

Agenda item 69/15

DRAFT
MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
WEDNESDAY 27 May 2015

Call to Order

Present:

Alan Tobias	Chairman
David Parkins	Deputy Chairman
Sue Hardy	Chief Executive
James O'Sullivan	Chief Financial Officer
Jon Findlay	Chief Operating Officer
Fred Heddell	Non-Executive Director
Neil Rothnie	Medical Director
Qadir Bakhsh	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Mike Green	Non-Executive Director
Jan China	Director of Estates & Facilities
Mary Foulkes	Director of Organisational Development & Human Resources
Cheryl Schwarz	Acting Chief Nurse

Also in attendance:

Angela Bosnjak-Szekeres	Trust Secretary
Karoline Singleton	Assistant to Trust Secretary (minutes)
Claire Hankey	Staff – Head of Communications
Paul Sly	Strategic Review Project Management Office
Tony Dunn	Governor
Les Catley	Lead Governor
Majzoub B Ali	Member of the public
Garron Baines	Member of the public
Trevor Johnson	Member of the public

Alan Tobias, Chairman and Jan China, Director of Estates & Facilities, congratulated and presented on behalf of the Board a certificate to the May winner of Hospital Heroes, Bryan Record, Outpatients Healthcare Assistant.

The April winner Rebecca Woolley was unable to attend.

45/15 Welcome and Apologies

The Chairman welcomed Directors, Governors, staff, and members of the public to the meeting.

Apologies:

Apologies were received from Tim Young, NED.

46/15 Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

47/15 Approval of Part 1 minutes of 25 March 2015 meeting

The minutes of the previous meeting were agreed as an accurate record.

48/15 Matters Arising

There were no matters arising not covered by the agenda.

49/15 Consideration of Part 1 Action Tracker

Decision:

- The Action Tracker was approved as presented.

50/15(i) Nursing Establishment – Bi-monthly Update

Cheryl Schwarz, Acting Chief Nurse, gave the report to the Board. This report relates to fill rate against planned staffing for March and April 2015 including the increased staffing levels previously agreed at Board.

Key Points:

- High risk triggers were identified on 51 occasions on the wards in March 2015. This was reduced to 16 in April 2015. All high risk triggers in March and April were mitigated to moderate or low.
- No high risk triggers were identified in A&E in March or April 2015.
- Vacancies are still actively being recruited to in several areas.
- The introduction of a recruitment and retention incentive for student nurses due to graduate in September was agreed by the Executive.
- Employment offers have been made to 44 student nurses.

CS confirmed that progress had been made in regards to paediatric recruitment; however, 6-7 beds remain closed to ensure safe staffing.

The recruitment trajectory and progress was further questioned and it was agreed to discuss recruitment in further detail under agenda item 53/15(i) – Recruitment Plan.

CS further confirmed that the risk of short staffing is revisited on a shift by shift basis and staff members are redeployed if/when the need arises. However, currently this is not reflected in the report graphs. In future, reports will be able to show and track live staff management following the recent upgrade of eRostering. CS will report this to the next Board meeting.

It was queried why the trust was not included in London weighting allowance area. The Chief Executive will investigate this and report back to the Board.

Actions:

- SH to investigate possibilities around the trust being included in London weighting area.
- CS to provide carry out benchmarking exercise on tracking/live staff management and report to Board in August 2015.

Decision:

The Board noted the report.

50/15(ii) Nursing Establishment – 6-monthly Update

Cheryl Schwarz, Acting Chief Nurse, gave the report to the Board which provides an evidence-based and professional view of nurse staffing levels and identifies the number of nursing staff required to provide safe and effective care on the wards.

Key Points:

- A number of vacancies remain across the trust and a number of wards have not yet managed to recruit in to all the uplifted establishments.
- A range of recruitment initiatives continue.
- There have been fluctuations in acuity and dependency and some wards have been required to open extra beds.
- It was concluded that the recommended staffing levels agreed in January 2015 remain appropriate.

It was questioned whether there might be a correlation between sickness rates and vacancies on Blenheim ward and CCU. CS will investigate and confirm to the Board via email.

Action:

CS to investigate possible correlation between sickness rate and vacancies and inform Board via email.

