

**MINUTES OF PART 1 BOARD OF DIRECTORS MEETING  
HELD ON  
THURSDAY, 24 May 2018**

**Call to Order**

**Present:**

Alan Tobias	Chairman
David Parkins	Vice Chair
Mike Green	Non-Executive Director
Tim Young	Non-Executive Director
Fred Heddell	Non-Executive Director
Gabrielle Rydings	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Gail Partridge	Non-Executive Director
Tom Abell	Chief Transformation Officer
Yvonne Blücher	Managing Director
Mary Foulkes	Chief Human Resources Director
Diane Sarkar	Chief Nurse
James O'Sullivan	Chief Finance Officer
Martin Callingham	Chief Information Officer
Paul Kingsmore	Group Estates and Facilities Director
Jonathan Dunk	Chief Commercial Officer

**Also in attendance:**

Brinda Sittapah	Company Secretary
Karoline Singleton	Assistant Company Secretary (minutes)
Amanda Burton	Interim Head of Communications
Joe Cooke	Public Governor
Brian Terry	Public Governor
Louisa Cowell	Director of Finance Designate

	<p><b><u>Hospital Heroes</u></b> David Parkins (DP), Vice Chairman, congratulated the winner and Mike Green (MG), Non-Executive Director, presented on behalf of the Board the awards to: Howard Savage, Mechanical Trades, for February 2018 Tara White, Patient Co-ordinator Urology Cancer Services, for March 2018 Kim Paskins, Neuro-Oncology CNS, for April 2018</p>
	<p><b><u>Patient Experience</u></b> The patient story was provided by a member of NHS staff, Shaney Gardner, who described her experience as a patient being treated in the ITU whilst critically ill. She described receiving excellent care and support whilst in ITU; though there was a five week period she has no recollection of. She provided feedback on her care following transfer to a ward. This highlighted the importance of ensuring patients were provided with a high level of communication and support following a move from a critical care environment to a ward environment.</p> <p>The Board noted that since this admission the ward had introduced a new initiative centred around structured provision of therapeutic personal care. This was a collaborative approach between the nursing staff, therapies staff and the patient to promote independence and enhance the rehabilitation recovery of patients.</p>

	<p>This experience had also changed Ms Gardner's approach to caring for patients as a member of staff, in particular for patients with dementia.</p> <p>The Board discussed the issue raised of members of the opposite sex washing patients and the Chief Nurse confirmed that permission was always sought first and the patient's wishes were respected if permission was declined.</p> <p>The Board thanked Ms Gardner for sharing her experience and wished her all the best for her goal of becoming an ITU nurse.</p>
22/18	<p><b><u>Welcome and Apologies</u></b> David Parkins (DP), Vice Chairman, welcomed all to the meeting in the absence of the Chairman, Alan Tobias (AT). Apologies were received from Clare Panniker (CP), Chief Executive and Dr Celia Skinner (CS), Chief Medical Officer.</p> <p>The Board welcomed Louisa Cowell, Director of Finance Designate, starting with the Trust in July 2018 and the new Chief Commercial Officer, Jonathan Dunk.</p>
23/18	<p><b><u>Declaration of conflicts of interest</u></b> Tim Young (TY), Non-Executive Director, advised the Board of a new interest: Independent Director of North Essex Garden Communities Limited.</p> <p>No other conflicts of interest beyond those registered, were declared.</p>
24/18	<p><b><u>Approval of Part 1 minutes of meeting held on 6 March 2018</u></b> The minutes of the previous meeting were agreed as an accurate record with the amendment of one typographical error on page 3.</p>
25/18	<p><b><u>Matters arising from minutes (if any):</u></b> There were no matters arising.</p>
26/18	<p><b><u>Consideration of Part 1 Action Tracker</u></b> The action tracker was approved as presented.</p> <p>The Board requested completion of actions 5/18 (Written report to be provided to update the Board on the junior doctor forum feedback, rotas and financial impact to the Trust) and 6/18 (Document to be circulated detailing a breakdown of agency costs for medical staff to illustrate why the staffing costs are not reducing) within rather than at the meeting of the Finance and Resources Committee on 3 July 2018.</p> <p><b><u>Action:</u></b> <b>5/18 Junior Doctor Forum – post meeting note:</b> The Q3 data was not available until the middle of June and it was therefore agreed that the report would be presented to the FRC on 3 July 2018.</p> <p><b>6/18 Breakdown of agency cost for medical staff</b> To be circulated once available.</p> <p>The Board noted the action tracker.</p>
27/18	<p><b><u>Board Assurance Framework – Quarterly Review</u></b> Yvonne Blucher (YB), Managing Director, presented the Board Assurance Framework for the Board to review and approve. It was noted that it had previously been reviewed by the JEG and SLT, as well as the Board sub-committees.</p> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>The Chairman pointed out that he had expected to see a bigger re-arrangement in relation to the risks. However, it was accepted that this would entail a large piece</li> </ul>

