**Basildon and Thurrock University Hospitals** NHS
NHS Foundation Trust

**Mid Essex Hospital Services** NHS
NHS Trust

**Southend University Hospital** NHS
NHS Foundation Trust

**Trust Boards Meeting in Common**

*Minutes of a meeting in public of the Trust Boards in Common held in common at 2.00pm on Wednesday 3rd April 2019 in Committee Rooms 1 and 2, Level G, Basildon Hospital*

Present

*BTUH Board (non-executive members)*

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| Margaret Pratt | Non-Executive Director |
| Barbara Stuttle | Non-Executive Director |

*MEHT Board (non-executive members)*

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|---|---|
| Alan Tobias | Trust Chairman and Presider of this meeting of the Boards in Common |
| Colin Grannell | Non-Executive Director |
| Karen Hunter | Non-Executive Director |
| Jill Stoddart | Non-Executive Director |

*SUHT Board (non-executive members)*

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| Alan Tobias | Trust Chairman |
| Mike Green | Non-Executive Director |
| Fred Heddell | Non-Executive Director |
| Tony Le Masurier | Non-Executive Director |
| Gail Partridge | Non-Executive Director |
| David Parkins | Deputy Chairman |
| Gaby Rydings | Non-Executive Director |
| Tim Young | Non-Executive Director |

*Joint Executives*

| Tom Abell | Chief Transformation Officer/Deputy Chief Executive |
| Yvonne Blucher | Managing Director, SUHT |
| Martin Callingham | Chief Information Officer |
| Jane Farrell | Managing Director, MEHT |
| Danny Hariram | Chief People Strategy 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, BTUH |
| Diane Sarkar | Chief Nursing Officer |
| Dr Celia Skinner | Chief Medical Officer |

Officer in attendance

| Naresh Chenani | Group Director – Planning and Performance |
| James Day | Trust Secretary & Director of Strategy, MEHT |
| Evan Flockhart | Head of Learning and Talent Development |
| Alison Griffiths | Head of Professional and Commissioned Education |
| Esther Kuku | Head of Communications, BTUH |
| Brinda Sittapah | Company Secretary, SUHT |
| Andrew Stride | Group Director – Corporate Governance Integration (minutes) |

Governors in attendance

| Ron Capes | Lead Governor, BTUH |
| Les Catley | Lead Governor, MEHT |

2 members of the public

1. Welcome, introductions and apologies for absence

1.1. Alan Tobias welcomed everyone to the second meeting in public of the Trust Boards in Common.

1.2. Apologies were received from Nigel Beverley (Chair, BTUH), Jonathan Dunk (Chief Commercial Officer), David Wilde (Non-Executive Director, MEHT), Renata Drinkwater (Non-Executive

Director, BTUH), John Govett (Non-Executive Director, BTUH) and Parm Phipps (Non-Executive Director, MEHT).

2. Declarations of interest

2.1. All present declared a standing interest in respect of their substantive roles as Board members of one or more of the trusts.

3. Minutes of the previous Boards in Common meeting on 6<sup>th</sup> February 2019

**3.1.** Members reviewed and approved the draft minutes of the above meeting.  The following amendments were agreed:

- Paragraph 14.6, second sentence to read "A 10% potential cost saving opportunity had been identified with regard to medical staff"

**DECISIONS**

**The Trust Boards of MEHT, SUHT and BTUH approved the minutes of their meetings in common on 6<sup>th</sup> February 2019, subject to the amendments noted above.**

4. Matters arising and action log review

4.1. Members reviewed the action log, agreeing to close all of the actions listed as "proposed for closure".  Updates were noted as follows with regard to other actions on the log:

- Action 06.02.19/02 – the Chief Nursing Officer advised that there would be a series of best practice presentations to Board members.  **Action closed**;
- Action 06.02.19/07 – the template used by Southend for end-of-meeting reviews to be circulated to members of the Trust Boards.  **Action closed;**

5. Risk Management and Compliance Update

5.1. Diane Sarkar provided an update on the continued evolution of risk management and improvements in compliance methodology across the Group.

5.2. She explained that the top risks remained the same as the previous month.  In view of the findings of the CQC during their inspection of maternity services at BTUH, lessons learned were being disseminated via the Site Governance Forums (SGFs) at the other sites.  An improvement plan had been reviewed by the Quality Committees in Common earlier that day.  A monthly progress report was being submitted to the CQC to provide assurance.

