

Agenda Item 80/16a

DRAFT
MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
WEDNESDAY, 3 August 2016

Call to Order

Present:

Alan Tobias	Chairman
David Parkins	Non-Executive Director/Deputy Chair
Sue Hardy	Chief Executive
Neil Rothnie	Medical Director
Mike Green	Non-Executive Director
Mary Foulkes	Director of Organisational Development & HR
Yvonne Blücher	Chief Nurse
Jan China	Director Estates & Facilities
James O'Sullivan	Chief Financial Officer
Jon Findlay	Chief Operating Officer
Qadir Bakhsh	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Gabrielle Rydings	Non-Executive Director
Tim Young	Non-Executive Director
Fred Heddell	Non-Executive Director

Also in attendance:

Brinda Sittapah	Company Secretary
Karoline Singleton	Assistant Company Secretary (minutes)
Lucy Thomas-Clayton	Associate Director Fundraising
Les Catley	Public Governor/Vice Chair of Council of Governors
Barbara Oliver	Public Governor
Linda Cook	Public Governor
Elaine Blatchford	Public Governor
Joe Cooke	Public Governor
Nigel Gayner	Public Governor
Pam Challis	Local Authority Governor
Sharon Murrell	Staff – Head of Risk Management
Robin Tall	Staff – for patient story
Kerry Fretton	Staff – for patient story
James Kent	Staff – for patient story

Hospital Heroes' presentation

Alan Tobias, Chairman, congratulated and presented on behalf of the Board certificates to:

- Security Officers Sierra 2 and Sierra 10 (Steve Casse and Kerry Clifton) who had assisted a very distressed patient on Eastwood Ward whose phone had been taken by a man she did not know.
- The Balmoral Ward Nursing Team for their collective commitment to maintain

exemplary care for patients whilst trialling innovative new systems on the ward.

Patient Story

Mrs Morgan presented the patient story of her 94-year-old mother who was admitted to Southend Hospital with sudden heart failure in February 2016.

Whilst the patient received excellent care on Princess Anne Ward, Mrs Morgan wanted to draw attention to two areas of concern which had instigated her to file an official complaint with the hospital following her mother's stay.

- After being informed that plan was for discharge the following day, decision was taken to move the patient to another ward to create medical bed capacity. The patient and her family were unhappy with this decision as the patient had got accustomed to her surroundings on Princess Anne Ward. The Clinical Site Manager failed to attend to speak to them despite being told she would and several attempts to contact her. Eventually, the patient was not moved but it was felt that this situation could have been handled in a better way and communication with the family and the patient would have prevented anxiety and worry.
- A long delay was incurred with obtaining medication from pharmacy in order to release the patient for discharge.

Following her formal complaint to the hospital Mrs Morgan received a quick reply from the complaints department and this was followed up with a face-to-face meeting with Kerry Fratton (Matron), James Kent (Director of Pharmacy) and Robin Tall (Head of Complaints) as requested by Mrs Morgan. During this meeting a constructive debate was had and Mrs Morgan felt that the issues raised had been accepted and suggestions for improvement had been welcome.

The Board was advised that now all wards will have posters to inform patients and relatives that short-notice bed moves may become necessary due to bed pressure and all wards have improved on their verbal communication on this matter with patients and carers. Patients and carers are also advised at admission stage that a later bed move may become necessary though staff always aim to avoid this if at all possible.

James Kent advised the Board that all pharmacist posts have now been filled which has had a good impact on To Take Away (TTA) turnaround time and has sped up the dispensary. Working hours within the pharmacy have also been adjusted to improve the service.

It was confirmed that if a ward offers to collect TTAs this offer should always be accepted. The target time for a prescription turnaround is 90 minutes.

Alan Tobias (AT), Chairman, and Sue Hardy (SH), Chief Executive, thanked Mr and Mrs Morgan on behalf of the Board for presenting their story.

59/16

Welcome and Apologies

AT welcomed all to the meeting.