	<p>of work and it was therefore agreed that current focus should remain on the proposed merger next year and the document should remain in its current format.</p> <ul style="list-style-type: none"> <li>• It was further noted that a group BAF was anticipated to be more strategic and provide the basis for the site level BAF.</li> <li>• It was agreed that any suggestions for amendments would be emailed to respective BAF owners.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board reviewed and approved the Board Assurance Framework.</li> </ul>
28/18	<p><b><u>Finance and Resources Committee (FRC ) Report</u></b> David Parkins (DP), Non-Executive Director, presented the report to update and provide assurance to the Board on the meetings of the Finance and Resources Committee held on 20 March and 1 May 2018.</p> <p>The following items were considered at the meeting held on 20 March:</p> <ul style="list-style-type: none"> <li>• HR Performance including Mandatory Training</li> <li>• Workforce Retention Programme</li> <li>• Staff Survey Results for 2017</li> <li>• Consultant Job Planning</li> <li>• Gender Pay Gap</li> <li>• Month 11 Board Finance Report for 2017/18</li> <li>• Financial Improvement Plan</li> <li>• Cash Flow and Loans</li> <li>• CCG Contracts Commissioning intentions for 2018/19</li> <li>• Briefing on the Liability in respect of Clinical Claims</li> <li>• BAF Review of Risk 3, 4 &amp; 6</li> <li>• Estates and Facilities</li> </ul> <p>The following items were considered at the meeting held on 1 May:</p> <ul style="list-style-type: none"> <li>• HR Performance including Mandatory Training</li> <li>• Month 12 Board Finance Report for 2017/18, including CIPs</li> <li>• Financial Improvement Plan</li> <li>• Cash Flow and Loans</li> <li>• BAF Review of Risk 3, 4, 5 &amp; 6</li> <li>• Estates and Facilities</li> </ul> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• In response to the request for an update on progress in relation to the mortuary Paul Kingsmore (PK) advised the Board that they were currently in the pre-planning application stage with the local authority. The project was taking longer than anticipated but progress was being made and it was planned for the proposal to be presented to the local authority's committee meeting in July. An update to the business case would then be presented to the Board once finalised.</li> <li>• TY reminded the Board that his wife was an elected member of Essex County Council which was one of his previously declared interests.</li> <li>• The Board agreed that approval could be obtained virtually if required.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
29/18	<p><b><u>Quality Assurance Committee (QAC) Report</u></b> Fred Heddell (FH), Non-Executive Director, presented the report from the meeting held on 25 April 2018, 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.</p>

	<p>The following items were considered at the meeting:</p> <ul style="list-style-type: none"> <li>• Ophthalmology</li> <li>• Ambulance offload</li> <li>• Pathology</li> <li>• CQC Compliance</li> <li>• Mortality</li> <li>• Guardian Service</li> <li>• Clinical Audit</li> <li>• Never Events and SIs</li> <li>• CLIP</li> <li>• Draft Quality Account</li> <li>• BAF 1,7 and 8</li> <li>• Exception Reports – Corporate Governance Group, Corporate Management Team, Quality &amp; Safety Committee, Clinical Governance Committee, Health &amp; Safety Committee, Equality &amp; Diversity Committee</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board was advised that some positive improvements were taking place in terms of pathology but staff turnover had remained high. However, the Committee were concerned with the pathology provider’s apparent lack of urgency in addressing issues relating to staff turnover, reputational damage, clinical structure and clinical leadership.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the reports.</li> </ul>
30/18	<p><b><u>Audit Committee Report</u></b> Mike Green (MG), Non-Executive Director, presented the report to the Board to provide an update on the meeting of the Audit Committee held on 8 May 2018.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Internal audit work for 2017/18 completed. Two reports which were issued in draft had been finalised.</li> <li>• Internal audit plan for 2018/19 represented and agreed.</li> <li>• Head of Internal opinion provides reasonable assurance.</li> <li>• Second limited assurance report – Information Governance Toolkit</li> <li>• External audit progressing to plan</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board was advised that there had been no red rated reports in 2017/18 which was welcomed by the Board.</li> <li>• The Chair was congratulated by the Board on the progress made in relation to clearing the overdue internal audit recommendations.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
	<p><i>Alan Tobias resumed chairmanship of the meeting.</i></p>
31/18	<p><b><u>Monthly Integrated Quality and Performance Board Report, including the Finance Report</u></b> The Integrated Quality Performance Report was presented to the Board as written assurance on the current levels of activity and performance within the Trust. The purpose of the report was to provide an overview of performance year to date and for the month of April 2018.</p>

Diane Sarkar (DS), Chief Nurse, presented the quality metrics of the report to the Board.

