

Cover Sheet

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TB2024.102

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 has met on the following dates:
 - 12 September 2024
 - 26 September 2024
 - 10 October 2024
 - 31 October 2024

3. Key Decisions and Updates

Travel and Transport

- 3.1. TME members received an evaluation of the impact to date of two schemes which introduced earlier this year to incentivise staff working at the JR, Churchill, and NOC to use Park and Ride to travel to and from work.
- 3.2. The first scheme provides staff who have a car parking permit at the JR with a financial incentive to surrender their permit through a one-off payment and free parking at one of three Park & Ride sites, as well as free bus travel for return work journeys from a Park & Ride site to the JR.
- 3.3. The second enabled OUH staff who use the Park & Ride facilities to access free Park & Ride bus travel for work journeys to and from the JR, Churchill, and NOC.

- 3.4. TME members agreed that both schemes, which were initially established as initial six-month pilots until 31 October, should be extended until further notice. In addition, the first scheme to encourage staff to surrender their staff car parking permit was extended to include staff who have permits at the Churchill and the NOC.
- 3.4. The TME was also updated on the results of the Staff Travel Survey undertaken earlier in the year and the actions being taken as a result of the feedback received.
- 3.5. TME heard about the actions taken since the survey was carried out earlier this year including Travel & Transport staff attending induction sessions with new starters, improved communications with staff, and specific events for staff such as the Travel Day at the Horton on 17 October as well as the incentive schemes noted above.

PET/CT and ED CT Replacement

- 3.6. TME recommended the replacement of a PET/CT which failed in September and could not be repaired to the Trust Board via the Investment Committee.
- 3.7. TME noted that the OUH Positron Emission Tomography / Computed Tomography (PET/CT) service had seen an increase in demand of 24% since 2019/20, and so emergency replacement of the failed PET/CT was required to support the cancer pathway and service delivery.
- 3.8. The replaced digital scanner would provide capacity for 600 patients per month, which was an additional 250 a month, and other benefits including improved cancer patient care, reduced pathway turnaround times, better image quality, enhanced staff wellbeing in service investment, potential booking efficiency, and reduced additional staffing costs.
- 3.4. TME also supported the need to replace the CT scanner located in the ED Resus at JR which had received irreparable water damage as a result of a leak with specific proposals to be considered by Investment Committee for approval by the Board.

Reforecast Q3 Capital Plan

- 3.5. TME was updated on year-to-date expenditure at Month 6 (September) against the 2024/25 Capital Plan. The Q2 Capital Plan required reforecasting due to the urgent replacement of two critical diagnostic imaging devices as outlined above.
- 3.6. Reprofile of the Capital Plan had been presented at the Capital Oversight Committee where the reforecast included adjustments to several projects to ensure the overall affordability of the 2024/25 plan including replacement of the imaging devices.

- 3.7. TME supported changes to the reforecast Q3 Capital Plan as tabled at Capital Oversight Committee for consideration at the Investment Committee noted the ongoing efforts to manage capital spend in future years.

Elective Pathway Manager

- 3.8. TME was briefed on a new Elective Pathway Manager (EPM) system which had been developed to enhance data extraction to create the Patient Tracking List (PTL) for the Trust's waiting lists with integrated validation and automated reporting. This aimed to improve accuracy and resilience in processing this information. TME was asked to review and approve the EPM implementation recommendation.
- 3.9. The new system could report faster, was clearer to use and reduced risk for a less visible cohort of patients. The transfer involved moving operational teams to the new system, supported by detailed training sessions, which had received positive feedback with staff very keen to transition to the new system.
- 3.10. Subject to assurance on specific issues raised, TME approved the EPM implementation recommendation and supported the requirement to complete the required clinical validation.

Temporary Staffing Update

- 3.11. TME has been regularly updated on the reduction in usage of temporary staffing, bank and agency, which is a key element of the Trust's return to the agreed financial plan.
- 3.12. The Trust has reduced temporary staffing by 525 WTE and £872k since 10 December 2023.
- 3.13. The Trust has been working to ensure that bank pay rates provide equity and transparency for all staff and align to those of neighbouring trusts within the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS).
- 3.14. TME approved a decision to align rates paid by NHS Professionals (NHSP), who run the OUH staff bank, to the top of the corresponding Agenda for Change (AfC) pay band.
- 3.15. The intention is to ensure that all AfC staff are compensated fairly and equitably, regardless of their role or department, by creating a clear and manageable bank pay structure that offers competitive and transparent pay rates which are aligned with those of neighbouring trusts.
- 3.16. TME has also approved proposals to ensure consistency and alignment in bank rates for medical staff and sessional rates for non-consultant

medical staff. Implementation of these new rates is due to take place in January.