60/16

Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

61/16 Approval of Part 1 minutes of 25 May 2016 meeting

The minutes of the previous meeting were agreed as an accurate record of the previous meeting with a few minor amendments.

62/16 Matters Arising

49/16 – Financial Position:

James O’Sullivan (JOS), Chief Financial Officer, advised the Board that the agency price cap and the overall agency expenditure limit for the Trust set by NHSI do not actually relate to each other.

63/16 Consideration of Part 1 Action Tracker

The Action Tracker was approved as presented.

Actions:

- Tracking to be used for changes.
- Date of meeting to be added to item number.
- Action relating to 48/16 to be amended to be a one-off exercise to be presented at Board Development Day.

64/16 Nursing Establishment - Safe Staffing Reports – May and June 2016

i & ii

Yvonne Blücher (YB), Chief Nurse, presented the reports to the Board. These reports relate to the fill rate against planned staffing for May and June 2016.

Key Points:

- Registered Nurse/Midwife (RN & RM) fill rate for May 2016 was 89.6% on days and 91.8% on nights; in June 2016 the fill rate was 91.8% on days and 94.2% on nights.
- In May there were 5 areas on days with a RN fill rate below 80%, compared to 8 in April. On nights, in May, there were 3 areas with a fill rate below 80%. In June there were 3 areas on days with a RN fill rate below 80%, compared to 5 in May. On nights, in April, there was 1 area with a fill rate below 80%.
- There continued to be high level of emergency admissions throughout May and June, particularly within the medical specialties.
- There was an increase in the number of red flags reported in May, with 271 being identified compared to 260 in April. The majority of red flags (203) were identified / escalated due to RN deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. There was a further increase in June to 472 red flags compared to 271 in May.
- There were 17 hospital acquired pressure ulcers in May of which 4 were avoidable compared to 6 avoidable pressure ulcers in April. In June, there were 2 avoidable hospital acquired pressure ulcers.
- There were 84 falls in May compared to 64 in April. Of the falls, 1 was categorised as moderate severity and 1 as high severity. In June there were 82 falls with one of high severity.
- The vacancy level for May was 13.85% and 10.45% in June.
- YB informed the Board that reporting requirements Care Hours Per Patient Day (CHPPD) have been met and further data will be reviewed as it is released. YB will also work with her Success Regime counterparts to compare data, carry out benchmarking and share learning where applicable.

It was noted that the process around deploying staff according to staffing levels appears robust and functioning well as a good and supportive system.

Actions:

- Benchmarking data relating to CHPPD to be presented to the QAC meeting in October if available.
- Narrative to articulate the relation between RN fill rate vs. falls and pressure ulcers.
- Nursing rate data provided in this report and in the IPR to be compared and aligned as appropriate.
- The two monthly reports to be combined into one board report for future meetings.

Decision:

- The Board was assured by the reports.

65/16

Integrated Performance Board Report (IPBR)

Jon Findlay (JF), Chief Operating Officer, presented the operational performance part of the report to the Board.

Key Points:

