

**Board of Directors**  
**Minutes of the meeting held in Public**  
**Rooms 2&3, Postgrad Centre, Colchester General Hospital**  
**On 24 April 2018, at 9.30am**

**PRESENT: Non-Executive Directors**

Mr David White, Chairman  
Mrs Diane Leacock  
Miss Julie Parker  
Mrs Susan Aylen-Peacock  
Mr Jude Chin  
Mr Tim Fenton

**Executive Directors**

Mr Nick Hulme, Chief Executive  
Mrs Catherine Morgan, Director of Nursing  
Dr Barbara Buckley, Medical Director  
Mrs Dawn Scrafield, Director of Finance

**IN ATTENDANCE:**

Dr Ann Alderton, Company Secretary (Non-Voting Board Member)  
Dr Shane Gordon, Director of Integration (Non-Voting Board Member)  
Ms Alison Power, Director of Operations (Non-Voting Board Member)  
Ms Ali Bailey, Director of Communications (Non-Voting Board Member)  
Mr Paul Fenton, Director of Estates & Facilities (Non-Voting Board Member)  
Mr Mike Meers, Director of ICT (Non-Voting Board Member)  
Mrs Clare Edmondson, Director of Workforce (Non-Voting Board Member)  
Mr Michael Horley, Public Governor (observing meeting)  
Ms Tammy Diles, Deputy Company Secretary (scribe)

**18/22 WELCOME AND APOLOGIES FOR ABSENCE**

Mr White welcomed everyone to the meeting. He noted that it was unfortunate that there were no members of public in attendance but welcomed Andrea Collitt, Chief Reporter from the Gazette.

Mr White reported that historically public meetings had not worked well. Under the new organisation there were plans to reinvigorate the meetings with the support of the Council of Governors and that the Board exposure to the population it served was incredibly important.

Mr White wished to formally record his thanks on behalf of the Board to Ms Bailey, Director of Communications as this would be her last meeting. She had been appointed to Director of Communications at Addenbrookes hospital. He stated that although she had been at Colchester for a short period of time, it was noted the significant impact she had.

Apologies for absence had been received from Mr Neill Moloney, Managing Director, Ms Jan Smith, Non-Executive Director and Dr Angela Tillett, Medical Director.

**18/23 DECLARATIONS OF INTEREST**

The Board noted the up to date declarations of interest.

### **18/24 DRAFT MINUTES OF THE PREVIOUS MEETINGS**

The draft minutes of the previous meetings were approved as a correct and accurate record.

### **18/25 MATTERS ARISING FROM THE ACTION CHECKLIST**

There were no matters arising from the action checklist. All actions had been completed.

### **18/26 CHAIR AND CHIEF EXECUTIVES REPORT**

Mr White spoke of the previous Board meetings that had recently taken place, identifying specifically the public meeting held at Ipswich Corn Exchange. He thanked the Board for reaching the final stage and stated that the public discussion and engagement should not be underestimated.

The Board discussed other organisations that tried to merge and the difficulties that they had faced.

Mr White was optimistic, due to the amount of work that the Board had undertaken and close working with the regulators, that the merger would be proceeding as planned for early July. He discussed the meetings that would be taking place with NHSI and that they were concentrating on whether the Board was fully prepared, understood the risks and were able to satisfy them that finances were improving. Mr White's planned meeting with them had been deferred to later in the month.

Mr White highlighted that an indicator of the journey of improvement had been how the whole hospital was pulling together in supporting the patient flow and ensuring patients were seen on time. He was delighted that the Trust had made tremendous strides in meeting obligations comparatively to other Trusts, with performance among the best in the country.

Mr Hulme reported that the previous day had been the busiest ever in the Emergency Department, with over 300 attendances. To add to the success of how the day had been managed, Mr Hulme reported that the department had also been two doctors down. He stated that this evidenced that the culture had changed within the department as the doctors being absent had not impacted on how the department had managed the pressure. The Board agreed that this was a real credit and testament to the team.

Mr White requested that on behalf of the Board, thanks should be given to all staff via the staff news briefing to recognise the challenges they faced, recognising that as well as merging both hospitals, they were still focussing on the patient and ensuring they were seen at the right time.

Miss Parker stated that although there had been regulatory pressure and interference she was pleased that the Trust had stuck to the plan and that the results had come into fruition.

