

**MINUTES OF THE BOARD OF DIRECTORS MEETING IN PUBLIC
ON 12TH DECEMBER 2018, 14:30 – 16:30**

Present

Nigel Beverley	Chairman
Tom Abell	Deputy Chief Executive / Chief Transformation Officer
Renata Drinkwater	Non-Executive Director
John Govett	Non-Executive Director / Deputy Chair
Danny Hariram	Chief People and Organisational Development Director
Eamon Malone	Chief Estates and Facilities Officer
James O'Sullivan	Chief Financial Officer
Clare Panniker	Chief Executive
Andrew Pike	Managing Director
Diane Sarkar	Chief Nursing Officer
Celia Skinner	Chief Medical Officer

Secretariat

Angus Wyatt	Deputy Corporate Secretary
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In Attendance

Jerusha Murdoch-Kelly	Head of Nursing Children and Young Peoples Services (for item 9)
Kilali Ominu-Evbota	Consultant Paediatrician (for item 9)
Eva Tsouana	Consultant Paediatrician (for item 9)
Nikki Tuffin	Roald Dahl Non-Malignant Haematology Clinical Nurse Specialist (for item 9)

Governors in Attendance

Ron Capes	Public Governor, Basildon (Lead Governor)
Liz Carpenter	Staff Governor
Julia Harding	Public Governor, Thurrock
Alan Ursell	Public Governor, Basildon

Apologies

Martin Callingham	Chief Information Officer
Jonathan Dunk	Chief Commercial Officer
Margaret Pratt	Non-Executive Director
Barbara Stuttle CBE	Non-Executive Director

1 – OPENING REMARKS AND APOLOGIES FOR ABSENCE

- 1.1 The Chairman opened the meeting. He welcomed Eamon Malone, Chief Estates and Facilities Officer to his first public meeting of the Board.
- 1.2 Apologies were noted from those listed above.

2 – DECLARATIONS OF INTEREST

- 2.1 The Chairman asked if there were any Declarations of Interest other than those that had been made as part of Board Members Annual declarations. None were made.

3 – MINUTES OF THE BTUH BOARD MEETING HELD ON 12TH SEPTEMBER 2018

- 3.1 The minutes of the public Board meeting held on 12th September 2018 were accepted as a fair and accurate record and were signed by the Chairman.

4 – MATTERS ARISING AND ACTION LOG

- 4.1 The Board reviewed the action log noting that **actions 1, 2, 6, 7 and 8** were proposed for closure due to action that had been taken outside the meeting. Actions **3, 4 and 5** were open and would be subject of verbal updates.
- 4.2 The Board discussed **action 3** and the proposal to arrange a BTUH Board meeting at Orsett Hospital. It was noted that there had been difficulties with securing an appropriate room at Orsett. The Chairman suggested that the next meeting should be arranged at Orsett Hospital. It was agreed that this action should be carried forward to the next meeting.
- 4.3 The Board discussed **action 4** noting that the paper on clinical governance arrangements and project plan for Bayman Ward was due to be presented to the next meeting of the quality and patient safety committee. It was agreed that this action should be carried forward to the next meeting.
- 4.4 The Chief Medical Officer provided an update regarding **action 5**, and the proposed harmonisation of reporting times for blood samples from SACU to the same standard as ED. She advised that all ambulatory care facilities should have the same response standard to the ED. It was agreed that this action should be marked as closed and that it should be removed from the action log.

DECISION The Board **AGREED** that actions **1, 2, 5, 6, 7 and 8** should be closed and that they should be removed from the action log; actions **3 and 4** remained opened and would be carried forward to the next meeting.