Patient Access / Performance / Cancer standards / Short notice cancellations

- The A&E 4hr standard was not achieved for June 2016. There were on-going high attendances of 285 per day, with 9 days exceeding 300 patients in one day. Emergency admissions have been recorded as 20% above plan with more challenges expected during the winter months. JF highlighted this as a concern to the Board.
- Provisional figures indicate that targets for 62 day referral to treatment, 31 day subsequent surgery, 14 day suspected cancer and 14 day symptomatic breast cancer were not achieved for June. The recovery plan was agreed with the CCGs and signed off by NHS England; it also forms part of the STF funding the Trust is aiming to receive. The plan is monitored internally and with the CCGs at a fortnightly Access Board.
- Provisional figures indicate that the Referral to Treatment (RTT) standard was not achieved for June. The Trust continues to struggle to admit routine elective patients and is trying to outsource patients to the private sector. It was noted that children are not outsourced and paediatric beds remains a particular challenge for the Trust. JF confirmed that children stay under constant review of priority. Children remain separated from the main A&E department and JF confirmed that there is a well worked escalation procedure and process in place for children needing a transfer to another regional hospital.
- Extra clinics have been put on in an effort to keep up with the increase in cancer referrals.
- The admitted backlog at the end of May was 1446 with orthopaedics, general surgery, Urology and ENT having the largest cohort of patients waiting over 18 weeks for treatment.
- Additional clinics have been organised and a mobile unit has been sourced to reduce the ophthalmology backlog, however, the mobile service unit is behind trajectory and the Trust has therefore instructed the company to focus on glaucoma patients only. A different private provider is being sought to care for non-glaucoma patients.
- The number of short-notice cancellations decreased in May but has risen again in June due to increased emergency activity.

JF informed the Board that there are two vacancies for respiratory consultants which the Trust has been unable to fill. Additionally, two further consultants have resigned due to personal reason, leaving the Trust in a very vulnerable position. A locum consultant has been employed. It was noted that the respiratory pathway needs to be reviewed and better use to be made of respiratory nurses and physio, for example, to relieve pressure on the service.

The Board discussed the local challenge to recruiting consultants and the national shortage.

The shortage in domiciliary care and care home beds provided by the local authorities remains, adding constant pressure onto the hospital which is running out of physical capacity.

The Board discussed the x-ray room and Jan China (JC), Director of Estates & Facilities, confirmed that the air-conditioning unit was too old to be repaired and had to be replaced instead which had led to the room being out of order.

JF confirmed that no instructions had been received from NHS England in relation to the targets the Trust is currently measured against.

A 'Perfect Week' exercise on cancer was successfully carried out recently.

Time to initial assessment – JF confirmed that the data presented (59 mins in May and 68 mins in June) in the report is the reported data on Medway, however, this does not reflect real life data accurately.

Decision:

- The Board was assured by the report and agreed the action as outlined below.

Action:

- A spot audit was requested to assure the Board that the actual 'time to initial assessment' is lower than the current figures recorded on Medway.

YB presented the Patient Quality section of the report to the Board.

Key Points:

Complaints:

- There was a decrease in the number of complaints received in May 2016 (63) compared to April (74).
- There continues to be a significant number of overdue complaints and a remedial action plan is in place with a trajectory to clear the back by November 2016. However, measures are in place which should start to show an improvement by end of September 2016. A new tracking system has been put in place to ensure on-going communication with the complainant.

Friends & Family:

- ED response rate increased in May to 16.39% followed by a decrease in June to 15.54%. The percentage who would recommend rose to 86.61% in June.
- Lowest scores for in-patient and day stay were recorded for Castlepoint ward, Hockley ward, Blenheim ward, Stambridge ward and SAU. However, large numbers of positive comments were received throughout May and June relating to excellent staff and care, professionalism and attentiveness of staff.
- Maternity percentage who would recommend was 100% in May with a slight

drop to 97.67% in June.

HCAI (Healthcare associated infections):

- To date there has been 1 case of CDiff (Clostridium difficile) in June 2016. The RCA meeting has been completed which did not identify any lapse in care. YB confirmed that CDiff is often is a cyclical issue with more cases expected in the winter months.
- To date there has been 1 MRSA bacteraemia case that is less than 48 hours – this is classed as a community case.

Falls:

- The numbers of falls for May and June was 167. In May there was one high severity fall resulting in a fractured high and a further high severity fall in June.

Never Event:

- One Never Event was declared in June which related to an ophthalmology patient having had an incorrect lens inserted during cataract surgery.
- The Board discussed the WHO checklist and it was confirmed that the checklist is still in place. Following the above incident, however, the checking process of labelling on boxes before insertion has been made more robust. Regular audits on the use of the WHO checklist continue.

