

<b>REPORT TO:</b>	<b>BOARD OF DIRECTORS</b>
<b>DATE:</b>	<b>6 APRIL 2018</b>
<b>SUBJECT:</b>	<b>REPORT FROM THE MANAGEMENT BOARD</b>
<b>BOARD SPONSOR:</b>	<b>CHIEF EXECUTIVE</b>
<b>PAPER AUTHOR:</b>	<b>ASSISTANT TRUST SECRETARY</b>
<b>PURPOSE:</b>	<b>DISCUSSION</b>
<b>APPENDICES:</b>	<b>NONE</b>

### **BACKGROUND AND EXECUTIVE SUMMARY**

The purpose of the Management Board is to oversee the effective operational management of the Trust (including achievement of statutory duties, standards, targets and other obligations) and the delivery of person centred care and to support the Trust Board in setting and delivering the Trust's strategic direction and priorities.

Previous reporting from this Committee was included within the Chief Executive's Report. A separate report will now be provided to the Board of Directors.

The following sets out key discussion points and decisions made at the last meeting held on 28 February 2018 and 28 March 2018:

#### **Standard reports received at each meeting**

The Integrated Performance Report (IPR) is received at each meeting and key elements of quality, finance, performance and estates/health & safety were discussed. A copy of the IPR is a main agenda item for the Board of Directors; the Quality Committee and Finance and Performance Committee have also received and discussed the key headlines in detail and a summary will be included in their Chair Reports to Board.

Performance against CQUINs is a standard report to Management Board to support monitoring of progress, early identification and escalation of risks to achievement of milestones and mitigations in place. The Finance and Performance Committee receive regular reports for monitoring.

The Corporate Risk Register was discussed noting changes to the corporate risk register, proposed closure of risks and new and emerging risks. The quality risks on the Risk Register are then reported to the Quality Committee each month (the full risk register quarterly) and reported to Board through the Committee Chair Report.

A paper is received at each meeting reporting on progress made against the Trust Emergency Department (ED) Recovery Plan. The paper is also taken to the Finance and Performance Committee for discussion and a summary will be included in the Chair Report to Board. The Trust is required to produce an Integrated Improvement Plan across the whole system. This plan will be presented back to the Management Board for awareness.

#### **Scheduled reports received at the 28 February 2018 and 28 March 2018 meetings:**

- The capital programme 2018/19 has been updated with increases in medical equipment replacement.
- Stroke Thrombectomy: Thrombectomy had been shown to be successful in 11 studies in the last three years. Thrombectomy was the second priority of NHS

England on their new stroke plan. The procedure was needed within six hours of symptom onset. Further scoping work was being undertaken with the aim of bringing this back to Management Board in April 2018.

- The new draft Quality Strategy was received for feedback.
- The outcome of a Governance Review of meetings was discussed.
- The Trust's Use of Resources Report (available through Model Hospital) was received.
- For information, Management Board received the Gender Pay Gap report which will be published at the end of March 2018.
- Management Board were made aware of the new e-expenses solution being implemented in the Trust which would save £30k per year.
- An update was received on the different recruitment strategies being implemented by the Trust.
- An update report was received on the Kent and Medway Vascular Clinical Network Programme developments.
- A presentation was received at the March Management Board from a Consultant in Emergency Medicine at Guy's and St Thomas' Hospital. Learning and shared experiences around working practices were discussed.
- An update on development of the Trust's Commercial Strategy was received. It was anticipated a draft strategy would be presented to the May Finance and Performance Committee.
- A report, following Price Waterhouse Cooper's, review into the Trust's finances was received. An action plan will be developed and will be discussed in detail at the Finance and Performance Committee.
- The Chief Nurse and Medical Director reported on the quality impact assessments undertaken against the Trust's cost improvement programme. The report will also be received at the Board's Quality Committee.
- Staff Survey Results: Given the deterioration in the staff survey results the Trust approached Listening into Action (Optimise) with a view to them supporting us in delivering improvements over a period of one year.
- Performance against Statutory/Mandatory Training compliance was reported. Each Division/Corporate area to implement systems for monitoring. Work was being undertaken to strengthen accuracy of reporting.
- The Emergency Planning Annual Report was received. This will be brought to the Board of Directors at their June 2018 meeting.

