Sherwood Forest Hospitals **NHS**
NHS Foundation Trust

Board of Directors
Meeting   Report

Subject: **TRUST MANAGEMENT BOARD**

Date: **26th February 2015**

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

Lead Director: **PAUL O'CONNOR, CHIEF EXECUTIVE**

The February meeting of the Trust Management Board was held on Monday 23rd February 2015. The full agenda is included below.

Escalations:

The 2015/16 Contract negotiations, budget setting process and CIP scheme development were to be escalated to Trust Board.

All other escalations were identified through the Board Assurance Reporting process:
- Cancer patients waiting over 100 days
- HEEM visit in relation to Junior Doctors

These would be added to the BARs and reported through the relevant committees to Audit and Assurance Committee for inclusion on the Board Assurance Framework (BAF) Document.

Key Issues discussed:

The implementation of PAS was discussed and it was agreed a formal update including the outcome of legal advice and application of the hot fix would be presented to the private section of the Board of Directors in March 2015

Quality Improvement plan – 3 items are flagged as Red Rated:
- Infection Control
- Medical Day Case Unit
- Patient flow

Infection control is RAG rated as red as a result of the Trust exceeding its target of 37 Cdiff cases. At the end of month 10 the Trust was recording 60 cases year to date.

The medical day case unit is not progressing in the way originally envisaged in the plan and it was agreed to revisit this and realign the plan

Patient flow continues to be RAG rated as red until the ED 4 hour target is achieved which is forecast for w/c 22nd March 2015

The serious incident report, claims report and safeguarding report were presented and it was agreed that going forward these should be triangulated to identify themes and learning

The board were asked to inform Corporate Services department of all scheduled external agency visits as a matter of urgency in order that the senior management team were aware of the visits, understood the actions from previous visits, what had been achieved and if the standards or national agenda had changed in anyway which may impact on future visits.

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.

There were extensive discussions regarding the structure proposals to ensure delivery of the financial plan going forwards, this included an integrated PMO structure which focused on 6 transformational programmes supported by dedicated financial support through the recruitment of a Deputy Director of Finance, improved Business Intelligence to provide performance data and information from a central resource reporting via a matrix structure to a Programme manager and ultimately Delivery Director.

It was also agreed the format of Executive Team meetings and TMB would be realigned in order to focus on strategic issues for the first half of the month (before operational data is available) and operational issues in the second half of the month. As a result it was envisaged TMB would become a shorter more focused meeting which would convene fortnightly.

Reporting of the divisional performance and delivery meetings focused on delivery of the ED target for EC & M although it was stressed this wasn't just an EC & M issue and all divisions had responsibility to ensure patient flow was at the forefront of operational priorities.

For PC & S it was escalated that the number of cancer patients waiting over 100 days would be escalated via the Board Assurance Report for Principal risk 4 – Unable to deliver and maintain clinical sustainability to the Board Assurance Framework Document for discussion at Audit and Assurance 12th March 2015.

It was reported that the B I & IT committee hadn't been quorate for the last 2 meetings and the construct of the meeting needed to be reviewed as the current focus was on IT with no focus on BI. It was also agreed that the level of investment from CDG be understood in order to assess the business benefits.

There were no escalations from CDG

Attendance at the OD & Workforce committee has been low and therefore the ToR and attendees are to be revisited. It was highlighted in relation to Whistle blowing that a NED would need to be identified to take this forward and it was proposed this would be the new SID which was currently being recruited to.

Medical managers reported that pathways were being uploaded on to the intranet via a single point of access, Manager Training was highlighted as an issue identified in this forum.

Nursing Forum – the board were informed that of the 50+ overseas nurses recruited only 4 had left the trust, this was lower than any other local trusts and the national picture.

Members of the board were asked to ensure their mandatory IG training was completed by the end of March in order to ensure the Trust complied with the IG toolkit which is due for submission on the 31st March.

It was highlighted via the Transformation Board dashboard that pre-op assessment had a backlog. Work was ongoing with the Divisional matron in PC & S to develop a trajectory when this would be back on track.

2 single waiver procurement contracts were recommended by the chair and approved.

It was agreed to revisit the BAR for Principal risk 3 – Unable to deliver an maintain financial sustainability in order to ensure it reflected the risks regarding delivery of the financial plan and the mitigation of increasing the capacity across the trust through the revised structure reporting to the Delivery Director.

QIPP negotiations were reported as progressing with some realignment required from the CCG's and SFH regarding what could be achieved.

