

## Agenda item:

# Board of Directors Meeting

## Report

Subject: Trust Management Board

Date: 30<sup>th</sup> April 2015

Lead: Karen Fisher, Interim CEO

The April meeting of the Trust Management Board was held on Monday April 27<sup>th</sup> 2015. The full agenda and attendees are included below and the meeting was chaired by Karen Fisher, Interim CEO

### Escalations to Board of Directors

Endoscopy – detail for private Board pending full investigation outcome

PAS Issues - private Board due to commercial sensitivities

### Key Issues Discussed:

#### Endoscopy – Review of Referral Process

#### Update 15/16 financial plan & CIP definition

Agreed needed to be a robust plan, with executive and senior team confidence in budgets and deliverability of CIPs being paramount. Members discussed the importance of ownership and also continuous ideas generation requiring engagement and involvement at a local level. Executives to meet again prior to Board meeting to assure financial assumptions and stress test further.

It was agreed further refinement of CIP definition necessary to align with the revised Project Management Office and approach. PMO will assure deliverability of CIP schemes. Will be cross cutting schemes, eg nursing , theatres, and there will be specific Divisional schemes. Both will be reviewed closely by PMO in terms of have a strong plan, savings profile clinically & financially validated, risks with clear mitigations etc.

Delivery resource was described explaining it was expected Divisions would put the necessary resources in place to deliver divisional schemes. It was explained that cross cutting schemes would receive dedicated PM resource eg major change projects such as outpatients, theatres, concerning cross cutting complex changes where cross divisional support would be required in

order to support success. Agreed pace is important and PMO intending to quickly engage Divisions in defining their support needs. Concern from Divisions regarding capacity to deliver improvements in Outpatients due to resources having been pulled into review lists – accepting however the outcome of this work is equally helpful in defining some of the improvements required. Divisions confirmed they were supportive of the proposed PMO approach.

To drive ownership and delivery it was recognised ownership improves when divisional targets and workstream targets are transparent and further work will take place to progress this along with apportionment of CIP targets to Divisions.

### **PAS settlement offer**

AH reminded members of the issues pre go-live and the fix timelines for 2 of 3 issues described, with acknowledgement the final issue was to be fixed in July. A fourth issue – RTT logic, how PAS does things – was explained to require a fix necessitating a national system change with an expected national fix in October 15. The Trust's options in relation to resolving these issues were discussed.

### **Quality Governance Framework**

Exec leads had been revisited in light of recent changes in accountabilities and the executive leads for each element of the QGF were approved. It was agreed that each lead would develop a trajectory and action plan to deliver against the trajectory for approval at the May TMB and Board of Director meetings.

### **Annual Plan Process**

Draft of the Annual Plan being presented to April Board was discussed. A rapid turnaround of comments was requested so that the final document could be ready for submission to the dedicated Board session on 7<sup>th</sup> May

### **QIP**

SBa described a number of actions that would receive enhanced focus. Amongst the actions was reinstatement of 8am Monday morning meetings with Divisions and leads emphasising the operational focus. It was agreed it was imperative clinicians and medics attended these meetings. The key message was to ensure that there was evidence all actions were progressing at pace and on track. A recent OOH visit the previous Sunday was discussed with early feedback suggesting Quality for All needs further focus. SBa went onto describe audit activity with regard to point prevalence audits of adherence to Infection Control and the uniform policy.

Audits are leading to improvement regarding nursing, but concern expressed about knowledge of audits regarding other professions and how they are taking place and leading to improvement/challenge. Members heard how Medical Managers had covered the countdown and responsibilities at their last meeting. Divisional Governance meetings were described by the CD for Surgery as encouraging focus in the right areas. On-going audits referenced were around Documentation, WHO checklist and mandatory training etc.

## **External Recommendations Policy**

A list of visits already completed, and to be completed imminently were discussed, with further additions to the list being provided by members. The need for divisions to adhere to the policy in terms of pre and post inspection assessments/reporting was emphasised.

## **Outstanding Audit Recommendations**

Importance of implementing recommendations in the agreed timeframes was referenced. Some areas were superseded due to circumstances, but others evidenced unpunctual approaches. Agreed all executives to ensure outstanding recommendations progressed according to agreed timeframes.

## **Performance – Divisions**

Exceptions and escalations for each Division were discussed alongside understanding of recovery plans.

Concern was expressed about the loss of the business analyst in the GSU and not being able to access business information from the GSU which has adversely affected the performance review process for the Divisions.

Turnaround time for Pathology has received focus – with debate with external partners about where the fault lies (system / support issue). Struggling to recruit scientists onto the rota system. Actively trying to recruit but creating an over-reliance on good will. National issue so not easily resolved.

## **Escalations from Committees**

Agreed Radiation Protection Committee would report directly to the Risk Committee.

Detailed discussion regarding CG&QC Escalations concerning clinic management. Real issue regarding clinics and late cancellations and rebooking with patients phoning and not being able to get through – some, not all of which related to annual leave management. Head of IT looking into implementation of an alert system so that as soon as annual leave is authorised an alert is issued to the right people required to take action thus mitigating reliance on PPC staff and others and any unacceptable practice blocking clinic bookings. It was acknowledged by those having delivered listening events that clinic appointments was a strong theme.

Agreed next meeting of TMB would receive divisional performance information to include data regarding the effectiveness of clinics and supporting systems.

## **Any items to escalate to BAF / A&AC**

Agreed clinics had already been identified in Principle Risk 4 so no further escalations

**AOB**

Increase in value of untaken annual leave. Value increased from previous year by over £400k. Questioned if indication of annual leave being carried forward increasing that to be taken this year and impacting on capacity. A spot analysis of authorised carried forward leave was agreed to ensure the policy had been adhered to.