

Agenda Item:

# Board of Directors Meeting

# Report

**Subject: TRUST MANAGEMENT BOARD**

**Date: 26<sup>th</sup> March 2015**

**Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES**

**Lead Director: SUE BOWLER, DIRECTOR OF NURSING**

The February meeting of the Trust Management Board was held on Monday 23<sup>rd</sup> February 2015. The full agenda and attendees are included below, the meeting was chaired by Sue Bowler Director of Nursing.

## **Escalations:**

Preparedness for CQC visit which could potentially be within the next 12 weeks

## **Key Issues discussed:**

It was agreed the protocol for the Co-ordination of seeking an external independent Expert Opinion, would be amended to include complaints. With this caveat the protocol was approved for dissemination to the appropriate groups and committees

Quality Improvement plan – 5 items are now flagged as Red Rated:

Infection Control  
Safeguarding  
Patient Flow  
Medical Day Case unit  
Medical Engagement

The External Recommendations policy was approved and would be published on the intranet and in the weekly staff bulletin

The chair asked for the schedule of external visits be re issued with an email from the CEO in order to ensure the central record of visits was comprehensive.

It was agreed that the JAG accreditation visit would be the first external visit which would follow the process identified in the policy.

It was proposed that the Risk identified on Principal risk 4 in relation to achievement of JAG accreditation be amended to be more strategic, failure to achieve external accreditation and would therefore include the outcomes of the recent HEEM visits.

It was also proposed the JAG and HEEM external visit outcomes be added to the corporate risk register by the appropriate divisions.

There was a detailed discussion regarding the outcome from the recent HEEM visit regarding the concerns of Junior Doctors. It was agreed this would be added to Principal Risk 5 – Inability to sustain an engaged and effective workforce Board Assurance report and thereby escalated to the BAF Document.

The outcome of the recent JAG accreditation visit and subsequent action plan was discussed and agreed.

The serious incidents report and 12 hour breach report were discussed in detail and the need for line of sight of scheduled inquests be developed through a Standard Operating Procedure from the Governance Support Unit. The Prevention of Future Deaths notice recently received by the Trust was discussed and it was agreed the Director of Nursing, with support from the relevant division, respond within the 56 day timeframe. The outcomes of the PfD will be publicised on the Coroners website.

CQGC and the Quality Committee propose adding organizational learning as a standard agenda item for all committees, after discussion it was agreed that organizational learning would be added to the front cover of all reports to boards and committees negating the need for it to be a standard agenda item.

The CFO updated on the Trusts financial position. There was discussion in relation to were potential investments, increase in revenue spend were approved. The CFO enquired how this differed from the CIP process and should it not include both a QIA and risk assessment.

The CFO presented the BAR for principal risk 3, which had been updated. The board were asked for comment. The board asked for further guidance on the BAR's in order to ensure appropriate questions were asked and assurance provided

There were no escalations from Business Process Assurance Committee or Commercial Development Group.

The divisions presented the minutes/dashboards from the recent performance and Delivery meetings:

EC & M escalated the impact of the HEEM visit and patient flow as areas of concern

PC & S escalated Consultant job planning, particularly within T & O. It was also agreed the Allocate work programme would report directly to OD & Workforce committee

D & R escalated that 2 senior managers had been moved to the outpatients outcomes project for a period of 5 weeks, this has left the Division with a shortfall in management capacity.

The BAR for principal risk 4 had been amended directly before the meeting and therefore was not accepted by the chair, who asked for all members of the board to read the amendment and comment where required.

There were no escalations from Cancer Management Board or B I & IT Committee as the of these committees was unable to attend TMB.

There were no escalations from the Risk Committee.

OD & workforce raised the issue with regard to managers not following the sickness absence process, which was a risk to the Trust should this be part of a tribunal.  
 The Deputy Director of HR agreed to provide further detail with regard to the 3 areas of high variable pay spend: ED, Medical staff – Cardiology and Junior Doctors.

There were no escalations from Medical Managers or the Nursing Forum

The dashboard from the Transformation board was presented and noted.

It was agreed the annual plan and QIPP would be discussed at a future ETM as there was no time to discuss in depth. The divisions would be asked to provide comment.

The Deputy Head of Communications informed the Board, CQC ratings must be published on the website and on the premises from 1<sup>st</sup> April 2015.