Serious Incidents (SIs):

- 2143 incidents, near misses and concerns were reported on DATIX during May and June, 4% above the previous two months.

Duty of Candour (DoC):

- Compliance has seen a drop, however, the team have implemented a new system and compliance has now increased.
- The risk team will undertake spot checks to ensure compliance with the new proforma.

Ophthalmology:

- Since March 2015 there are 20 patients who may have suffered a degree of visual loss due to a delay in the follow up of their care.

Decision:

- The Board was assured by the report.

Neil Rothnie (NR), Medical Director presented the mortality section of the report to the Board.

Key Points:

- A formal mortality action and prevention plan was presented to NHSI at the most recent PRM meeting and this will also be presented to the CQC at the Quality Summit.
- This action plan will be monitored by and reported up to the Board sub-committees.
- It was noted that a detailed session on mortality had taken place at the Board Development Day on 6 July where the Board had discussed issues in great detail.

Decision:

- The Board was assured by the report.
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Jan China (JC), Director of Estates & Facilities presented the Estates & Facilities section of the report to the Board.

Key Points:

Maintenance

- The total number of reactive jobs referred was 1,236 in June, continuing the downward trend.
- Target of 80% for Priority 4 was not achieved (72.14% in June).
- Target of 90% for Priority 5 was not achieved (87.18% in June).
- Statutory PPM (planned preventative maintenance) should be completed 100% within required timescale – actual was 95.61% in June.
- The department struggled with the hot weather in July and the impact on the air conditioning systems.

Catering

- The contractor achieved a pass cleaning score.
- Training is at 97% which is a drop of 2% compared to last month.

Domestic cleaning

- The overall average as per the C4C audit tool was achieved in all categories.
- The wards and areas that failed their first managerial cleaning audit in May and June are being addressed.

Telephony

- The Trust invested in a new voice recognition phone system and the work to reconfigure the department commenced late last year with all scheduled to be completed by the end of June 2016.

Decision:

- The Board was assured by the report.
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Mary Foulkes (MF), Director of HR & OD presented the workforce section of the report to the Board.

Key Points:

Appraisal:

- The appraisal compliance rate in June was 66.46% compared to a target of 85%.
- Appraisal compliance and return rates are regularly reported and monitored at clinical directorate monthly performance meetings.
- The revised and simplified appraisal process has been launched in May 2016.
- The trajectory suggests overall compliance by June 2017.

Agency Spend:

- There has been a slight increase in agency spend in June (10.75%) compared to April (10.3%).
- The highest spend was seen in the Emergency Services (17.4%) and the lowest in Surgery (5.5%).

- The Trust received some benchmarking from NHSI indicating that our agency spend is higher than the national average. The average in our region is 9.7%, the Trust being at 10.5%.

Bank:

- The amount spent on bank workers was 5.6% of the pay bill in June compared to 6.71% in April.
- Interventions to attract more bank staff include offering qualified and Band 5 nurses an enhanced bank rate to match the fringe high cost area supplements and looking at methods of attracting retirees back to working at the Trust on bank shifts.

Staffing level:

- The vacancy rate in June was 10.45%, an increase from 9.07% in April.
- There still remains a gap against the establishment target of 96%.
- Further non-EU recruitment in the Philippines is underway and the possibility of recruiting in India is being explored.

Sickness:

- The rate for year to date is 4.14%, a slight increase from the year to date figure from 4.10% in April.
- Improving and managing sickness continues to be a high priority for HR and the directorates.

Staff turnover:

- Total turnover decreased from 14.04% in April to 13.86% in June. The Trust target is 9.7%.
- In areas where recruitment and retention is an issue, localised retention initiatives are being put in place to address attrition.