Decision:

The Board noted the report.

51/15 Complaints Report 2014/15

Cheryl Schwarz, Acting Chief Nurse, gave the report to the Board which provides information on complaints, PALs, claims and inquests received between 1 April 2014 and 31 March 2015 as requested by Monitor's annual reporting guidance. The report also includes compliments and information on the organisational learning from closed cases.

Key Points:

- The trust received a total of 927 complaints, 3271 PALs contacts, 79 claims, 2060 compliments, 106 comments cards and was involved in 64 inquests.
- The proportion of complaints to attendances (0.09%) remains the same as last year.
- The department is looking to introduce a Rapid Response System.

The Board discussed the agreed deadline dates in which complaints should be responded to and it was agreed that in some cases deadlines are miscalculated and/or not realistic given the complexity of many cases and the fact that several wards/staff members may be involved. CS confirmed that the department is aiming to be more proactive in going out to meet with staff to obtain outstanding replies/answers to questions/complaints.

It would seem that whilst the quality of responses has increased responses to complaints are not given quick enough.

CS confirmed that a quarterly complaints report is presented to the Quality Assurance Committee (QAC) and this report includes assurance regarding learning from incidents. It was discussed and agreed that learning should be evidenced before a case is closed. This will be discussed in further details at the next QAC meeting in

July.

Action:

CS to provide a report to QAC in July to show a robust process is in place for learning from incidents and complaints.

Decision:

The Board noted the report.

52/15

Monthly Integrated Performance Report (IPR)

JF, Chief Operating Officer, presented the report to the Board with input from the Chief Nurse and the Director of Estates & Facilities.

It was noted that the report had already been discussed in some detail at the Council of Governors meeting on 13 May; JF updated the Board on changes that had occurred since then.

Key Points:

RTT

- All 3 RTT targets were achieved and are expected to be continued to be achieved in May.

A&E

- The A&E 4-hr standard was not achieved for April due to continued high demand. The trust continues to work with the CCGs to try to understand this sudden rise in demand. Surveys are being carried out to find out which other services, if any, patients have tried to access before coming to A&E.
- Winter planning has started and a team is developing a plan to develop capacity to deal with 300 daily attendances.
- JF has confirmed that NHS England have commissioned KPMG to look at demand system-wide. During this process they will analyse data and are due to report on their findings by the end of June.
- Additional staffing will be needed to support weekend demand.

Cancer

- 62 day first treatment and 31 day subsequent surgery targets were not achieved for March and April.
- IST have been invited back to the trust and will help support work relating to the lung and urology pathway. The draft report on this has been received but the final report is being awaited. JF will report on this to the Board once he has received it.

Quality

- An improvement has been seen in relation to pressure ulcers.
- The Serious Incident (SI) report is now included in the IPR in Part 1 of the Board.
- It was confirmed that CDiff cases were not due to a lapse in care.
- The decrease in response rate for the Friends & Family test is believed to be due to the introduction of new areas included in the survey which has led to a bigger sample size.

Cleaning

- The Board expressed its disappointment with the deterioration of maintenance and cleaning standards. JC explained that 11 maintenance vacancies had been recruited to and it is hoped that targets will be met by July 2015 due to these now filled vacancies. The skill mix has been reviewed and vacancies

recruited to accordingly.

- The management continues with unannounced spot checks and therefore improvements are expected to be seen soon.
- Disappointment was also noted with the catering targets. JC confirmed that Medirest had introduced a new management structure which should result in a better service for patients and staff.

Action:

JF to report to Board on IST findings regarding lung and urology pathway.

Decision:

The Board noted and received the report.

53/15(i) Recruitment Plan

Mary Foulkes, Director of OD & HR, gave the report to the Board. The report provides an update regarding the current level of staff vacancies and the actions that are being taken to reduce the gap between the approved staffing establishment and the number of staff in post.

Key Points:

- MF confirmed that an improvement in filling vacancies can be seen and Southend seems to be doing better than other trusts in this respect.
- However, the challenge remains and work is on-going in order to address this.
- The Consultant recruitment process has been reviewed and improved to ensure the right candidate is found for the trust. This includes an on-line psychometric test prior to the formal interview. Candidates will also be required to give a presentation on a given topic to members of the multi-disciplinary team. This is pilot scheme at the moment and may be branched out to nursing areas if successful.
- The options of apprenticeships are being explored as well as offering career development to existing staff.
- Appraisals will be more linked to succession schemes for middle and senior management.