5.3. The BTUH overall inspection report was awaited from CQC.

5.4. Members recalled that the CQC had not re-inspected maternity services and critical care at SUHT when they visited in November/December 2017.  Until they did so, it was not possible for the Trust to achieve an overall rating higher than "requires improvement".  This would, in due course, have implications for the overall rating of the merged trust.

5.5.    Diane Sarkar advised that she would write to the CQC asking them to re-inspect these two services at SUHT, although CQC were under no requirement to do so until the next risk-based inspection was due.

**ACTION 03.04.19/08**

**Write to CQC requesting that they re-inspect maternity and critical care at SUHT.  LEAD – Diane Sarkar**

5.6.    Mike Green requested updates on the three actions cited on page 22 of the pack relating to Use of Resources that were due for completion by the end of March 2019.  Diane confirmed that the Model Hospital data for January had been reviewed, the CQC Insight Framework had reviewed, and risks arising from these two reviews had been identified and necessary actions taken.  She undertook to circulate further details on these actions to Board members for information.

5.7.    In response to a question from David Parkins, Diane confirmed that immediate actions were taken during inspections when necessary to safeguard patient safety, as overseen by the Site Directors of Nursing.

5.8.    David asked whether mechanisms were in place to validate compliance self-assessments undertaken by the site and clinical teams.  Diane confirmed that this was the case.

6.      Board Assurance Framework (BAF) Review

6.1.    Diane Sarkar presented the latest iteration of the BAF, assuring members that each risk had been reviewed at the associated committee or designated "owning" group.

6.2.    She explained that the ratings of two risks had been increased.  Risk 3.1 (failure to create workforce stability with vacancy and retention rates within the top quartile for acute trusts) had increased from 16 to 20.  The rating of risk 4.3 (failure to deliver the digital transformation agenda and to ensure resilience in informatics and IT services) had also increased from 16 to 20.

6.3.    James O'Sullivan explained that the finance-related risks had been extensively reviewed at the finance committees in common meeting before last.  Dates had been included to make the governance of those risks tighter.

6.4.    With regard to risk 4.2 (failure to develop and fund a long-term capital plan which addresses the clinical, estates and technology needs of the organisation), Margaret Pratt suggested that this was the most severe risk within the "red" category of risks given that there were significant issues with backlog maintenance highlighted in the Environmental, Health and Safety due diligence report, and as such she invited the Boards to consider whether the risk rating should be higher.

6.5.    Eamon Malone advised that his team were currently reviewing the six facet survey results in detail.  As such, he considered that it would be premature to amend the risk rating at this meeting.

6.6.    Mike Green noted the interdependency between risk 4.2 and risk 4.6 (failure to consistently deliver safe, responsive and efficient patient care in a cost effective manner because current

estates and infrastructure is not fit for purpose).  The Boards agree to combine these two risks into a new risk to facilitate identification and monitoring of controls and assurances.

**ACTION 03.04.19/10**

**Combine risks 4.2 and 4.6 into a new risk on the BAF.  LEAD – Diane Sarkar/Eamon Malone**

6.7.    It was therefore agreed to retain the current ratings for both of these risks for the time being.  The rating of the combined risk would be reviewed by the Finance Committees in Common once the six facet survey work was in place my way of mitigation.

6.8.    Martin Callingham advised that the rating of risk 4.3 had increased following the outcome of the Shaping Cloud review.

6.9.    In response to a comment from Mike, Diane agreed to review the heat map to resolve several instances where the inherent risk score was the same as or less than the current risk which did not make sense.  Diane would liaise with the relevant executives in this respect.

**ACTION 03.04.19/11**

**Review with the relevant executive the rating of those risks where the inherent risk was the same as or less than the current risk.  LEAD – Diane Sarkar**

6.10.   Margaret advised that the CQC had enquired about the Corporate Risk Register (CRR).  Diane explained that the CRR was currently reviewed by the Audit Committee and she invited members to consider the value of potentially bringing it also to the Trust Boards in Common alongside the BAF.  It was agreed that a summary of the top risks rated 20 or above from each site CRR would be presented to the Trust Boards in Common on a quarterly basis.

