

Cover Sheet

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Title: Trust Management Executive Report

Status: For Information

History: Regular Reporting

Board Lead: Chief Executive Officer

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Confidential: No

Key Purpose: Assurance

Trust Management Executive Report

1. Purpose

- 1.1. 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 some of the main issues raised and discussed at its meetings.
- 1.2. 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. This regular report provided aims to contribute to the fulfilment of that purpose.

2. Background

- 2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:
 - 13 July 2023
 - 27 July 2023
 - 3 August 2023
 - 10 August 2023
 - 31 August 2023

3. Key Decisions

Paediatric Critical Care Unit Safe Staffing

- 3.1. Funding for an increase in the budgeted nursing and physiotherapy staffing establishment of the Paediatric Critical Care Unit was approved to enable the Unit to be open to 17 beds all year round. Eight beds are Paediatric Intensive Care Unit (PICU) and nine are Paediatric High Dependency Unit (PHDU). Currently the number of staffed beds fluctuates depending on the case mix of the patients and there is no safe staffing model underpinning the historic budget.
- 3.2. In recent years there has been a significant increase in demand on the Unit, with higher occupancy rates, more emergency admissions, and a higher acuity as demonstrated by increased intensive care admissions.

- 3.3. The increase will make the Unit compliant with national standards set by the Paediatric Critical Care Society and NHS England, and move it closer to meeting the national standards for physiotherapy support set by the Faculty of Intensive Care Medicine.
- 3.4. The proposal will improve patient safety and clinical outcomes, by reducing on the day cancellations due to lack of bed availability and reducing readmission rates. It will also improve compliance with audits and incident investigations, allow time and support for nursing staff on the unit to access education and training, and improve staff wellbeing and retention.

Radiotherapy Brachytherapy Service Resourcing

- 3.5. TME approved a proposal to expand capacity (both staffing and equipment) to deliver the Trust's brachytherapy service in a sustainable and timely manner.
- 3.6. Brachytherapy is the use of sealed radioactive sources to deliver very high doses of radiotherapy directly to tumours. Current applications include high dose rates for gynaecological cancers and low dose rates for prostate cancer. There is also potential for skin cancer applications.
- 3.7. The proposal addressed current challenges in meeting demand for gynaecology cancer treatment, as well as enabling OUH to provide wider treatment applications.
- 3.8. TME members approved the proposal on the basis that confirmation had been received from NHSE Specialised Commissioners of additional recurrent funding to cover the costs.
- 3.9. This investment will ensure the resilience of the service and the Trust's ability to retain and recruit highly skilled specialist staff.

Staff Wellbeing Equipment Update

- 3.1. TME members approved capital funds to be spent on prioritised wellbeing projects identified by the Creating a Suitable Environment and Estates Group to improve the environment for both patients and staff and to be taken forward this year.
- 3.2. These three projects include outdoor gym equipment at the JR, Horton General, and Churchill Hospital – a suitable site at the NOC is being explored – which will be installed when planning permission has been granted, new staff changing rooms on Level 3 at the JR near the Restaurant, and new covered bike sheds on all four main hospital sites.

- 3.3. Further priority wellbeing schemes will be identified with input from staff who have had their say at the current series of OUH People Plan Update virtual listening events.

Oxford Hospitals Education Centre Business Plan

- 3.4. The 2023-28 Business Plan for the new Oxford Hospitals Education Centre which is located on the fifth floor of the Oxford Critical Care building at the JR was approved by TME.
- 3.5. Oxford Hospitals Education Centre is a modern education facility comprising of a mix of five clinical and non-clinical training rooms, open plan workspaces including balcony space, and quiet study desk spaces. It was developed by the Trust with generous support of £1.2m from Oxford Hospitals Charity.
- 3.6. The Centre opened to bookings in April this year and a business plan has been developed to ensure its financial viability over the next five years, appropriate utilisation for training for all staff, and continued general access as a wellbeing space.

