

Agenda item 03/19

**DRAFT MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
TUESDAY, 4 December 2018**

Call to Order

Present:

Alan Tobias	Chairman
Clare Panniker	Chief Executive
David Parkins	Deputy Chair
Tim Young	Non-Executive Director
Gabrielle Rydings	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Gail Partridge	Non-Executive Director
Mike Green	Non-Executive Director
Neil Rothnie	Deputy Managing Director and Medical Director
Tom Abell	Chief Transformation Officer
Danny Hariram	Chief Human Resources Director
James O'Sullivan	Chief Finance Officer
Martin Callingham	Chief Information Officer
John Henry	Group Director Specialist Services
Celia Skinner	Chief Medical Officer
Daine Sarkar	Chief Nurse

Also in attendance:

Brinda Sittapah	Company Secretary
Felipe Silverio	Company Secretarial Assistant (minutes)
Les Catley	Public Governor
Sally Holland	Public Governor
Julie Gooding	Public Governor
Terry Cutmore	Public Governor
Joe Cooke	Public Governor
Brain Terry	Public Governor
Majzoub B Ali	Member of the public
Frances Cohen	Member of the public

	<p><u>Hospital Heroes</u> Alan Tobias (AT), Chairman, congratulated the winners and on behalf of the Board David Parkins, Non-Executive Director (NED), presented the awards to: Andras Gals – Speciality Doctor Julie MacDonald – Maternity Support Worker Lucy Coward – accepted the award on behalf of the Orthopaedic Team</p>
67/18	<p><u>Welcome and Apologies</u> Alan Tobias (AT), Chairman, welcomed all to the meeting. Felipe Silverio, Company Secretarial Assistant was introduced.</p> <p>Apologies were received from Yvonne Blucher, Managing Director and Fred Heddell, Non-Executive Director.</p>
68/18	<p><u>Declaration of conflicts of interest</u> No conflicts of interest beyond those registered were declared.</p>

69/18	<p><u>Approval of Part 1 minutes of meeting held on 04 September 2018</u> The minutes of the previous meeting were agreed as an accurate record.</p>
70/18	<p><u>Matters arising from minutes (if any):</u> There were no matters arising.</p>
71/18	<p><u>Consideration of Part 1 Action Tracker</u> The action tracker was approved as presented.</p> <p><u>Action:</u> <i>50/18 MSB Savings – Planning expenditure and committed expenditure</i> James O’Sullivan (JOS), Chief Finance Officer, advised the Board that the report on MSB Savings will be presented to the next Finance Committee in common. JOS informed the Board that so far savings have been achieved but not to the level expected.</p>
72/18	<p><u>Trust Risk Appetite</u> Neil Rothnie (NR), Deputy Managing Director and Medical Director, presented the Trust Risk Appetite profile for the Board to review and approve.</p> <p><u>Key points/Discussion:</u></p> <ul style="list-style-type: none"> • The Trust Risk Appetite Statement was approved by the Board in May 2017 and it was agreed that the Board will review its Risk Appetite at least annually, to ensure that the risk tolerance levels are acceptable. • The Risk Appetite Statement has been reviewed by the Site Leadership team and is considered fit for purpose as it stands. • Diane Sarkar advised that BTUH and MEHT would refer to SUHFT Trust Risk Appetite document in developing their own respective Trust Risk Appetite profile. A summary of the risk appetite for all 3 trusts will then be presented to the Joint Working Board. • The Board recommended that there should be a link between BAF and the Trust Risk Appetite. <p><u>Action:</u></p> <ul style="list-style-type: none"> • Review link between BAF and Risk Appetite (Brinda Sittapah, Company Secretary) <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board reviewed and approved the Trust Risk Appetite.
73/18	<p><u>Board Assurance Framework - Quarterly Review</u> Neil Rothnie (NR), Deputy Managing Director and Medical Director, presented the Board Assurance Framework – Quarterly review. The Board Assurance Framework (BAF) has been subject to ongoing review by the Site Director Leads.</p> <p><u>Key points and discussion:</u></p> <ul style="list-style-type: none"> • It was noted that individual BAF risk had been considered previously in detail at the respective Board sub-committees. • A proposal was discussed and approved at the QAC to remove BAF Risk 7 as a BAF risk as a result of the move to group model working for radiology and pathology. The risks relating to radiology and pathology at Southend University Hospital NHS Foundation Trust are included in the corporate risk register. The Board agreed to the proposal. • The Board suggested that the 52 week wait be included as a KPI in BAF Risk 2. <p><u>Action:</u></p> <ul style="list-style-type: none"> • Include 52 week wait as a KPI in BAF Risk 2 (Yvonne Blucher)