**ACTION 03.04.19/12**

**Summary of the top risks rated 20 or above from each site CRR to be presented to the Trust Boards in Common on a quarterly basis.  LEAD – Diane Sarkar**

7.       MEHT CQC Improvement Plan

7.1.    Diane Sarkar reminded those present that the CQC carried out two unannounced core service inspections during September 2018.  The Use of Resources Review and the Well Led Inspection took place in October that year.  The overall report published in January 2019 identified a number of "must do" and "should do" improvement actions.  The detail of progress against both sets of actions was monitored regularly by the MEHT SGF.

7.2.    In response to a request from Mike Green, it was agreed that the actions would be sorted in future reports by status.  It was also agreed that short and medium term milestones would be identified and articulated in the report so that Board members could track progress against actions with a longer timescale. Jane Farrell confirmed that such milestones were in place for actions with a longer than three-month timescale.

**ACTION 03.04.19/13**

**Include short and medium term milestones for actions in the MEHT improvement plan with an end date of more than three months and sort actions by status in future iterations of the progress report. LEAD – Diane Sarkar / Jane Farrell**

8.      Trust Chairs' Report

8.1.    Alan Tobias advised that the MEHT and SUHT SGFs met recently to focus on the integrated performance report (IPR) and the agenda for today's Boards in Common meeting. In addition, the MEHT SGF had focussed on the referral to treatment (RTT) reporting issue and cervical screening. At Southend, colleagues had debated cost improvement programmes (CIP) at length.

8.2.    On behalf of Nigel Beverley, Clare Panniker explained that the BTUH SGF reviewed the draft Operating Plan and the IPR.

9.      Chief Executive's Report

9.1.    Clare Panniker advised the meeting that the Executive Team and Site Leadership Teams had met recently to agree three operational priorities across the Group for 2019/20 that would lead to tangible improvements for patients and staff. These were:

- Improving staff engagement;
- Reducing nursing vacancies;
- Improving the care offered to deteriorating patients in order to reduce the rates of cardiac arrests.

9.2.    Clare drew attention to the NHS mandate that there should be no patients waiting more than 52 weeks for elective care as at 31st March 2019. She assured those present that BTUH and SUHT had achieved this level of performance. The situation at MEHT was more complex as the Trust was not currently reporting at national level on RTT performance.

9.3.    In terms of cancer performance, members were reminded that the Group had committed with NHSI to achieving the required backlog reduction by 31st March 2019. This had been achieved at BTUH and SUHT but not yet at MEHT, although there had been notable improvement in the MEHT position. The Group were meeting with regulators, commissioners and the Cancer Alliance the following day tomorrow to plan cancer improvements. Cancer was also a priority within the draft Operating Plans.

9.4.    BTUH was planned to meet the 85% standard against the 62-day cancer wait standard on a sustainable basis by the end of April 2019. Southend's trajectory would be dependent upon cancer performance at MEHT so a target of March 2020 for meeting the 85% standard was to be submitted to NHSI. However there would be clear internal milestones to track the trajectory over the coming year. Clare explained that cancer had been established as an operational priority across the 3 trusts with equal status and ongoing monitoring as emergency department (ED) performance.

9.5.    Turning to future organisational form, Clare advised that the merger transaction target date remained April 2020. However there were a number of risks to achieving this date, including the Secretary of State review process relating to the proposed clinical transformation. The Group were awaiting a status update on the reviews so that the scale of the risk to the merger critical path could be assessed.

9.6.    Clare drew attention to the work led by Tom Abell to ensure that acute services in Mid and South Essex were prepared for EU Exit. The Group had met all of the national and regional reporting requirements with regard to EU Exit. Staff were being actively supported to apply for Settled Status if they wish to do so.

9.7.    With regard to innovations and service developments, Clare informed those present that she had taken part in a live web-broadcast with Health Commentator Roy Lilley about the benefits of Teletracking earlier that day.

9.8.    Margaret Pratt commended the three priorities noted under paragraph 9.1, however she urged the Executive Team to set associated key performance indicators that were tangible and as stretching as possible. Clare agreed, noting that achievement against the three priorities would be at the front of future iterations of the IPR.

10.    Reflections on Practice – People and Organisational Development (POD) Team

10.1.   Alan Tobias welcomed Evan Flockhart and Alison Griffiths to provide a reflections on practice presentation regarding the work of the MSB POD Team. Danny Hariram set the context, explaining that POD was the first integrated corporate support team in place across MSB. This was an opportune time for a 12 month review and to look forward to the future.

