

Trust Board Meeting in Public: Wednesday 8 March 2017
TB2017.33

Title	Trust Management Executive Report
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Status	For Information
History	This is a regular report to the Board

Board Lead(s)	Dr Bruno Holthof, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

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:

- 12 January 2017
- 9 February 2017
- 23 February 2017

The main issues raised and discussed at the meetings held in January and February 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 (Months 8 and 9), with specific focus on areas of quality performance including:

- a. The availability of Discharge Summaries, Clinical Test Results endorsement and Outpatient letters sent to primary care clinicians.

TME reviewed progress in meeting revised performance trajectories, reflecting targets that had been realigned in discussion with the Oxfordshire Clinical Commissioning Group [OCCG], to achieve delivery of the standards by June 2017 as follows:

- 95% of discharge letters to be reported to GPs within 24 hours of discharge;
- Clinical test results to be endorsed within 7 days of the test result being available 90% of the time;
- Outpatient letters to meet turnaround date of clinic to delivery to GP inbox of 10 working days for all outpatient clinic letters 90% of the time.

TME will receive regular updates on execution of the plans to achieve delivery of the performance standards in line with the trajectories.

- b. The correlation between Nurse staffing levels in Emergency Departments [EDs] and quality metrics was reviewed; noting that there was evidence of a direct correlation of staff experience and patient experience through the Friends and Family Test [FFT] scores when considered against waiting times, with FFT scores deteriorating when the peak of operational challenges was experienced in the EDs in October 2016. A review of other quality indicators did not reveal any direct correlation with the level of operational pressure impacting on patient flow and congestion.

ii. TME has kept financial performance under review in Months 8 and 9, and received a paper on financial performance in Month 10 in advance of report due to the Board at its meeting on 8 March.

iii. Review of the Trust's recent financial performance has revealed that, despite considerable efforts made by staff to improve productivity and recover the financial position, the situation has deteriorated in recent months, threatening delivery of the financial plan for 2016/17.

- iv. Regular updates have been provided to TME on the implementation and effectiveness of actions aimed at delivering recovery to financial plan by year end.
- v. TME has noted that data published by NHS Improvement in February on the financial performance of all NHS provider in England shows that OUH does continue to perform well compared to other trusts across the country. Unlike most trusts, OUH is still forecasting a surplus for 2016/17 and the EBITDA¹ margin (taken as a measure of operating performance) was 7.1% to the end of Q3, compared to a national figure of 2.7%.
- vi. However, TME has recognised and endorsed the need to achieve the planned surplus each year, in order to fund the long term capital investment in the services that the Trust provides.
- vii. In order to meet the challenge, and taking note of the approach which had yielded success for other major teaching hospitals in 2016/17, TME has backed the commissioning of external support to help the Corporate, Divisional and Directorate teams deliver the financial recovery plan proposed, and improve productivity. The importance of developing a robust internal infrastructure to manage financial recovery and improve productivity in the longer term is recognised, and it is intended that the external support will be deployed in such a way as to aid the development of internal capabilities going forward.
- viii. On-going delivery of improvements in financial performance in-year will continue to be monitored by TME;
- ix. TME has reviewed progress in the budget-setting process for 2017/18, which it was noted would be for a 2 year period aligned to the 2 year plan submitted to NHS Improvement, intending that recurrent EBITDA contribution targets would be set for 2016/17 adjusted for:-
 - a. Inflation
 - b. Commissioning contracts
 - c. Agreed 'unavoidable' pressures/risks
 - d. Productivities

Detailed Divisional Budgets, including demand & capacity, workforce and clinical productivities will be due to be presented to Finance and Performance Committee at its meeting in April, in advance of final detailed Divisional Budgets and detailed Clinical Productivity Plan being submitted for approval by the Trust Board in May.

- x. TME has kept operational performance under review, informed by consideration of the Integrated Performance Report for Months 8 and 9, noting in particular:
 - Performance against the 4 hour ED standard was above trajectory in December 2016 (at 94.21%), but the performance trajectory had not been met in January 2017, when performance was reported at 84.84%.
TME considered the factors contributing to the deterioration in performance in January and emphasised that achievement of the 95%

¹ Earnings before tax, interest, depreciation and amortization

standard through and beyond the winter will depend on system-wide capacity.

- Four out of eight national cancer waiting time standards had not been met in November and December 2016.

TME was informed of action being taken to simplify and shorten the prostate cancer pathway in particular.

- The standard of 92% of people on Incomplete pathways to planned care waiting for no more than 18 weeks [the 18 week Incomplete RTT standard] had not been met since June 2015, and performance had been below 90% since June 2016.

TME was informed of immediate actions that were already being taken, and of the plan that was being developed to assess the potential to create capacity to deliver elective activity in 2017/18 (outpatients/day cases/inpatients) at a level required to deliver the national RTT standard on a sustainable basis and simultaneously to avoid premium rate working during 2017/18.

xi. TME 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
- Referral to treatment (including performance against the 18 week RTT Incomplete standard).