TheHill Start-up Labs Funding

- 3.7. TheHill is an innovation catalyst, embedded within Oxford University Hospitals NHS Foundation Trust which seeks to empower innovation in health and care by supporting new approaches to make the NHS more efficient and effective, empower staff and benefit patients.
- 3.8. TME approved the acceptance of funding for prioritised projects in the digital workplan which would in particular help TheHill with one of its EDI targets to engage with Nursing, Midwifery and Allied Health Professionals (NMAHPs) through the network of digital innovation ambassadors.

Staff Survey Approach

- 3.1. The proposed approach to increasing the national NHS Staff Survey response rate to 56% - an increase of 5% - was agreed by TME. This included providing protected time to staff to complete the Survey and alternate methods of completion for staff who did not have regular access to email.
- 3.2. TME also agreed to champion completion of the Survey and the continuation of team "Time to Talk" sessions and the formation of local action plans.

Reporting of Research & Development (R&D) Metrics

- 3.1. TME heard that changes were required to the quarterly reporting of R&D performance metrics to TME, following the recent discontinuation of the NIHR's PID (performance in initiating and delivering research) metrics.
- 3.2. In advance of the announcement of a successor to the PID metrics a new format for the quarterly reporting of R&D metrics to TME had been developed to provide TME with a more rounded overview of R&D performance and trends, as well as a section to highlight other relevant developments locally, regionally and nationally.
- 3.3. TME members agreed this new proposed format.

Policies

- 3.4. TME approved updates to the Trust's Information Governance Policy and Information Protection Policy, which govern the way we look after and manage personal data for our patients and staff.

4. Establishment of Delivery Committee

- 4.1. TME approved the proposal for the formation of a Delivery Committee as a committee of TME and the proposed terms of reference which are provided at Appendix 1.
- 4.2. The Committee has the purpose of strengthening assurance concerning the delivery of key objectives, programmes of work, trajectories, projects and action plans.
- 4.3. The Delivery Committee would operate as a third primary committee of TME alongside the Productivity Committee and Risk Committee, with Delivery, Productivity and Risk Management forming three golden threads around which to focus assurance throughout the organisation.
- 4.4. The development and implementation of a Delivery Committee will form phase one of a Quality Improvement project focussed on streamlining and rationalising the functions that support the business undertaken by TME to provide sharper focus on the delivery of key objectives.
- 4.5. The Delivery Committee will monitor key work programmes (eg People Plan, Digital Plan, and CQC Action Plans) that are being delivered through other TME functional committees via reporting from those committees and will also track directly other work not directly overseen by TME Committees (eg the Clinical Strategy). The Chief Executive will have the ability to delegate the monitoring of any objectives, trajectories, projects or action plans to the Delivery Committee.

- 4.6. The Delivery Committee is responsible to TME but will provide summary reporting of key actions, assurance and escalation to the Integrated Assurance Committee.

5. Other Activity Undertaken by TME

Deep Dive into Bullying and Harassment

- 5.1. TME received a report which presented an in-depth 'deep dive' analysis of data relating to staff experiencing bullying and harassment at work.
- 5.2. The data was taken from multiple sources including the results of the national NHS Staff Survey 2022, Employee Relations cases, and Freedom to Speak Up cases. The analysis demonstrated a gap between the experiences which staff reflect on when completing the annual Staff Survey and the number of cases which are formally reported.
- 5.3. TME heard that strategic priorities and focus areas to enhance the support offered to staff had been identified in order to tackle unacceptable bullying and harassment behaviours, to ensure that staff know how they can raise concerns when they experience such behaviours, and to break down the barriers which might currently make staff reluctant to report.
- 5.4. TME members agreed that the data presented in the deep dive analysis was sobering and the Chief Executive Officer was clear that eradicating bullying and harassment behaviours was the top priority. TME members collectively committed to a number of actions which formed part of the OUH People Plan Year 2 priorities.

