

Agenda item 38/17

**DRAFT MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
TUESDAY, 4 April 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
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	Chief Estates and Facilities Director
Tom Abell	Chief Transformation Officer

Also in attendance:

Brinda Sittapah	Company Secretary
Eve Yates	Assistant Company Secretary
Amanda Burton	Interim Head of Communications
Sally Holland	Public Governor
Trevor Johnson	Public Governor
Brian Terry	Public Governor
Joe Cooke	Public Governor
Meg Davidson	Public Governor
Majzoub B Ali	Member of the public
Bill Granvill	Member of the public

Hospital Heroes' presentation

Alan Tobias, Chairman, congratulated and presented on behalf of the Board certificates to Kate Chapman and Vicky Cullen.

19/17

Welcome and Apologies

Alan Tobias (AT), Chairman, welcomed all to the meeting. Apologies were received from Clare Panniker, Chief Executive and Gail Partridge, Non-Executive Director

20/17

Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

21/17

Approval of Part 1 minutes of meeting held on 28 February 2017

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

- Page 4, item 7/17, Monitor to be replaced by NHSI

22/17

Matters arising from minutes (if any):

There were no matters arising.

23/17

Consideration of Part 1 Action Tracker

The action tracker was approved as presented.

24/17

Nursing Establishment – Safe staffing monthly reports – January and February 2017

Diane Sarkar (DS), Chief Nurse presented a report to the Board on the Nursing and Midwifery staffing levels for the months of January and February 2017, 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 January 2017 was 94.3% and for February was 93.1%. The night fill rate for January was 96.9% and for February was 95.3%.
- In February 2017 the critical care unit had a fill rate percentage below 80%. However, due to reduced occupancy, adjustments were made proactively so that the correct ratio of patient to staff was achieved each day.
- Staffing ratios continue to be monitored daily by Senior Nurses within the Trust. Bank and agency staff have been utilised to maintain patient safety where vacancy rates remain high. There has been a moderate increase to the bank and agency fill rate percentage in both January and February 2017.
- There was a decrease in RN fill rate percentage in both January and February 2017. This is attributed to an increase in vacancy rates in some areas and an increase in activity within the Trust leading to escalation beds being open.
- Bank and agency usage had decreased in December 2016; however there was an increase in January and February 2017 with some clinical areas requiring bank and agency to provide safe patient care due to patients requiring enhanced supervision escalation beds being used.
- There was an increase in Red Flags reported in January and February 2017. All were attributed to a shortfall in RN time, impacting on staffing ratios.

Discussion:

- There was a discussion about the actions that are being taken across the three Trusts where similar issues are being identified.
- The Board noted that the Trust RN and HCA CHPPD for January was higher than the National Average and acknowledged that it was a good indicator of the number of care hours given to patients. However, they queried whether this information is also showing that nursing staff could be utilised in other areas where there are shortages. DS stated that some more work will need to be done on CHPPD and information will be provided in subsequent Board reports.
- The Board expressed concern about the quality of the data and requested definitive numbers on fill rate and day care rates, in particular, the number of vacancies and clarity on the actual number of funded established nurse posts and the apparent decrease.
- The Board also suggested that the recommended establishment level be included in future reports.

Decision:

- The Board noted the data relating to nurse staffing levels for January and February 2017, the data relating to vacancy levels and areas of concern and recognised that these areas of concern will continue to be monitored by the Head of Nursing and Matrons on a daily basis.

Action:

- **DS to refresh report and to email information to Board members following the meeting.**

Nursing Establishment – 6 Monthly Staffing Review

Diane Sarkar (DS), Chief Nurse presented a report to inform the Board of in-patient nurse staffing requirements against workforce and quality metrics and provide recommendations for the staffing levels required to maintain safe care for patients, for the period August 2016 to February 2017.

Key Points:

