

Agenda item 21/17

**DRAFT MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
TUESDAY, 28 February 2017**

Call to Order

Present:

Alan Tobias	Chairman
David Parkins	Non-Executive Director/Deputy Chair
Gabrielle Rydings	Non-Executive Director
Mike Green	Non-Executive Director
Tim Young	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Fred Heddell	Non-Executive Director
Claire Panniker	Chief Executive
Yvonne Blücher	Managing Director
Mary Foulkes	Chief Human Resources Director
Celia Skinner	Chief Medical Officer
Diane Sarkar	Chief Nurse
James O'Sullivan	Chief Finance Officer
Martin Callingham	Chief Information Officer
Carin Charlton	Group Estates and Facilities Director

Also in attendance:

Eve Yates	Assistant Company Secretary (minutes)
Brinda Sittapah	Company Secretary
Neil Rothnie	Medical Director (part)
John Henry	Director of Estates and Facilities
Adrian Buggle	Director of Finance
Cathy O'Driscoll	Director of HR
Denise Townsend	Director of Nursing
Rebecca Boyes	Interim Deputy Head of Operations
Amanda Burton	Communications
Les Catley	Public Governor
Sally Holland	Public Governor
Linda Cook	Public Governor
Joe Cooke	Public Governor
Trevor Johnson	Public Governor
Meg Davidson	Public Governor
Chris Gasper	Member of the public
Majzoub B Ali	Member of the public
Ken Burch	Member of the public
May Hamilton	Member of the public
Carol Aylward	Member of the public
David Cromfield	Southend & District Practitioners
Kylie Locke	Modern Matron
Anne Groome	Ward Manager

Patient Story

Janet Aldridge presented the experience of her mother's recent stay at Southend Hospital, an overview of the care she received as a patient admitted via the emergency department to a medical ward. Janet provided feedback in relation to the care and

communication provided to a patient with dementia, and her family. The importance of effective communication with the patient's family was highlighted, in relation particularly to discharge planning and issues with the process.

Janet has since met with the relevant senior staff and actions to improve the experience for a patient with dementia have been agreed. Janet has also attended the Trust dementia steering group and engaged in patient and carer experience activities, and is encouraged by the work now being done.

The Board recognised that when a patient with dementia is admitted due to another illness, their dementia diagnosis should be relevant in how they receive treatment.

Kylie Locke, Matron, described to the Board the following improvements which have been made since Janet's mother's stay;

- A dementia strategy and action plan has been developed and includes a 'from the front door' pathway.
- Pilots on 2 wards involving volunteers to improve dementia care.
- Increasing the befriending service.
- Admission checklists.
- The action plan is reported at the Quality Assurance Committee to ensure that it is monitored effectively.

The Chairman thanked Kylie and the ward staff for the work that they have achieved in relation to caring for patients suffering from dementia. The Chairman also thanked Janet for presenting her mother's story and for becoming involved in the dementia steering group.

01/17

Welcome and Apologies

Alan Tobias (AT), Chairman, welcomed all to the meeting and welcomed the Joint Executive Group to their first SUHT Board meeting. Apologies were received from Gail Partridge (GP), Non-Executive Director, Tom Abell (TA), Chief Transformation Officer and Jo Furley (JFu), Director of Operations.

AT confirmed that this meeting was originally due to take place on 1 February 2017 but due to the introduction of Joint Working Board meetings, the Board had agreed an alternative date of 28 February 2017 and also had agreed a revised Calendar of Board meetings.

AT acknowledged the retirement of Jan China from the Trust; the Board agreed that Jan's great service should be acknowledged with thanks and appreciation.

02/17

Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

03/17

Approval of Part 1 minutes of meeting held on 8 December 2017

The minutes of the previous meeting were agreed as an accurate record of the previous meeting, with the following minor amendment;

- Page 8 114/16 Mike Green (MG), Non-Executive Director presented this report to the Board.

04/17

Matters arising from minutes (if any):

There were no matters arising.

