

Trust Boards Meeting in Common – SESSION IN PUBLIC

Minutes of a meeting in closed session of the Trust Boards in Common held in common at 4.00pm on Wednesday 12th June 2019 in Lecture Theatre 1, Medical Academic Unit, Broomfield Hospital

Present

BTUH Board (non-executive members)

Nigel Beverley	Trust Chairman (Presider of the Boards in Common Meetings)
Renata Drinkwater	Non-Executive Director
Margaret Pratt	Non-Executive Director
Barbara Stuttle	Non-Executive Director

MEHT Board (non-executive members)

Alan Tobias	Trust Chairman
Colin Grannell	Non-Executive Director
Karen Hunter	Non-Executive Director
David Wilde	Non-Executive Director

SUHT Board (non-executive members)

Alan Tobias	Trust Chairman
Mike Green	Non-Executive Director
Fred Heddell	Non-Executive Director
Tony Le Masurier	Non-Executive Director
David Parkins	Vice Chair

Joint Executives

Tom Abell	Chief Transformation Officer/Deputy Chief Executive
Yvonne Blucher	Managing Director, SUHT

Martin Callingham	Chief Information Officer
Jonathan Dunk	Chief Commercial 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
<u>In attendance</u>	
Ron Capes	Lead Governor, BTUH
Les Catley	Lead Governor, SUHT
Julie Chapman	Ward Sister, Felstead Ward, MEHT (for item x)
James Day	Trust Secretary & Director of Strategy, MEHT
Niki Eves	Head of Communications, MEHT
Alan McFadden	Deputy Lead Governor, BTUH
Shevaun Mullender	Head of Clinical Improvement, MEHT (for item 10)
Brinda Sittapah	Company Secretary, SUHT
Andrew Stride	Group Director – Corporate Governance Integration (minutes)
7 members of the public	

1. Welcome, introductions and apologies for absence

- 1.1. Apologies were received from John Govett (Vice Chair, BTUH), Parm Phipps (Non-Executive Director, MEHT), Jill Stoddart (Non-Executive Director, MEHT), Gail Partridge (Non-Executive Director, SUHT) and Gaby Rydings (Non-Executive Director, SUHT).

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 held on 3rd April 2019

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

- Page 2 – Les Catley is the Lead Governor of SUHT, not MEHT as shown.

DECISION

The Trust Boards of MEHT, SUHT and BTUH approved the minutes of their meetings in common (public session) on 3rd April 2019, subject to the amendment noted above.

4. Matters arising and action log review

4.1. Members noted the following updates to the action log:

- *Action 03.04.19/08* – Clare Panniker confirmed that she had written to the CQC requesting that they re-inspect Maternity and Critical Care at Southend Hospital. The CQC had replied that they would take this request into consideration, but there was no requirement for them to re-inspect ahead of the next scheduled inspection. Action **closed**;
- *Action 03.04.19/17* – it was agreed that an evaluation of the treat and transfer model would be presented to the September 2019 Boards in Common meeting. Action to **remain open**;
- *Action 03.04.19/19* – it was agreed that this narrative would be provided following the discussion later in today's meeting to ensure it was as useful as possible. Action to **remain open**;

4.2. Members were content to close all of those actions that were proposed for closure.

5. Board Assurance Framework Review

5.1. Diane Sarkar presented the latest version of the Board Assurance Framework (BAF), representing the first quarter of 2019/20. She apologised that the front page of the BAF was erroneously 2018/19.

5.2. Diane explained that the ratings of three risks had increased. These were:

- Risk 3.1 – failure to create workforce stability with vacancy and retention rates within the top quartile for acute trusts (now rated 20);

