

Board of Directors Meeting

Report

Subject: TRUST MANAGEMENT BOARD

Date: 5th NOVEMBER 2015

Author: SHIRLEY A CLARKE, DEPUTY DIRECTOR OF CORPORATE SERVICES

Lead Director: KAREN FISHER, ACTING CHIEF EXECUTIVE

The October meeting of the Trust Management Board was held on Monday 26th October 2015. The full agenda and attendees are included below; the meeting was chaired by Paul Robinson Chief Finance Officer

Escalations:

There were no items identified for escalation to the Board of Directors

Key Issues discussed:

The board discussed the feedback from staff regarding the impact of the CQC report publication. It was stated the staff who 'self-selected' to attend the feedback sessions were more vocal stance than ward based staff who were displaying a more pragmatic approach. There is a sense amongst staff of 'waiting' for an action plan in order to take action. The message from the senior managers to staff was to take action now to improve patient experience and to address the 'must do's' identified in the report.

There has been exceptional support from patients and carers who have been very supportive to staff.

There has been a letter pinned up on two notice boards in the trust from a member of the trust which criticised the trust, this is being dealt with through the usual complaints process. The SID has been informed.

The ED 4 hour standard was achieved for Q2, however there is a risk regarding achievement of the ED target for October and staff are working hard to ensure there are no more than 5 breaches a day to deliver the standard.

The trust has achieved the RTT Incomplete pathway standard for Q2 overall but did achieve for September.

The Trust has been informed the CCG may impose penalties with regard to contract queries.

The Planned estates capital programme was presented and it was agreed a dedicated working group be established to review the detail of the plan with a specific emphasis on how services will be integrated whilst the work is taking place, how this aligns with the cleaning programme and Theatre programme, the outcomes of this will be reported to TMB in November.

With regard to Black Start Generator testing, queries were raised regarding timing and the new Deputy COO and Divisional Nurse for Planned Care and Surgery agreed to work with facilities to agree the optimum time for testing.

Annual Planning – there was a request from the divisions regarding the amount of work required and the need to ensure substantial support from Finance and HR to deliver against the timelines.

Sepsis update included a discussion on the audit of compliance in the ward area's and the need to now focus in this area.

There will be a further HEEM visit on 23rd November 2015,

The Trust performance in the East Midlands GMC survey was disappointing the Trust being 12 out of 13. The response rate across the East Midlands was very low and this could have impacted on the results

The policy for the Assessment and Management of Patients at risk of self-harm was presented for consultation. Comments would be fed back and reflected in the next iteration.

Emergency Care and Medicine

Single Front Door – Phase 1 is completed with phase 2 due to be completed 6th November. Phase 3 will commence 9th November, a QIA, Risk Assessment and SOP will be submitted prior to commencement.

Planned Care and Surgery

SGS External re-accreditation audit had taken place 12-15 August within the Sterile Services Department, 5 minor non-conformances had been identified. The action plan will be monitored through PC & S.

The DGM for PC & S gave an overview of the division with specific reference to an options appraisal for Pain Management and Maxillofacial services together with a request to note that the specified service circular commissioning policy was not applicable to the Division.

Diagnostics and Rehabilitation

The DGM for D & R informed the board that the sexual health services had been successful in the tender process for lot 2 with the bid being deemed the best bid they had ever seen and showed innovation within the organisation.

Integrated booking admin had moved from PC & S to D & R with interim supervisory management in place and support from other divisions.

PACs implementation will commence November, NUH will go live first and there is a risk this may slip by 2 weeks which would result in SFH going live in December.

With regard to Newark there was a watching brief with the clinical lead being supported by other divisions.

All divisions asked for clarity regarding the revised divisional structures particularly with regard to timelines for implementation.

Recommendations

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

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

How has organisational learning been disseminated	Learning identified will be disseminated via the appropriate governance processes
Links to the BAF and Corporate Risk Register	Principal Risks 1 - 5
Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	N/A
Links to NHS Constitution	N/A
Financial Implications/Impact	All financial implications are approved via the SFI's
Legal Implications/Impact	N/A
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	N/A
Monitoring and Review	N/A
Is a QIA required/been completed? If yes provide brief details	N/A

MEETING: TRUST MANAGEMENT BOARD

DATE & TIME: MONDAY 26th OCTOBER 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

AGENDA

	ITEM	ACCOUNTABLE EXEC/LEAD DIRECTOR	ENCLOSURE
1	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)		
2	Declaration of any conflict of interest in relation to any agenda item	All	
3	Minutes and actions of the previous meeting		
3.1	Minutes		Enclosure 3.1
3.2	TMB Action Tracker		Enclosure 3.2
3.3	Board of Directors Action Tracker		Enclosure 3.3
COMMITTEE BUSINESS			
4	Announcements		Verbal
5	Issues and Incidents		Verbal
6	Reputation Management		Verbal
7	Integrated Performance Report	Sue Barnett/Paul Robinson/Graham Briggs	Enclosure 7
8	Planned Estates Capital Forward Programme	Ben Widdowson	Enclosure 8
9	Black Start Generator Testing	Phil Harper	Enclosure 9
10	Quarterly Annual Plan Update	Phil Harper	Enclosure 10
11	Medical Education Quarterly Report	Andy Haynes/Giles	Enclosure 11

		Cox	
12	HEEM and Educational Annual Quality Visit	Andy Haynes/Lee Radford	Enclosure 12
13	Sepsis Update and Action Plan	Andy Haynes	Enclosure 13
14	Self Harm Prevention Policy	Victoria Bagshaw	Enclosure 14
15	Reports from Divisional Management Boards:		
	<ul style="list-style-type: none"> Progress against Annual Plan Risks to delivery Escalations e.g. Quality/Safety issues		
	EC & M	Amanda Robson, Phil Bolton, Ben Owens	Enclosure 15.1
	PC & S	Dale Travis, Liz Williamson, Richard Hind	Verbal Enclosure 15.2i Enclosure 15.2ii Enclosure 15.2iii Enclosure 15.2iv
	D & R	Elaine Torr, Lynn Smart	Enclosure 15.3
	Newark	Tracey Wall	Enclosure 15.4
16	TMB Committee Assurance from Chair of Committee:		
	<ul style="list-style-type: none"> Escalations for TMB action 		
	Clinical Quality & Governance Committee	Andy Haynes	Verbal
	<ul style="list-style-type: none"> Electronic Prescribing HR Recruitment Process 		
	Risk Committee	Phil Harper	Verbal
	OD & Workforce Committee	Graham Briggs	Verbal
	BI & IT	Phil Harper	Verbal
	Business Process Assurance Committee	Paul Robinson	Verbal
	Commercial Development Group	Phil Harper	Verbal
17	Any Other Business		
	Date of next Meeting – Monday 23rd November 2015		

TMB attendance 2015/16

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

	KF	AH	SBow	PR	SBa	PW	KR	SC	BOw	RH	SE	ET	YM	LW	PB	DT
Apr	√	√	√	√	x	√	√	x	x	√	x	√	x	√	x	√
May	√	√	√	√	√	x	√	x	x	√	x	√	x	x	x	√
June	√	√	√	√	√	√	√	√	x	√	√	x	√	x	x	√
July	x	√	√	√	√	x	√	√	x	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
Sept	x	x	x	√	√	x	N/A	√	x	√	N/A	√	x	√	√	√