05/17

Consideration of Part 1 Action Tracker

The action tracker was approved as presented with the following amendment;

- Page 4 105/16 action owner to be changed from Jan China to Neil Rothnie (NR), Medical Director.

Nursing Establishment – Safe staffing monthly reports – November and December 2016

Denise Townsend (DT), Director of Nursing presented a report to the Board on the nursing and midwifery staffing levels submitted to NHS England via Unify for the months of November and December 2016, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.

Key Points:

- The Registered Nurse (RN) fill rate for days for November 2016 is 100.49% and for December was 97.47%, the night fill rate for November is 97.74% and for December was 98.71%.
- RN Bank/Agency booking has decreased overall by a total of 11.3% when comparing December 2016 to October 2016. The increased scrutiny of agency bookings has helped to control expenditure.
- E-roster effectiveness has also improved following the implementation of confirm and challenge meetings held by the Deputy Directors of Nursing with the Directorates.
- The Neonatal Unit reported a fill rate below 80% in November and December 2016. This was mitigated with low cot occupancy and low levels of acuity.
- 6 areas reported a vacancy rate above 30%:
 - Stroke Unit
 - Eleanor Hobbs
 - Bedwell Acute Medical Service
 - Respiratory Unit
 - Princess Anne
 - Windsor Ward
- Acuity and dependency were monitored and mitigation included use of bank and agency staff as well as movement of staff from other areas where safe and appropriate to do so.
- The Trust opened escalation beds on a number of occasions throughout November and December following risk assessment, in order to accommodate emergency admissions.
- Staffing ratios continued to be monitored daily by Senior Nurses within the Trust and bank and agency staff were utilised to maintain safe care as required. Despite this, Bank and Agency utilisation for RNs and HCAs was noted to have reduced in November and December 2016.
- Recruitment open days took place in August, October and November 2016 which were successful in recruiting HCAs to the Trust.
- The Respiratory Unit experienced a higher than usual number of level 2 patients during December which caused an increase in Red Flags in relation to staffing ratios for these high dependency patients.

Discussion:

- The Board discussed the cost implications now that there has been a reduction in agency staff and an increase in bank staff. DT assured the Board that the current bank position is cost neutral but that savings will be seen in the next few months. Overall, the use of bank and agency staff has not been reported to have adversely impacted on quality indicators.
- Vacancy levels continue to be a concern. The Board were assured that previous issues with leadership have now been addressed and that staff are now being rotated to provide them with experience of all departments so that vacancy gaps can be managed more effectively in future.

Decision:

- The Board noted the data relating to nurse staffing levels for November and December 2016 and the data relating to vacancy levels and areas of concern and were assured by the report.

Monthly Integrated Performance Report (IPBR) including the Serious Incidents Report

Rebecca Boyes (RB), Interim Deputy Head of Operations, presented the operational performance part of the report on behalf of Jo Furley (JFu), Director of Operations, to the Board.

Key Points:

Patient Access / Performance / Cancer standards / Short notice cancellations

- The A&E 4hr standard was not achieved for January 2017. NHSI revised the A&E trajectory to 85% in January and February, which needs to be sustained.
- Provisional figures indicate that the 62 day referral to treatment, 31 day first treatment, 31 subsequent surgery, and 62 day screening cancer targets were not achieved for January 2017.
- Provisional figures indicate that the Referral to Treatment (RTT) incompletes standard was not achieved for January.
- The non-admitted backlog of 1,718 is a result of reduced clinic capacity due to ongoing staff shortages (vacancies) in Ophthalmology and Respiratory and the cancellation of outpatients' clinics across all specialities during black alerts.
- The RTT recovery action plan continues to be monitored internally and with the CCG at fortnightly Access Board. Monitor and NHS England are also regularly updated on the action plan.
- Dr Caroline Howard has been appointed Clinical Director of both Medicine and Emergency Medicine, with the aim of improving processes and facilitating throughput through the hospital.
- Red to Green has now been implemented on 5 wards; implementation has now been slowed down to ensure its success.
- SAFER bundle implementation has taken place on all wards.
- Implementation of 'Full capacity' protocol has been refreshed.