	<p><u>Decision:</u></p> <ul style="list-style-type: none"> The Board received assurance from the report and approved the removal of BAF Risk 7 as a BAF Risk.
74/18	<p><u>Monthly Integrated Performance Report, including the Finance Report</u></p> <p>Neil Rothnie (NR), Deputy Managing Director and Medical Director presented the Integrated Quality Performance 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.</p> <p><u>Key points and discussion:</u></p> <p><u>Quality (Safe & Caring)</u></p> <ul style="list-style-type: none"> Four serious incidents were reported in October 2018. Duty of Candour compliance was 100%. In October there were 76 adult inpatient falls equating to 5.0 falls per thousand bed days (YTD 5.5). As at 12th November there were 11 confirmed category 2 hospital acquired (HA) pressure ulcers. The Tissue Viability team are continuing to support the nursing teams to reduce preventable HA pressure ulcers. C Diff – In October there was 1 case reported bringing the total to 16 against a ceiling of 29 and nil direct lapses in care identified following the RCA process. MRSA Bacteraemia – There was 0 cases reported for October with 1 case YTD. MRSA Screening – The compliance for October is currently at 90.7%. Work continues to be undertaken to increase compliance and ensure that the exclusion criteria is applied. IPC Outbreaks – There were no ward closures or outbreaks in October. The caesarean section rate saw a marked increase in October to 34.3%. There were 89 complaint cases where advice is overdue from the Directorates at the end of October. There are a further 127 cases out with the Directorates for advice that are not overdue. However complaints in the month are lower than YTD. <p><u>Mortality</u></p> <ul style="list-style-type: none"> The latest SHMI is at 1.107 which is slightly above the March figure but still within the expected range. In July and August, the Trust had 242 deaths. 228 of these (94%) were scrutinised by a Medical Examiner. 78 had a structured mortality review (32%). None of the deaths were determined to have been more likely than not to have been caused by problems in healthcare. One death was considered at the Mortality Review Panel and, whilst the death was not considered to be attributable to problems in healthcare, learning identified during the review process will be fed back to the relevant teams. <p><u>Accident and Emergency 4 Hour Standard</u></p> <ul style="list-style-type: none"> Performance was steady during Oct at 90.3%. This was lower than the agreed trajectory value for the period (91%), although this level was achieved until the last two days of the month. Performance was highly variable in October (76% - 98%). It was noted that there has been an increase in the diagnosis of respiratory cases. Systems are in place to support the Winter Plan. Medicine will operate “Reset Days” on 22 Nov and 20 Dec, and is planning a “Perfect Week” in early January 2019. A combined meeting with the CCG and GPs has led to an improvement in end of life care figures, compared to last year. NR informed the Board that the Trust had reported a 12 hour trolley wait as a SI which had occurred on 12/13 Nov. The Patients had been allocated an impatient

bed within 12 hours, but at this point had been too unwell to move from ED. There had been no Harm.

- On a query with regards the attendance avoidance scheme implemented by the CCG, NR advised that the SWIFT team was currently undertaking some work in the community however this is not having a big impact on the ED numbers. NR added that the GP streaming model is working well with a high number of patients being diverted away from ED.

18 Weeks Referral to Treatment

- The increase in the overall number of patients is due to a change in reporting. Failures to book onto the waiting list have been added retrospectively.
- The number of patients over 18 weeks has increased for the first time this year, although the performance is ahead of trajectory, and ahead of the year end requirement.

Cancer

- Performance is following trajectory although October was worse than trajectory.
- Funding has been received from NHSI to reduce time to diagnosis of cancer, this funding has provided, outsourcing of non-cancer MRI reporting to release time for SUFT staff on cancer related work, additional one stop lists for Gynaecology, and additional biopsy and template lists for urology.
- Focus is on delivering the MSB improvement Cancer Improvement Plan and reducing the overall number of patients delayed for treatment. This results in poorer performance, but is better for patients.
- Overall 62 day backlog for SUFT currently stands at 64 patients.
- The Board was informed that after a waiting period of 104 days, the Trust will have to declare a SI.

Diagnostics

- The Trust had achieved its target again this month. The Board congratulated the diagnostic team for the good performance.

Workforce

- The Trust vacancy rate and voluntary staff turnover has decreased to 10.51% from 12.47% and 12.46% from 12.92% respectively in October.
- Turnover remains high due to the number of retiring nurses, however a proportion of nurses are transferred to bank, saving on future agency costs.
- The Board recommended that actual figures are also included in the report.
- Job planning guidance is provided to new starters across the 3 trust to support new member of staff.
- The Board was advised that further work is underway with regional and external universities to increase the number of student nurses. Furthermore, the offer of a guaranteed position at a ward or as part of a rotation is being considered to attract new candidates.