Statutory/mandatory training:

- The percentage of statutory/mandatory training achieved for the year has increased from 77.97% in April to 81.26% in June.
- Compliance is monitored at Clinical Directorate monthly performance review meetings as well as the OD & Education Board and the Statutory Mandatory Training Committee. Work is still on-going to ensure the Trust meets its target of 85%.
- It was briefly discussed whether the Trust should possibly revisit its targets as it is being measured against these by the regulators and other Trusts have much lower targets. It was agreed for this to be further discussed at the next Board Development Day.

Decision:

- The Board was assured by the report and agreed the action as outlined below.

Action:

- It was agreed for Stat/Man training targets to be further discussed at the next Board Development Day.

Trust's overall level of compliance against NHS England Core Standards for EPRR is substantial meaning that the Trust has an effective emergency planning framework and programme in place.

Key Points:

- EPRR is defined by a series of statutory responsibilities under the Civil Contingencies Act 2004. The Health and Social Care Act 2012 also requires NHS funded organisations to maintain robust capabilities to plan for, and respond to incidents or emergencies that could impact on health or services to patients.
- The Trust is required to submit a declaration with executive/Board approval against the core standards to NHS England by 31 August 2016.
- NHS England, Midlands and East EPRR Team, along with support of CCG emergency planning leads, may undertake some validation of the self-assessment process including planned visits to discuss the Trust's responses, to view evidence and where required further information.
- On the basis of the self-assessment the declaration against the NHS core standards for EPRR states that the Trust's overall compliance is substantially compliant.
- There are four areas not fully compliant which have been identified and mitigation against these are in place – the emergency planning and business continuity programme has undergone a complete review, as part of the Success Regime and all three Trusts now meet on a regular basis to discuss and review plans and education.
- The Trust has also agreed to adopt Basildon Hospital's business continuity templates in order to ensure a consistent approach between the Trusts going forward as part of the Success Regime.
- The Trust's major incident plan will be tested during a live firearm incident in October.

It was noted that implementation dates for the non-compliant areas could possibly be brought forward from January 2017.

Comparison to last year's assessment would have been welcome.

Decision:

- The Board approved the declaration for submission to NHS England.

67/16

Financial Position – Month 11

JOS presented the report to the Board to present the financial position to 30 June 2016. The Trust is now reporting against its new control total as outlined in the revised Annual Plan.

Key Points:

- There was a surplus of £0.1m in June which reduced the cumulative deficit to £4m and produced an adverse variance of £211k against the year-to-date plan.
- Since the previous report the Trust has agreed to manage within a control total of £16.2m deficit issued by NHSI. The control total assumes that the Trust will receive Sustainability Transformation Funding (STF) of £8.2m and will identify and deliver a further £8.4m of cost improvements. The position shown for June includes £2.05m of STF income.
- The year-to-date clinical income performance was £1,393k adverse to plan,

largely due to an income deferral for non-clearance of the agreed RTT trajectory.

- Pay expenditure in June was consistent with the previous 2 months.
- Agency spend was £1,656k in June which was £10k higher than May and therefore remains a challenge.
- Non-pay expenditure in the month was higher than plan, predominantly in Corporate Services due to the outsourcing of elective activity to private providers which is managed centrally.
- The cost improvement programme (CIP) has achieved £2.5m of savings to date which is slightly ahead of plan.
- Cash balances finished the month as a £3.7m which is a favourable variance of £2.1m against plan.
- Capital spend for June was £1.1m which brought the cumulative spend to £1.7m.
- The Financial Sustainability Risk Rating was 2.

JOS advised the Board that the agreed loan facilities will be used up within the next 2 to 3 months and the department is now looking at more elastic arrangements with loan amounts to be updated every month as an on-going adjustment.

Concern was noted with the assumption that the full amount of STF will be received as non-receipt of this would put the forecast figures at risk. It was noted that the Board has unanimously agreed to the revised control total.

It was further noted that the risk assessment / impact of the Capital Expenditure (CapEx) is not outlined and it was suggested that this could be discussed in further detail at the Efficiency Sub-Committee.

Action:

- Risk assessment / impact of CapEx details to be discussed at Efficiency sub-committee.

