

Trust Board Meeting in Public : Wednesday 11 July 2018

TB2018.64

Title	Trust Management Executive Report
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Status	For Information
History	The Trust Management Executive [TME] provides a regular report to the Board.

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

Executive Summary

1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee

The regular report provided aims to contribute to the fulfilment of that purpose.

Recommendations

3. The Board is asked to:

- Note the regular report to the Board from TME's meetings held in May and June 2018.

1. Introduction

Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 10 May 2018
- 24 May 2018
- 8 June 2018
- 14 June 2018
- 28 June 2018

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. Quality performance has been kept under review, informed in particular by consideration of the Quality Report, and by reports received from the Clinical Governance Committee [CGC].
- ii. TME has been kept informed regarding work underway to deliver an improvement plan to reduce the incidence of Never Events, and to improve the identification and implementation of organisational learning drawn from them. There has been a particular focus on those relating to positive patient identification, the importance of which was strongly emphasised for dissemination to all clinicians across all professional groups by the Divisional Directors. A simple and effective poster to remind all staff of the need to adhere to positive patient identification has been developed for rapid introduction.
- iii. Regular updates have been provided on the Urgent Care Delivery Programme, highlighting current risks and issues identified. TME has been informed that system-wide demand and capacity modelling are to be undertaken as quickly as practical. The need to focus efforts on maximising improvements in the areas that lay within the sole control of the Trust has been emphasised, while at the same time the Trust works collaboratively with system partners to ensure that improvements are delivered across the Oxfordshire system.
- iv. TME has reviewed breaches of the 12 hour target waiting time standard (from decision to admit or completion of treatment in the Emergency Department [ED] to when the patient is admitted). TME considered the outcome of an analysis of 12 hour trolley waits over a 10 month period, noting that all recommendations from the review are reflected in the Urgent Care Programme.
- v. Performance in the Emergency Department [ED], including against the 4 hour ED standard, has been kept under regular and close review.
- vi. TME have been notified of the establishment of an Elective Care Delivery Programme to mirror the structure of the Urgent Care Delivery Programme, coordinating plans to reduce waiting times across eleven workstreams.
- vii. TME has received updates regarding the development of the Trust's Workforce Plan, ensuring that this triangulates with financial and activity plans. TME has also endorsed work to develop plans focused on areas where a shortage of workforce is starting to constrain the amount of activity that can be delivered.

- viii. TME was informed of the implementation of the 52 week wait harm review process, adapted from that used in Kettering, in order to provide assurance that the Trust's longest waiting patients had not experienced harm due to delays in treatment.
- ix. TME has noted the backlog caused by increased referrals in urology and breast cancer care. The trajectory for performance against the cancer standards up to the end of March 2019 has been reviewed to incorporate plans to manage this additional demand.
- x. Financial performance has been kept under review, with TME receiving updates on performance in each of months 1 and 2. Focus has been sustained on improving underlying recurrent EBITDA¹ performance at divisional level, and working towards achieving a financially sustainable position for the Trust.
- xi. TME has discussed the approach to be taken to further revise and strengthen the Trust's financial plan for the 2018/19 year, ensuring that divisions are in a position to commit to the delivery of stretching but realistic budgets.
- xii. TME has been kept informed regarding development of the 2018/19 Winter Preparedness Plan.
- xiii. TME received a report summarising the Q4 2017/18 Divisional Performance Reviews, on the basis of which further refinements for the Q1 2018/19 Reviews and supporting performance management framework have been proposed and supported.
- xiv. TME has received regular reports from the Clinical Governance Committee [CGC], in which issues highlighted for TME's attention have included:
 - a. The importance of undertaking Positive Patient Identification (PPID) before any patient intervention, particularly in the light of recent Never Events, with a request to Divisional representatives to re-emphasise to their Divisions the importance of making sure of a patient's identity.
 - b. Outstanding NICE Technological Assessments have been reviewed. CGC has been assured that no patients have been denied access to medication because of outstanding responses, and divisions have been asked expressly to check and confirm that any delay in the implementation of NICE TAs has not resulted in any clinical harm to patients. .
 - c. OUH will be changing from a paper lilac form for DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) to a version that will be embedded in the electronic patient record, as audits and incidents were reported to have identified that reliance on the paper version meant that the DNACPR decision was not always communicated.
 - d. A drop in compliance with the Cervical screening turnaround time for the percentage of samples reported within 10 days of smear was noted, resulting from a combination of GP reminders to patients and Jo's Trust campaign in January 2018.
- xv. Other activity undertaken by TME has included review of the following:
 - a. proposals for a competency framework and coherent career pathway for nursing assistant posts to support retention;
 - b. proposals for the outsourcing of elective activity to reduce the longest waits for patients and meet gaps in OUH capacity;