Discussion:

- The Board discussed the local peer comparison for A&E performance 4 hour target. The Trust is taking steps that Basildon Hospital have taken previously to improve performance in this area. It was recognised that the data captured across the 3 Trusts has to be consistent in order to allow a more meaningful analysis. Martin Callingham (MC), Chief Information Officer, assured the Board that recording of activity needs to be aligned and this piece of work will be completed next week and will be presented to the Joint Executive Group. Once comparable data has been developed it will be reported to the Joint Working Board.
- The Board discussed the slow implementation of the OPAT programme and that the results achieved were not as expected. They expressed concern about the possibility future changes not delivering as planned. CP assured the Board that there will be a focus on fewer areas that will demonstrate larger improvements in specific areas.
- The Board queried the RTT incomplete standard of 86.66% against a 92% target. YB assured the Board that the backlog is being treated as a priority.
- The Board discussed the Cancer trajectory and the current backlog being due to not having sufficient theatre capacity on site. YB assured that this is also being treated as a priority issue and a more detailed report will be provided at the next meeting.
- The Board challenged the maximum 6-week wait for diagnostic procedures (DM01). Compliance against the DM01 99% standard has not been achieved for the second month in a row, January compliance was 92.69%. The Board were assured that recovery plans are being agreed with the two key specialities – Cardiology and Endoscopy.

Actions:

- **Theatre capacity report to be presented at the 4 April 2017 Board of Director's meeting.**

Denise Townsend (DT), Director of Nursing, presented the Patient Quality part of the report to the Board.

Key Points:

Complaints / Friends and Family / HCAI / Falls / MRSA Screening / Pressure ulcers / Maternity

- The number of complaints proceeding to investigation of formal complaints is reducing due to new early resolution process. Remedial actions are in place to reduce the backlog in overdue complaint responses outlined in previous reports and have had a positive impact in reducing the backlog.
- ED, Inpatients and Outpatients FTT Friends & Family achieved a response rate above the national average. Maternity response rates vary but are below the national average and actions are being taken to boost responses. The percentage of patients that would recommend the Trust is higher than national average for Maternity but below in all other areas. Bespoke surveys are being carried out to ascertain trends in particular areas.
- HCAI: There were 2 cases of C Difficile for December 2016 and none for January 2017, with a year to date total of 14 against a ceiling of 30. There were no cases of MRSA.
- Falls per thousand bed days remains below national average and is the lowest reported since 2015. RCAs continue to be carried out to determine gaps in care for high and moderate severity falls.
- There were 2 avoidable pressure ulcers reported in December due to documentation issues.

Discussion:

- The Board enquired about the Trust's Duty of Candour compliance as it was reported that there was a drop in compliance. DT assured the Board that the team have implemented a new system and compliance has now increased. The risk team will undertake spot checks to ensure compliance with the new pro forma.
- The Board discussed the number of 'never events' and it was clarified that the Trust had reported 3 'never events' not 1 as stated in the report.
- The Board requested an update on colorectal surgery.
- The Board requested clarification why colorectal surgery was selected for further review. Following the meeting, NR provided the following response to the Board; *'The reason behind colorectal surgery being selected for review is related to complications of surgery rather than mortality. The overall surgical mortality for the Trust has been consistently good with an observed / expected (O/E) ratio of approx. 0.7 for 2016. The risk adjusted complication rate in most surgical specialities is low however the general surgery complication rate is relatively high with an O/E ratio of approx. 1.35 in recent months. On further interrogation of the CRAB system it appears that colorectal surgery is the main area for these complications. Sometimes a reduced mortality is achieved at the cost of an increase in complications. The general surgery governance lead will be looking in to the complication rates in colorectal cases.'*

Neil Rothnie (NR), Medical Director, presented the Mortality part of the report to the Board.