Conversion of Agency cost to OUH Sonographer Staff

- 3.17. TME approved conversion of current agency sonography activity to substantive staffing. This would deliver circa 544 scans per month (272 per sonographer) and represented a significant saving on the current outsourced model.

Outsourcing and Insourcing Approvals

- 3.4. TME supported a number of medium-term contracts to deliver additional diagnostic and surgical activity through insourcing and outsourcing to assist in addressing the challenges in delivering waiting time performance standards in specific services.

Recruitment to Support Commercial Strategy and Business Plan

- 3.5. TME received a proposal to invest in staffing to increase the capability of the team to deliver profits to support NHS services. All roles were to be funded through profit generated in-year and TME was asked to approve roles with the most immediate return on investment.
- 3.6. TME approved the proposal to create six new roles, re-band five roles and convert one fixed-term post to substantive, noting that this approval would be subject to Pay Panel review.

Consultant Appointments

- 3.7. The Trust Management Executive approved a number of consultant appointments as summarised below:
- Consultant in Orthopaedic Oncology, Oxford Sarcoma Service (conversion of locum to substantive post);
 - Joint OUH/Great Western Hospital Consultant in Plastic Surgery;
 - Infection Consultant;
 - GI Consultant Radiologist;
 - Replacement Clinical Oncology Consultant; and
 - Replacement Haematology Consultant.

4. Other Activity Undertaken by TME

Capital Schemes Update

- 4.1. TME members were regularly updated on the status of capital projects across the Trust which aim to improve the patient environment and the staff experience.
- 4.2. Work had commenced to develop a new Bereavement Room on Delivery Suite in the Women's Centre at the JR with construction due to be completed by early November. The Lift Modernisation Project in the Women's Centre was on track to be complete in March 2025.
- 4.3. Good progress was being made to complete the new Ivy Lane residential accommodation on the JR site which was expected to enhance the ability of the Trust to recruit and retain staff. New staff changing rooms on Level 3 at the JR, near the Restaurant, had also been completed.

Patient Safety Partners

- 4.4. The Trusts Management Executive received an update on the role of Patient Safety Partners (PSPs) at OUH. PSPs are promoted nationally by NHS England to foster openness, understand patient perspectives, identify risks, support risk prioritisation, assist in action plans, and create patient information. Trusts are encouraged to engage PSPs in various activities such as safety committees, improvement projects, staff training, and investigation oversight.
- 4.5. Since March 2023, PSPs have been involved in the patient safety agenda at OUH. They have significant experience in healthcare and volunteering, enabling them to act as trusted 'critical friends' to the Trust, and their role will increase as more are recruited.

Pay Panel Update

- 4.6. TME receives a report of Pay Panel decisions at each meeting and has considered the risks and mitigations of the vacancy control process. Since the new pay controls, 532 roles had been presented, with 419 approved, 64 paused, and 36 rolled over.

CQC National Inpatient Survey

- 4.7. TME members received a report on the 2023 Adult Inpatient Survey, explaining the results and outlining action plans and proposed reporting.
- 4.8. TME noted that Divisions would report updates on the ward-level action plans to the Clinical Governance Committee and during the Divisional Performance Reviews and a Trust-wide action plan was to be formulated.

- 4.9. TME also noted that the Deputy Chief Nursing Officer would set up and chair a Patient Survey Delivery Group, which would report progress to the Patient Experience Forum and would report progress on a regular basis to the Delivery Committee.

Harm Report: Hospital Acquired Pressure Ulceration

- 4.10. This report provided TME with an overview of the Trust's position regarding the incidence of harm from Hospital-Acquired Pressure Ulcers (HAPUs), enabling the Trust to monitor trends and implement improvement strategies and to ensure patients received the highest standard of care by identifying and addressing any issues related to pressure ulcer prevention and management.
- 4.11. TME noted that there remained significant work to be undertaken on pressure ulcer prevention but that improvement in harm prevention from HAPUs continued to be a priority with continued improvement to be monitored through the Harm Free Assurance Forum.

