


CHAIR'S KEY ISSUES

ISSUES FOR REFERRING / ESCALATING TO BOARD / COMMITTEE / TASK & FINISH GROUP

ORIGINATING BOARD / COMMITTEE / TASK & FINISH GROUP:		Executive Management Committee	DATE OF MEETING ISSUE RAISED:	16 January 2020	
CHAIR:		Nick Hulme, Chief Executive	LEAD EXECUTIVE DIRECTOR:	Nick Hulme, Chief Executive	
Agenda Item No.	DETAILS OF ISSUE:	FOR APPROVAL / ESCALATION / ALERT/ ASSURANCE / INFORMATION?		Board Response	
Item 4	<p><u>Corporate Risk Register</u> The EMC received and reviewed the high level operational risks which form the corporate risk register. Noting 5 risks associated with staff resource; 5 finance and performance; 5 quality; 2 regulatory and 1 environmental.</p> <p>A number of risks were associated with NEESPS and all within the transformation programme for this service. The MHRA had recently written to the Trust in recognition of the significant level of work that had been undertaken and listing 3 items to be resolved which will see the relaxing of monthly review by the regulator.</p> <p>Risk 179 – (Insufficient Number of ARCU Beds). ARCU bed capacity is delivered through two different models of provision at the acute sites. EMC has commissioned a review of the ARCU bed capacity and asked that this is reviewed by QPS when available.</p> <p>Risk 621 - Pharmacy workforce to provide core pharmacy service. EMC noted that a number of additional posts had been approved at investment group which would now need to be recruited to. The EMC through the Divisional DAM meeting will be seeking a clear plan for managing / mitigating this risk.</p> <p>Risk 252 – Ageing blood fridges was noted and confirmed on the capital plan for next year.</p>	Information	Escalation to QPS.		

<p>Item 7</p>	<p><u>Time Matters Update</u> November 2019 ESNEFT held a week long (7 days) series of events with a focus on out of hours experiences of patients and staff with a greater focus on clinical services as opposed to corporate services that was the focus in 2018. This was a fully inclusive event and covers all teams across ESNEFT, both clinical and non-clinical teams in the acute and community settings. The EMC received a full report and noted:</p> <ul style="list-style-type: none"> • Much of the items raised by staff and patients during TMW2019 is similar to that raised in 2018 and is currently being addressed by various projects and initiatives across ESNEFT. • The Director of Strategy is leading a piece of work to review the strategic transformation of ESNEFT to narrow our focus on the most important priorities. • The key findings and proposed actions from TMW2019 are to be factored in the prioritisation process to redraft the drivers and align corporate & clinical priorities under a new programme structure. 	<p>Information</p>		
<p>Item 8</p>	<p><u>Operational Delivery Group</u> The EMC received and approved the ODG terms of reference with a review to take place in six months to ensure that the new structure is effective.</p> <p>The terms of reference are attached for information only.</p>	<p>Information</p>  <p>Item 8 ODG Terms of Reference Draft-v</p>		
<p>Item 9</p>	<p><u>SMART Care Programme</u> The programme to introduce Automatic identification and Capture (AIDC) technologies, known as track and trace; based on the efficiencies identified by the Lord Carter review, embodied in the NHS eProcurement strategy and tested in six Scan4Safety demonstrator sites, for reduction in unnecessary variation, wastage and loss and improved patient safety. The EMC noted that work streams are all progressing within plan.</p>	<p>Information</p>		
<p>Item 10</p>	<p><u>Strategy Update</u> The EMC received an update on the strategy delivery programme. This is full agenda item for the Board of Directors meeting in Part 2.</p>	<p>Escalation full agenda item at Board meeting.</p>		

<p>Item 12</p>	<p><u>Business Planning Update</u> The EMC received the progress report towards business planning for 2020/21 noting that it was a first cut and further work is to be completed. Next steps were to scope the strategic transformation programmes and priorities these returning to EMC in February and March meetings.</p>	<p>Information</p>		
<p>Item 13</p>	<p><u>Care Quality Commission Report</u> The EMC had received the report noting the programme of work to set the improvement plan. The 'must do' action plan is required to be submitted to the CQC by the 8 February 2020 and a further 'should do' action plan at divisional level was being developed. EMC noted that teams, whilst disappointed with the overall outcome, had responded well to the reports and were keen to fix the issues identified. The Director of Governance will be the SRO for the improvement plan with EMC providing the oversight. A report on the CQC report is provided as a full agenda item at the Board meeting.</p>	<p>Escalation full agenda item at Board meeting.</p>		
<p>Item 15</p>	<p><u>Proposal for changes to financial governance principles for 20/21</u> The EMC received a draft proposal financial governance for 2020/21 which was designed to ensure that the management team set clear, challenging and achievable expectations linked to organisational priorities; timely decision making taken by the right people with an appropriate level of information; clear accountability linked to a robust performance framework; timely and reliable financial and activity information to support high quality decision making; and high quality financial, procurement and information support provided to enable sound decision making across the Trust. The proposal (in recognition of the size and complexity of the organisation) will look for some decision making to work in a more devolved way, while maintaining clear lines of accountability. This is at internal consultation at this time.</p>	<p>Information</p>		