- Following feedback from the CQC, the Trust bed capacity was reduced in a number of wards to achieve RN / patient ratio of 1.8. However, due to continued high volume of emergency admissions within the Trust and Local Trusts this meant beds were opened in specific areas to meet demand and facilitate patient flow.
- A professional judgement review of RN staffing took place in July 2016 and this came in to effect in budgets in September 2017. There has also been a review of services which has meant WTE staffing reductions in some areas such as Hockley, Stambridge and Eastwood Wards.
- Vacancy rates for the period August 2016 – February 2017 have ranged from 17.05% to 13.36% in February 2017. Vacancy rates dropped from 17.05% in August following the professional judgement review when the overall WTE figure was reduced.
- Recruitment campaigns for newly qualified nurses, EU nurses and Philippine nurses have continued in an effort to reduce RN vacancies and maintain patient safety.
- Following the Lord Carter review (Department of Health 2015), NHS Improvement issued a directive that a new metric of care hours per patient day (CHPPD) is to be reported monthly from May 2016. This has become the principal measure of nursing and healthcare worker deployment; with similar approaches in place for medical staff and Allied Health Professionals to be introduced by April 2017. From April 2017 the Trust will be required to submit CHPPD on a daily basis.
- Performance review meetings have been implemented with the Assistant Director of Nursing and the Heads of Nursing for each clinical areas. These meetings facilitate review of staffing establishment, e-roster performance and any quality improvements and service changes.
- The ward areas underwent reviews with both finance and Senior Nurses in September 2016 at which time the budgets were reviewed and revised. There are on-going reviews of staffing and budgets with performance meetings with the Deputy and Associate Directors of Nursing.
- Establishments, vacancies and quality and safety metrics will continue to be monitored to ensure the high priority areas receive the planned new overseas and newly qualified nurses starting in the organisation first.
- Recommendations going forward are;
 - i. The SNCT data collection will continue to be monitored continuously and staff moved flexible following the senior nurse review as required.
 - ii. Heads of Nursing, Matrons, Senior Nurses and Finance will continue to monitor performance and Ward establishments.
 - iii. Review the current time-out/headroom percentage and increase to a minimum of 22% in line with the recommendation made by SNCT and the Lord Carter review recommendations.
 - iv. Continue with the care hours per patient day data collection in order to better understand the significance of the data in relation to other regional trusts.
 - v. Identify a process for daily collection of CHPPD within the Trust as all Trusts will be required to do this from April 2017.
 - vi. Further understand the NHSI recommendation for reporting of Nurse Hours per patient day and how this data will be collected.
 - vii. Develop a system of participation in the Model Hospital Dashboard and ensure that the dataset from this is regularly discussed at the Board meetings.

Discussion:

- The Board expressed concern about the quality of the data.

Action:

- **DS to refresh report and to email information to Board members following the meeting.**

Decision:

- The Board noted the report.

26/17

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

Yvonne Blücher (YB), Managing Director presented the operational performance part of the report to the Board.

Key Points:

Patient Access / Performance / Cancer standards / Short notice cancellations

- The A&E 4hr standard was not achieved for February 2017. 85.28% was achieved compared with 81.42% average compliance in January 2017. February had three days meeting the 95% target, however 10 days over 90% compared with only 6 days in January.
- Provisional figures indicate that the 14 day symptomatic breast, 62 day referral treatment, 31 day first treatment and 31 day subsequent surgery cancer targets were not achieved for February.
- Provisional figures indicate that the Referral to Treatment (RTT) incompletes standard was not achieved for February.
- The non-admitted backlog of 1,832 is a result of reduced clinic capacity due to ongoing staff shortages (vacancies) in Ophthalmology and Respiratory.
- Areas of concern have been identified in RTT. A revised trajectory will be in place by march 2018 to meet the Trust objectives
- A revised cancer 62 day recovery plan has been shared with NHSE. Performance against each action is being added to demonstrate key actions that will contribute to improved compliance.
- Cancellation levels in February reduced to 46 compared to 57 in January. Of the 46 cancellations, 18 were due to theatre unavailability / failure in Ophthalmology. The reduction in the number of patients cancelled due to 'no bed available' reflects the improving bed status as the month progressed.

Discussion:

- The Board expressed concern regarding the re-attendance target being missed for last year. YB assured the Board that this is being closely monitored, an Internal Urgent Care Board has been set up to monitor re-attendance and that numbers of re-admissions are reducing.
- The Board requested evidence that cancer pathways are deliverable across the 3 Trusts. YB and Celia Skinner (CS), Chief Medical Officer explained the process of this change and Tom Abell (TA), Chief Transformation Officer assured the Board that work is being undertaken to join the 3 Trusts and an Exception Report will be provided to offer assurance.