#### **Reports received for decision:**

Management Board approved the following recommendations:

- Policy and Compliance Group Terms of Reference.
- Revised Terms of Reference for Management Board were agreed. Changes would ensure more focus on corporate business.
- The Implementation of Healthmedics (a new rostering system) was approved, subject to assurance it was compatible with other internal systems.
- Management Board discussed Business Cases linked to the A&E Recovery plan. Further work would be undertaken outside of the meeting with the Urgent Care and Long Term Conditions (UC&LTC) Division linked to capacity and workforce. However, approval was given to fund additional costs to maintain the status quo for a two month period while this work was undertaken. Please see item below for detail of the discussion.

#### **UCLTCs' Business Cases**

Five business cases were discussed at Management Board that looked to extend capacity recurrently (both physical bed capacity, as well as staffing capacity), either already being funded as part of the Trust's response to Winter and A&E pressures or additional capacity, required beyond that already funded, from 1 April 2018.

The five cases were:

- ED nursing (funded as part of the winter / A&E resources);
- Ambulatory Care (funded as part of the winter / A&E resources);
- Quex Ward at QE (funded as part of the winter / A&E resources);
- Weekend CT (funded as part of the winter / A&E resources); and
- Cambridge J at WH (new bed capacity being brought on line).

Management Board felt the cases need further work to establish:

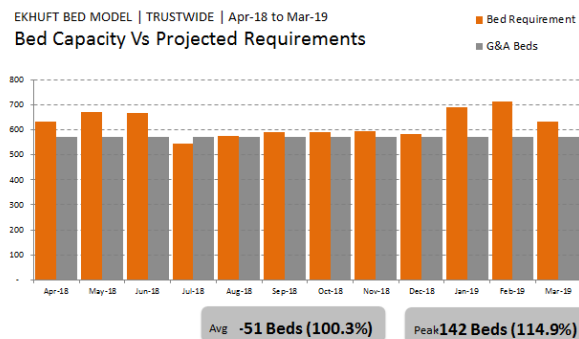
- if the additional capacity was required throughout the year; and
- the impact each case would have on ED performance or patient flow.

Work is being undertaken with the Division to ensure the cases are ready for presentation to the appropriate decision making forum in April. This may well include the withdrawal of cases that do not clearly articulate a need for the additional capacity.

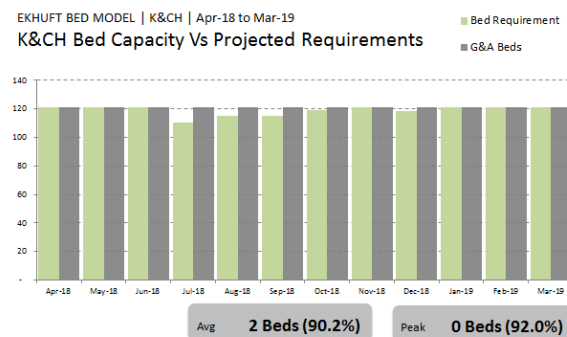
However, given the continued pressure on the Trust's two EDs, a decision was taken at Management Board to fund two months of each of the five cases, with some amendments to staffing and the hours of operation. These changes were made to reduce the financial exposure to the Trust.

Importantly, Management Board used the bed modelling work produced by the Information Team to inform its decision. The tables below show the bed modelling for UC&LTCs. It is critical to note that the bed modelling below includes an assumption that Quex Ward at QE remains transferred to UC&LTCs and that the additional bed capacity from Cambridge J at the WH is opened and part of the UC&LTCs overall bed capacity. It also assumes that all of the beds currently in use at K&C remain open and are fully utilised.