Decision:

- The Board noted the report.

53/15(i) eRostering

Jon Findlay, Chief Operating Officer gave the report to the Board. The report provides an update on the progress that has been made in relation to the introduction of eRostering.

Key Points:

- A new project manager started in September 2014
- Version 10 was successfully rolled out under the re-launch of the project throughout February to April and delivered to end users on 27 April 2015.
- Feedback received so far is positive.
- A number of benefits can be seen already despite the project being a long way off from being completed.
- The future focus is to implement electronic bank timesheets, employee online access from home, roll out to remaining units, linking to payroll and improve the use of auto roster.

- JF confirmed that practices need to be standardised across which will be a challenge.

Decision:

- The Board noted the report.

54/15

Financial Position

James O’Sullivan, Chief Financial Officer, gave the report to the Board which presents the financial position for April 2015.

Key Points:

- There was a favourable variance to plan of £19k in April.
- Cash balances increased during the month and were close to plan
- The Continuity of Service Risk Rating (CoSSR) decreased to 1.
- Clinical Income was ahead of budget for April by £0.2m.
- Income for outpatients first and follow-up appointments is £186k favourable.
- A&E attendances are significantly over plan in April reflecting the continued high level of activity at the front door.
- Pay expenditure in April was higher than plan, largely due to continuation of ‘winter pressure’ costs of £233k which are offset with clinical income.
- Agency spend was further reduced to £1.3m.
- Expenditure in the month was in excess of budget, mainly due to the outsourcing of surgical & MSK patient to the independent sector to meet RTT targets.
- Diagnostic & Therapeutics Department is behind plan due to overspending on drugs and pathology.

The Board raised concern at going off track and discussed whether savings would need to be made elsewhere. SH explained that the transformation is on track – however, activity has increased which has put extra unexpected financial pressure on the trust. JOS confirmed that the Executive is not just accepting a risk of not meeting the transformation plan. It was agreed to discuss this in further detail at the next Finance & Investment Committee on 24 June 2015.

Decision:

- The Board noted the report.

55/15

Part 1 Report from the Chairman

Alan Tobias, Chairman updated the Board as follows:

- The most recent Monitor PRM meeting took place on 20 May and it was felt that it was a positive meeting.
- The trust was encouraged to make their case to come out of breach of licence conditions; however, the process was not entirely made clear.
- Concern was raised about the trust’s CoSSR of 1.
- Monitor seem to have recognised that the trust is taking active steps to improve.
- Monitor have requested a trajectory showing when the trust can guarantee achievement of all standards.

Decision:

- The Board noted the update.

56/15 **Part 1 Report from the Chief Executive**
Sue Hardy, Chief Executive had nothing further to add.

57/15 **Review of Board Assurance Framework (BAF)**
Sue Hardy, Chief Executive, gave the report to the Board. The Board is asked to consider the BAF and to agree the revised risks which have been reviewed by the relevant committees.

It was agreed that Risk 4 (Deteriorating financial position) will be reviewed and reduced; it will remain a high risk, however.

MG confirmed that the Audit Committee will be reviewing and updating the BAF methodology at its next meeting in August.

Action:

- Risk 4 to be added to the FIC meeting agenda for discussion and review.
- 'Consultation of strategy' to be added to Risk 8.

Decision:

The Board noted and received the report and agreed the revised risk ratings.

58/15 **Review of Nominations Committee Terms of Reference (ToR)**
Angela Bosnjak-Szekeres, Trust Secretary, presented the reviewed and updated ToR to the Board. The Board is asked to consider the suggested amendments and to ratify the ToR for the Nominations Committee.

The changes mainly relate to clarifying processes to tie in with Monitor guidelines.

Decision:

The Board ratified the amendments to the ToR for the Nominations Committee.

59/15 **Review of Remuneration Committee Terms of Reference (ToR)**
Angela Bosnjak-Szekeres, Trust Secretary, presented the reviewed and updated ToR to the Board.