Key Points:

- No new SHMI data has been released since the last update to the Board.
- The latest CRAB medical and surgical trends have been released for the period 1 November 2016 – 30 November 2016. As previously reported, the medical trends demonstrate the lack of level 2 (HDU) escalation beds at the Trust.

- The business case for the HDU development was sent to the CCGs who have now requested a meeting between Trust clinicians and local GPS so that they have a better picture of the clinical risks.

The Board noted the Estates & Facilities part of the report.

Key Points:

- Two statutory maintenance tasks have failed to be completed during January, mitigations are in place.
 - Domestic cleaning standards have been met, within catering there has been an impact of hospital occupancy upon the number of meals served but KPI targets have still been met.
 - MEMS were unable to achieve their target for planned maintenance due to a staff vacancy. This gap has now been filled.
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The Board noted the Workforce part of the report.

Key Points:

- The Trust continues to work on improving appraisal return rates. The compliance rate in January of 71.53% is an increase on the October return rate of 71.14%.
 - Statutory and mandatory training continue to improve steadily and has increased in January to 83.15% from 80% in October.
 - Vacancy rates have decreased markedly to 6.57% in January from 7.10% in October.
 - Agency spend is on the decline, down from 9.92% in October to 8.24% in January.
 - Sickness absence for the year to date in January is 4.16%, a slight increase from the October figure of 4.13%.
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Decision:

- The Board noted the Integrated Performance Board report and received assurance where required.

08/17

Financial Position – Month 10

James O'Sullivan (JOS), Chief Financial Officer presented the financial position up to 31 January 2017 to the Board.

Key Points:

- There was a deficit of £1.7m in January which increased the cumulative deficit to £12.3m resulting in an adverse variance of £0.3m against the year-to-date plan.
- Cash balances finished the month at £2.9m.
- The 'Use of Resources' metric was a 3 out of a total score of 4.
- The Trust has been given a Control Total of £16.2m deficit by NHS Improvement. This value excludes income from fixed asset donations and profit or loss from disposals and, after accounting for these, the revised annual plan becomes a £15.8m deficit.
- Pay budgets were overspent in the month by £99k bringing the cumulative adverse variance to £537k.
- Non-Pay budgets were over spent by £171k in the month which increased the cumulative adverse variance to £939k.
- The Trust is on track to achieve its Control Total and a separate forecast paper will be presented to the Finance and Resources Committee.

Actions:

- The Board requested that figures in relation to the recruitment of Doctors are included in the next report. Both Adrian Buggle (AB), Director of Finance and Mary Foulkes (MF), Chief Human Resources Director, to include in their respective reports.

Decision:

- The Board noted the report.

09/17

Part 1 report from the Chairman (including NHS Improvement update and update from 1 February Joint Working Board)

Alan Tobias (AT), Chairman, gave a verbal update to the Board as follows;

- The first Joint Working Board (JWB) met on 1 February 2017. Agendas are still to evolve to include collective decision making for the three Trusts. The JWB will meet again on 1 March 2017, which has a more strategic agenda. AT will be chairing the JWB from 1 April 2017.

Actions:

- The Board requested to have sight of the Part 2 minutes of JWB under the Part 2 agenda.

Decision:

- The Board noted the update.

10/17

Part 1 report from the Chief Executive and Managing Director

Clare Panniker (CP), Chief Executive, gave a verbal update to the Board as follows;

- 3 events were held last week to begin taking steps to improve clinical configuration and implement change within the three Trusts. Each group (1 service user panel, 1 clinical expert panel and 1 financial oversight group) reviewed and scored the 5 options and the results will be fed back to the Programme Board. The recommendations will then be presented to the JWB which will inform the pre-consultation business case. Work on this project will take approximately 6-8 weeks. There was good engagement at the events to implement long term clinical strategy. CP added that a separate piece of work is being undertaken on capital.

Decision:

- The Board noted the update.