5 – BOARD ASSURANCE FRAMEWORK (BAF)

- 5.1 The Chief Nursing Officer presented the BAF which had been reviewed by the Audit Committee on 30th November 2018. The BAF currently reflected the objectives of the Managing Director, which were aligned to those of the Chief Executive. The next stage of development would be to align the site BAF to the Group BAF, which had been extensively revised to reflect the MSB Group strategic objectives. These were approved at the JWB on 3rd October 2018.
- 5.2 She advised that a new template had been developed for use across the group. This was approved by the Oversight Committee on 25th October 2018. The Joint BAF was currently being re-crafted following the agreement of the strategic objectives at the Joint Working Board. Once these had been shared across the sites, the BTUH BAF would be realigned to those objectives.
- 5.3 The Director of Nursing advised that the next presentation of the BAF would include consideration of the Board's Risk Appetite.

ACTION 9 **Risk Appetite:** The Board to review its risk appetite at the next meeting. **LEAD: Chief Nursing Officer**

- 5.4 The Chief Nursing Officer also provided an update in relation to the preparations for the Care Quality Commission (CQC) inspection that was anticipated in the new year. She advised that the provider information request had been submitted within the requisite

timescale and that additional information had been provided where this had been requested by the CQC.

- 5.5 She also provided an update regarding the outcome of the recent internal CQC style of inspection undertaken at the Trust. On the 20 to 22 November 2018 a core services review was undertaken with staff from across the three MSB hospitals. The outcome of the trust site wide CQC style review for 2018 had improved from the site wide review in 2017; four areas were noted to be outstanding for care.
- 5.6 For the areas where they were rated as requiring improvement, the packs from the visit had been shared for the divisions to identify how they would improve the ratings and address the non-conformities. These would be monitored by the Internal compliance action group and through unannounced inspections. The self-assessments were submitted as part of the RPIR submission on the 27th November 2018.
- 5.7 The Board noted that the use of resources review was scheduled in the first week of March 2019. This would indicate that the core services review would be scheduled in mid to late February. This would be subject of a report to the next meeting of the Quality and Patient Safety Committee.

DECISION The Board of Directors approved the new BAF risks, controls and further mitigating actions.

6 – CHAIRMAN’S REPORT

- 6.1 The Chairman referenced the recent announcements made regarding the combination of Director roles at NHS Improvement and NHS England, advising that Ann Radmore had been appointed at Regional Director for the Eastern Region.
- 6.2 He also advised that The Chairman of NHS England Dido Hardy had visited the Trust recently where staff and departments were able to share their work on innovation within the NHS.

7 – CHIEF EXECUTIVE’S AND MANAGING DIRECTOR’S REPORT

- 7.1 The Chief Executive and the Managing Director presented a summary of the key issues facing the Trust at the present time and progress in meeting these challenges since the previous Board meeting in public held on 12th September 2018.
- 7.2 The Managing Director advised that Sharon Salthouse had recently taken on the role of Group Director of Operations for Pathology Services; Fiona Ryan had been appointed as Director of Operations - Planned Care and Samantha Goldberg had been appointed as Director of Operations - Urgent and Emergency Care, though Samantha would not be joining the Trust until February 2019. Interviews were scheduled for the site Director of Finance position.
- 7.3 He advised that the Trust’s priorities were the delivery of the A&E, cancer and referral to treatment (RTT) NHS Constitution standards. In quarter 2, the emergency department (ED) performance was 96.5%, in November ED performance was 95% and the month to date ED performance was 92.1%. Teletracking was implemented on 6th November 2018 to manage site bed management.
- 7.4 Winter ward moves had been agreed and undertaken in October, with a new General Medicine ward that opened on 31st October 2018. Five additional side rooms had been created. The Frailty Assessment Unit had moved from the Acute Medical Unit (AMU) to

support a new Frailty Ambulatory and Assessment Unit on Lionel Cosins. The aim of this was to improve the overall frailty length of stay. The Emergency Care Operational Group had met to oversee the 3 workstreams progression. This was monitored at the stepping up board. SAFER (Senior Review, All patients, Flow, Early discharge and Review) board rounds had been launched on all wards to improve length of stay.