The Remuneration Committee considered its ToR at its last meeting on 25 March 2015. The Board is asked to consider the suggested amendments and to ratify the ToR for the Remuneration Committee.

Qadir Bakhsh, Chair of the Remuneration Committee, updated the Board that further benchmarking data relating to Chief Executive salary was requested and upon receipt of this a recommendation was made.

Decision:

The Board ratified the amendments to the ToR for the Remuneration Committee.

60/15 **Quality Assurance Committee (QAC) report**
Fred Heddell, Chair of the QAC, gave the report to the Board.

Decision:

The Board noted the report.

61/15 Audit Committee report

Mike Green, Chair of the Audit Committee, presented to the Board.

It was noted that there is a dispute between the trust and the auditors in relation to the submission of the IG toolkit. Following further evidence to be provided the opinion and recommendations will need to be clarified.

It was also noted that feedback was requested on how guidelines/instructions regarding cyber security will be disseminated to staff for their personal devices which are used work purposed and/or on trust premises.

Decision:

The Board noted the report.

62/15 Finance & Investment Committee (FIC) report

David Parkins, Chair of FIC, gave the report to the Board which comprised a summary of issues considered at the last meeting.

Decision:

The Board noted the report.

63/15(i) Review of Standing Financial Instructions (SFIs)

Angela Bosnjak-Szekeres, Trust Secretary, presented to the Board. A working group of NEDs undertook a comprehensive review of the SFIs. A vote of thanks was extended the working group for their hard work.

Noted that the section on procurement is currently outstanding but is to be completed in the near future.

The Board is asked to ratify the revised version of the SFIs, bar the section on procurement which will be presented to the next Board meeting in August.

Action:

JOS to devise a shortened summary version and disseminate to all relevant staff.

Decision:

The Board agreed the revised SFIs in format (with page numbering and the section on procurement to be finalised).

63/15(ii) Review of Standing Orders (SOs)

Angela Bosnjak-Szekeres, Trust Secretary, presented to the Board. A working group of NEDs undertook a comprehensive review of the SOs. A vote of thanks was extended the working group for their hard work.

The Board is asked to ratify the revised version of the SOs.

Action:

Scheme of Delegation (SoD) to be reviewed in the near future.

Decision:

The Board agreed the revised SOs.

64/15 **Constitutional changes**

Angela Bosnjak-Szekeres, Trust Secretary, presented to the Board.

The amendments were considered by the Governors' Strategy and Governance group at its meeting on 7 May 2015. The Trust Secretary expressed her thanks to the group and the Governors for their input.

The Board is asked to agree the amendments to the trust's Constitution.

Action:

Document to be finalised, published on the trust website and to be sent to Monitor.

Decision:

The Board agreed the revised Constitution.

65/15 **Review of Board Calendar**

The Board Calendar was reviewed.

Action:

Dates of Board Development Days and FIC meeting dates to be added to the calendar.

Decision:

The Board approved the calendar.

The Chairman invited questions from the public. Several questions were asked and points raised:

- *Garron Baines enquired about redeployment of staff and whether acuity of patients is measured and monitored effectively. He questioned whether a pool of nurses would be helpful. CS confirmed that staffing is reviewed at every shift by the duty matron and nurses redeployed as appropriate. A pool of nurses would be very welcome but not feasible at the moment as nursing vacancies have not been filled yet. However, it was agreed that there are sometimes issues with staff not escalating problems soon enough. It was discussed that the introduction of the nerve centre will also help with closer monitoring of patients' acuity.*
- *Mr Ali updated the Board that he visited the Southend CCG Board meeting. There a discussion was had on GP opening hours. Improvement has been made as now only 40% of GPs are not adhering to the extended opening hours.*
- *Mr Ali had clarified that the CoSRR of 1 is deterioration from its previous position of 2.*
- *Trevor Johnson enquired if the trust was challenged in regards to recruiting to non-medical posts. It was explained that there are some challenges in the estates departments and at senior level. It was also explained that a streamlined project is currently being piloted where a number of trusts are looking at best practice and standardised references.*

The Chairman thanked members for their contribution and declared Part 1 of the meeting closed at 11.50am.