Industrial Action Update

- 5.5. A report about the impact of industrial action, covering the period from mid-April to the end of June when there were two junior doctors' strikes and also industrial action by RCN members working at OUH, was presented to TME.
- 5.6. To prepare for these periods of action an extensive planning programme has been undertaken at all levels across the Trust with key areas of consideration including patient safety, staff wellbeing, and maintaining critical services.
- 5.7. The report noted that after each of the periods of industrial action, a patient harm review was conducted. There were no reports of patient harm directly caused by the industrial action.
- 5.8. All staff were thanked for working collaboratively to ensure that patient safety and staff wellbeing were maintained during industrial action, while

respecting the right of those colleagues who choose to take strike action to do so.

Financial Recovery Plan

- 5.9. TME members were briefed on and supported the development of a plan to recover the financial performance of the Trust in a number of phases.
- 5.10. This followed a paper to the July Trust Board meeting which provided an update on the Trust's financial performance at the end of Month 2 of the 2023/34 financial year which reflected the challenges facing the NHS as a whole.
- 5.11. TME heard that the deficit was primarily due to factors including a slow start on delivery of efficiencies, staffing costs growing above plan, and additional financial pressures relating to industrial action.
- 5.12. The first phase of the recovery plan included increasing controls in line with NHS England requirement and other measures to reduce costs with Quality Impact Assessments (QIAs) will be completed prior to implementation.
- 5.13. In a second phase of the plan TME approved a review of Modern Equivalent Asset accounting which it was believed could reduce depreciation charges without impacting front line services.
- 5.14. Further work was being undertaken to quantify the impact of additional actions with detailed data to be presented to TME in the future.
- 5.15. It was recognised that, while the majority of efficiency savings had been identified, moving from identification to delivery of these savings was essential. Progress was being monitored by the Productivity Committee and via monthly performance meetings with divisional senior management teams.

Combined Equality Standards Report

- 5.16. TME received this report on the the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap (GPG) metrics and recommended the report and delivery plan to the Trust Board subject to some minor amendments.
- 5.17. It was recognised that action plan was ambitious and suggested that a review of RAG ratings be undertaken and that work focus on those areas most likely to deliver positive change.

Patient Safety Incident Response Framework (PSIRF)

- 5.18. TME members were updated on progress towards implementing the new national Patient Safety Incident Response Framework (PSIRF), which was due to go live at OUH on Monday 2 October.
- 5.19. The four key aims of PSIRF were compassionate engagement and involvement of those affected by patient safety incidents, application of a range of approaches to learning from patient safety incidents, considered and proportionate responses to patient safety incidents, and supportive oversight.
- 5.20. TME approved the draft PSIRF Plan and PSIRF Policy ahead of seeking formal approval at the Trust Board.

OUH Health Inequalities Programme

- 5.21. TME received a paper summarising progress over the past 12 months and a proposal for next steps to be taken over the next 12 months in relation to reducing health inequalities, based on discussions at the Health Inequalities Steering Group which includes representation from across the Trust.
- 5.22. The OUH Health Inequalities Programme was set up in June 2022 to systematically identify health inequalities of access, experiences, and outcomes across our services, and to support focused action to reduce these inequalities by working with partners.
- 5.23. This work is important because, alongside other social determinants of health, deprivation has a significant impact on health outcomes in Oxfordshire. People living in the more affluent areas of the county are expected to live around 11-12 years longer than those in poorer areas.
- 5.24. TME members noted the progress made during 2022/23 on the OUH Health Inequalities Programme and approved the Health Inequalities Programme Plan for the remainder of 2023/24.