Falls Prevention and Management Report 2023/24

- 4.12. TME received the Falls Prevention and Management Report 2023/24 which provided a summary analysis of inpatient falls at OUH, highlighting key trends, prevention strategies, and ongoing improvement initiatives.
- 4.13. TME noted the report and supported the continuation of the falls reduction programme across the Trust.

Finance training for non-Finance staff

- 4.14. TME members endorsed a paper which set out a proposed approach to delivering a finance training programme for non-finance colleagues, recognising that in challenging financial times for the NHS it was important that those staff who had responsibility for budgets had a good understanding of finance.
- 4.15. The overarching aim was to develop a comprehensive financial training programme delivered through a variety of channels that was role appropriate and had a mix of role-specific mandatory and voluntary training.
- 4.16. The programme would provide both hard skills, for example the basics of accounting and budget management, and contextual knowledge, for example how NHS funding operates and how it flows down to individual services. It was to be rolled out over the next 12 to 18 months.

COVID Vaccination for Trust Staff

- 4.17. TME was briefed on the Staff Winter Vaccination Delivery Plan for 2024/25.

- 4.18. Divisions were to use a peer-to-peer vaccinator approach within their work areas, and corporate teams (via the Education team) would provide additional support for departments or sites lacking vaccinators. It was anticipated that drop-in clinics could also be provided.

Maternity Non-Tertiary Out of Area Referrals

- 4.19. TME received an update on the existing operational pressures within OUH maternity services related to increasing non-tertiary out of area referrals.
- 4.20. Options to support this workload were discussed and included increasing service efficiency, promoting home births and commissioner discussions regarding clinical pathways.

Transforming People Services – Phase Two – Onboarding

- 4.21. TME approved this programme to improve the onboarding experience, reducing time to hire and turnover of leavers within the first 12 months and therefore reducing temporary staffing.
- 4.22. The use of modern recruitment and retention methods were expected to improve the Trust's image as a leader in technology adoption and help it compete in a tough job market. It would also support the Trust's delivery of the NHS Long-Term Workforce Plan.
- 4.23. TME noted that these proposals were driven by changes that had been requested by Trust teams and were likely to be appreciated by staff.

Existing Digital Data Centre Infrastructure Resilience

- 4.24. This report detailing the outcome of a review undertaken following a power outage at the OCDEM building which provided the Trust Management Executive with a summary of the status of the current electrical, cooling and UPS (Uninterruptable Power Supply/battery backup) that served the two main Trust Data Centres. TME supported recommended actions to increase data centre resilience.

Internal Audit Reports

- 4.25. The TME reviewed the following internal audit reports:
- Research and Development
 - Salary Overpayments

5. Reporting from sub-Committees

- 5.4. TME reviewed the Clinical Governance Committee Report, which included summary quality reporting.

- 5.5. TME received an update on the year-to-date expenditure against 2024/5 Capital Plan and a reforecast Q3 Plan recommended by the Capital Oversight Committee.

6. Regular Reporting

- 6.1. In addition, TME reviewed the following regular reports:
- Integrated Performance Report (this is received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);
 - Capital Schemes: TME continues to receive updates on a range of capital schemes across the Trust;
 - Finance Report: TME continues to monitor financial performance;
 - People Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
 - Divisional Performance Reviews;
 - Integrated Quality Improvement Plan: TME receives six-monthly updates on this plan;
 - Quarterly Health and Safety Report;
 - Business Planning Pipeline Report;
 - Procurement Pipeline Report;
 - Bullying and Harassment Eradication Programme Six Month Update; and
 - Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)
- 6.2. The following annual reports were reviewed by TME before their presentation to the Trust Board:
- End of Life Care Annual Report; and
 - Freedom to Speak Up Annual Report.

7. Key Risks

- 7.1. **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. **(BAF Strategic Risk 3.1 & 3.2)**
- 7.2. **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. **(BAF Strategic Risk 1)**

- 7.3. **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. **(BAF Strategic Risk 2)**

8. Recommendations

- 8.1. The Trust Board is asked to:

- **note** the regular report to the Board from TME's meetings held on 12 September 2024, 26 September 2024, 10 October 2024 and 31 October 2024.