Mr Chin supported the proposal to thank all the staff as that was the right thing to do. He also requested that thanks should be given to the wider health economy organisations as it would be remiss of the Board not to recognise the part they had all played in supporting the patient flow.

Mr White concluded by informing the Board of his delight that Colchester Hospital had been shortlisted for two specific projects in patient safety with the HSJ National Awards.

**Resolved: That the Board noted the update**

### **18/27 PATIENT / CARER / STAFF STORY**

Due to a last minute commitment, the patient story was deferred to a future meeting.

## **18/28 SUSTAINABILITY TRANSFORMATION PLAN – SUFFOLK & NORTH EAST ESSEX**

Mr Hulme reported on a meeting that had taken place on Friday 20 April with senior leaders across the economy and politicians talking about the population and the challenges faced within the County. In total there had been 18 presentations, however, Mr Hulme highlighted a presentation from a local head teacher who had reported a mental health hub within her school supporting the children. Their mantra had been to use the energy spent moaning and to do something with it. Mr Hulme reported that he had approached the Head teacher and asked how much a project with this initiative would cost to which she replied in the region of £40,000. Mr Hulme highlighted that these were initiatives that the STP was interested in because by investing this amount into such a successful project would support with reducing admissions and referrals to CAMS.

Mr Hulme and Dr Gordon informed the Board of other initiatives which had included End of life Care, obesity, eradicating child poverty, cancer diagnosis, aging and living alone.

Mrs Ayles-Peacock congratulated the STP on the event and stated that it was great to have so many senior leaders in the room who had demonstrated energy and willingness to engage which she described as palpable.

In response to a question from Mrs Leacock, Mr Hulme reported the proposal to move to one accountable officer was still planned. The two Suffolk Boards had approved the merger but that North East Essex had deferred the item and it would be discussed at their meeting planned for May.

**Resolved: That the Board noted the STP update**

## **18/29 PARTNERSHIP WITH IPSWICH**

Dr Gordon reported that the regulatory review was underway and that Grant Thornton was running the reporting accounting process in parallel. There was a complicated timetable that the Board was working through to plan for the new organisation with the preferred transaction date of 1 July.

Dr Gordon reported that the programme was on track and that senior appointments were being announced weekly. The Board discussed that not all Non-Executive Directors were receiving the notifications of the new appointments so it was agreed that this would be looked into.

**Resolved: That the Board noted the partnership update**

## **18/30 INPATIENT SURVEY**

Mrs Morgan presented the inpatient survey from a cohort of inpatients from July 2017. She highlighted some of the deteriorating key indicator scores which had instigated plans to focus on noise at night, better information and dialogue with discharge planning and hospital food. Deeper dives and joint work on food would be investigated with the Director of Nursing and Directors of Estates and Facilities teams. The outcomes would then be worked on and used to form a patient experience improvement plan.

The Board discussed the nursing staff and lack of staff perceived by patients. Mrs Morgan highlighted her frustration that although the fill rates were getting better and that there were active escalation routes if there was a problem, staff were still informing patients that delays were due to staff shortages.

Mr Chin stated that it wasn't a helpful report as it was out of date but hoped that if the survey was completed now, there would be better results reported. He expressed his concern that

there were a number of results significantly lower around discharge. Mrs Morgan responded that the Trust was working to bring forward the conversations with patients on arrival to highlight to them when they would be expecting discharge and where they were on their current journey. This would support with keeping them informed throughout their journey. Mr Hulme informed the Board that there were discharge coordinators on every ward. Mrs Morgan stated that there was a great deal of work taking place to support with discharge planning at Board rounds but recognised there was more work that needed to be done.

In response to a question from Miss Parker in relation to it not being obvious where this work was being presented or knowing if it was making a difference, Mrs Morgan reported that the work was being presented via the Patient Experience Group. There was a collaborative piece of work taking place with Northumbria, staff were talking to patients and carers and there was a new provider for Friends and Family Test that could add on specific questions to target and capture where improvements could be made, this would include adding questions to find out more about the food issue. Mr Paul Fenton reported that PLACE Assessments would support with monitoring progress.

The Board agreed that it should be mandated that no member of staff should ever tell a patient they were short staffed. Staffing levels were discussed frequently at appropriate bed meetings were mitigating actions were put in place immediately but the Board noted that it was sometimes the patient's perception. Mrs Morgan reported that every ward was required to display the staffing numbers on every shift.