Recommendations

1. The Board is invited to receive assurance from this report regarding issues discussed and approved by the Trust Management Board
2. The Board is invited to approve the escalation of the Cancer patients waiting over 100 days and the outcome of the HEEM visit in relation to Junior Doctors to be included on the relevant Board Assurance Report for inclusion on the BAF Document
3. The Board is invited to agree the format of this report.

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	

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

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MEETING:	**TRUST MANAGEMENT BOARD** *Focus = what the Trust needs to achieve; the risks threatening achievement*
DATE & TIME:	**MONDAY 23RD FEBRUARY 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
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
3.2	Matters Arising		Enclosure
3.3	TMB Action Tracker, including actions from Board of Directors		Enclosure
4	**ROUTINE BUSINESS**		
	Reputational management – announcements, issues, incidents	All	Verbal
5	**Mandatory Items**		
6	**Strategy and other Reviews/Policy Approvals**		
7	**Principal Risk 1 -Failure to maintain the quality of patient services demanded**		
7.1	Quality Improvement Plan Escalation – Red rated actions	YS	Enclosure

7.2	Serious Incidents Report	LD	Enclosure
7.3	Claims Report	SC	Enclosure
7.4	Safeguarding	AH	Enclosure
7.5	PAS Update – BAR 4	AH	Enclosure
7.6	Infection Control	AH	Flash Report
7.7	Quality Safety and Risk – escalations and actions from Clinical Quality and Governance Committee – (*Chairs of meetings to report escalations, actions implemented, risks identified, request action from members of the board*)	SB/AH/Divisional Management Teams	Enclosure
7.8	Reports and updates from external agency visits (*Lead for visit/report to highlight escalations, actions implemented, risks identified, request action from members of the board*)		
7.8.1	Health Education East Midlands (HEEM) Quality Management Review	KF/AH	Enclosure
7.8.2	JAG Action Plan	SE/SBr	Enclosure
8	**Principal Risk 3 – Failure to deliver and maintain financial sustainability**		
8.1	Finance Report – M10	MA	Enclosure
8.2	Budget Update and CIPS 2015/16	MA	Enclosure
8.3	Board Assurance Report – Principal Risk 3	MA	Enclosure
8.4	Escalation and actions from Business Process Assurance Committee (*Chair of meeting to report escalations, actions implemented, risks identified, request action from members of the board*)	MA	Minutes of meeting
8.5	Escalation and actions from Commercial Development Group (*Chair of meeting to report escalations, actions implemented, risks identified, request action from members of the board*)	PW	Minutes of meeting
9	**Principal Risk 4 – Failure to deliver and maintain clinical sustainability**		
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

9.1.4	Corporate - Minutes and performance dashboard (reds & ambers)	Exec Leads	Verbal (no meeting in Jan/Feb)
9.2	Board Assurance Report – Principal Risk 4	SBa	Enclosure
9.3	Escalation and actions from Cancer Management Board	SBa	Minutes of meetings
9.4	Escalation and actions from Risk Committee	LD	Minutes of meetings
9.5	Escalation and actions from BI & IT Committee	SBa	Minutes of meeting
10	**Principal Risk 5 – Failure to sustain an engaged an effective workforce**		
10.1	Escalation and actions from OD and Workforce Committee • Whistleblowing • Agency Spend Actions • Training (mandatory) • Sickness Absence	KF	Minutes of meeting
10.2	Escalation and actions from Medical Managers Forum • Engagement Actions	AH	Verbal
10.3	Escalation and actions from Nursing Forum • Engagement Actions	SB	Minutes of meeting
10.4	Executive IG Training *(reminder all to ensure completed)*	SC	Verbal
11	**Principal Risk 2 – Essential components of round the clock (24/7) urgent/emergency care not in place/not effective**		
11.1	Escalation and actions from Transformation Board • Dashboard – (reds and ambers)	AH	Dashboard
11.2	Annual Plan 2015/16 Progress Update	PW	Annual plan progress report
12	**Presentations**		
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
13	**Other Issues**		
13.1	QIPP Update • Financial Achievement • Impact on Service Delivery • Implications for 2015/16	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
14	**Escalations from TMB to Trust Board**		

	Review all reports received in meeting and subsequent discussion and agree any items to be escalated to Trust Board	All Members	Verbal
15	**Any Other Business**		
16	**Library Information Items**		
17	**Date of next Meeting –** Monday 23rd March		

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	√	√	√	√	√	√	X	√
Nov	√	√	√	√	√	X	X	X	√	√	√	X	√	√	√	X	√
Dec	No meeting																
Jan	X	√	√	√	√	SBa √	√	X	√	BOw X	X	X	√	√	X	√	√
Feb	√	√	√	X	√	√	X	X	√	X	X	√	√	X	X	√	√
Mar																	