10.2.   Tony Le Masurier commended the proposed transition to a performance review/appraisal model of four short "check in" meetings per year which should facilitate a quality ongoing conversation between appraise and line manager than the traditional annual appraisal meeting. Tony requested clarity as to how the Group would identify talent and ensure succession planning. Evan and Alison replied that the "check-ins" system was a key element, alongside a bottom-up approach to talent management overall.

10.3.   Celia Skinner commended the achievements of the team in their first year. She enquired as to the added value of integrated working across the group compared to the previous separate trust-based POD activities. Evan cited the example of the MSB Leadership Programme as demonstrating the value of "design one, deliver many" model and building cross-site networks.

10.4.   Celia noted that the POD Team currently comprised 10 WTE and enquired as to whether this was a sufficient size to deliver the POD agenda during the transition and into the new organisation, commenting that a 3-5 year strategy for POD was required. Danny replied that the POD Committee had started to develop a longer-term vision and the POD Strategy was under development. This would be discussed at a Boards in Common Seminar in due course.

10.5.   In response to a question from Mike Green about the use of the apprenticeship levy for the schemes outlined in the presentation, Danny agreed that a report on this topic would be received at the next meeting of the POD Committee.

**ACTION 03.04.19/14**

> **Report on the use of the apprenticeship levy across the Group to the next meeting of the POD Committee.  LEAD – Danny Hariram**

10.6.  Barbara Stuttle highlighted the importance of offering training routes for Advanced Nurse Practitioners (ANPs) to address the risks of ward-based nurse recruitment and retention. Diane Sarkar commented that each site had undertaken a skill mix review which would be presented to the next Boards in Common meeting to help provide assurance and identify where ANP training may be best targeted within the Group.

10.7.  In response to Colin Grannell's request for more detail on the issue of bullying articulated within the presentation, Evan and Alison explained that the Pod Team had undertaken a lot of training and support work from senior level downwards across all sites.  They highlighted a key issue as to how quickly the organisation responds to allegations of bullying which was being addressed through the Respect Programme.  Danny and Evan encouraged all Board members to attend Respect Training.  It was agreed that the Company Secretaries would circulate the dates and make the necessary arrangements with the POD Team.

**ACTION 03.04.19/15**

> **Circulate dates and details of Respect Training to all Board members and facilitate arrangements with the POD Team.  LEAD – Andrew Stride/James Day/Brinda Sittapah**

10.8.  Andrew Pike advised that the CQC had provided informal feedback during their recent Well Led inspection at BTUH about the positive culture they had witnessed which was regrettably at odds with the findings of the National Staff Survey with regard to bullying and harassment.

10.9.  Margaret Pratt commended the aspirations of the POD Team but encouraged them to be more precise about their ambition and timescale for tangible deliverables.

10.10.  Alan thanked the POD Team for attending the meeting and their informative presentation.

11.    Patient Stories at Trust Boards in Common Meetings

11.1.  Diane Sarkar invited members to consider various options for directly receiving stories from patients about their experience of acute services in Mid and South Essex.  Diane reminded the Boards that the purpose of patient stories was to set the mood for the meeting. Stories provided "real" insight in support of service improvement, were instrumental in creating a patient and customer services culture led at Board level and helped to triangulate other qualitative data about patient safety and experience.   She explained that current practice in this regard differed between the three sites.

11.2.  Members were advised that Diane had discussed this matter with the patient experience leads and the Patient Councils on each site and had surveyed the practice of other organisations that had merged.  Such trusts employed a mixture of techniques, primarily using a pre-recorded video of the patient or a written statement if the patient did not wish to attend in person. Almost always, she added, the patient story was received in public session, in the interests of openness.

11.3. Now that the SGFs and the Trust Boards in Common meetings now established, Diane proposed the future model as follows. On a monthly basis, there would be a patient story at local SGFs and on alternative months there would be a patient story at the Boards in Common meeting (public session) relating to the site at which that meeting was held. On that month, that particular site would not also have a patient story at their SGF.

11.4. For avoidance of doubt, Diane reminded those present that the patient story programme was not part of the formal complaints process.

11.5. Members noted and endorsed the proposed Patient Story Evaluation Form appended to the paper, which would be completed with respect to each story presented. Use of the form would facilitate feedback at the subsequent meeting of the actions taken to improve services in light of that story.