Mr Meers gave a personal view of another Trust that he had recently had experience with when being in HDU with a family member. He reported of the frustration and the personal impact it can have on family members when staff inform them of their staffing and capacity issues. The Board endorsed that staff should never share issues with patients or their loved ones, rational explanations should be provided but that no additional anxiety should be put on the patients or their carers.

Mrs Leacock spoke of historical walkabouts where she had witnessed elderly patients ringing buzzers and noting that staff were delayed in supporting them with their toileting needs as they were short staffed. She stated that younger patients were more vocal but that the elderly did not want to be considered a burden to the already busy, short staffed nurses.

Mr White reported that the Trust needed to triangulate all the patient feedback from every area to continue to focus on learning from what the Trust was being informed of their experiences. It was agreed that these results would be reported through the appropriate governance meetings and that Quality and Patient Safety Assurance Committee would oversee the results from the deeper dives.

**Resolved: That the Board noted the Patient Survey**

### **18/31 STAFF SURVEY**

Mrs Edmondson presented the staff survey, which she considered to be worrying and very disappointing. She informed the Board that overall the results were the same as last year and had not deteriorated but the failure to improve was disappointing.

Mrs Edmondson reported that due to the response rate being below average, there would be some targeted work undertaken to encourage staff to complete the survey.

Mrs Edmondson highlighted some of the poor results which had included quality of appraisals, progression, fairness, percentage of extra hours worked, being recognised by manager, team leader and no good communication. She reported that these were all areas that could be worked on to improve through a series of divisional action plans and focus

groups with strong action plans to drive forward how the Trust could improve response rates and results.

Mrs Leacock expressed her concern in relation to some of the responses and requested further analysis and trackers for improvement. The results should be shared with the Divisions, who should be asked to drive improvements.

Miss Parker stated that this survey felt more important than the patient survey as this informed the Board more about the organisation, culturally and how caring it was. Mrs Edmondson reported that there would be detailed action plans, the leadership teams would be in place and by working with Ipswich who had similar issues historically she was confident that there would be a positive change in the results. Miss Parker believed that by doing a 'you said, we did' this would assure the staff that the Board were listening.

The Board discussed the remainder of the results and talked of the question 'do you think you are doing a good job' and the responses and agreed that rarely would someone allude to not doing a good job.

Mrs Ayles-Peacock requested that all managers managing staff should be supported and recruited accordingly. The Board agreed that it would be a useful tool to share the results with candidates and request them to present on how they would drive improvements.

Dr Buckley stated that the Trust should be plan a two-year campaign on driving improvements especially in light of the approaching merger of two organisations, the turmoil from which could have an adverse effect on the current year's survey.

Mr White expressed his concern but that the Board needed to rationalise all the changes that had happened over the last year and that perhaps it should have been expected. He was disappointed but with a systematic Trust wide plan for engagement, genuinely listening to staff and their feedback, learning from staff doing the job he was hopeful for future improvements although he would have personally liked to have seen a move forward and to have made more progress.

Mr White concluded that staff were the key asset and that although it tripped off the tongue easily there needed to be more action. He requested that the report and results be taken through People and Organisational Development Assurance Committee and be reported to Board as he deemed this crucial for the Trusts future success.

**Resolved: That the Board noted the staff survey**

## **18/32 BOARD PERFORMANCE REPORT QUALITY & PATIENT SAFETY ASSURANCE COMMITTEE**

Mrs Ayles-Peacock presented the report and highlighted the following:

- Mortality analysis of figures 13% higher, HSMR outlier SHIMI as expected
- Patient safety report, 2017.18 no grade three pressure ulcers, Fordham none at all,
- Falls month on month reduction;
- Medicines monitoring;
- National Inpatient survey
- Complaints and PALS improvements recognised, attitude most cited in complaints;
- Caring for carers group and LD group implemented;
- 3<sup>rd</sup> party assurance report, on top of all external assessments and reviews;
- Pathology services quarterly report;
- Quality report well written;
- Committee effectiveness review completed;

Mr Chin congratulated the team for getting the Quality Report completed on time. He recognised that there were still facts and figures outstanding but requested that the external reviews and letters from Auditors be undertaken in a timely manner.

In response to a question from Miss Parker, Dr Alderton confirmed that the annual report was on track and on time.

Dr Buckley spoke of some work that had been taking place with GP's where they were focussing on learning from end of life. She highlighted the list of reasons that GP's had provided and reported that Dr Catherine Brosnan would be undertaking some work with GP's which would support in joint working and putting the patient first.