**Key Points:**

- There were 8 SIs recorded in April 2018 and no never events.
- In April there were 84 adult inpatient falls equating to 5.6 falls per thousand bed days. There were no extreme, high, or moderate severity falls.
- The April data for preventable pressure ulcers had not yet been finalised as reviews were still being carried out. In March there were nine G2s and one G3 pressure ulcers. Of these, eight G2s were preventable and one G2 and one G3 were unpreventable. A theme of lack of appropriate mattress provision had been noted and was addressed by providing training on the process of obtaining the appropriate mattress. Availability of the mattress was not an issue.
- A decrease in caesarean section rate had been seen and an action plan was in place to reduce this further as the rate was still high at 30.5%.
- There were 82 complaints in the backlog at the end of April. In 60 of these cases the complaints team were waiting for advice from the directorates. The departments had been challenged to provide their replies within two weeks.
- Verbal compliance with duty of candour was 100% in April 2018.
- The Friends and Family response rate for ED and Outpatients were both above the national average. A significant increase in response rate had been observed following the introduction of FFT postcards to the waiting area used by patients attending for scans, the uptake had since plateaued in April showing a more consistent result in line with the national average.

**Discussion:**

- Concern was noted with the increase in avoidable pressure ulcers. DS confirmed that re-education was taking place within the wards and information leaflets were also being circulated on the wards.
- The Board enquired about the written compliance rate for duty of candour. It was agreed that DS would follow up and advise the Board of the rate and any fines levied, if appropriate.
- In response to a query raised as to how Southend compares with Basildon and Mid Essex in terms of pressure ulcers, DS confirmed that Southend's rate was comparable to Basildon and favourable to Mid Essex. Southend's rate was above the national average. YB added that the rate of pressure ulcers was not correlated to staffing numbers.

**Action:**

- DS to follow up on written duty of candour compliance and advise the Board of the rate and any fines levied, if appropriate.

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Yvonne Blücher (YB), Managing Director, presented the mortality dashboard.

**Key Points:**

- It was noted that a great amount of work had been undertaken with the action plan having been reviewed at the Quality Assurance Committee.
- The next SHMI was expected to be published in June 2018 for the period covering January 2017 to January 2018. The current hospital SHMI from March 2018 was 1.13. This was just above the expected range (0.89 – 1.12) but was a significant improvement in the Trust's position.
- Crude mortality rates had decreased in April 2018 to 2.7%. This was a reduction from the 3.4% reported in March 2018 and was in line with the crude mortality in the previous year, which also saw a crude mortality of 2.7%.
- The 2018 CRAB annual report showed that the risk adjusted mortality for the Trust was below the expected range with no speciality higher than expected.

- YB advised that all three sites would be using the same mortality tracking/analysis tool (HED), replacing the currently used system CRAB.
- Engagement with clinicians had improved and medical examiners roles had been recruited to.

**Discussion:**

- The Board welcomed the apparent improvement in the SHMI but concern was noted with the lack of update on the external mortality review. YB confirmed that both Dr Celia Skinner, Chief Medical Director, and Mr Neil Rothnie, Medical Director, had actively followed up progress. It was agreed that the final report would be circulated to the Board when available.

**Action:**

- External review report on mortality to be circulated to the Board when available.

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

**Key Points:**

**A&E**

- Performance had improved during April to 89.5%. This was higher than the trajectory value for the period. The Trust had received a letter from Dr Paul Watson from NHS Improvement and NHS England in recognition of all the recent efforts that helped the Trust hit the A&E four-hour target of 95% for the month of May 2018. Dr Watson congratulated all staff.
- There had been a significant improvement in patient flow.
- There were 19 days during the month where the Trust achieved performance over 90%.
- There were 13 days where performance was above 95%, all in the second half of the month.
- ED conversion rate remained at around 28% – once adjusted to remove patients using the ambulatory care pathway.
- ED attendances dropped back in April in total but there were 30 days in the month, so the daily rate was very similar. In the first week of May the daily attendance was in the 320 – 350 range.
- The primary care streaming unit had taken slightly increasing numbers at 43 – 45 patients per day on average.
- Two Associate Clinical Directors had been appointed for ED and Medicine to strengthen the leadership.
- Support was being received from physicians from Basildon Hospital to review pathways.
- Progress was ongoing with recruitment of frontline A&E staff and it was anticipated that it would be fully staffed (nursing and AHP) by September 2018.
- Two further A&E consultants had been recruited.