Finance

- The position for month 7 was a deficit of £1.487m which was £429k adverse to the plan.
- Pay budgets were overspent by £138k in the month, predominantly due to medical Agency.
- Non-Pay budgets (excluding pass through) were overspent by £531k in the month, predominantly due to drugs and clinical supplies.
- Drugs continued to overspend and this is currently being investigated to understand the core drivers, whether it is price or volume. Clinical supplies were significantly overspent in the month.
- The cost improvement programme has achieved £5.294m of savings YTD which is behind plan by £1.116m.

	<ul style="list-style-type: none"> • The Board suggested that comparisons and commentary relating to cost pressures be added to future reports. • DP expressed his concerns with regards the robustness of CIP plans. JOS acknowledged that the plans need to be more vigorous but advised that the Trust is still expected to meet its control total. • MG suggested for commentary to be added to the report when there are deviations/adjustments in the figures. <p>Teletracking</p> <ul style="list-style-type: none"> • In response to a query regarding the impact of Teletracking, Tom Abell (TA), Chief Transformation Officer, advised that data is still being collected before a formal evaluation can take place. Reports may be available in around 6 weeks. • TA further advised that it will be vital to understand what each metric means and how they can support the improvement of patient flow. • Thus far feedback from staff members using Teletracking is positive. • The Board suggested that a development session be provided on teletracking. <p>Action:</p> <ul style="list-style-type: none"> • Actual Trust vacancy numbers to be added to the report (Danny Hariram, Chief Human Resources Director) • Deliver a Teletracking development session to the NEDs (Yvonne Blucher, Managing Director & Martin Callingham, Chief Information Officer). • Comparisons and commentary on cost pressures be added to future reports (James O’Sullivan, Chief Finance Officer) <p>Decision:</p> <ul style="list-style-type: none"> • The Board received assurance from the report.
75/18	<p><u>Safe Staffing Report for July, August and September 2018</u></p> <p>Diane Sarkar (DS), Chief Nurse, presented a report on the Nursing & Midwifery staffing levels submitted to NHS England via Unify for the months of July, August & September 2018 reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.</p> <p><u>Key Points and discussion:</u></p> <ul style="list-style-type: none"> • 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 Group retention model has been established. • The Nursing Bank rates has been standardised across the 3 Trusts. • In response to a query on the increase in the number of nerve centre red flags raised, DS advised that it is expected that this figure will decrease with the newly appointment nurses as from October. • DS advised that with the new starters having joined in, the fill rates should see an upward trend. • DS informed the Board that the Trust was shortlisted for the Nursing time award, the Board congratulated the team for their good effort. <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board received assurance from the report.
76/18	<p><u>CQC Compliance Report</u></p> <p>Diane Sarkar (DS), Chief Nurse, presented a report on the CQC action plan and the ‘Maintaining high Standards’ programme.</p> <p><u>Key Points and discussion:</u></p> <ul style="list-style-type: none"> • The Trust is currently rated ‘requires improvement’ with 3 open requirement

	<p>notices. There are a total of 29 actions on the action plan, three are overdue, 1 is complete without evidence and 19 are complete. The remaining 6 are in progress with no known risks to completion.</p> <ul style="list-style-type: none"> • The programme of internal mock CQC inspections began in April and to date thirteen wards have been inspected and an out of hours inspection has been completed. • There were 3 actions overdue due to a slight slippage in the original plan. • DS advised that the Trust reports to CQC on a monthly basis and compliance team meetings are held weekly. <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board received assurance from the report.
77/18	<p><u>Director of Infection Prevention and Control Report</u></p> <p>Celia Skinner (CS), Chief Medical Officer presented a report on the compliance with mandatory Department of Health targets and other Key Performance Indicators for infection prevention and control.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • 1 case of MRSA Bacteraemia (MRSAb) year to date. 0 cases of post 48 hours of admission attributed to the Trust in October. • 16 cases of C diff plus 72 hours of admission year to date, ceiling of 29 cases. 1 case reported in October. • YTD performance against last year's IPC rates at this point in time is significantly improved. The further challenge is the continued sustainability of performance. • MRSA screening compliance currently remains below the Trusts internal target of 95%. Due to data validation processes, screening data is not available at time of this report. • It is pleasing to note that there have been no outbreaks to report. • Case of bed bugs was identified and resolved in November. • Flu vaccination rate at the end of October was 41% which is higher than the other two Trusts; however the figure is lower than last year. <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board received assurance from the report.
78/18	<p><u>Quality Assurance Committee Report</u></p> <p>The Quality Assurance Committee Report from 17th October was noted.</p> <p>The following items were considered at the meeting:</p> <ul style="list-style-type: none"> • Ophthalmology Audit • Harm reviews – RTT • Harm reviews - Cancer • Serious Incident Report Quarter 2 • Mortality update • Pathology update • Cervical Screening <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board received assurance from the report.
79/18	<p><u>Finance and Resources Committee Report</u></p> <p>David Parkins (DP), Non-Executive Director, presented the report to the Board to provide an update on the meeting of the Finance and Resources Committee held on 25 September and 6 November 2018.</p> <p>The following items were considered at the meeting:</p>