- 7.5** The Managing Director advised that the Cancer 62 day plus backlog had remained static at around 100 patients. Daily scrutiny of backlog patients without treatment dates continued. Of the 100 patients in the backlog, there were 36 whose treatment or completion of diagnosis would be undertaken at Basildon. Actions taken to improve cancer waiting time performance included an increase in straight to test pathways. 93% of two week waits were completed within the requisite timeframe.
- 7.6** The Trust's performance against the 18 week referral to treatment standard (RTT), the Trust had reduced in September to 79.2%. The waiting list size was growing; mainly in outpatients. The Board noted that the Trust was looking to target some specialties for reduction of their RTT backlog. This included sleep and dermatology; however the plan had not yet been agreed with the commissioners. The Managing Director reminded the Board of the requirement to avoid 52 week breaches this year.
- 7.7** The Board noted that the main focus in terms of finance was to deliver the £27m deficit. A number of investments had been made to support emergency care and cancer waiting time performance. Tight control of staffing costs would be needed to year end. The organisation would meet its financial duties.
- 7.8** In response to a question from the Chairman the Board was advised that the Teletracking system provided daily statistics that could be used to monitor patient flow and length of stay.
- 7.9** John Govett responded referring to the board walkabout that had been undertaken earlier in the day and the patient who had a length of stay of 245 days. He had spoken with the ward sister and had been advised that three patients on that ward were waiting for social care input. He referenced the additional money that had been made available for social care, questioning where the social care precept was being spent and how it could be used support this Trust in discharging patients who were medically stable.
- 7.10** The Managing Director advised that the integrated discharge team included representatives from social care. He advised that the number of beds that were not available due to stranded and super stranded patients was a significant challenge for this organisation, particularly over the course of winter. He advised that the SAFER patient flow bundle included the identification of an estimated date for discharge for each patient.
- 7.11** The Chief Executive advised that Essex had received £5.9m of additional funding and that £2.8m related to the geography covered by the MSB group. She advised that whilst this money was being invested by social care, the impact of how this additional funding supported this organisation was less obvious.
- 7.12** Renata Drinkwater reflected on the impact the increased length of stay had on the ED performance. In response the Managing Director advised that the ED was more pressured over the winter period. He advised that the Trust had enhanced the consultant cover in the unit and had increased consultant involvement in the queue management processes in the department. He advised that the implementation of Teletracking had also affected the Trust's ED performance at the beginning of December.
- 7.13** The Chairman reflected on the RTT performance and the need for the Trust to address its current challenges. He advised that the Trust's current performance was presently

amongst the worst in the country. In response the Managing Director advised that the block contract did not include the funding for the activity required to address the backlog. The Chief Executive questioned whether the Trust had delivered the activity required by the block contract and whether the worsening of the backlog was as a result of increased referrals over the course of the year. The Managing Director advised that he would clarify this and report back to the next meeting.

ACTION 10	<u>RTT back log:</u> The Managing Director to confirm whether the Trust has delivered the activity commissioned under the block contract and identify the cause of the worsening of the RTT waiting list position for the year to date. LEAD: Managing Director
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7.14 The Chief Executive provided an update, advising that both Southend Borough Council and Thurrock Borough Council had referred the clinical reconfiguration plan to the Secretary of State for Health and Social Care, for his review. She advised that, due to the current political climate, there was a strong possibility that the secretary of state's directions in relation to this matter could be delayed, which would have a consequent impact on the Trust's merger and clinical reconfiguration plan. The likely date of the merger had been pushed back to April 2020.

8 – DIRECTORS AND GOVERNORS WALKABOUT FEEDBACK

8.1 The Chief Nursing Officer advised that the Board, members of the site leadership team and representatives of the Council of Governors had visited a number of clinical areas, focussing their attention on the implementation of the new Teletracking system.