- Risk 4.3 – failure to deliver the digital transformation agenda and to ensure resilience in informatics and IT services (now rated 20);
 - Risk 4.6 – failure to consistently deliver safe, responsive and efficient patient care in a cost effective manner because the current estates and infrastructure is not fit for purpose.
- 5.3. In terms of enhancing the value of the BAF, Diane explained that a summary of the site risks rated 20 or above from the Corporate Risk Registers (CRRs) had been added. She confirmed that the BAF had been reviewed by each of the Committees in Common which took ownership of the risks relevant to their terms of reference. The CRR would now be presented to the Boards in Common on a quarterly basis and the site BAFs were being dissolved as a development in the group-wide risk management processes.
- 5.4. Commending the value of promoting consistency in risk management across the sites, Margaret Pratt invited members to consider how the Board would know when consistency had been achieved. Diane replied that the internal auditors were currently reviewing the group and site-based risk management, governance and assurance processes. In due course they would provide assurance to the Boards via the Audit Committees in Common.
- 5.5. Mike Green noted that the current BAF still contained a number of risks where the inherent and current risk scores were the same. He also suggested that timescales be assigned to actions to address gaps in control. Clarity was required as to which actions had been completed, partially completed or were now obsolete. Mike also urged that care was taken that risk ratings for the same risks was consistent in different documents. The Boards requested that in future iterations of the BAF, greater detail was provided about which controls were not working in the event that risk ratings had been increased.
- 5.6. Mike suggested that risks be analysed in two parts, in order to isolate factors which were outside the Group's control from those which were within our sphere of influence.
- 5.7. David Parkins commented that the scheduling of Board review of the BAF and CRR should be scheduled in order to avoid having to examine too many risks at the same time.

ACTION 12.06.19/25

Review scheduling of BAF and CRR presentation at Boards in Common to avoid overload at any particular meeting. LEAD – Diane Sarkar / Andrew Stride

6. Patient Story

- 6.1. Diane Sarkar welcomed Julie Chapman, Ward Sister from Felstead Ward at Broomfield Hospital, who was keen to share her experience working with a patient.
- 6.2. In terms of learning from the case, Karen Hunter noted that the complaints process broke down at the level of an individual consultant. Julie commented that as a result of this

failure, all complaints are now received and managed by a whole team rather than an individual clinician.

6.3. Renata Drinkwater highlighted the need for medical staff to strike the difficult balance between demonstrating compassion whilst ensuring that patients and their relatives were provided with accurate clinical information. Barbara Stuttle concurred, adding that this case clearly illustrated that Boards required regular assurance about the values of team-work and compassion in care provision, as well as assurance about financial performance and other corporate matters.

6.4. Further on the topic of embedding a learning culture across the Group, Diane clarified that positive exceptions in terms of patient care should be highlighted at Site Governance Forum as well as negative exceptions, to ensure that a balanced picture was provided.

6.5. Mike also drew attention to the value of face-to-face complaint resolution meetings in addition to formal written responses.

7. Risk and Compliance Update

7.1. Diane Sarkar highlighted key aspects of the continual evolution of risk management and compliance methodology across the MSE Group.

7.2. She explained that the focus over the next couple of months would be agree individual site risk appetites which would feed into a group risk appetite to be approved by the Boards in Common. Margaret Pratt commended the progress towards defining risk appetites, urging the site governance forums to engage actively in these discussions to bring about consistency in risk appetite across the group.

7.3. The Boards were informed that a draft report was received in mid-May 2019 in respect of the CQC inspection at BTUH in February 2019. The Trust responded to the CQC on matters of factual accuracy. No further response had yet been received from CQC.

7.4. Although the Provider Information Request (PIR) had not yet been received by SUHT, a significant amount of preparatory work was in progress, including internal compliance inspections, narrative and data gathering.

8. Report from Trust Chairs

8.1. Alan Tobias had nothing particular to report in respect of MEHT and SUHT.

8.2. Nigel Beverley advised that the process for appointing an Independent Chair for the Mid and South Essex Sustainability and Transformation Partnership (STP) was progressing well, with interviews scheduled for July 2019.

9. Chief Executive's Report

- 9.1. Clare Panniker highlighted the forthcoming changes to the Executive Team with Dr Celia Skinner and James O'Sullivan leaving their roles shortly, to explore new opportunities. She confirmed that Dr David Walker and Dawn Scrafield would join the Group in Autumn 2019 as their successors. On behalf of the Trust Boards, Clare thanked James and Celia for their long commitment to the acute sector in Mid and South Essex.
- 9.2. Those presented noted that the Trusts remained on target to merge in April 2020. A new partnership branding would be launched from late June 2019, as Mid and South Essex University Hospitals Group (MSE).
- 9.3. Clare informed the Boards that the Group had recently been advised that the Secretary of State had passed the referrals from the Thurrock and Southend Health Overview and Scrutiny Committees (HOSCs) to the Independent Reconfiguration Panel (IRP). The Panel's recommendation to the Secretary of State with regard to the clinical reconfiguration should be known in late July 2019.