Mr White was pleased that there was work taking place with the hospital and local GP's, there was a different focus and that everyone would benefit, especially with the focussed work of the STP.

### **18/33 FINANCE & OPERATIONAL PERFORMANCE ASSURANCE COMMITTEE**

Mr Chin presented the report and highlighted the following:

- ED standard achievement, assured sustainable; focus on flow and delayed transfer of care;
- Recruitment in ED, quality and quantity and achieving both, 6 nursing vacancies;
- Cancer, not there yet but significant improvement, 83.8 just below national standard;
- RTT continued to improve, but would like to see better, noting that some areas continue to be challenging i.e. orthopaedics patient choice is influencing capacity;
- Pay costs were under control;
- CIP under control.

Ms Power thanked the committee for their support and faith in sticking to the plans. She noted that although there had been external pressure and talk about the seven must do's she was pleased with the results and ensuring that they were sustainable. She informed the Board of the two recovery plans before moving to the sustainability plan.

Dr Alderton spoke of the NHSI S106 letter and that by taking stock of the improvements that had taken place a letter should be reissued to reflect the improvements. It was agreed that Mr Hulme and Dr Alderton would prepare a response on behalf of the Board.

**Action: NH / AA**

In response to a question from Mr White, Ms Power informed the Board that the ambulance handover had been very successful highlighting that the Trust had been the best in the region. This had been due to the change of approach in Emergency Department and understanding now what good looked like.

Mr White congratulated the department under the management of Ms Power for their enthusiasm and motivation and improved staffing levels. He stated that the department felt very different now.

Mr Hulme stated that the exception to the day was when there was failure. He noted that there was recovery now and pride in their delivery which hadn't been there historically. Issues with Mental health conditions continued and Mr Hulme gave an example when the Trust could not locate one bed in the country for a vulnerable patient.

The Board discussed the relationships between Executive Members and noted the collaborative working which was put down to it being the responsibility of everyone, there seemed to be a greater deal of ownership and working together more.

### **18/34 WORKFORCE & OD ASSURANCE COMMITTEE**

Mrs Leacock presented the report and highlighted the following:

- Workforce dashboard turnover figures increased, this wasn't causing any undue concern;
- International recruitment in India and Dubai had been successful, programmes were in place to retain staff and they were progressing well;
- NHSI visited and had given positive feedback;
- Time to hire and how to get times down within medical and general staffing recruitment was underway;
- Mandatory training dipped in the month;
- LGBT network launched, good turnout for recent launch meeting;
- E&D more detailed report to future POD;
- POD risks and focussing on staff engagement especially with pending merger;

Mrs Edmondson highlighted a piece of work that was taking place with bank and agency staff across both organisations and gave examples. She reported on the rate card to stop competing across organisations. In response to a question from Miss Parker, Mrs Edmondson reported that focused working in the London region two years ago on this issue had paid significant dividends, and that rates were now higher in Essex and Suffolk than London.

Miss Parker requested to know where the E&D and LGBT issues with staff were addressed. Mrs Edmondson was not aware but confident that they would be reported through a committee and would source this information.

### **18/35 EXECUTIVE MANAGEMENT COMMITTEE**

Mr Hulme presented the report and highlighted the following:

- Work was ongoing to prepare the Accountability Framework for post-merger ensuring that it would keep both organisations safe but allowing integration;
- Brief conversation in relation to Executive Management Committee, TX and understanding where everything would report to;

**Resolved: That the Board noted the performance report and assurance committee update**

### **18/36 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER**

Dr Alderton presented the BAF and highlighted that she had worked with the Executive Team to reword and reassess one of the risks highlighted at the previous Board meeting. It had been regraded from 25 to 15 as there was more confidence and assurance that there were systems in place.

Miss Parker requested to know whether the cyber-attack should be on the risk register and it was agreed that the Executive team would take that matter off line.

**Resolved: That the Board noted the BAF and CRR**

### **18/37 SEALING OF DOCUMENTS**

Dr Alderton reported that there had been no sealing of documents.

**Resolved: That the Board noted the sealing of documents**

### **18/38 ANY OTHER URGENT BUSINESS**

There was no other urgent business.

**18/39 PUBLIC QUESTIONS**

There were no public members in attendance.

**18/40 DATE OF NEXT MEETING**

Tuesday 3 July 2018.

The meeting was declared closed.

**Signature.....**

**Mr David White, Chairman**