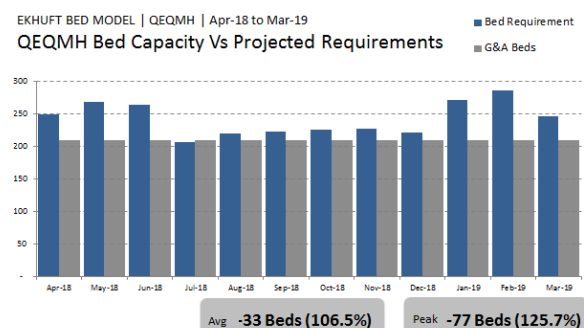
EKHUFT BED MODEL | TRUSTWIDE | Apr-18 to Mar-19  
Bed Capacity Vs Projected Requirements



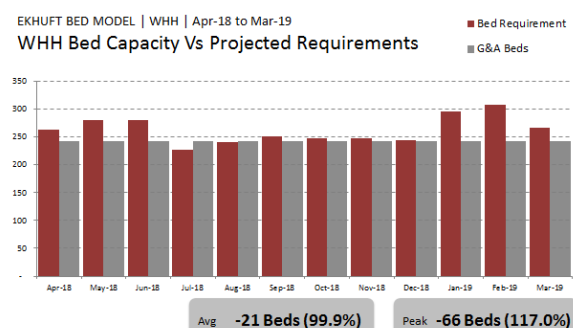
EKHUFT BED MODEL | K&CH | Apr-18 to Mar-19  
K&CH Bed Capacity Vs Projected Requirements



EKHUFT BED MODEL | QEOMH | Apr-18 to Mar-19  
QEOMH Bed Capacity Vs Projected Requirements



EKHUFT BED MODEL | WHH | Apr-18 to Mar-19  
WHH Bed Capacity Vs Projected Requirements



Overall you can see that by continuing to utilise the current capacity at K&C, the Trust is on average -51 beds with a peak position next February of -142 beds. It is clear from the work presented above that the QE in particular, but also the WH drive that deficit of beds. The bed modelling also shows that the pressure on medical beds is not set to reduce until July, when there is a period of six months where bed capacity in UC&LTCs broadly meets that projected.

In addition, the bed modelling undertaken by the Trust shows that the Surgical and Specialist Divisions can consume the forecasted demand through their current bed base throughout the year. At their peak times of planned activity (broadly May to August), they cannot accommodate any medical outliers if they are to deliver to plan.

Clearly, as part of the organisation's bed modelling exercise, demand for surgical activity is reduced during the winter period to support UC&LTCs' increased bed requirements. However, when you look at the first quarter's planned profile of surgical activity in 2018, there is not enough bed capacity in the Surgical or Specialist Division to compensate UC&LTCs' bed deficit, without continuing to cancel a significant amount of elective activity.

It was against this picture of high demand and available bed capacity that the Management Board felt able to agree to fund two months costs of the proposed cases. The monthly financial impact of this decision is detailed in the table below.

	Medical £000	Nursing £000	Other Pay £000	Non Pay £000	Total Current Cost £000
ED nursing		190			190
Ambulatory Care	150	35			185
Quex Ward at QE	72	212	22	18	324
Weekend CT			2	26	28
Cambridge J at WH	68	135	62	8	273
<b>TOTAL</b>					<b>1,001</b>

#### Information reports received at each meeting

Regular information reports are received and noted from:

- Information Assurance Board
- Vacancy Control Panel
- Strategic Investment Group
- Horizon Scan

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	The Management Board receives reports covering a broad range of performance and governance issues.	
LINKS TO STRATEGIC OBJECTIVES:	Provision: Provide the services people need and do it well.	
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	The Management Board receives reports covering a broad range of performance, governance and risk management issues.	
RESOURCE IMPLICATIONS:	Key financial decisions and actions may be taken on the basis of this report	
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	None	
PRIVACY IMPACT ASSESSMENT: NO	EQUALITY IMPACT ASSESSMENT: NO	
RECOMMENDATIONS AND ACTION REQUIRED:		
To discuss and note the report.		