10. Reflections on Practice – Integrated Discharge Service

- 10.1. Nigel Beverley welcomed Shevaun Mullender to give a reflections on practice presentation on the improvements made to the Integrated Discharge Service (IDS) at MEHT.
- 10.2. Shevaun's presentation outlined the improvements in processes and collaboration. These included the establishment of daily medically fit, clinical escalation meetings as business as usual new adult social care services, discharge to assess pathways and a new reablement provider.
- 10.3. A number of new leadership roles had been established to improve internal operations and inter-agency working. These roles included a new Head and a Deputy Head of Integrated Discharge Services, a Trusted Assessor role and a Red Bag Scheme.
- 10.4. In response to a question from Celia Skinner, Shevaun advised that this project utilised PDSA cycles as the improvement methodology with clinical teams focussed on particular wards, in order to understand the constraints to safe and timely discharge and then to unblock them.
- 10.5. Shevaun outlined the challenges she and her team faced gathering meaningful data. Following work with the informatics teams, the IDF were able to provide timely accurate data about their own performance with regard to discharges.
- 10.6. Mike Green enquired as to the impact of IDS improvements upon other areas of the hospital and whether there were plans to roll out this model across the group. Clare Panniker replied that the IDS model worked successfully at Basildon and Southend as well. The focussed work at MEHT was to bring all three hospitals to a similar standard and methodology. Clare continued that the hospitals were starting to see some tangible benefits, but it was clear

that significant improvements to the emergency pathway would require changes at the front end of the hospital as well as the back end. She added that greater standardisation of processes at both ends of the hospital in the context of an accurate bed model were crucial, particularly for MEHT.

- 10.7. Margaret Pratt requested clarity as to the resilience of the IDS Team. Shevaun explained that resilience had improved significantly in recent months and 7 days a week could be covered.
- 10.8. Martin Callingham noted that the IDS were currently reliant on paper-based systems. Shevaun commented that Teletracking has been very helpful in the proactive identification of blocks in the pathways of individual patients. IM&T developments had already freed up clinical time and more efficiencies were expected moving forward. Members noted the need for a system-wide dashboard rather than solely acute data in order to enhance collaborative working and management of overall service capacity across acute, community and social care.
- 10.9. Nigel commended the success of the IDS as an excellent example of the benefits to patients that arise from the three MSE trusts working as one team.

11. Change Portfolio Update

- 11.1. Tom Abell presented the standing update on the transformation and change activities across the MSE Group since the previous Boards in Common meeting.
- 11.2. Attention was drawn to the recent successes in clinical support service transformation, particularly consolidation of pharmacy home care and medicine information at Broomfield Hospital which had been completed.
- 11.3. The Treat and Transfer Service for Interventional Radiology (IR) commenced on 6th April 2019 and transferred 4 patients in the month. Three out of the four patients were repatriated to their base hospital on the day of the procedure. The pilot was being fully evaluated.

12. Future Organisational Form – Progress Update

- 12.1. Jonathan Dunk provided the Boards in Common with an update on the extensive work that was ongoing to plan and deliver the proposed merger of the MSE trusts.
- 12.2. Jonathan advised that whilst there remained risks to the April 2020 merger transaction date as articulated in the paper, there was still confidence within the Group and NHSI that this date could be achieved. Timely resolution of the HOSC referrals to the Secretary of State would be required if the proposed date was to be attained. Equally many of the critical dates set out in the report had a direct contingency upon referral resolution.

12.3. Members' attention was drawn to the Governor Conference taking place on 27th June 2019. This session (technically Council of Governors Meetings in Common) would be asked to formally approve the package of Constitutional changes recommended by the Constitution Task and Finish Group. Other topics covered at the conference would include:

- A general update on the transformation of clinical services, clinical support services and corporate support service;
- A general update on the merger programme;
- A focus on due diligence and the responsibilities of Governors in ultimately approving or declining to approve the merger transaction;
- Starting the process for a development plan for current and incoming Governors of the proposed new organisation.

12.4. Members noted that the recruitment process for the Chair of the new organisation would commence in July 2019, subject to approval at the Governor Conference.

12.5. Alan Tobias and Margaret Pratt highlighted the importance of flexibility in planning for the appointment of the new Trust Board, in the event that the merger date was later than April 2020.

13. Integrated Performance Report – April 2019

13.1. Clare Panniker introduced the IPR for April 2019, noting that it had been extensively reviewed by the site governance forums (SGFs) and by the committees in common. As such, she asked colleagues to highlight particular issues by exception.

