going on relating to recruitment and retention, and data was being collated, analysed and used. Efforts were being made to ensure collaboration with the wider picture in terms of STP.*

### **CoGPWF/18/01/07 Any Other Business**



CG noted her apologies for the next Council of Governors meeting, and asked if MH could deputise and present the PWF report to council. It was also suggested that a pre meet be organised. This was agreed.

It was suggested that Governors receive an update on the current status with regards to NHSI undertakings at the next seminar.

**Action: NS**

**CoGPWF/18/01/08 Date of the next meeting**

The next meeting will be held from 14.00 to 16:00 hours on Monday 23 July 2018 in the Boardroom, Level 3, John Radcliffe Hospital.