**RTT**

- RTT was currently at 87.3%.
- Good progress had been made in ophthalmology and paediatrics.
- Insourcing programme for ophthalmology had continued through April.
- Theatre utilisation had increased in month to 76.27%.
- Elective day case admissions had achieved 85.76% (national target 85%).
- Outpatient clinic utilisation had improved to 74.11%.
- ENT had reviewed all patients under 16 and one case was moved forward due to clinical reasons.

**Cancer**

- The performance rate was 76.3% for all Trusts, and 85.9% for Southend.
- Issue with late referrals had remained resulting in 11.5 breaches per month.

- Urology service has seen a high rate of referrals requiring increased demand on theatre capacity.
- Upper GI and Lung are also increased referrals resulting in high demand for diagnostic services.
- Delays in pathology reporting had decreased.

**Diagnostic**

- The national standard of 99.0% had been achieved for the 3rd consecutive month.
- Nurse Endoscopist was now performing independent procedure sessions.
- Additional sessions had been organised for the bank holiday weekend and the Board extended its gratitude to all staff for their hard work and extra efforts.

**Discussion:**

- The Board welcomed the improvements made but concern remained with the expected high number of attendances. In response, YB advised that Richard Hall would be presenting an update on the joint QIPP programme in the private part of the Board meeting. There were also other projects ongoing such as a new service called 'SWIFT' where over £1 million had been invested in a new community service to support people to stay in their own home rather than going to hospital. The project was part of a wider investment in 'out of hospital' services across south east Essex by NHS Southend Clinical Commissioning Group (CCG) and NHS Castle Point and Rochford CCG. This new service would see a team of nurses and care assistants support people in their own homes.
- However, it was noted that attendances remained high and more work was required to improve the situation.
- The Board discussed the dip in trajectories in February 2018 and it was confirmed that the Trust had been requested by NHSI to re-set trajectories which was carried out on the information known at that time. The revised trajectories had been signed off by Dr Paul Watson. Collaboration with social care would be required to ensure pathways are set up appropriately in time for the winter period.
- The Chairman requested that future reports included a breakdown of the RTT backlog in tabular form. Inclusion of national comparison data was also requested.
- The Board noted with concern that the target for cancer had not been achieved and it was confirmed that this had been escalated to Clare Panniker, Chief Executive. It was discussed that the key action was to enhance the pathway but some of this was outside of the control of the Trust and needed to be addressed by outside partners, in particular Basildon Hospital. Tom Abell (TA) confirmed that Michael Catling had been appointed to support and help improve cancer services at Basildon. The Basildon Trust Board was expected to discuss this further at their next Board meeting and a deep dive would be undertaken into this issue. TA further confirmed that YB would be managing this process with insight into both hospitals – it was expected for this to be commencing by July 2018.
- Further concern was raised in terms of any potential patient harm being caused. DS confirmed that a robust harm review process would be carried out. This would be presented to the JWB in June 2018 and would also be provided to the Southend Board.

**Action:**

- Future reports to include a breakdown of the RTT backlog in tabular form and national comparison data.
- Cancer patient harm review to be presented to Southend Board

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Mary Foulkes (MF), Chief Human Resources Director, presented the workforce hotspots as follows:

**Key Points:**

- The establishment reduced slightly to 88.64% in April 2018 towards our target of 93% of staff in post.
- Vacancies for April increased to 11.35% (39.9 FTE).
- Total agency spend was 9.74% of the total pay bill in April 2018, a slight reduction from 9.84% (0.1%). In addition, bank spend reduced to 8.56% in April from 10.82% (-2.26%) of the total pay bill.
- Voluntary turnover increased slightly by 0.12% to 12.66%. This figure included those retiring (voluntary retirement and ill-health retirement), which when subtracted reduced the voluntary turnover to 10.56%.
- Overall statutory and mandatory training compliance for April was 86.43%, which was an increase of 0.14% and up 2.21% on last year.
- Appraisals had reduced by 3.71% to 74.34%. This was up on last year's compliance rate of 68%.
- The sickness rate had remained static at 3.84% in April 2018.