8.2 The following points were noted during the feedback:

- The staff were positive about the implementation of Teletracking and understood the benefits this new system would bring in terms of improving bed management and patient flow.
- The Board noted that the response from the portering team to Teletracking related requests was positive. The bed cleaning service responded well in the morning; however there were some challenges in the afternoon when the profile of discharges increased.
- The board rounds that had been implemented as part of the SAFER patient flow bundle were referenced including the support that was provided by the therapies and dietetics teams.
- There remained some challenges in terms of vacancies across the wards; however there was a pipeline of staff due to join the Trust.
- No issues relating to cleanliness were identified on the wards that were visited, though some areas were noted as being cluttered.

8.3 John Govett questioned whether it would be possible for the Board to visit the Teletracking hub in Billericay. In response it was agreed that this would be organised by the Corporate Secretary and his team.

ACTION 11	<u>Board visit to Teletracking Hub:</u> The Corporate Secretary to make arrangements for the Board to visit the Teletracking hub in Billericay. LEAD: Corporate Secretary
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9 – REFLECTIONS ON PRACTICE

9.1 The Board welcomed Jerusha Murdoch-Kelly, Head of Nursing Children and Young Peoples Services, Eva Tsouana and Kilali Ominu-Evbota, Consultant Paediatricians and Nikki Tuffin, Roald Dahl Non-Malignant Haematology Clinical Nurse Specialist who gave a brief presentation regarding Children and Young Peoples Services. The presentation

focussed on the paediatric service provided by the Trust, the areas of focus for 2018/19 for improved patient experience and engagement and the service developments that had been undertaken regarding the management of Sickle Cell activity.

- 9.2** The Head of Nursing Children and Young Peoples Services advised that the Paediatric team had developed over the course of the last 3 years, with the appointment of two Paediatricians with a special interest in Haematology. She advised that the team was very passionate about haematological conditions and that there was a special interest in Sickle cell disease.
- 9.3** The team had engaged with the Trust to raise the profile of Sickle Cell disease; this had coincided with an increase in the number of children who access the Paediatric service via acute admissions in A&E or through the Trust's shared care arrangements with tertiary centres. A new Sickle Cell pathway had been developed, working with the Trust's tertiary hospital (Royal London) and the team had been able to repatriate back the "elective blood transfusion" service to this organisation, to allow families to receive care closer to home.
- 9.4** The Board also noted that the NICU peer review in December 2018 was positive in its findings, but highlighted concerns around the estates and infrastructure of the unit. This was being addressed in phase 1 of the Women's and Children's capital plan that commenced in September 2018 and was ongoing. Improvements included:
- Increased cot size
 - Opportunities to deliver enhanced developmental care to infants and families
 - Improved environment for families and staff
- 9.5** The Board noted that the team was managing 120 patients on active follow up from south west Essex and was also managing 15 out of area patients from the following hospitals:
- Royal London Hospital:4
 - Newham:5
 - Queens:4
 - Evelina:1
 - Central Middlesex: 1
- 9.6** The Board noted that this was a busy specialty, with 30 weekly outpatient clinics per year and 240 appointment slots per year. The annual review for each patient was undertaken at the tertiary hospital. 18 patients were at transition age and going through transition pathway to adult services. In terms of acute presentations and inpatient admissions, there were 24 acute admissions to Paediatric unit during the period August 2016 to August 2017 and approximately 40 attendances to the Emergency department for the same period. The activity numbers had increased activity in 2018/19.
- 9.7** The Trust had worked in partnership with the Roald Dahl Marvellous Children's charity to secure funding for the first clinical nurse specialist for Sickle Cell disease in the East of England. Both families and patients were involved in the interview and appointment of Nikki Tuffin Roald Dahl CNS. Nikki commenced in August 2018. The families had commented on her passion for Sickle Cell disease and the positive impact and support she had provided for them.
- 9.8** The Board noted that Nikki was the first point of contact for families and that the Trust was able to access support from the charity for if it was required. The Trust was also working closely with its north east London Network partners at Barts Health. The Trust was highly commended by Barts for the significant improvements that had been made in the service in the last twelve months. The Trust was also developing a peer support

network for children and young people and parents / carers in 2019 and continued to gain feedback from families regarding the service that was being provided.