Actions:

- **The Board identified, from the report, a cancer patient who waited 272 days for treatment. As details of this case were not available at the time of the meeting, CS agreed to provide the details to Board members at the next meeting.**

Diane Sarkar (DS), Chief Nurse, 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 formal complaints requiring investigation remains static compared to January 2017. There has been a further reduction in the number of overdue complaints, however for the majority of overdue responses still require advice from the clinical directorates. 91 new contacts from people wishing to make complaints were received during February, 70 of which were managed as formal complaints following agreement with the complainant. The remaining 21 were managed through the rapid response early resolution process. The key themes raised in complaints were Clinical Treatment, Outpatient Appointments / Delays.
- There were 2 avoidable pressure ulcers in January and February 2017 due to documentation issues regarding repositioning.
- Falls per thousand bed days remains below the national average. 1 high severity fall in January 2017 and 3 in February 2017, which are currently being investigated.
- HCAI: C Difficile no cases reported in January 2017 and 4 reported in February 2017. With a year-to-date total of 18 cases against a ceiling of 30. No year-to-date lapses in care have been identified. 1 case of MRSA bacteraemia reported in February 2017 and is awaiting an arbitration decision.
- Friends and family – Response rate and the percentage of patients who would recommend ED have both reduced in February compared to January, an increase in the percentage of inpatients and day case patients who would recommend the hospital increased in February.

Discussion:

- The Board agreed that the Never Events recorded should be altered from 1 to 3, as agreed at the last meeting.
- The Board requested information on how harm is measured. DS offered assurance that the Trust is performing well. A session will be provided at the next Board Development day on how harm is measured.
- DS confirmed to the Board that the data on the MRSA case is expected imminently.
- The Board expressed concerns in relation to the avoidable pressure ulcers. YB and DS assured the Board that this is being addressed in Board rounds.
- The Board enquired as to the effectiveness of the Red to Green implementation. YB assured the Board that the implementation is being closely monitored. Board rounds are working well and discharges before midday is working successfully, improvements are being seen.

Actions:

- **DS to circulate ‘No harm’ data benchmark document to members of the Board following the meeting.**
- **Harm to be included on Board Development Day agenda.**

Celia Skinner (CS), Chief Medical Officer, presented the Mortality part of the report to the Board.

Key Points:

- The latest SHMI for the period October 2015 – September 2016 is 1.15. This is slightly up from the previous period ending June 2016 when it was 1.14. It

- remains outside the control limits (0.89 – 1.12).
- 685 deaths occurred in hospital, the remainder occurring outside the hospital within 30 days of discharge.
 - The crude mortality was higher for December 2016 and January 2017 and has exceeded the 2% tolerance – 2.4% for December and 2.5% for January. This is also higher than the corresponding months last year.
 - Good progress has been made with the actions to increase awareness of coding rules and clinical terminology. A coding booklet has been distributed and an e-learning package is being developed.
 - There has been an increase in deaths in learning disabilities patients over recent months and all cases are being reviewed. The outcome will be presented at MSG. The national LD mortality review commences from April 2017 and the safeguarding team have received training to be part of the review panel.

Discussion:

- CS confirmed that work is being undertaken across the 3 Trusts on how deaths will be reviewed collectively. A joint SHMI report will be presented to the Joint Working Board in May 2017.
 - The Board discussed the on-going issues at the Trust in relation to coding and requested a more comprehensive report to provide assurance.
 - The Board discussed the increase in deaths in learning disabilities patients and were assured that this is reported on quarterly to gain a more in depth understanding of these deaths. It was agreed that mortality should be reported at the Quality Assurance Committee.
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Carin Charlton (CC), Group Estates and Facilities Director, presented the Estates & Facilities part of the report to the Board.

Key Points:

- A number of statutory PPM's were not signed off in the month. Many of these had been completed but not closed down on the system. A robust check on the closing down of tasks will be implemented.
- Domestic cleaning standards were met, as were catering KPI's.
- Underperformance in switchboard targets for GP calls and external calls. On-going departmental improvements are underway.
- MEMS turnaround targets have been achieved.

Discussion:

- CC confirmed to the Board that the format of the report will be amended in future and work is being undertaken on trajectories in preparation for the next Board of Directors report.
 - The Board agreed that a wider review of telephony is required to improve the helpdesk.
 - Assurance was given to the Board that the risks are being monitored, and a review of risk registers across the 3 Trusts is underway.
 - The Board asked how on-going renewal of expired contracts will be managed across the 3 Trusts. Assurance was given that a review is being undertaken to evaluate the best way to procure across the 3 Trusts.
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Mary Foulkes (MF), Chief Human Resources Director, presented the Workforce part of the report to the Board.