13.2. Renata Drinkwater commended the recent improvements in the content and presentation of the IPR, for which thanks would be passed on to Naresh Chenani (Group Director of Planning and Performance).

13.3. Margaret Pratt referred to the performance of the cost improvement programmes (CIP) at BTUH as shown on page 108 of the pack. She expressed concern that neither the recurring nor the non-recurring elements in this report were consistent with the figures quoted to the SGF. She proposed that corporate support savings should be presented in a way that could be tracked independently of other elements of the CIP programme. James O'Sullivan confirmed whilst such tracking was taking place internally, corporate support CIP performance would now be tracked quarterly by the Finance Committees in Common and the SGFs.

ACTION 12.06/19/26

Corporate support CIP performance to be tracked as discrete line by FCIC and the SGFs.

LEAD – James O'Sullivan

13.4. Andrew Pike explained that BTUH SGF had received a more up-to-date set of figures for CIP performance, which showed a more favourable position than the version of the IPR

presented to the Boards in Common today. He continued that approximately half of the CIP schemes were now rated amber/green.

13.5. David Parkins added that the Finance CIC had discussed CIPs in depth at its recent meeting and that the next CIP report would provide more detail and CIP reporting across each site and at group-level would be standardised to facilitate tracking.

13.6. Mike Green requested clarity as to the nature of the never event at MEHT as referenced in the report. Celia Skinner replied that this related to a discharge from MEHT. The matter was investigated and report in line with established Trust policy.

14. Birth Rate Plus – Maternity Staffing Review

14.1. Diane Sarkar explained that the Group utilised BirthRate Plus (BR+) to ensure that maternity services were safely staffed. BR+ was an evidence-based framework for workforce planning and strategic decision-making which had been used in UK maternity units for many years. BR+ had been carried out on all three sites and the outcome was set out in Diane's report.

14.2. The exercise concluded that there was a consistent case mix which was in line with the 54 other maternity units that BR+ had reported on. The Group's skill mix was in line with that recommended by the Royal College of Midwives. In terms of the establishment the Group had been assessed as having 42 fewer clinical staff than indicated as ideal by BR+ (registered midwives and midwifery support workers). This gap represented 8% of the total recommended establishment.

14.3. Barbara Stuttle commented that the new maternity model would have resource implications and therefore urged some caution in ensuring that the recommended clinical staffing levels were maintained across all sites.

14.4. Diane explained that the BR+ report would be taken back through the People and Organisational Development Committee in September 2019, including an action plan that was currently being developed by the Heads of Midwifery.

ACTION 12.06.19/27

Birth Rate Plus report and action plan to be presented to the POD Committees in Common in September 2019. LEAD – Diane Sarkar

15. Safer Nurse Staffing

15.1. Diane Sarkar presented her standing report which comprised an overarching summary of the current fill rates and staffing vacancies across all three hospitals.

15.2. Members noted the exceptions as listed on page 173 of the pack. In terms of governance, Diane proposed that the exceptions be reported and remedial action co-ordinated through the POD Committees in Common.

DECISION

The Boards of Directors off BTUH, MEHT and SUHT agreed,

i)To note the overarching summary report in conjunction with already reported detailed local reports; and

ii)That a summary report of exceptions for staffing would be reported to the POD Committees in Common and that exceptions would be included in the report to the Boards in Common moving forward.

16. Reports from Committees in Common

16.1. Members noted the written report from David Parkins in relation to the Finance and Performance CIC.

16.2. With regard to the POD CIC, Barbara Stuttle explained that it had been agreed to hold POD CIC meetings on a monthly basis, in view of the business-critical nature of identifying and implementing a sustainable solution to the Group's staffing pressures. Barbara added that the CIC were clear that the recruitment and retention strategy needed to address staffing problems including but not solely focussed upon nursing. Further work was taking place to gain an understanding of the staffing differentials across the sites.

16.3. Turning to the Quality CIC, Karen Hunter reported that the terms of reference had recently been reviewed and recommended to the Boards for approval under the next agenda item. There had been a focus at the recent meeting on the BTUH maternity improvement plan, which may have some financial impact.

16.4. Karen continued that the Quality CIC wished to escalate to the Boards in Common concerns about cervical screening in Southend. A report that would facilitate learning from these incidents would be presented to the next meeting.