- 9.9 In concluding the presentation, the Board received oversight of the results of the NICU local family satisfaction survey 2017, the “You said We did” initiative that had been introduced to improve the quality of services and the launch of “Neomates” in November 2018.
- 9.10 John Govett thanks the team for sharing their recent successes, thanking the team for affording the Board with an opportunity to understand and celebrate the service improvements that had been made by the Paediatric team.
- 9.11 The Head of Nursing Children and Young Peoples Services responded to a question regarding what other service developments were planned in Paediatrics, advising that all play specialists were to undertake Makaton training, to improve communication skills with deaf and learning disability patients.
- 9.12 The Chairman noted that the Roald Dahl partnership provided a five year funded post for the organisation, after which the Trust was expected to continue to find the role. The expectation was that the Trust would continue to use the Roald Dahl nurse title after the partnership had concluded.

10 – INTEGRATED PERFORMANCE REPORT (IPR) – OCTOBER 2018

- 10.1 The Managing Director led the presentation of the integrated performance report for October 2018 inviting the executive leads for each aspect of the report to draw the Board’s attention to salient points.
- 10.2 The Chief Nursing Officer advised that the Trust remained below the Royal College of Physicians national trajectory of 0.19 injurious falls per 1000 bed days. There were no severe injurious falls in October. There was a reduction in preventable pressure ulcers reported with one Grade 2 in October.
- 10.3 A total of 6 Serious Incidents were declared in September and October. One of these was a never event in dermatology where wrong site surgery was undertaken. These were currently under investigation.
- 10.4 53 new complaints were received in October, with 41 in September. With the exception of June 2018 the number of complaints received had remained below the adjusted target of 55 during 2017/18. To date the Trust has received 342 complaints in 2018/19, 50 (12.7%) fewer than the same timeframe in 2017/18. Performance to achieve the 90% response target has improved in October, achieving 76% compared to 59% in September.
- 10.5 October saw an increase in the number of PALS concerns, with the Trust receiving 260, compared to 208 in September. There had been an improvement in the Trusts ability to respond within 5 working days in October when 83% were addressed within the timeframe, compared to 75% in September
- 10.6 The Chief Medical Officer advised that in general terms the Trust was performing well in terms of its quality metrics; however the Trust was not complacent and was looking at opportunities to improve performance further. She advised that the Trust’s harm free data was progressing in the right direction.
- 10.7 The Chairman reflected on the Trust’s clinic letter performance, recognising that this was an issue for all three MSB group Trusts. He advised that there was a need to address

the challenges and investigate the use of IT systems and solutions that could improve compliance in this area.

- 10.8** The Chief People and Organisational Development Director advised that the Trust continued to run with a vacancy rate which was well above its target of 7%, however the trend was improving. He explained that the staff turnover rate had reduced and therefore the number of new recruits was outweighing the number of staff leavers.
- 10.9** The Chief Finance Officer advised that as at 31st of October 2018, the Trust was £2.3m behind the year-to-date plan of £16.4m deficit (this plan did not include STF, as the Trust did not accept the regulator's control total). He explained that pay was the most significant contributory factor; pay was overspent £1.6m year-to-date. This was within Medical and Nursing staff groups and was driven by premium temporary staffing and waiting list initiative payments.
- 10.11** The Chairman questioned how the cost of transformation would be accounted for, given the MSB group Trusts had not been funded for the cost of transformation in 2018/19. In response it was noted that the forecast transformation spend for 2018/19 across the Group was £5.4m, of which this Trust was responsible for a third of this cost.
- 10.12** The Chief Executive advised that regulators recognised that there had not been any transformation funds made available nationally in 2018/19 and that there was a need for this organisation to understand how regulators would like this accounted for, given the need to not undermine the Trust's delivery of its forecast deficit at year end. It was noted that a letter was being sent on behalf of the group seeking clarity regarding this matter.