**DECISION**

**The Trust Boards of MEHT, SUHT and BTUH approved the proposed approach to patient stories within the collaborative governance framework.**

12. Change Portfolio

12.1. Tom Abell provided the Boards in Common with an update on the transformation and change activities across the three trusts since the last JWB meeting.

12.2. With regard to clinical transformation, he drew attention to the pilot of the treat and transfer model to take place the following weekend. The service would provide dedicated transfer capability for the weekend emergency and urgent interventional radiology service which rotated around the three hospitals each week. This interventional radiology service had been set up since we have been operating as a group of hospitals; historically patients would have had to be transferred to London for these procedures at weekends. It was expected that the majority of patients will be repatriated to their local hospital on the same day.

**ACTION 03.04.19/16**

**Provide Board members with an evaluation of the treat and transfer pilot in due course (likely May or June 2019). LEAD – Tom Abell**

12.3. Tom also informed members that the ophthalmology transitional management structure had now been appointed to across MEHT and SUHT. The Minor Eye Condition Service (MEC) was about to be launched at Southend, to be rolled out to MEHT by Quarter 2 of 2019/20.

12.4. Turning to clinical support services, Tom explained that the aim was to consolidate sterile services at two centres Broomfield and Southend). The first phase had been successfully completed and the second phase consultation for all staff at Orsett had commenced.

12.5. The corporate support service transformation was progressing well. Refurbishment of the Corporate Support Hub at Britannia Park commenced in late February 2019 and the first phase would be ready in April 2019. The single procurement team would come together in April 2019 on schedule.

12.6.    David Parkins enquired as to whether the issue identified in the report around the lack of analytics and finance support to finalise business cases was preventing change. Tom acknowledged that this lack of specialist expertise was compromising the Group's ability to develop business cases of the appropriate quality on which to base decisions about change. He confirmed that Martin Callingham and James O'Sullivan were working together to address this pressure point, noting that it was difficult to recruit to these specialist finance and analytics posts.

12.7.    Margaret Pratt concurred with the importance of investing in the necessary expertise in order to accrue efficiency savings in the longer term, rather than attempting to absorb change programmes into resources designed to deliver business as usual (BAU). Tom explained that the transformation team had reshaped some existing roles to develop the required skills internally with some recent success. Clare Panniker agreed to review the specialist resources require to deliver change again with the Executive Team.

**ACTION 03.04.19/17**

**Review specialist resource requirements to deliver change alongside BAU with the Executive Team. LEAD – Clare Panniker/Tom Abell**

12.8.    Noting the impact that the unresolved Secretary of State referrals could have upon the timescale for clinical transformation and for the merger, Gaby Rydings requested some narrative from the Executive Team that the non-executive directors could use when liaising with colleagues in other local partner organisations. Tom agreed to do this, adding that he would include specific operational issues in the delivery of particular services that the reconfiguration would help to resolve.

**ACTION 03.04.19/19**

**Provide approved narrative that the NEDs could use when discussing the clinical transformation and the merger with partner organisations. LEAD – Tom Abell**

12.9.    Referring to the programme and project pipeline on page 121 of the pack, Margaret requested assurance that no schemes had been abandoned. Tom confirmed this was not the case; the difference in number of projects was due to a number of schemes being consolidated for ease of management and tracking where it made sense to do so. Tom added that he would make this clearer next time, accepting that the transformation programmes and their governance mechanisms would benefit from a substantial review given that the MSB transformation had been running for over 18 months.

13.    Future organisational form – progress update

13.1.    Clare Panniker provided the Boards with an update on the formation of a new organisation. She highlighted the target date for the transaction as 1st April 2020 which was supported by NHSI.

**13.2.**    Clare explained that significant work was progressing to ensure accurate clinical data and modelling which feeds into the Capital Outline Business Case (OBC) and the Long Term Financial Model. She highlighted the significant risks to the April 2020 transaction date arising

from the capital issue, which was approaching a critical point.  The Capital OBC needed to be approved by NHSI no later than August 2019, but NHSI had not yet been able to confirm approval of the Capital Strategic Outline Case (SOC) pending resolution of the Secretary of State referrals by Thurrock Council and Southend Council.

**13.3.**  Integration planning for clinical and corporate services was making progress.  Each clinical service had its own plan which was currently being finalised for review.

**13.4.**  Clare also commented positively on the due diligence process and the ongoing dialogue with the Competition and Markets Authority (CMA) about the proposed timelines for clinical service changes.