Yvonne Blücher (YB), Managing Director, gave a verbal update to the Board as follows;

- The Site Leadership Team has now all been appointed and is working closely with the Joint Executive Group.
- Currently in daily contact with NHSI and NHSE to update on Trust performance. Extra support required around the urgent recovery care plan.
- Some recent challenges with the training of junior doctors which is being addressed by both YB and NR.
- The Advisor to Secretary of State visited last Friday to discuss the progress of the Trust; positive feedback was received.
- Sir David Amess also visited the Trust last Friday and could see improvements.

Actions:

- Following a discussion relating to the cost of overseas patients to the Trust, the Chairman requested that AB present a report to the Board at the Board Development Day on 8 March 2017.

Decision:

- The Board noted the update.

11/17

Fit and Proper Persons Test

Mary Foulkes (MF), Chief Human Resources Director, presented the report to provide the Board with an update on the implementation of the plans to ensure that the Trust is fully compliant with the Fit and Proper persons Test requirements (FPPR).

Key Points:

- The aim of the Fit and Proper Persons test regulation is to ensure that all executive level appointments in all NHS Trusts are responsible for making sure that care meets the existing regulations and the requirements of the Health and Social Care Act (2008) Regulations 2014.
- Since January 2016 SUHT are the only Trust to cover the following groups of staff and posts under the FPPT
 - Clinical Directors
 - Associate Directors
 - Heads of Nursing
 - Director / Head positions which deputise for the executive Director
 - Associate Medical Directors
 - Trust SecretaryPlus appointments to new post
 - Associate Medical Directors
 - Trust Secretary
 - Deputy Director of Operations
 - Two Non-Executive Directors
 - Two Corporate Deputy Directors
- It is planned to have the following statement in contracts of employment and service agreements, job descriptions and adverts for the posts affected by the FPP regulations –
'It is a condition of your continuing employment that you remain a fit and proper person as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the guidance issued by Monitor and the Care Quality Commission as amended from time to time'.
- The following actions are planned to be completed by the end of March 2017 –
 - To conduct an annual self-declaration audit/full declaration for the Joint Executive Group members and Site Leadership Team.
 - To introduce a consistent policy and check list across the 3 Trusts.

Decision:

- The Board was assured by the report.

12/17

CQC Inspection and Action Plan

Yvonne Blücher (YB), Managing Director, presented the report to provide details of the preliminary findings from the recent Care Quality Commission unannounced inspection and the actions the trust needs to take in response to written feedback received.

Key Points:

- Informal written feedback has been received from the Care Quality Commission (CQC) following the unannounced inspection on 9 and 10 February 2017. The draft inspection report is currently being written and will be sent to the Trust in due course to check for factual accuracy. The report is expected to be received in April 2017.
- There were more areas of good practice highlighted in the letter than areas to be improved, and the CQC found no areas of significant concern.
- Areas of good practice were identified as;
 - Emergency Department
 - Medicine
 - Surgery
- The 8 areas for improvement have been collated in to the Trust Action Plan template and actions have been agreed. The Action Plan and evidence will be

monitored on a weekly basis to ensure actions are completed and improvements implemented.

Discussion:

- The Board asked if the Stroke Unit staff were now clear on the operation of the Unit. They were assured that this has now been addressed. The Board also asked if there were any recurring areas for improvement since the last visit. They were informed that the Pharmacy presence on wards was still an issue even though significant improvements have been made since the last visit. AT expressed thanks and congratulations to all staff involved in the inspection and the improvements that have been made since the last visit to receive these very good results.

Decision:

- The Board was assured by the report.

13/17

HEE Action Plan

Neil Rothnie (NR), Medical Director, presented an update on the Health Education East of England School of Medicine and Foundation School Action Plan.

Key Points:

- Satisfactory progress is being made with the action plan, which was submitted on 13 January 2017 with an update submitted on 10 February 2017.
- Following the Deanery visit on 26 January 2017, the feedback was that they were satisfied with the progress to date. However, the Trust will continue under enhanced monitoring.
- The Foundation School Director is revisiting the Trust simultaneously to review progress against specific areas in the action plan.
- The School of Surgery visited on 21 February 2017.