**Recommendations**

1. The Board is invited to receive assurance from this report regarding issues discussed and approved by the Trust Management Board

<b>Relevant Strategic Priorities (please mark in bold)</b>	
<b>To consistently deliver a high quality patient experience safely and effectively</b>	<b>To develop extended clinical networks that benefit the patients we serve</b>
<b>To eliminate the variability of access to and outcomes from our acute services</b>	<b>To provide efficient and cost-effective services and deliver better value healthcare</b>
<b>To reduce demand on hospital services and deliver care closer to home</b>	

<b>Links to the BAF and Corporate Risk Register</b>	Principal risks 1,2, 3,4 and 5
<b>Details of additional risks</b>	n/a
<b>Links to NHS Constitution</b>	Duty of Quality
<b>Financial Implications/Impact</b>	
<b>Legal Implications/Impact</b>	Failure to deliver robust quality governance increases likelihood of continuance of Regulatory enforcement action
<b>Partnership working &amp; Public Engagement Implications/Impact</b>	n/a
<b>Committees/groups where this item has been presented before</b>	n/a

**MEETING:**

**TRUST MANAGEMENT BOARD**

*Focus = what the Trust needs to achieve; the risks threatening achievement*

**DATE & TIME:**

**MONDAY 23<sup>RD</sup> MARCH 2015, 1 – 4PM**

**VENUE:** BOARDROOM LEVEL 1

**MEMBERS:** Executive Directors, Directors, Divisional Management Teams, Head of PMO, Head of Communications (*statutory powers and/or voting rights*)  
 (*MUST send deputies when absent but not part of quoracy*)

**IN ATTENDANCE:** DIRECTORS & SENIOR MANAGERS (*advisors/influencers*)

**AGENDA**

	ITEM	ACCOUNTABLE EXEC/LEAD DIRECTOR	ENCLOSURE
<b>1</b>	Apologies: Quoracy Check: The quorum necessary for the transaction of business shall be 4, 2 of whom executive director status, but must include one of the Chief Executive, Deputy chair or a nominated Deputy (Executive status) (in such event, thereby nominated chair)		
<b>2</b>	Declaration of any conflict of interest in relation to any agenda item	All	
<b>3</b>	Minutes and actions of the previous meeting		
3.1	Minutes		Enclosure
3.2	Matters Arising		Enclosure
3.3	TMB Action Tracker, including actions from Board of Directors		Enclosure
<b>4</b>	<b>ROUTINE BUSINESS</b>		
	Reputational management – announcements, issues, incidents	All	Verbal
<b>5</b>	<b>Mandatory Items</b>		
<b>6</b>	<b>Strategy and other Reviews/Policy Approvals</b>		
6.1	Protocol for the Coordination of Seeking an External Independent Expert Opinion	SBow	Enclosure
<b>7</b>	<b>Principal Risk 1 -Failure to maintain the quality of patient services demanded</b>		
7.1	Quality Improvement Plan Escalation – Red rated actions SMART action plan (Barriers) <ul style="list-style-type: none"> <li>• Safeguarding (progress update)</li> <li>• Infection Control (progress update)</li> </ul>	YS AH	Enclosure Enclosure
7.2	Serious Incidents Report 12 Hour Breach Report	SBow	Enclosure Enclosure

7.3	Quality Safety and Risk – escalations and actions from Clinical Quality and Governance Committee – <i>(Chairs of meetings to report escalations, actions implemented, risks identified, request action from members of the board)</i>	SBow/AH/Divisional Management Teams	Enclosure
7.3.1	Open and Honest Care : Driving Improvement	SBow	Enclosure
7.3.2	Shared Organisational Learning and Improvements in Practice Report	SBow	Enclosure
7.4	Reports and updates from external agency visits <i>(Lead for visit/report to highlight escalations, actions implemented, risks identified, request action from members of the board)</i>		
<b>8</b>	<b>Principal Risk 3 – Failure to deliver and maintain financial sustainability</b>		
8.1	Finance Report – M11	PR	Enclosure
8.2	Budget Update and CIPS 2015/16	PR	Enclosure
8.3	DH Conversion of PDC to Loans/Working Capital Facility	PR	Enclosure
8.4	Board Assurance Report – Principal Risk 3	PR	Enclosure
8.5	Escalation and actions from Business Process Assurance Committee <i>(Chair of meeting to report escalations, actions implemented, risks identified, request action from members of the board)</i>	PR	Minutes of meeting
8.6	Escalation and actions from Commercial Development Group <i>(Chair of meeting to report escalations, actions implemented, risks identified, request action from members of the board)</i>	PW	Minutes of meeting
<b>9</b>	<b>Principal Risk 4 – Failure to deliver and maintain clinical sustainability</b>		
9.1	Escalation and actions from Divisional and Corporate monthly Performance and Delivery meetings		
9.1.1	EC&M – Minutes and performance dashboard (reds & ambers)	EC&M Divisional Team	Minutes and Dashboard
9.1.2	PC&S - Minutes and performance dashboard (reds & ambers)	PC&S Divisional Team	Minutes and Dashboard
9.1.3	D&R - Minutes and performance dashboard (reds & ambers)	D&R Divisional Team	Minutes and Dashboard
9.2	SMART action plan (Barriers) <ul style="list-style-type: none"> <li>• Pathways (progress update)</li> </ul>	AH	Enclosure
9.3	Board Assurance Report – Principal Risk 4	SBa	Enclosure
9.4	Escalation and actions from Cancer Management Board	SBa	Minutes of meetings