**Discussion:**

- MF advised that the three Trusts were working together to develop ways to make working at MSB more attractive and a report on this was expected in June 2018.
- It had become apparent that a retention premium did not seem to work as well as expected and overseas recruitment was taking longer to complete than anticipated. MF would be visiting Colchester Hospital to discuss their overseas recruitment process which was quicker than at Southend.
- It was noted that more staff had joined the bank and bank staff were now being paid on a weekly basis.
- MF advised that it was being discussed to offer rotational posts across all three sites.
- Tim Young (TY), Non-Executive Director, commented that at the last meeting of the Health & Safety Committee a high number of DNAs (did not attend) for statutory and mandatory had been noted. MF agreed that DNAs were an issue across all sites and more analysis on this was required.
- It was requested for the sickness absence figures to include the rate for long term sickness.
- The Board discussed as to why agency spending was not reducing as it was expected that with staff moving onto the bank, less agency staff should be required.
- The Board discussed the sickness rate of 3.84% and asked for clarification on the way it was calculated.

**Action:**

- Future reports to include figures for long term sickness.
- MF to provide clarification sickness rate calculation.

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Paul Kingsmore (PK), Group Estates and Facilities Director, presented the Estates & Facilities part of the report to the Board.

**Key Points:**

- In April all performance targets were met.
- Medirest met all required contractual KPI targets.
- Total DATIX raised for April 18 was 57 of which 28 were closed down. It was confirmed that this was not cause for concern.
- All performance targets for MEMS are being met.

- Priority 1 & 2 target were not met - Reduced performance due to impact of extreme weather conditions, leaks as a consequence of pipe burst and failed joint leading to loss of heating and hot water through the building and sickness levels having an impact on staff availability.

**Discussion:**

- The Board discussed the CQUIN 1b Healthier Food and it was noted that Compass Medirest & Delimarche, Compass Retail and WHSmith had achieved compliance for 2017/8. The Trust had received signed letters from providers with action plans confirming their ongoing commitment to further improve nutritional value of food and drink sold on NHS sites.

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James O’Sullivan (JOS), Chief Finance Officer, presented the Finance Performance report for April 2018 to the Board.

**Key Points:**

- The pre-PSF position for month 1 (before donated asset income and expenditure) was a deficit of £2.5m which was £336k adverse to the plan.
- Clinical Income (excluding pass through) was ahead of plan by £136k in April due to high levels of outpatient activity.
- Other Income (excluding PSF) was higher than budget by £50k in April.
- Pay budgets were overspent in the month by £399k, due to high bank and agency costs and a shortfall on CIPs.
- Total pay expenditure in April was £17.1m, which was £0.4m higher than plan. Bank costs in month 1 were £376k higher than the average for 17/18. This was due to a number of reasons:
  - a) The introduction of a weekly payroll for bank staff might have encouraged more staff to undertake bank shifts.
  - b) Enhanced rates of bank pay were still in place for qualified nurses.
  - c) The enhanced rate of qualified nursing pay had encouraged more nurses to undertake bank shifts (increasing the volume of bank work).
  - d) For some types of staff, bank work was not accrued on a monthly basis and therefore, the introduction of weekly bank pay had resulted in a non-recurring doubling up of cost in the month.
- Nursing agency decreased which was likely to be as a result of the higher bank payments and introduction of the weekly payroll. However, the increase in bank costs was higher than the agency reduction.
- Non-Pay budgets (excluding pass through) were over spent by £137k in the month, predominantly due to outsourcing of clinical activity.
- Elective income is behind plan in ophthalmology day cases by £128k - due to staff vacancies and inpatient income in T&O by £115k and across Surgery by £109k.
- The cost improvement programme had achieved £643k of savings in April which was behind plan by £262k. The adverse variance was across most of the themes and was being investigated.
- Year to date £189k has been spent on the capital programme which was £171k under spent against the budget.

**Discussion:**

- The Board discussed and noted that it was anticipated for the income to increase and the month 1 position to be recovered allowing access to STF monies.
- It was welcomed that the Women & Children’s Directorate would be presented an update to their CIP programme at the next meeting of the Efficiency Sub-Committee.
- The Chairman requested for the percentage enhancement for bank nurses to be provided. It was agreed MF would follow up.

