

Trust Board Meeting in Public : Wednesday 17 January 2018

TB2018.12

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

Board Lead	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:

- 9 November 2017
- 23 November 2017
- 7 December 2017
- 21 December 2017

and is next due to meet on:

- 11 January 2018.

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 11 January 2018.

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 an analysis of patient acuity and dependency related to nursing establishments, to identify areas of potential concern related to staffing levels, and potential impact on the quality of care.

Following completion of the patient acuity and dependency exercise within the John Radcliffe Emergency Department [ED], there is to be a Trust-wide review of 'headroom' across the nursing workforce, which will be taken into account in the development and implementation of a recruitment plan to ensure that nursing establishments are aligned with patient acuity and dependency.

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

- ii. TME received an update in relation to the Care Quality Commission's [CQC's] inspection of the Oxford Enablement Centre at the Nuffield Orthopaedic Hospital [NOC], undertaken in August 2017.
- iii. Briefing has also been provided on a short-notice Well-Led Inspection undertaken by CQC in November 2017, the outcome of which is not expected until later this year.
- iv. TME has kept financial performance under review over Months 7 and 8, in advance of report being made to the Board on financial performance up to 30 November 2017 at its meeting on 17 January 2018.
- v. EBITDA¹ has continued to improve month-on-month, and TME has welcomed improved financial performance reported within the clinical divisions.

¹ Earnings before interest, tax, depreciation and amortization

However, EBITDA is behind plan, and 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 continued to review progress on delivering the financial re-forecast, the principle focus being on improving divisional underlying recurrent EBITDA performance.
- 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 6 and 7, 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. TME continues to support the transformation of the urgent care pathway, 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.
- 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).

The 2nd Stage RTT Plan has been reviewed, having been submitted to the Trust Board on 8 November 2017 and conditionally approved, subject to system-wide contract discussions for 2018/19.

- xii. TME has reviewed the contingencies for dealing with anticipated winter pressures, including
 - a. An additional £3.4m winter resilience funding allocated to the Trust following a system-wide bid to increase capacity over the winter period; and
 - b. Implementation and on-going monitoring of the Policy for Safer Placement of Patients, designed to reduce waits and delays for patients in the Emergency Department [ED] at the John Radcliffe Hospital and at a system-wide level.
- 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 under development in collaboration with clinical services, and will be submitted for further consideration by the Board.

- xiv. Initial consideration has been given to the Trust's response to recommendations arising from a review of divisional leadership, and further thought is being given to developing more effective systems and processes (where necessary) to ensure the Trust maintains good standards of governance and performance management.
- xv. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME's attention have included:
 - a. Learning outcomes from three Serious Incidents Requiring Investigation [SIRI], which primarily centred on Mental Capacity Assessment [MCA], Deprivation of Liberty Safeguard [DOLS], and optimal environments required for outlying patients, staff acuity and skill mix.
 - b. In a review to determine the level of compliance with ordering cellular pathology samples via the Electronic Patient Record [EPR], only 5% of histology samples were found to have been requested via EPR. Divisional Representatives have been asked to provide a report at the next CGC meeting, advising on the reasons and on ways by which this could be better managed, and the risks mitigated.
- xvi. Other activity undertaken by TME has included its noting of:
 - a. Public Partnership Group [PPG] Guide, Member Agreement and the Trust Expenses Policy for Lay Members;
 - b. Tissue Viability Annual Report 2017;
 - c. Report on Serious Incidents Requiring Investigation [SIRI] and Never Events;
 - d. Implementation review of Accountable Care Units [ACUs] as part of the development of a new operating model;
 - e. Equality, Diversity and Inclusion Progress Report;
 - f. Research and Development Governance Annual Report 2016/17; and
 - g. Update on Postgraduate Medical Education.

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 to introduce a Capital Expenditure Control Panel, following the establishment of pay and non-pay control panels earlier in the year;
- b. Approval of the re-forecast plan for implementation of Oracle Fusion (cloud based technology);
- c. Confirmed its support for the Global Digital Exemplars [GDE] Programme Board decision to implement a transplant database, to enable the Transplant Service to become completely paperless;
- d. Approval of amendments to the Nuffield Orthopaedic Centre [NOC] PFI Contract to support the development of the Botnar Research Centre (“Botnar 3”);
- e. Recommended acceptance of proposed changes to the Constitution and Standing Financial Instructions [SFIs];
- f. Recommended acceptance of proposed changes to the existing Limits of Delegation Policy;
- g. Confirmed its support for approval in principle of the Safer Placement of Patients Standard Operating Procedure and the Full Capacity Protocol for the John Radcliffe Emergency Department;
- h. Confirmed its support for the establishment of a Task and Finish Group, to include representation from Oxford University and Medical Teams, to develop more syndicated Job Planning Guidance of the medical workforce;
- i. Confirmed its support for the mandating of e-Roster utilisation across the Trust and the establishment of a Working Group to review the requirements for all trainee rotas, establish agreed rota standards compliant with the new contract and explore the development of more generic on-call duty groups for covering ward out-of-hours;
- j. Approval of the investment in licences for clinicians to be able to dictate their clinic letters at the point of cursor directly into EPR;
- k. Approval of revisions relating to the Policy for Interpreting and Translation;
- l. Approval of the action plan relating to Workforce, Race, Equality Standard [WRES];
- m. Approval of electronic VCFs to permit the recruitment of midwives against activity levels;
- n. Approval of the Business Case for John Radcliffe Endoscopy Decontamination Department refurbishment;
- o. Approval of the Business Case for e-Roster expansion and financial investment required to procure additional health roster licences and specialist software; and
- p. Approval of the appointment of Construction Cost Advisor Services for a period of four years.

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 Phase 2 RTT activity.

6. Recommendation

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

Dr Bruno Holthof
Chief Executive
January 2018