14.  <u>Workforce Key Performance Indicators (KPIs)</u>

14.1.  Danny Hariram reminded members of the need to review and standardise current workforce KPIs across the Group in order to meet the changing climate of performance driven targets within the NHS, as requested by the Boards in Common in February 2019.

14.2.  He explained that whilst a number of KPIs were proposed to stay the same, it was planned to introduce a new KPI around time to fill vacancies, which would measure the average times it takes, in days, to fill a vacancy, timed from the advertising date up to the day of the unconditional offer.  Danny advised members that the current position on average per recruitment exercise was 60 days.  The regional target was 42 days and the new proposed target for MSB was 47 days (lower value represents better performance).

14.3.  Danny also outlined a set of phased KPIs, based on the principle that any changes should be broken down into a series of steps, i.e., phasing into year 1 and year 2.

14.4.  The Trust Boards were assured that the POD Committees in Common had reviewed the proposed changes and the phased approach.  That Committee, alongside the Site Governance Forums, would continue to review workforce performance on a monthly basis.

14.5.  In response to  a question from Margaret Pratt, James O'Sullivan explained that the 2019/20 budgets had been prepared assuming achievement of these targets, although additional provisions had been made for investments to improve recruitment and retention, such as the overseas nurse recruitment campaign.  Danny added that workforce and training costs had been factored into the 2019/20 operating plans.

14.6.  Mike Green enquired as to whether all proposed workforce KPIs were the same or better than the Model Hospital values.  Danny confirmed that the KPIs were based upon Model Hospital data where possible.  He advised, in response to Karen Hunter, that he considered the KPIs to be both stretching and achievable, citing the example of the target for nurse turnover of 12% in year 2.

14.7.  As Presider of the Workforce Committees in Common, Barbara Stuttle explained that the CIC were keen to have a baseline across the three sites which could then be reviewed after two years of the new KPIs being in place.

14.8.  Clare Panniker and Alan Tobias commended the proposed KPIs as a realistic baseline, which would build confidence mid-year rather than dampening down ambition.

**DECISION**

**The Trust Boards of MEHT, SUHT and BTUH approved the proposed changes to Workforce KPIs that would be reported on from April 2019.**

15.     Integrated Performance Report (IPR) – February 2019

15.1.     The Boards in Common received the IPR for February 2019 which contained more recent data where available. Clare Panniker explained that this report had already been scrutinised by the Site Governance Forums and by the Committees in Common. In view of this, she invited executives to highlight key issues by exception and those which the SGFs had requested be escalated to the Boards.

15.2.     Mike Green broadly welcomed the new format IPR, however he expressed concern that there was so much detail that some material data may be overlooked by Board members. He also suggested that the explanatory notes be developed to include statistical terms that may be unfamiliar to some members such as "process limit". Naresh Chenani agreed to review and expand the glossary for the next iteration of the report.

**ACTION 03.04.19/20**

**Review glossary and explanatory notes within the IPR. LEAD – Naresh Chenani**

15.3.     Mike also commented that one of the key purposes of an IPR was to enable Board members and Management to proactively identify issues that were emerging so that they could be proactively handled, rather than solely reporting on problems that had already materialised.

15.4.     Referring to page 147 of the pack, the Boards requested that the language around target assurance levels be aligned to those in the BAF.

**ACTION 03.04.19/21**

**Align assurance levels in the IPR to those used in the Board Assurance Framework. LEAD – Naresh Chenani**

15.5.     Gaby Rydings commended the helpful analysis in this new format report. Naresh commented that the same format would also be used at the SGFs, albeit the latter would have more detail about the performance of that particular site.

15.6.     David Parkins commented that the statistical process charts (SPC) were useful, although they provided no sense of the scale of risks nor any projections for future performance. Naresh acknowledged this comments, explaining that agreed trajectories would be report on from April 2019 as they were being finalised as part of the planning round.

15.7.     In response to a further comment from David about serious incident reporting, Diane Sarkar advised those present that serious incident and never event trends were now routinely scrutinised by the Quality Committees in Common as a standing item. She added that data covering more than one month was required to identify any meaningful trends. The CIC and SGFs were able to escalate risks and issues to Boards in Common at their discretion.

15.8.     Board members thanked Naresh for his achievement in remodelling the IPR, which facilitated better questioning and debate at Board and SGF level.