11 – CHARITABLE FUNDS ACCOUNTS 2017/18

- 11.1** The Chief Finance Officer presented the Charitable Funds Annual Report and Accounts for 2017/18, advising that these had been received by the Charitable Funds Committee on 30th November 2018. The annual report and accounts for the 2017/18 year had been completed by the External Auditors, BDO LLP, and their report was appended to the report.
- 11.2** Once approved by the Board, the annual report and accounts for the charity in respect of the 2017/18 year would be submitted to the Charities Commission in line with the Charities Act 2011.

DECISION The Board **APPROVED** the annual report and accounts for the Basildon and Thurrock University Hospitals Charitable Trust for the 2017/18 year.

12 – SAFER STAFFING REPORT

- 12.1** The Director of Nursing presented her report, which provided an update on the Trust's safer staffing data submitted to Unify in relation to Nursing and Midwifery fill rates for all inpatient wards for August, September and October 2018 and the impact on capacity and capability to deliver safe patient care.
- 12.2** During August, September and October 2018 there was a reduction in nursing vacancies from 25% to 24%; during November this had further reduced. Registered nursing turnover had also reduced from 13.38% to 12.27%; however there had been an increase in the turnover for unregistered healthcare assistants. The following areas had been RAG rated as red on the following months
- August 2018 - Edith Cavell, Florence Nightingale, Kingswood and Osler wards.

- September 2018 – Bulphan, Edith Cavell, Florence Nightingale, Lionel Cosin, Orsett and Osler wards
- October 2018 - Bulphan ward, Edith Cavell, Florence Nightingale, Kingswood, Lionel Cosin, Orsett and Osler wards

12.3 In response to a question from the Chairman regarding whether Brexit had impacted the nurse staff recruitment and retention, the Board was advised that this was not considered a contributory factor at the present time.

13 – ISSUES ESCALATED TO THE BOARD FROM THE COMMITTEES

13.1 There were no matters escalated to the Board other than those which had been considered as part of the current Agenda.

14 – BOARDS IN COMMON AND JOINT WORKING BOARD MINUTES

14.1 The Board of Directors received minutes of the following meetings:

- Boards in Common on 5th September 2018
- Joint Working Board on 3rd October 2018

15 – USE OF THE CORPORATE SEAL

15.1 The Chairman advised that the Corporate Seal had not been used since the last meeting.

16 – ITEMS DISCUSSED IN PRIVATE SESSION

16.1 The Chairman advised those present that during the closed session earlier that day, the Board had listened to a very insightful patient story that highlighted areas of challenge regarding the provision of interpreting services, in particular the challenges faced by patients who were deaf and for whom their first language was not English.

17 – DECISIONS UNDER EMERGENCY POWERS

17.1 The Deputy Corporate Secretary advised that there were no matters that had been signed off under emergency powers.

18 – QUESTIONS FROM THE PUBLIC

18.1 There were no questions from the public.

19 – QUESTIONS FROM GOVERNORS

19.1 The Lead Governor reflected on the £118m that had been allocated for the capital elements of the clinical reconfiguration, questioning whether any elements would be considered as a significant transaction and whether they would require consideration by the Council of Governors. In response the Chairman advised that there would be elements requiring Governor consideration and approval and that these would be presented to the Council at the appropriate time.

20 – ANY OTHER BUSINESS

20.1 As there were no further items of business, the meeting closed at 16:30.

21 – VALUES AND BEHAVIOURS

21.1 The Board reviewed the values and behaviours which had been exhibited during the course of the meeting. It was agreed that the meeting had been well chaired, with reasoned and proportionate challenge, and that all Board Members had been afforded the opportunity to contribute to the debate.

CLOSE

Date and Time of Next Meeting

Date: Wednesday 20th February 2019

Time: 14:30

Venue: Venue to be confirmed

SIGNED AS A FAIR AND ACCURATE RECORD OF THE MEETING

Meeting Chairman:	
Date:	

DRAFT