Key Points:

- The Trust continues to work on improving appraisal return rates. The compliance rate in February of 72.91% is an increase on the January return rate of 71.53%.
- Statutory and mandatory training continues to improve steadily and has increased in February to 84.32% from 83.15% in January.
- Vacancy rates have increased slightly to 6.70% in February from 6.57% in January 2017 and 7.10% in October respectively.
- Agency spend is on the decline, down from 9.92% in October and 8.24% in January to 8.13% in February.
- The Trust's staff turnover target is 9.7%. Total turnover has increased from 13.51% in January 2017 to 13.79% in February 2017.
- Sick absence for the whole year to date in February is 4.10%, a decrease from the January figure of 4.16%.
- Improving on staff appraisals continues to be a challenge. The Board was asked to approve an extension to the Trust target date to achieve 85% from June to December 2017.

Discussion:

- The Board discussed moving the appraisal target date from June to December. It was agreed that the June target date should remain and that those members of staff with the longest outstanding appraisals should be identified and carried out as a first measure.
- The Board asked when the results of the Staff Survey would be available. MF assured the Board that the results will be presented at the next Board of Directors meeting to be held on 2 May 2017.

Action:

- **MF to conduct an analysis of members of staff with the longest outstanding appraisals (last 18 months) and to formulate an action plan.**
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Decision:

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

Action:

- **The Board requested that the dates when actions should be completed by be included in future IPBR reports to be able to measure progress.**

27/17

Financial Position

James O'Sullivan (JOS), Chief Financial Officer presented the financial position up to 28 February 2017 to the Board.

Key Points:

- There was a deficit of £2.6m in February which increased the cumulative deficit to £14.9m resulting in an adverse variance of £0.04m against the year-to-date plan.
- Cash balances finished the month at £2.5m.
- The 'Use of Resources' metric was a 4 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 underspent in the month by £51k bringing the cumulative adverse variance to £486k.
- Non-Pay budgets were over spent by £277k in the month which increased the cumulative adverse variance to £1,216k.
- The Cost Improvement Programme delivered cumulative savings of £15.4m and was on plan.

- Clinical income was ahead of plan by £0.4m in the month which increased the favourable year to date position to £1.3m.
- The Trust is on track to achieve its Control Total although this excludes the benefit of £1.7m of STF 'incentive bonus' which has been recently notified to the Trust. This sum will be provided if the Trust achieves its Control Total without reliance on the STF monies which were linked to activity performance.

Discussion:

- The Board discussed that the agency cap was the same as the previous year. JOS confirmed that this is currently being reviewed.
- The Board requested that a Forecast and Headline Risk Position report be presented at the next Finance & Resource Committee meeting.
- The Board discussed the Medical Model and its implications. YB explained that the Medical Model was an extension of ambulatory care and gave a background on the changes to the model. It was agreed that as there are financial implications to the changes a report should be presented to the Board at the next Board of Directors meeting to be held on 2 May 2017.

Actions:

- **The Board requested that a Forecast and Headline Risk Position Report be presented at the next Finance & Resource Committee meeting.**
- **The Board discussed the Medical Model and its implications. YB explained that the Medical Model was an extension of ambulatory care and gave a background on the changes to the model. It was agreed that as there are financial implications to the changes a report should be presented to the Finance and Resources Committee meeting on 26 April.**

Decision:

- The Board noted the report.

28/17

Briefing on liability in respect of clinical claims

Yvonne Blucher (YB), Managing Director presented an update report to the Board in respect of clinical claims, on changes to NHSLA reporting guidelines and on proposed changes to financial contributions to the NHSLA.

Key Points:

- The report provided the Board with information on the clinical claims currently being brought against the Trust and the estimated value of the attendant damages and legal costs.
- The body that manages these claims on behalf of the Trust, NHSLA, has made changes to the reporting guidelines that govern when an incident should be reported to them. An early notification model will be introduced for all maternity incidents which are likely to result in severe brain injury. All such incidents occurring after 1 April 2017 must be reported to the NHSLA within 30 days.
- The NHSLA have also proposed changes to the way in which financial contributions paid by the Trust to the NHSLA in respect of maternity will be calculated from 2018/19, linking an element of them to outcome measures and harm likely to lead to claims in the future.

Discussion:

- The Board queried why the changes are only to the maternity incidents. YB confirmed that 40% of claims arise from this department.
- The Board requested an audit once the changes have been implemented.

Decision:

- The Board noted the report.

29/17

Part 1 report from the Chairman (including preview of 5 April Joint Working Board agenda)

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

Following the meeting with NHSI, the Chairman updated the Board that the NHSI had expressed satisfaction on meeting financial targets and that the focus on A&E will remain. Outcome of meeting was positive and to date the 3 Trusts have demonstrated good collaborative working across the 3 sites.