9.5	Escalation and actions from Risk Committee	SBo	Minutes of meetings
9.6	Escalation and actions from BI & IT Committee	SBa	Minutes of meeting
<b>10</b>	<b>Principal Risk 5 – Failure to sustain an engaged and effective workforce</b>		
10.1	SMART action plan (Barriers) <ul style="list-style-type: none"> <li>• Medical Engagement progress update</li> </ul>	AH	Enclosure
10.2	Escalation and actions from OD and Workforce Committee <ul style="list-style-type: none"> <li>• Whistleblowing</li> <li>• Agency Spend Actions</li> <li>• Training (mandatory)</li> <li>• Sickness Absence</li> </ul>	KF	Minutes of meeting
10.3	Escalation and actions from Medical Managers Forum <ul style="list-style-type: none"> <li>• Engagement Actions</li> </ul>	AH	Verbal
10.4	Escalation and actions from Nursing Forum <ul style="list-style-type: none"> <li>• Engagement Actions</li> </ul>	SB	Minutes of meeting
<b>11</b>	<b>Principal Risk 2 – Essential components of round the clock (24/7) urgent/emergency care not in place/not effective</b>		
11.1	Escalation and actions from Transformation Board <ul style="list-style-type: none"> <li>• Dashboard – (reds and ambers)</li> </ul>	AH	Dashboard
11.2	Annual Plan 2015/16 Progress Update	PW	Annual plan progress report
<b>12</b>	<b>Approvals</b>		
12.1	Business Cases and Procurement Contracts requiring TMB approval (All Business cases over £150K and procurement contracts over £100K Authors to present, executive summary)	Authors	Full Business Cases
12.1.1	Extension to Contract for ICT Solutions Engineer	EO	Enclosure
12.1.2	New Income from CCGs for Projects	EO	Enclosure
<b>13</b>	<b>Other Issues</b>		
13.1	QIPP Update <ul style="list-style-type: none"> <li>• Financial Achievement</li> <li>• Impact on Service Delivery</li> <li>• Implications for 2015/16</li> </ul>	S Evans/H Allison	Enclosure
13.2	Agreement of any risks which are to be escalated to Audit & Assurance Committee to add to BAF (Agreement from TMB regarding any risks highlighted which are thought significant to recommend to A&A add to BAF)	ALL	Verbal
<b>14</b>	<b>Escalations from TMB to Trust Board</b>		
	Review all reports received in meeting and subsequent discussion and agree any items to be	All Members	Verbal

	escalated to Trust Board		
<b>15</b>	<b>Any Other Business</b>		
<b>16</b>	<b>Library Information Items</b>		
<b>17</b>	<b>Date of next Meeting – Monday 27<sup>th</sup> April</b>		

**TMB attendance 2014/15**

Terms of reference indicate members should attend the majority of meetings (ie 7/12)

	POC	KF	AH	SB	FS	JT	PW	KR	SC	ALS	RH	SE	ET	YM	LW	LD	DT
Apr	√	√	√	√	√	X	X	√	√	√	√	√	√	√	√	X	N/A
May	√	√	√	√	√	√	√	X	√	√	√	√	√	√	X	√	√
June	√	√	√	√	X	√	√	√	X	√	X	√	√	√	√	PB √	√
July	√	√	√	√	X	√	√	√	√	X	√	X	√	√	√	X	√
Aug	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Sept	√	√	√	√	MA √	√	√	√	√	√	√	√	X	X	√	√	X
Oct	√	X	√	√	√	X	X	√	√	√	√	√	√	√	√	X	√
Nov	√	√	√	√	√	X	X	√	√	√	√	X	√	√	√	X	√
Dec	No meeting																
Jan	X	√	√	√	√	SBa √	√	X	√	BOw X	X	X	√	√	X	√	√
Feb	√	√	√	X	√	√	X	X	√	√	√	√	√	√	X	√	√
Mar	X	√	√	√	√	X	√	√	√	X	√	X	√	X	√	X	X