¹ Earnings before interest, tax, depreciation and amortization.

- c. the introduction of an Open Visiting Policy;
- d. changes to the process for Staff Recognition Awards in 2018;
- e. an update on the Trust-wide Staff Survey Listening events; and
- f. plans for NHS70 celebrations.

3. Key Risks discussed have included:

- i. Risks associated with the recruitment and retention of appropriately qualified staff in key clinical areas.

TME has kept work on workforce planning under review, highlighting development of action plans focused on areas where a shortage of workforce is starting to constrain the amount of activity that can be delivered.

The new People Strategy also includes initiatives to attract and retain staff.

- ii. Risks associated with financial performance.

TME has discussed the approach to be taken to further revise and strengthen the Trust's financial plan for the 2018/19 year. Financial performance will be kept under review, focusing on achieving the best possible exit run rate for underlying recurrent EBITDA. TME has continued to monitor the effectiveness of controls on pay and non-pay expenditure.

- iii. Risks associated with the Trust's Business Plan for 2018/19

TME has considered risks to delivery of the plan, including whether proposals for increased efficiencies and improved productivity are realistic, taking into account factors that include constrained workforce capacity, and financial resources.

- iv. Risks associated with meeting the challenges to delivery of operational and financial performance standards, whilst ensuring delivery of quality performance standards have been considered.

TME will continue to monitor the risks associated with delivery of the operational requirements associated with the NHS Planning Guidance for 2018/19.

4. Key decisions taken

Key decisions made by TME have included:

- a. Approval of a People Strategy, informed by the listening events that followed publication of the results of the Staff Survey.
- b. Approval of revised rules proposed for the design and evaluation of any future pay incentive schemes to ensure equity and value for money.
- c. Support for the Trust's self-assessment for submission under the NHS Resolution Incentive Scheme for Maternity Safety.
- d. Approval of the Trust's External Communications Strategy.
- e. Approval of the Trust's Website Policy.
- f. Approval of the 2018/19 Internal Audit Strategic and Operational Plan.
- g. Approval of the business base for job planning software.
- h. Support for the business case for replacement vWorkspace, subject to approval of the Board.

- i. Approval of the business case for the appointment of a consultant in plastic and reconstructive surgery.

5. Future Business

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

- Monitoring implementation of business plans for the new fiscal year;
- Monitoring of operational, financial and quality performance delivery at divisional level and, by exception, at clinical directorate level;
- Reviewing development of a refreshed Quality Strategy for the Trust;
- Reviewing development of the Winter Preparedness Plan for 2018/19
- Monitoring of progress against both the Urgent Care Delivery Programme and the Elective Care Delivery Programme.
- Monitoring of operational plans to expand operating capacity for the specialties with the longest waiting times in line with the requirements of the 2018/19 Planning Guidance.
- Monitoring the execution of performance plans relating to cancer, assessing whether the actions taken are effectively addressing the causal factors identified;
- Implementing and monitoring operational productivity opportunities, as approved by the Finance and Performance Committee; and
- Keeping under review measures to control pay and non-pay expenditure and to monitor their effectiveness.

6. Recommendation

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

Dr Bruno Holthof

Chief Executive

July 2018