The Chairman requested that Brinda Sittapah (BS), Company Secretary, circulate the NHSI full report to Senior Management when received.

The Chairman informed the Board that the CCG's have been issued an instruction by NHSE to effectively act as a Committee in Common. The public consultation date is October 2017 and a pre-consultation business case is being prepared.

Action:

- **Brinda Sittapah (BS), Company Secretary, to circulate the NHSI full report to Senior Management when received.**

Decision:

- The Board noted the update.

30/17

Part 1 report from the Managing Director

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

The Senior Management Team and Clinical Directors had attended a team building day which has made a positive impact on working together in the organisation.

YB asked that all staff be thanked for working so hard through all of the changes that have been made in recent months. Staff morale is greatly improved and changes and differences are being seen and recognised across the Trust.

Decision:

- The Board noted the update.

31/17

Finance and Resources Committee (FRC) Report

David Parkins (DP), Non-Executive Director, presented the report to update and provide assurance to the Board on the Finance and Resources Committee held on 1 March 2017. The following items were considered at the meeting:

Key Points:

- Statutory and mandatory training
- HR Performance including Recruitment and Retention
- HR & OD Strategy progress
- Month 10 Board Finance report and Forecast for 2016/17
- Financial Improvement Programme
- Cash Flow and Loans
- Specialised Urology Cancer Surgery – Essex
- BAF Review of Risk 4 & 5
- eRostering
- Joint Finance & Resources Committee – Draft Terms of Reference

Decision:

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

32/17

Quality Assurance Committee (QAC) Report

Fred Heddell (FH), Non-Executive Director, presented the report to provide assurance concerning the Quality Assurance Committee's fulfilment of ToR duties and objectives as an assurance sub-committee of the Board of Directors.

Key Points:

- Corporate Governance exception item – keeping Pathology failures as moderate risk on the register.
- CMT Exceptions – JEG and Site Leadership structure to be circulated, Apprenticeship Levy and letter from HEEOE to go to Board.
- Clinical Governance Committee Exceptions – compliance levels are high at 95%.
- CLIP Report Q3 – themes identified include clinical treatment, appointment delays and cancellation, communication, admissions, discharge and transfer.
- The complaints backlog is predicted to be cleared by March 2017.
- An increase in pressure ulcers was noted.
- OPAT update – reporting temporarily suspended due to work load.
- Mortality update – outcome of discussions with CCG regarding extra HDU beds awaited.
- Quality Account 2016/17 – draft received feedback comments by the end of February.
- BAF Review 1, 2 and 6 – scores suggested on all 3 BAFs were agreed.
- Terms of Reference Review – need to make sure that they reflected the recent changes in management structure.

Discussion and action:

- **The Board discussed the compliance level of 95%. DS to raise with Denise Townsend, Director of Nursing.**

Decision:

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

33/17

Register of Interests

Brinda Sittapah (BS), Company Secretary presented the report to the Board.

Key Points:

- The Trust's Standing Orders and Constitution prescribe the procedures related to the Register of Directors' Interests. The Register must be updated annually.
- Directors have been asked to review and update their interests which have been entered on to the Register. The Register is available for public inspection in accordance with the Constitution.

Decision:

- Amendments and additions were made and the Board noted the declarations.

34/17

Review of Board Calendar

The Board agreed the calendar.

35/17

Date of next meeting:

- Tuesday, 2 May 2017

The Chairman invited questions from the public:

- *A member of the public gallery asked the Board why the Stat/Man training compliance is only at 80%. Mary Foulkes (MF), Chief Human Resources Director answered that this is due to the current challenging position within the hospital.*
- *A member of the public gallery asked why appraisals were not being completed on the same date each year for all staff. MF answered that appraisals are linked to staff start date, which the agenda for change uses as guidance.*

- *Joe Cooke, Public Governor asked about the impact that the low percentage pay rise for staff would have on the workforce in relation to losing staff. MF confirmed that again, the Trust is guided by the agenda for change and are unable to change the percentage increase.*
- *Joe Cooke, Public Governor asked to be informed on the changes that are due to be implemented by the Success regime. Celia Skinner (CS), Chief Medical Officer and Tom Abell (TA), Chief transformation officer answered that all clinical changes will be agreed by the Joint Working Board and the 3 trust Boards and will be publicised widely to enable people to feed in the consultation.*
- *Mr Ali, member of the public asked in which 3 directorates the SI's occurred. The detailed information was not provided in the report however, the Chairman assured Mr Ali that this information will be provided in future reports.*

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

DRAFT