

Board of Directors Meeting

Subject: Chief Executive's Report
Date: Thursday 30 January 2014
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<p>Executive Summary</p> <p>This report provides an update on the latest issues affecting the Trust.</p>
<p>Recommendation</p> <p>The Board is asked to note the content of this paper and specifically where verbal updates will be given at the Board meeting.</p>

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	
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	N/A
Legal Implications/Impact	N/A
Partnership working & Public Engagement Implications/Impact	
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

1. National A&E Performance

A&E performance across the country has inevitably been in the headlines over the last month. I am pleased to report that as the Integrated Performance Report shows in detail, the Trust remains on target to deliver its minimum 95% A&E target over the current financial year. At a Trust wide level we have achieved this target in each of the first 3 quarters of the current financial year and currently sit at 94.64% for the current quarter at the time of writing. The Trust's performance in the current quarter continues to improve and I remain confident that we will deliver the target once again for the 4th quarter. The current year to date position as at 24th January sits at 96.25%, which in the light of the pressures being felt across the whole country is a performance that the Trust can be proud of.

2. CQC Compliance Assessment

On 4th December the CQC carried out an unannounced inspection, details of which are given in "Progress Against Governance Reviews" found under Enclosure V of today's Board agenda. The reduction of the CQC's Warning Notice to a Compliance Action represents good progress for the Trust. Whilst we remain in Special Measures pending the formal review by the CQC later this year, this reduction of the Warning Notice together with the favourable revisit of the Keogh Team described below, represents a demonstration of the external independent recognition of the improvements in quality that are being achieved by the Trust. Clearly this remains work in progress, but the Trust's success must be widely promoted and the momentum maintained.

3. Revisit of the Keogh Rapid Response Review Team

Elsewhere on this Board agenda under "Progress Against Governance Reviews" Enclosure V gives details of the visit on 4th December 2013 by a subset of the original Keogh Rapid Response Review Team led once again by Dr David Levy. Dr Levy confirmed that the Trust had made significant progress against the Action Plan and advised that there were no areas where his team did not feel assured. Across every individual component of our Action Plan, the Review Team were either partly or fully assured and were able to give very positive comments to myself and the Chairman at the end of their visit. Dr Levy confirmed that the Trust had moved into a much more positive place for our patients to be cared for in and said that his team had seen many examples of good team working and progress against the Action Plan. This again represents excellent progress being made by the Trust against a very comprehensive Action Plan to improve quality across the Trust. It is important that the Trust's success against its Keogh Action Plan is widely promoted and that this is seen as part of a continual improvement process against which the Trust is making appropriate progress. My comments in relation to Special Measures in section 2 above (CQC) are also relevant in respect of the Keogh Review.

4. Executive Team Departmental Visits

On 20th January the Executive began a programme of departmental visits immediately prior to its weekly Executive Team meeting. The inaugural visit was to the Endoscopy Department and was hosted by Dr Steve Foley. Following a brief tour of the department and a description of the work undertaken, members of the Executive Team were able to spend time talking to patients and members of staff. We found this form of visit to be useful as it highlighted a number of issues that the department is currently working on and which will involve input from Executive Directors. Gaining feedback from both staff and patients

also added to the experiential evidence that the Trust has built through the “In Our Shoes/In Your Shoes” engagement programmes and the visit itself provided useful context for the subsequent meeting of the Executive Team in which a number of clinical and operational issues were discussed. My subsequent meeting in the same department with the Stoma Specialist Nurses added to my understanding of the breadth of service offered by the department and in particular the integration between the direct acute care given by the department and the on-going relationship with a number of our patients through interactions within the community by our staff.

5. Special Measures Buddying Arrangements

The Trust is in the process of agreeing a formal buddying arrangement between ourselves, the Newcastle Upon Tyne NHS Foundation Trust and Monitor, designed to further enhance the responsive care offered to our patients and strengthen our quality governance arrangements at the Trust. The buddying contract is a requirement of all Trusts within Special Measures and we have been in negotiation for some time with Monitor to ensure that the arrangements are able to build on the successes that the Trust has already enjoyed in having already given partial or full assurance against every component of the Keogh Action Plan. Further details are given elsewhere on the Board agenda in Enclosure V, “Progress Against Governance Reviews”. It remains important for the Trust to actively seek examples of best practice from other NHS and non NHS organisations in its continuing pursuit of improving quality across all of its services.

6. Trust Management Board

The Trust Board will be well aware of the new arrangements being brought in during 2014 to reflect the improved governance arrangements at the Trust. As part of these arrangements the first meeting of the newly convened Trust Management Board (TMB) will take place on 27th January. The role of the TMB is derived from the responsibilities of the Accounting Officer and has the executive powers conferred to it under the Trust’s governing documents (Standing Orders, Standing Financial Instructions and Scheme of Delegation) and is authorised through that governance framework, by the Board of Directors to act within its Terms of Reference. The role of the TMB is:

1. To implement the decisions of the Board of Directors to ensure the effective and efficient operation of the Trust in accordance with applicable legislation and regulation regarding the affairs and conduct of the Trust;
2. To implement the Trust’s strategy and objectives as outlined in the Trust’s Annual Plan;
3. To hold the Trust’s Senior Management Team individually and collectively to account for the performance of the Trust;
4. To enable TMB to obtain evidence that the highest standards of care are provided by the Trust and, in particular, that adequate systems of internal control, structures and processes are in place throughout the Trust;
5. To identify, prioritise and manage financial, quality, reputational, operational and tactical risks arising from clinical care;
6. To protect the health & safety of Trust employees.

The approved minutes of TMB will be sent to the Board of Directors.

7. The Case for Change for Transformation in Mid Nottinghamshire

On 22nd January, the Trust Board and a number of its Senior Managers and Clinicians met with the Governing Bodies of Mansfield & Ashfield and Newark & Sherwood Clinical Commissioning Groups. The purpose of the session was to:

1. Confirm our collective understanding of the case for change;
2. Create a deeper understanding of how the Blueprint is designed to deliver the changes we need to implement;
3. Better understand what the impact of these changes are for all organisations;
4. Seek a collective view about the timing and the pace for change;
5. Consider what we need to do now to achieve radical transformation changes;
6. Create a shared narrative/route map for sustainability to share with Monitor.

The Blueprint is the result of many months of discussion involving a number of Health & Social Care Partners across Mid Nottinghamshire. The meeting enabled the Trust and its two local CCGs to reflect on the work undertaken thus far and to agree key principles to be further developed over the coming weeks and months. The detailed outputs from the session will be shared with Monitor at a joint meeting involving the CCGs, the Trust and Monitor on the 29th January.

8. Medical Director Interviews

Arrangements are being finalised for the interviews to appoint a substantive Medical Director on the 5th February. The post remains filled on an interim basis at present by Dr Andrew Haynes. Members of the Board will be briefed on the shortlist and the interview arrangements during the week beginning the 27th January.

Paul O'Connor
Chief Executive