	<p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• MF to inform Board of percentage enhancement for bank nurses</li> </ul> <p>-----</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board received assurance from the report.</li> </ul>
32/18	<p><b><u>Safe Staffing Report for January, February, March 2018</u></b></p> <p>Diane Sarkar (DS), Chief Nurse presented the report to the Board to advise on the Nursing and Midwifery staffing levels submitted to NHS England for the months of January, February and March 2018, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.</p> <p><b><u>Key Points:</u></b></p> <p><b><u>January:</u></b></p> <ul style="list-style-type: none"> <li>• The registered nurse (RN) fill rate for days for January was 91.2% and night fill rate for January was 90%.</li> <li>• There were 5 confirmed Hospital acquired avoidable pressure ulcers, these were classified as 1 x grade 2 and 4 x grade 3. 1 pressure ulcer was identified as unstageable.</li> <li>• The areas reporting avoidable pressure ulcers were: Windsor ward x 2 the fill rate was below 90% on days Princess Anne ward x 2, the fill rate was below 90% on days Hockley &amp; Stambridge wards x1 the fill rate was below 90% on nights on Stambridge</li> <li>• There were 2 moderate falls in January, 1 on CCU/Hopkins and 1 fall on Eleanor Hobbs ward, the staffing levels fill rate % for both areas were below 90% on days. The RCA's were conducted and did not show that staffing had a direct impact on the falls.</li> </ul> <p><b><u>February:</u></b></p> <ul style="list-style-type: none"> <li>• The RN fill rate for days for February was 91.8% and night fill rate for February was 89.8%.</li> <li>• There were 5 confirmed hospital acquired avoidable pressure ulcers. These were classified as 4 x grade 2 and 1 x grade 3. The areas were: Paglesham ward x1 the fill rate % was below 90% on days Southbourne ward x 3 the fill rate % was below 90% on days Stambridge ward x1. The RCAs into these cases found no direct correlation to staffing levels.</li> <li>• There were 2 moderate severity falls 1 on Eastwood ward, 1 on Castlepoint ward and 1 high severity fall on Estuary ward. Eastwood and Estuary wards achieved fill rates above 95%. Castlepoint ward fill rate was below 90% on days in February. The RCAs for these cases have been completed and reviewed by the Patient Safety Review Panel and relevant action plans are in place in relation to these.</li> </ul> <p><b><u>March:</u></b></p> <ul style="list-style-type: none"> <li>• The RN fill rate for days was 89.8% and night fill rate was 91.2%.</li> <li>• In March there were 8 confirmed hospital acquired avoidable pressure ulcers. These were classified as 8 x grade 2 pressure ulcers. The areas were: Elizabeth Loury ward x1 the fill rate % was below 90% on days Paglesham ward x1 Windsor ward x 2 the fill rate % was below 90% on days and nights</li> </ul>

Castlepoint ward x 2 the fill rate % was below 90% on days  
 Stambridge ward x1, the fill rate % was below 90% on nights  
 Westcliff ward x1 the fill rate % was below 90% on nights

- There were 2 high severity falls, 1 on Princess Anne and 1 on Eleanor Hobbs ward during this period; the staffing levels fill rate % on Princess Anne was below 90% on days, other fill rates were above 90%. The RCAs for these cases have been completed and final classification awaited by the Patient safety review panel.

**Overview:**

- Staffing ratios continue to be monitored daily by Senior Nurses within the trust. Bank and agency staff have been utilised to achieve fill rates in order to maintain patient safety where vacancy rates remain high.
- The Trust vacancy position for Registered Nurses has decreased by 9.42 WTE over the 3 months from 737.55 WTE in post to 728.13.
- Whilst during Jan – March the Neonatal Unit had a fill rate of below 80% of the planned staffing for a full unit, as a result of low cot occupancy, safe staffing levels were maintained. A daily RAG rating of staffing had been carried out to provide assurance for patient safety, this demonstrated that staffing was safe and mitigations were in place on occasions where RAG rating was amber or red. In future analysis of the staffing levels would be undertaken utilising cot occupancy to enable clear assurance to be provided in relation to safe staffing levels in this area.

**Discussion:**

- In response to a query raised about a pressure ulcer which was identified as unstageable the Chief Nurse explained that it had not been possible to grade it, however, it was noted that the worse grading should be allocated, if in doubt.
- The Board briefly discussed correlation between ward staffing levels and pressure ulcers, and how robust the review process was, and whether it was an appropriate measurement/indicator. It was confirmed that a piece of work would be carried in relation to falls with harm and pressure ulcers. DS confirmed that the Trust was currently using the nationally mandated metrics but other indicators could also be considered in future.
- In response to a query in relation to red rated fill rates on the neo-natal unit the Chief Nurse confirmed that the staffing levels should have been adjusted to the occupancy rate.
- The Board noted concern with the nursing vacancy rate on Eleanor Hobbs ward (34%) and it was noted that a large number of staff members had moved from this ward to the new HDU. YB advised that remodelling of beds was being considered to improve the situation.
- To assure the Board DS confirmed that fill rates were, in the majority, above 90% and assurance should also be taken from increased reporting of falls and pressure ulcers.
- It was discussed and agreed that actions and mitigations would be articulated clearer in future reports.

**Action:**

- Actions and mitigations to be articulated clearer in future reports.

**Decision:**

- The Board noted and received assurance from the report.