Decision:

- The Board was assured by the report with a caveat around the forecast whilst accepting the control total

68/16

Workforce and Patient Equalities Report

MF presented an update on progress regarding the equalities agenda in the Trust for both workforce and patient care.

Key Points:

- The Trust has made good progress with the equality agenda this year and new objectives are in place for 2016/17 as agreed by the Equality, Diversity and Inclusion Committee (EDIC) at its meeting in May.
- The EDIC now meets bi-monthly as opposed to quarterly with excellent attendance and full agendas.
- Progress with the Equality Delivery System 2 and the Workforce Race Equality Standard is on track.
- A revised EIA (Equality Impact Assessment) policy and template has now been published and disseminated across the Trust. An audit into this will be carried out in September.
- A staff equality data validation exercise was carried out to improve the data

held on electronic staff records (ERS) system and to understand the workforce better. Approximately 1000 completed forms were received and work is now underway to update ERS accordingly.

- An equality and diversity toolkit has been developed and is now available on iLearn.
- The Trust has been a partner of the NHS Employers' Equality and Diversity Partners Programme for the past 2 years but was not selected this year.
- Further celebrations such as Black History Month and World Mental Health Day will also take place this year.

The Board discussed issues relating to unconscious bias and indirect discrimination as well as staff not declaring any disabilities, in particular mental health issues. MF advised the Board that more training on these subjects is being planned. However, it was also discussed that it is a challenge for the Trust to be able to offer help if we are not aware of any additional needs. It was agreed that the Trust has a responsibility to ensure staff feel comfortable and safe to declare any disabilities.

The Board discussed that the staff survey suggests that more BME (Black and Minority Ethnic) staff members than white feel bullied, however, not many instances or cases are actually reported on Datix. More research will be carried out in future in conjunction with the BME group to address barriers to reporting.

Decision:

- The Board was assured by the report.

69/16

Price Caps for Agency Staff

MF presented an update to the Board on the Trust's compliance with the agency cap introduced by NHSI from 23 November 2015.

Key Points:

- A 'break glass' provision has been included to maintain patient and staff safety meaning that the Trust can override the price caps on safety grounds once all possible alternatives have been explored.
- All overrides are scrutinised by NHSI and if it is considered inappropriate the Trust will be subject to regulatory action. Overrides that are result of inadequate staff rostering or poor planning of overall staffing requirements will not be accepted.
- In relation to the average 4 week override the Trust is the lowest in the region at 0.3% with the highest being 2.5%.
- Despite the Trust having breached agency capped rates, there were still many shifts that remained unfilled due to the volume of shifts requested and the supply not being able to meet the demand.
- The number of breaches of agency caps has shown a steady increase since March but there has also been a reduction in the numbers of unfilled shifts.

MF confirmed that at this point in time there is no intervention from NHSI as they are assured that good controls are in the place at the Trust.

MF advised that some agencies appear to be ingenious with staff being put forward but not actually available to work. This has been escalated to NHS England for investigation.

Decision:

- The Board was assured by the report.

70/16 **Part 1 report from the Chairman**

AT gave a verbal update to the Board on the recent PRM (progress review meeting). The result of the recently published CQC report means that NHSI is proposing to take the Trust out of breach for governance. However, the Trust will remain in breach for not reaching RTT, Cancer and A&E targets.

Decision:

- The Board noted the update.