	<ul style="list-style-type: none"> • HR Performance including Mandatory Training • Board Finance Report to September 2018, including a Recovery Plan and CIPs • Cash Flow and Loans • BAF Review • Estates and Facilities Report <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board received assurance from the report.
80/18	<p><u>Audit Committee Report</u> 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 23 October 2018.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • Internal audit programme broadly on track • Medicines management receives a limited assurance report • 2017/18 reference cost submission submitted • Updates to the Anti-Fraud and Anti-Bribery Policy and the Conflicts of Interest Policy approved • Update provided on Cyber Security <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board received assurance from the report.
81/18	<p><u>Part 1 report from the Chairman</u> Alan Tobias (AT), Chairman, had nothing further to add other than what had already been discussed above.</p>
82/18	<p><u>Part 1 Report from the Chief Executive</u> Clare Panniker (CP), Chief Executive, advised the Board that the referral to the Secretary of State by Southend Council together with the STP response had been submitted. A decision is awaited from the Secretary of State.</p> <p><u>Decision:</u></p> <ul style="list-style-type: none"> • The Board noted the update.
83/18	<p><u>Part 1 report from the Deputy Managing Director</u> Neil Rothnie (NR), Deputy Managing Director and Medical Director, had nothing further to add other than what had already been discussed above.</p>
84/18	<p><u>Charitable Funds Committee Report – 14 November 2018</u> Tim Young (TY), Non-Executive Director, presented the report from the meeting held on 14 November 2018, to provide assurance concerning the Charitable Funds Committee’s fulfilment of its ToR duties and objectives as an assurance sub-committee of the Board of Directors.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • MSB - Legal advice is recommending a full integration model. • Investment strategy – Mid Essex Policy to be considered. • Year to date income is £531,511 - expenditure was £499,452. • The “For Wards Appeal” - £200,000 raised to date. Legacies - £188,106 – Stroke Unit nominated as Rochford Chairman’s Appeal. • £290k Spending plans approved. • Charity Shop – on target to make £30k profit this year • Annual Accounts – on schedule currently being audited.

	<p><u>Decision:</u></p> <ul style="list-style-type: none"> The Board received assurance from the report.
63/18	<p><u>Review of Board Calendar</u> The Board agreed the calendar as presented.</p>
64/18	<p><u>Any Other Business</u> No additional items were raised.</p>
65/18	<p><u>Questions from the public</u> <i>The Chairman invited questions from the public:</i></p> <ul style="list-style-type: none"> <i>Majzoub Ali, member of the public, asked about the frequency the CQC actions are reviewed and monitored. Diane Sarkar, Chief Nurse, confirmed that weekly meetings are held with the nurses to discuss and review any CQC actions points.</i> <i>Majzoub Ali enquired about the frequency of the CCGs visits to the Trusts with regards the SWIFT programme. Neil Rothnie, Deputy Managing Director and Medical Director, confirmed that it is not in their remit to periodically visit the Trust, however SWIFT visits are expected throughout the year.</i> <i>Majzoub Ali asked the Board as to why the bed bugs incident was not included in the most recent DIPC report. Celia Skinner, Chief Medical Officer, confirmed that this incident occurred in November whilst the report is up to October. Celia Skinner further confirmed that the bed bugs problem has been eradicated.</i> <i>Joe Cooke, Public Governor, asked the Board whether the purpose of the volunteer campaign was to replace full time member of staff. Claire Panniker, Chief Executive, confirmed that the volunteers will be complementing the number of full time staff member and not replacing them.</i> <i>Joe Cooke further enquired about the impact of the government's 10 year plan on the Trust's own long term plans. Claire Panniker, Chief Executive, confirmed that no guidance has been received on the government's 10 year plan; however the Trust is developing its own yearly plan for the time being.</i> <i>Frances Cohen, member of the public, raised a concern with regards the transport plan underlying the DMBC. Tom Abell, Chief Transformational Officer met with Frances Cohen to discuss her concerns outside of the meeting.</i>
65/18	<p><u>Date of next meeting:</u></p> <ul style="list-style-type: none"> To be confirmed

The Chairman thanked members for their contribution and declared Part 1 of the meeting closed at 11.30am.