33/18

**Director of Infection Prevention and Control Report – March 2018**

Diane Sarkar (DS), Chief Nurse presented the report inform the Board of compliance with mandatory Department of Health targets and other key performance indicators for

infection prevention and control and to identify key infection risks to the organisation and their mitigation.

**Key Points:**

- MRSA Bacteraemia – 0 for March. There had been five cases plus one contaminant in 2017/18. Previously, six cases had been reported. However, the Trust was not informed that the September 2017 case had been allocated to third party via the external arbitration process and not assigned to the Trust as previously reported.
- *C diff* – March 0 cases. 2017/18 finished with 33 cases against a ceiling of 30 cases. There were nil outbreaks, nil direct lapses in care and nil deaths attributed to CDI reported on a death certificate.
- An outbreak of crusted scabies was reported on Princess Anne Ward during March. One patient (index case) admitted from residential care confirmed scabies. Ten staff members were subsequently affected. The ward was not closed.
- MRSA screening compliance remained below the 95% internal target. March provisional screening data was at 89.4%.

**Discussion:**

- The Board was advised NHSI had undertaken a re-inspection and as a result the Trust had retained its amber status due to some issues with high and low dust cleaning. The Trust had invited NHSI to undertake a further inspection in June 2018 with the aim of achieving de-escalation to green.
- The Chief Nurse explained that NHSI had carried out a review on the mandated reporting criteria for DIPC and it was expected that the amount of KPIs that needed to be reported on would increase.
- Denise Townsend, Director of Nursing at Southend, was in the process of completed her Executive DIPC training.
- The first MSB group IPC meeting had taken successfully place with the involvement of CCGs.
- It was welcomed that the Princess Anne Ward did not close despite a reported outbreak of scabies and YB commended the staff for their continued commitment.
- The Board enquired about the sharp rise in E coli cases as outlined within the report.
- The Board briefly discussed the apparent non-correlation between MRSA screening and MRSA acquisitions. YB advised that the Trust is not nationally required to carry out MRSA screening for day stay cases but continued to do so with increased focus.

**Action:**

- Clarification/explanation to be provided on sharp rise of E coli cases.

**Decision:**

- The Board received assurance from the report.

34/18

**CQC update**

Yvonne Blucher (YB), Managing Director, provided the Board with a presentational update on the Trust's CQC report published in April 2018.

**Key Points:**

- The majority of individual areas received good ratings and no areas were rated as inadequate.
- The report described many positive and outstanding aspects of what the Trust does, as well as the issues and challenges it faced.
- The overall rating was 'requires improvement' – it was noted that critical care and maternity were not inspected and the Trust was working with the CQC on a timeline for re-inspection.

	<ul style="list-style-type: none"> <li>• The Trust was one of the first organisations to undergo the new-style ‘well-led’ inspection and it was welcomed that this was rated as ‘good’.</li> <li>• The inspection was undertaken in two parts: The ‘safe’, ‘effective’, ‘caring’ and ‘responsive’ domains were inspected in November 2017 and the ‘well-led’ domain was inspected in December 2017.</li> <li>• The Board noted that at the time of the inspection the Trust was responding to significant winter pressures and there were ongoing challenges around staffing numbers.</li> <li>• The Trust received three requirement notices advising that it was not meeting legal requirements for some of the regulated activity around mental health, staffing and complaints. The Trust was required to provide an action plan for meeting these standards by Friday, 18 May 2018.</li> <li>• The corporate and directorate areas were aware of their MUST DO actions required in their areas.</li> <li>• The Trust continued to embed actions already taken arising from informal feedback.</li> <li>• Plans would continue to be monitored by the directorate Governance Boards through weekly ‘Maintaining High Standards’ meetings, with weekly oversight from the Site Leadership Team and would need full engagement and ownership from wards and departments to Board level.</li> <li>• The Trust would continue to work with partner Trusts and external stakeholders to address issues affecting patient flow and RTT standards.</li> <li>• The Trust would prepare for inspection of Critical Care and Maternity services hopefully within the year, and subsequent assessment of overall rating.</li> <li>• Internal CQC-style inspections would be implemented on a rolling programme of two wards per month.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Chairman, on behalf of the Board, thanked YB, CP and DS for their hard work in liaising with the CQC during the time of and following the inspection. Thanks were also extended to all staff for their hard work, commitment and collaboration during the CQC inspection.</li> <li>• In response to a query raised by Gail Partridge (GP), Non-Executive Director, YB confirmed that the three main issues in relation to mental health (environment, transfer and training) would be addressed via the CQC action plan with evidence. During re-inspection it would need to be ensured that appropriate staff members were present to explain the process.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
35/18	<p><b><u>CNST National Maternity Incentive Scheme</u></b> This item was deferred.</p>
36/18	<p><b><u>Improving Staff Engagement – Staff Survey Results 2017</u></b> Mary Foulkes (MF), Chief HR Director, presented the NHS staff survey results from 2017.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• There were 21 areas which had seen a significant difference across the MSB.</li> <li>• Staff survey response rates had remained static across the MSB and staff engagement scores were below national average across the MSB.</li> <li>• Main comments from staff related to staff shortage and its impact and staff being underpaid. Some positive comments were also received.</li> <li>• MF advised that a change in culture needed to be looked at over the course of several years. The themes remained the same compared to last year – i.e. good team work and good reaction in a crisis but concerns in relation to bullying and harassment and also staff shortage. MF confirmed that a steering group dealing</li> </ul>