16.     Safer Nurse Staffing

16.1.     Diane Sarkar reminded the Boards that the National Quality Board (NQB) required acute hospitals to undertake a monthly review of nursing and midwifery staffing levels to assure the

Trust Boards that inpatient areas were safely staffed and that appropriate action was taken to ensure high quality patient care was constantly delivered.

16.2. She explained that MEHT had a registered nurse vacancy rate of 35% for inpatient areas. SUHT and BTUH ad 14% and 15% respectively of overall registered nursing vacancies. In the next iteration of the safer staffing report, there would be data to enable direct comparisons of inpatient areas.

16.3. Despite the vacancy rates noted above, Diane assured those present that nurse fill rates in practice were around 92% due to the use of bank and agency nurses.

16.4. Diane had standardised safer staffing report templates. In future only exceptions escalated from the SGFs would be reported to the Boards in Common. In response to a question from Alan Tobias, Diane said that the trigger point for a particular inpatient area to be escalated to the Boards would be a fill rate of less than 90%.

16.5. Tom Abell noted that despite some areas having high vacancy rates, this did not necessarily result in differences in serious incidents or other quality indicators. As such, he speculated whether the establishments in some areas were unnecessarily high. Diane replied that the forthcoming skill mix review would examine this question. In the meantime, Diane agreed to provide more analysis on the relationship between fill rate and quality at the next meeting.

**ACTION 03.04.19/22**

**Provide more analysis on the relationship between fill rate and quality of care at the next meeting. LEAD – Diane Sarkar**

16.6. Diane pointed out that the safer staffing report did not include maternity staffing. The Group had recently Birth Rate Plus (an understanding of the total midwifery time required to care for women based on a minimum standard of one-to-one midwifery care throughout established labour). The outcome of Birth Rate Plus would be provided to the next Boards in Common meeting.

**ACTION 03.04.19/23**

**Outcome of Birth Rate Plus at the MSB Trusts to be presented to the next Boards in Common meeting. LEAD – Diane Sarkar**

17. Reports from Committees in Common

17.1. *People and Organisational Development Committees in Common*

17.1.1. Referring to her pre-circulated report, Barbara Stuttle advised that the agenda for this meeting was very busy. There had been a focus on recruitment and retention and acting on the results of the National Staff Survey. The next meeting would involve a deep dive on recruitment and retention.

17.1.2. Diane felt that the POD Committees in Common was already proving a valuable addition to the collaborative governance framework.

17.2. *Quality Committees in Common*

17.2.1. Karen Hunter advised that the Quality CIC had met earlier that day. Her pre-circulated report related to the meeting on 30th January 2019. She explained that today the Quality CIC terms of reference had been further amended, to be signed-off by virtual approval.

17.2.2. Maternity safety had been discussed at length by Quality CIC. A non-executive champion for maternity had been identified for each site, which was considered an important step.

18. Risks and items to be referred to committees/SGFs

18.1. There were no particular issues raised. However Alan Tobias and Andrew Stride agreed to review the minutes of this meeting to identify any items that would require referral to the Committees or SGFs.

**ACTION 03.04.19/24**

**Review minutes of today's Boards in Common meeting to identify any topics that required referral to a Committee or Site Governance Forum. LEAD – Alan Tobias / Andrew Stride**

19. Questions and comments from the public gallery

19.1. None were raised.

20. Any other business

20.1. No items were raised.

21. Review of the meeting

21.1. Alan Tobias nominated Gaby Rydings to review today's meeting. Her review included the following points for members to reflect upon:

- This was a well-conducted and well-chaired meeting with all members having an opportunity to comment upon all items;
- Board members had clearly read the papers, although this would have been further facilitated by circulating the pack earlier;
- With regard to paper publication, it would be helpful for members to know when to expect the pack to be issued;
- Excellent consideration of risk throughout the meeting;
- Very helpful summary of actions and issues to be referred elsewhere by the Presider at the end of each agenda item;

21.2. Mike Green added that there was some inconsistency between the status of each item (decision/discussion/monitoring) listed on the agenda and the status within some of the papers themselves. He also suggested that it would be more helpful for separate papers not

to be issued ahead of a pdf binder given that members often annotated the separate items before the binder was issued.

22.    Date of the next meeting

22.1.   The next meeting of the Trust Boards Meeting in Common was scheduled for **Wednesday 12<sup>th</sup> June 2019**, in the Medical Academic Unit at Broomfield Hospital