71/16 **Part 1 Report from the Chief Executive**

SH updated the Board as follows:

- 1) The official CQC report was published and the Trust received an overall rating of 'Requires Improvement', with a rating of 'Good' in the 'Caring' and 'Effectiveness' categories. The Quality Summit will take place on 3 August 2016.
- 2) Following the review of the Essex Specialised Urological Cancer Surgery service NHS England led an exercise to develop a single Specialised Urological Cancer Surgery Centre for Essex and both Trusts submitted proposals to run the service. At the end of June an evaluation panel found that the proposed service at Southend was best placed to deliver the county-wide Specialised Urological Cancer Surgery single site service in Essex. The recommendation was discussed at a dedicated Oversight Group where it was supported by all provider organisations in Essex. The recommendation will be made to NHS England later this summer following further engagement with the joint Health Overview and Scrutiny Committee. Further public engagement will take place in the autumn as part of NHS England's decision making process. The new service will start in April 2017.
- 3) The Trust has been advised by Jim Mackey, CEO at NHSI the Trust is subject to the 'RESET' regime and in certain circumstances where it is seeking to spend money it is required to escalate this to NHSI first for approval.

Decision:

- The Board noted the update.

72/16 **Finance & Resources Committee (FRC) Report**

David Parkins (DP), NED, presented the report to the Board to provide assurance concerning the FRC's fulfilment of its Terms of Reference duties and objectives and to update the Board on its meeting held on 22 June 2016.

Decision:

- The Board was assured by the report.

73/16 **Charitable Funds Committee (CFC) Report**

Tim Young (TY), NED, presented the report to the Board to provide assurance concerning the CFC's fulfilment of its Terms of Reference duties and objectives and to update the Board on its meeting held on 13 July 2016.

It was noted that a meeting of the Corporate Trustee will take place following the Part 2 meeting of the Board of Directors.

Decision:

- The Board was assured by the report.

74/16 Board Assurance Framework (BAF)

SH presented the revised BAF which has been reviewed over the course of the last few months to address the recommendations of the Deloitte review of corporate governance and to improve consistency with the application of the BAF methodology.

The report shows improvements made and proposes target risk scores for each risk. It also describes further developments to improve the linkages with the corporate risk register.

The Board agreed that the target risk scores will be discussed in further detail at the respective Committees and the review of the BAF methodology will include different suggestions of definitions for positive/negative assurance.

It was suggested for risks around 'Brexit' and Success Regime also to be discussed at committee level.

Decision:

- The Board was assured by the report.

75/16 Corporate Risk Register (CRR)

YB presented a summary report to the Board on the Corporate Risk Register, which was also reviewed at the Corporate Governance Group (CGG) on 7 July 2016, to provide assurance that there are systems in place to review the Trust's current clinical risk register for both moderate and high risks.

Key Points:

- There are currently 24 high rated risks and 140 moderate rated risks on the register.
- YB confirmed that the Risk Manager (Sharon Murrell) is in discussing all risks in detail with each directorate.
- It is also part of Sharon Murrell's role to keep low risks under review.
- It was suggested that potential consequences and implications of the 'Brexit' to be added to the register.

Decision:

- The Board was assured by the report.

76/16 Review of Board Calendar

The Board Calendar was reviewed and several additions were made to the schedule.

Decision:

- The Board approved the calendar.

The Chairman invited questions from the public:

- *Elaine Blatchford (Governor) enquired about whether it would be possible to have medication on storage the night before discharge. SH explained that this was looked into but it was not possible for the doctors to write the prescription this far in advance.*
- *Elaine Blatchford further voiced her disappointment with the CQC comments regarding 'Duty of Candour'. SH explained that the CQC comments related to*

the quality, not the quantity and that the quality indicator as outlined in the 14/15 Quality Account was achieved by the Trust.

- *Linda Cook (Governor) voiced concern with vulnerable patients being discharged late in the evening and returning to an empty home. JF explained that the Trust is working together with the Council to provide a night sitting service and he also confirmed that a protocol for the discharge of vulnerable patients is in place and is being followed to ensure safe discharge and appropriate home arrangements are made.*
- *Joe Cooke (Governors) suggested that Governors should receive training on unconscious bias as many are involved in recruitment processes and ought to be aware. MF suggested that when the next round of Executive Director recruitment takes place the training will be provided to the Governors who are taking part in the process.*
- *The issues of mental health assessments in A&E was discussed.*

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

DRAFT