Decision:

- The Board was assured by the report.

14/17

Finance and Resources Committee (FRC) Report

Tony Le Masurier (TLM), Non-Executive Director, presented the report to update and provide assurance to the Board on the Finance and Resources Committee held on 4 January 2017.

Key Points:

- HR Training, Performance and Strategy Progress reports
- Finance Report month 8
- Updates on Cost Improvement and Financial Improvement Plans
- Full Year Forecast
- BAF Review risks 4 and 5
- OPAT update

Decision:

- The Board noted the report and received assurance from it.

15/17

Quality Assurance Committee (QAC) Report

Tim Young (TY), Non-Executive Director, presented the report to update and provide assurance to the Board on the Quality Assurance Committee held on 21 December 2016.

Key Points:

- Update on coding system issues
- OPAT update
- Exception reports from: Corporate Governance Group; Corporate Management

- Team; Quality and Safety Committee; Clinical Governance Committee
- Safety Thermometer report (non-standard item that came to this Committee due to the cancellation of the Quality & Safety Committee).
- 6 monthly complaints report.
- CQC action plan and mock inspection report.
- Clinical Audits summary of progress report.
- Review of BAF risks 1, 2 and 6.
- Quality Impact Assessment presentation.
- eRostering update.

Decision:

- The Board noted the report and received assurance from it.

16/17

Audit Committee Report

Mike Green (MG), Non-Executive Director, presented the report to update and provide assurance to the Board on the Audit Committee meeting held on 22 February 2017.

Key Points:

- Internal audit workplan slightly behind schedule.
- Draft Head of Internal audit opinion is of reasonable assurance.
- 2017/18 internal audit plan requires further review.
- LCFS work on schedule, no outstanding fraud referrals.
- External audit plan received. Resource within finance department seen as a risk.
- Work on value for money to be completed as soon as possible.
- Draft Annual Governance Statement received.

Decision:

- The Board noted the report and received assurance from it.

17/17

Review of Board Calendar

The Board agreed the calendar.

18/17

Date of next meeting:

Tuesday, 4 April 2017.

The Chairman invited questions from the public:

- *Linda Cook (Governor) asked what CMA stood for and what their involvement with the Trusts are. CP confirmed that CMA is the Competition and Markets Authority and their role is to oversee all mergers nationally, not just within the NHS, and they will be reviewing how all 3 Trusts are working together.*
- *Linda Cook (Governor) also asked if there was a difference in the number of trainee medical staff within the Trust in comparison to last year due to funding cuts. CP explained that there is a similar number as there was already a bursary in place for this year. Funding will be cut from April 2017. What the Trust has seen is a reduction in numbers of University applications.*
- *Joe Cooke (Governor) asked if the Board papers could be published prior to the meeting as the Joint Working Board papers are published prior to meeting. AT explained the reasons behind not publishing prior to the meeting but assured that this process will be reviewed.*
- *Joe Cooke (Governor) enquired if the legal framework was being followed in relation to the 3 Trusts now working together. CP assured that the Trusts are keeping within the guidelines and are constantly under rigorous scrutiny by the regulators to ensure compliance.*
- *Sally Holland (Governor) asked what the process was for rebooking previously cancelled elective surgery. YB answered that the process is centred around clinical priority and that waiting lists are risk assessed and supported by the regulators.*

- *Sally Holland (Governor) enquired that if the F1 and F2 trainees are withdrawn what impact this will have on the hospital's reputation, and the financial and workforce implications. YB recognised that there has been significant pressure on the workforce over the last 2 years and that the Trust is now ensuring that the correct support and services are in place for the junior doctors. There has been much more positive feedback from the junior doctors in the last 2 months.*
- *In response to Mr Ali's question about the change of meeting venue, AT confirmed that, on this occasion, the venue was changed due to room availability at the hospital's Education Centre.*

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

DRAFT