These performance improvement plans expressly link actions to the causal factors identified. Progress in the delivery of improved performance to achieve the constitutional standards will continue to be monitored by TME, and reported to NHS Improvement [NHSI], following its decision to investigate the Trust's operational performance and related governance arrangements.

xii. TME received the regular report from the Clinical Governance Committee's [CGC's] meetings held in December and January, in which points highlighted for consideration included:

- A Surgical Leadership Group was to be formed to oversee the work around National Safety Standards for Invasive Procedures [NatSSIPS], co-chaired by the Clinical Director of Surgery and Clinical Director of Anaesthetics, Theatres and Sterile Services;
- A Review of Integrated Care Pathways had been undertaken by the Trust's internal auditors in April 2016, examining the Fracture Neck of Femur (NoF) pathway and the Elective Coronary Artery Bypass Graft pathway. Overall the report rating had provided 'Significant assurance with minor improvement opportunities', and it was confirmed that action plans were in place to implement the recommendations and address wider issues affecting the patient pathway;
- A successful Quality Conversation Event had been held in January, reflected in the 80% approval rating from those that had attended, where quality priorities identified for continuation in 2017/18 had included partnership working and end of life care;

- The fractured neck of femur [NOF] time to theatre trauma had improved during December at 82% (up from 68% in November);
- The rate of clinical results endorsement within seven days (reported at 53% in December) indicated the need for further improvement, as was being addressed through execution of the plans described at 2.i.a above ;
- The Royal College of Physicians had agreed to the Trust becoming an early adopter of the National Mortality Case Record Review Programme [NMCRR]. As an early adopter the Trust would implement the Structured Judgment Review method for mortality reviews as well as having the opportunity to contribute to shaping the NMCRR programme;
- There had been 214 safeguarding consultations during Q2 and 21 safeguarding concerns about the Trust's care. There had been 29 DOLS applications during the quarter with only one responded to as granted, and it was highlighted that The Law Society is currently reviewing the DOLS process, with a national report expected in March 2017;
- Measures had been introduced in the Surgery and Oncology Division to prevent a patient's discharge without a discharge letter, and this was being monitored, with a view to rolling out the same measures in other divisions, starting with the Neurosciences, Orthopaedic and Specialist Surgery [NOTSS] Division.

xiii. Other activity undertaken by TME has included:

- a. Approval for the Datix (Incident Reporting system) feedback function to be switched on, to offer a systematic way of sharing learning back to the reporter of incidents. It is intended that this will supplement and support other current mechanisms for learning from incidents, including local learning in clinical teams or wards and Directorate and Divisional governance meetings as well as at the Serious Incidents Requiring Investigation (SIRI) forum, the Patient Safety and Clinical Risk (PSCR) committee and the trust-wide Clinical Governance Committee.
- b. Review of proposed Quality Priorities for 2017/18, and the schedule for production of the Quality Account 2016/17, which is due to be submitted formally to the Secretary of State for Health by 31 May 2017.
- c. Consideration of the Nursing Directorate Biennial Report 2015/16, which outlined the achievements of the Nursing Directorate over a two year period, and in particular the initiatives focused on developing new education, training and practice models whilst enhancing the focus on patient and public engagement. It was noted that, in the next 12 months, several initiatives would commence including the establishment of a revised Allied Health Professional Council, an increasing emphasis on Ward Accreditation with strong Multi-Disciplinary Team [MDT] links and a review of the Patient Advocacy and Liaison Service [PALS].
- d. Review of the outcome of the Administrative and Clerical Review, which reported that savings made at Month 8 were on track to deliver £2.4m by end of year, non-recurrently. Detailed plans are currently being developed to achieve the targeted savings recurrently, which will include centralising outpatient booking at a Trust-wide level, supported by "Go Digital."

- e. TME has considered how best to ensure that improved productivity can be delivered in 2017/18 and beyond, whilst meeting the challenges to delivery of operational, financial and quality performance standards.

TME has supported the introduction of a framework by which the training and development needs of front-line clinical leads will be assessed (focusing initially at the level of Clinical Directors, Matrons and Operational Service Managers), to be followed up with targeted training and support to better equip them to achieve and sustain the delivery of operational, financial and quality performance standards.

TME has also agreed that further work should in the meantime be undertaken in parallel, led by the Chief Information and Digital Officer, to produce relevant integrated data reports on operational, financial and quality performance at clinical service level.

Once these measures have been successfully implemented, it is intended to develop a structure within which team-based performance incentives will be available, and the consequences of poor performance will be clearly understood. It is proposed that this structure will be devised in collaboration with the divisional and directorate teams.

3. Key Risks Discussed

- i. TME has discussed the risks associated with achieving operational performance standards, in particular the constitutional standards relating to A&E performance, cancer care, and the 18 week Referral to Treatment standard;
- ii. TME has considered the risks associated with in-year delivery to financial plan, and has supported the commissioning of external support to mitigate the risk to delivery of the financial plan by year end;
- iii. TME has considered the risks associated with a failure to deliver improved productivity in 2017/18 and beyond, whilst meeting the challenges to delivery of operational, financial and quality performance standards.

4. Key decisions taken

Key decisions made by TME have included:

- a. Approval of the Business Case for the Expansion of Pleural Provision across OUH, supporting recurrent investment to fund the medical and nursing staff, and enable the service to move towards more of a seven day model;
- b. Approval of an initiative to offer better career progression and retention pathway for Band 5 registered nurses, subject to review after 18 months;
- c. Endorsement of The Repatriation Arrangements for Military Personnel [RAMP] Plan, under which military personnel who have been injured or become unwell

whilst abroad will be received by the Trust, should access to University Hospitals Birmingham [UHB] be denied;

- d. Support for recommendation to be made to the Trust Board for a Managed Print Contract;
- e. Endorsement of the revised Complaints Policy, effective from December 2016;
- f. Approval of the decision to cease new salary sacrifice applications other than those expressly exempted (Pension payments, Cycle to work scheme, Childcare costs and Ultra-low emission vehicles [ULEVs]); to withhold payment to those who did not provide evidence of their tax employment status; and to continue mandating the agency rules implemented by NHS Improvement.

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 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;
- Monitoring progress in delivery of the financial recovery plan to year end and beyond;
- Monitoring progress in development and execution of the model described at 2e above, aimed at ensuring the delivery of improved productivity in 2017/18 and beyond, whilst meeting the challenges to delivery of operational, financial and quality performance standards.
- On-going 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

March 2017