16.5. Nigel Beverley commended the benefits that the committees in common mode of working was bringing in terms of transparency and cross-site learning.

17. Committees in Common Terms of Reference

17.1. The CIC Chairs presented the revised terms of reference for the following People and OD CIC, the Finance and Performance CIC and the Quality CIC to the Boards in Common for approval.

17.2. Mike Green requested that the requirement for a formal effectiveness review be included in each CIC terms of reference. This was agreed as a matter of good governance.

- 17.3. In relation to the Quality CIC, Mike noted that the requirement for the CIC Chair to have two casting votes was not necessary given the membership of the Committee. It was agreed that this would be removed.
- 17.4. Members were advised that the terms of reference for the Remuneration and Nominations CIC and of the proposed Audit CIC would be presented to the next meeting of the Boards in Common for approval.

DECISION

The Boards of Directors of MEHT, SUHT and BTUH approved the revised terms of reference for the Finance and Performance CIC, the Quality CIC, and the People and Organisational Development CIC, subject to the amendments noted above.

18. Risks and items escalated from site governance forums or committees in common
- 18.1. Members were satisfied that all such matters had been covered elsewhere on today's agenda.
19. Questions from Governors, Patient Council and members of the public
- 19.1. Ron Capes raised two questions that he had submitted to the Chairman in advance.
- 19.2. Ron's first question related to recent press coverage regarding a small number of pre-packed sandwiches supplied to NHS hospitals that had been found to contain listeria. Eamon Malone replied that none of the MSE trusts utilised the supplier named in the press coverage. Eamon added that the trusts largely relied on the manufacturers to ensure they operated to the necessary standards of food safety. He agreed to clarify the Group's own internal assurance processes around the safety of pre-packed sandwiches and feed back to the next meeting.

ACTION 12.06.19/28

Provide details of the Group's assurance processes regarding the safety of pre-packed sandwiches supplied to MSE trusts. LEAD – Eamon Malone

- 19.3. The second matter raised by Ron was the potential benefits of installing some fold-up seating along the long corridor at Basildon Hospital leading from the main entrance to the Jubilee Wing and on to the Cardiothoracic Centre. This would, he proposed, bring benefits to all patients in terms of somewhere to sit and rest en route, as well as to people with dementia given the apparent success of the "fake bus stop" at Southend Hospital. The Boards were supportive of the concept and asked Eamon to investigate, noting that considerations such as maintaining unobstructed fire escape routes would need to be borne in mind.

ACTION 12.06.19/29

Investigate the feasibility of installing fold-up seats mid-way along the long corridor on Level C at Basildon Hospital. LEAD – Eamon Malone

- 19.4. Mr Ali raised his pre-submitted question as to whether Southend Borough Council had an opportunity to comment upon the draft SUHT Quality Report for the 2018/19 year. Yvonne Blucher confirmed that Southend Borough Council had provided a formal comment for inclusion in the 2018/19 Annual Report and Accounts.
20. Any other business
21. On behalf of the Boards in Common, Alan Tobias offered his thanks and best wishes to Celia Skinner, in particular for her leadership to date of the clinical reconfiguration.
22. Members requested that in future agendas and meeting packs, that there be consistency in terms of the items designated for assurance, information, and decision between the agenda and the individual papers themselves.

ACTION 12.06.19/30

Ensure consistency in the designation of individual agenda items and papers for assurance, information and decision. LEAD – Andrew Stride and Executive Team

21. Review of the meeting
- 21.1. Margaret Pratt was nominated to provide reflections on the conduct of today's meeting in public of the Trust Boards in Common.
- 21.2. Margaret commended the explicit linking of each agenda item and paper to one or more of the strategic objectives. However she noted that none of the papers on today's agenda were linked to objective 3 (to be an employer of choice for a supported, engaged and high performing workforce). Danny Hariram commented that, in practice, the majority of assurance related to this objective was received at the POD CIC. However he and Barbara Stuttle (as Chair of POD CIC) agreed to provide greater visibility of the workforce agenda.
22. Date of the next meeting
- 22.1. The next meeting of the Trust Boards Meeting in Common was scheduled for **Wednesday 11th September 2019**, in the Medical Academic Unit at Broomfield Hospital.

4.00pm – Motion

"That representatives of the press and other members of the public be excluded from this part of the meeting having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)"

Signed as an accurate record

Nigel Beverley

Boards in Common President

Date

DRAFT