	<p>with bullying and harassment had been set up and was developing a video to manifest the Trust's zero tolerance approach, with a particular focus on middle managers.</p> <ul style="list-style-type: none"> <li>• The 'Freedom to Speak Up' pilot which was undertaken at Southend had been well received and would now be adopted by the other two Trusts.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
37/18	<p><b><u>Part 1 report from the Chairman</u></b></p> <p>Alan Tobias (AT), Chairman, advised the Board that the Joint Working Board (JWB) had agreed to consider the legally termed option of merging by acquisition. However, it was pointed out that whatever the legal route, it would be a merger of three equal parties to create a new organisation.</p> <p>Jonathan Dunk, Chief Commercial Officer, would be developing a fair, objective and transparent system to decide as to who would be the acquiring Trust and who would be the acquired Trust.</p> <p>A briefing session on 'merger by merger' vs 'merger by acquisition' would be given to the Council of Governors.</p> <p>The Chairman welcomed the increased accountability and responsibility of the site leadership team in relation to cancer.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
38/18	<p><b><u>Part 1 Report from the Chief Executive</u></b></p> <p>Tom Abell (TA), Deputy Chief Executive, gave a verbal update to the Board as follows:</p> <p>Following the Joint Working Board (JWB) the decision making business case would now be commenced with an implementation plan. He was working with the Councils of Governors to develop criteria for decision on the acquiring/acquired Trust.</p> <p>The outcome of the clinical reconfiguration consultation was published Tuesday, 22 May 2018. Overall, the response was mostly supportive with some significant local variances. Main concerns related to</p> <ul style="list-style-type: none"> <li>• accessibility and transport</li> <li>• Issues with workforce and</li> <li>• lack of funding to make the necessary changes</li> </ul> <p>The project was on track for the CCG decision making in July 2018.</p> <p>The output of the clinical senate stage 2 would need to be presented to the Senate Council in the middle of June 2018. The proposal was being supportive with some concerns on the finer detail which would be reviewed further. It would also be discussed at the next meeting of the JWB.</p> <p>The proposed merger was still progressing with the aim of completion in April 2019. Guidance was awaited from NHSI and the CMA (Competition and Markets Authority).</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>

39/18	<p><b><u>Part 1 report from the Managing Director</u></b></p> <p>Yvonne Blucher (YB), Managing Director, advised the Board that there had been five applicants for the substantive role of ACO (Accountable Care Officer) for the CCG.</p> <p>Clive Walsh had been appointed as Southend's interim Director of Operations and Phil Reid had been appointed as Southend's Deputy Director of Operations.</p> <p>The Trust was now focusing on preparedness for winter.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
40/18	<p><b><u>Review of Board Calendar</u></b></p> <p>The Board agreed the calendar and agreed that a report on FPP (Fit and Proper Person) would be presented to the Board.</p>
41/18	<p><b><u>Any Other Business</u></b></p> <p>No additional items were raised.</p>
42/18	<p><b><u>Questions from the public</u></b></p> <p><i>The Chairman invited questions from the public:</i></p> <ul style="list-style-type: none"> <li>• <i>Joe Cooke, Public Governor, asked the Board to how the expected budget increase would be used. Tom Abell replied that this wasn't known yet – it was thought the money would be split between addressing the deficit and making some improvements. It was noted that the Trust had a long list of potential improvements/projects it would like to undertake so any additional monies received in terms of STF would be used for this.</i></li> </ul>
43/18	<p><b><u>Date of next meeting:</u></b></p> <ul style="list-style-type: none"> <li>• Tuesday, 4 September 2018.</li> </ul>

*The Chairman advised the Board that Trevor Johnson, Governor, had sadly recently passed away. He also, on behalf of the Board, offered condolences to Les Catley, Lead Governor, for the passing of his mother.*

*He thanked members for their contribution and declared Part 1 of the meeting closed.*