Rollout of Oliver McGowan Mandatory Training for All Staff

- 5.25. The Health and Care Act 2022 introduced a requirement for CQC registered providers to ensure their employees receive learning disability and autism training appropriate to their role. The training is named after Oliver McGowan, whose death sadly highlighted the need for health and social care staff to have better training.
- 5.26. TME heard that there is currently an open consultation being organised by the Department of Health and Social Care (DHSC) on the Oliver McGowan Code of Practice. In the meantime, the Part 1 training would

be available for all staff via My Learning Hub (MLH) and all staff were asked to complete this before the beginning of December.

- 5.27. The Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) was currently developing a business case to deliver more detailed webinar and/or face to face Part 2 training across the region.

Capital Reforecast

- 5.28. TME received this update on the year-to-date expenditure position against the 2023/4 capital plan and refreshed forecast to year end, along with recommendations on the management of the underspend.
- 5.29. It was noted that this process would be repeated quarterly and that the position would be clearer in two to three months. It was recognised that the Trust would be very short of cash and TME supported the proposal that where there was an underspend this should be reinvested only in exceptional circumstances but that no project should be consciously delayed at this stage.

New Intranet Project

- 5.30. TME received a demonstration of the homepage and sub-sites of Trust's new intranet, including how this would appear for those accessing it via smartphone.
- 5.31. TME members commended the progress made to provide the advantages of a modern interface and a platform based on up-to-date/supported technology. It was noted that the project also provided an opportunity to remove information that was old/no longer required and to structure information in a way that made it easier to find.

Elective Recovery Update

- 5.1. TME received an analysis of possible scenarios for elective recovery based on current data and in the context of ongoing industrial action.
- 5.2. TME noted the increase in patients waiting for outpatient appointments and the importance of maximising the use of contracts, mutual aid and ERF as well as optimising the use of theatre time was emphasised.
- 5.3. The Chief Operating Officer thanked the Director of Elective Care and divisional teams for their support with this work.

Self-Certification for Protecting and Expanding Elective Capacity

- 5.4. TME recommended this checklist to the Trust Board for approval. This was linked to a recent NHSE letter on outpatient productivity. The Trust scored “fully assured” in three areas and “partially assured” in six areas.

Violence and Aggression Update

- 5.5. An update was provided following a letter from NHS England regarding sexual safety of NHS staff and patients and a letter from the Health and Safety Executive (HSE) regarding the recommendations for managing violence and aggression and musculoskeletal disorders in the NHS. This included an update on the work of the Reducing Violence and Aggression working group.

Annual Reports

- 5.6. TME received the following annual reports:
- Learning from Deaths Annual Report
 - Infection Prevention and Control Annual Report
 - Harm Free: HAPU and Falls Report 2022/23

6. Regular Reporting

- 6.1. In addition TME received the following regular reports:
- Integrated Performance Report (this is now received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);
 - Capital Schemes: The TME continues to receive updates on a range of capital schemes across the Trust;
 - Divisional and Corporate Performance Reviews: TME receives a summary Performance Reviews that documents key themes and issues presented and actions agreed;
 - Finance Report: The TME continues to receive financial performance updates;
 - Workforce Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
 - Clinical Governance Committee Report;
 - Integrated Quality Improvement Programme Update;
 - Procurement Pipeline Report; and

- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

7. Key Risks

- 7.1. **Risks associated with industrial action:** TME continued to be updated on planning to manage and mitigate the risks associated with industrial action and the impact on waiting times.
- 7.2. **Risks associated with the financial performance:** TME continued to recognise the risks and opportunities to deliver at pace the changes required to recover the financial position.
- 7.3. **Risks associated with workforce:** TME maintained continued oversight on ensuring provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of substantial operational pressures. The impact on staff of cost-of-living pressures continued to be recognised.
- 7.4. **Risks to operational performance:** TME continued to monitor the risks to operational performance and the delivery of key performance indicators and the mitigations that were being put in place.

8. Recommendations

- 8.1. The Trust Board is asked to **note** the regular report to the Board from TME's meetings held on 13 July 2023, 27 July 2023, 3 August 2023, 10 August 2023 and 31 August 2023.