

**DRAFT MINUTES OF PART 1 BOARD OF DIRECTORS MEETING**  
**HELD ON**  
**TUESDAY, 2 May 2017**

**Call to Order**

**Present:**

Alan Tobias	Chairman
David Parkins	Non-Executive Director/Deputy Chair
Gail Partridge	Non-Executive Director
Mike Green	Non-Executive Director
Tim Young	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Fred Heddell	Non-Executive Director
Clare Panniker	Chief Executive
Yvonne Blücher	Managing Director
Mary Foulkes	Chief Human Resources Director
Celia Skinner	Chief Medical Officer
Diane Sarkar	Chief Nurse
James O'Sullivan	Chief Finance Officer
Carin Charlton	Chief Estates and Facilities Director
Tom Abell	Chief Transformation Officer

**Also in attendance:**

Brinda Sittapah	Company Secretary
Eve Yates	Assistant Company Secretary (minutes)
Amanda Burton	Interim Head of Communications
Lucy Thomas-Clayton	Fundraising
Kerry Joseph	Matron
Trevor Johnson	Public Governor
Brian Terry	Public Governor
Majzoub B Ali	Member of the public
Bill Granvill	Member of the public
Les Catley	Public Governor
John Lamb	Southend Association of Voluntary Services Governor

	<p><b><u>Patient Story</u></b></p> <p>Mrs O'Donahue gave an overview of the care that her 10 year old daughter received as a patient who was admitted through the emergency department during the early hours of the morning, when the paediatric emergency department was closed.</p> <p>Mrs O'Donahue emphasised the importance of providing pain relief and reassurance to patients whilst waiting for assessment by a doctor, and also the need for effective communication with patients.</p> <p>A meeting has since taken place with the patient and her mother, during which a tour of the department was provided to alleviate her fear of any future admissions if this arises.</p> <p>The Board offered their apologies to Mrs O'Donahue and her daughter.</p> <p>The Chairman thanked Mrs O'Donahue for sharing her experience with the Board, and wished her daughter well.</p>
<b>36/17</b>	<p><b><u>Welcome and Apologies</u></b></p> <p>Alan Tobias (AT), Chairman, welcomed all to the meeting. Apologies were received from Gabrielle Rydings, Non-Executive Director, Tony Le Masurier (TLM), Non-Executive</p>

	Director and Martin Callingham (MC), Chief Information Officer.
37/17	<p><b><u>Declaration of conflicts of interest</u></b> No conflicts of interest beyond those registered, were declared.</p>
38/17	<p><b><u>Approval of Part 1 minutes of meeting held on 4 April 2017</u></b> The minutes of the previous meeting were agreed as an accurate record of the previous meeting with a minor amendment.</p>
39/17	<p><b><u>Matters arising from minutes (if any):</u></b> There were no matters arising.</p>
40/17	<p><b><u>Consideration of Part 1 Action Tracker</u></b> The action tracker was approved as presented.</p> <p>Mary Foulkes (MF), Chief Human Resources Director, gave a verbal update to the Board on item 26/17 4 April 2017 – Analysis to be conducted of members of staff with the longest outstanding appraisals (last 18 months) and to formulate an action plan. MF explained that this is a manual exercise that involves a high level of analysis; a full report will be presented to the Board at the next meeting on 5 September 2017.</p> <p>Celia Skinner (CS), Chief Medical Director, gave a verbal update to the Board on item 25/17 4 April 2017 – To provide an update on the details of the 272 day wait cancer patient case. CS explained that having looked at the case, it was a patient choice issue not a care issue. However, the number of days is not a true reflection of the number of days the patient was tracked. The new system will address this.</p>
41/17	<p><b><u>Monthly Integrated Performance Report, including the Serious Incidents Report</u></b> The Integrated Performance Report is presented to the Board as written assurance on the current levels of activity and performance within the Trust. The purpose of the report is to provide an overview of performance for the month of March 2017.</p> <p>Yvonne Blücher (YB), Managing Director, presented the operational performance part of the report to the Board.</p> <p><b><u>Key Points:</u></b> <u>Patient Access / Performance / Cancer standards / Short notice cancellations</u></p> <ul style="list-style-type: none"> <li>• The A&amp;E 4hr standard of 95% was not achieved for March 2017. 92.09% was achieved, which is in line with the March recovery trajectory of 92%. March has shown significant improvement in performance and the projected outturn for April 2017 is currently set to achieve the 95% target which is ahead of the agreed trajectory.</li> <li>• The Referral to Treatment (RTT) standard of 92% was not achieved for March 2017. 86.41% was achieved, which is slightly above the March recovery trajectory of 86%.</li> <li>• The non-admitted backlog of 1,904 is a result of reduced clinic capacity due to ongoing staff shortages (vacancies) in Ophthalmology and Respiratory.</li> <li>• Additional outpatient clinics continue to be undertaken to help meet demand within ENT, Cardiology, Respiratory, Diabetes and Ophthalmology. These will continue until the RTT standard is achieved.</li> <li>• There have been 29x52 week breaches year to date. In March there were 2, both patients were treated in March. This is being reviewed fortnightly.</li> <li>• The March performance for Cancer 62 day standard of 85% has not yet been reported, however, provisional data demonstrates an outturn of 70.7%, which is below the recovery trajectory of 81.6%. The recovery trajectory to achieve compliance against the standard is July 2017. The month of May 2017 is planned to be 'Cancer Month' with many general theatre waiting lists being converted to</li> </ul>

cancer lists in order to decrease the cancer backlog and improve the cancer performance, to bring it back in line with the recovery trajectory.

- Provisional performance figures for March indicate that the following standards will not be met: 31 day First treatment – theatre capacity for Gynaecology and Urology and 62 day 2 week wait (2ww) Suspected Cancer First Treatment.
- Currently there are 18 patients waiting over 100 days on a 2ww, 62 day pathway. Of the 18 patients, 8 do not have a treatment date.
- Scoping has commenced to develop one ‘Somerset’ tracking system across the 3 Trusts, with the aim of reducing delays in patient pathways. The ‘Somerset’ system is a database to be used across the 3 Trusts.

**Discussion:**

- **The Board was pleased about the significant improvement made in the arrival to handover times with East of England Ambulance Service; Southend has the second best performance in the east of England for March.**
- The Board discussed the possibility of looking at other types of harm from the backlog in RTT, even though no clinical harms have been assessed.. YB confirmed that the Trusts are aware of broader issues in relation to pathways and working with GPs.
- The Board discussed how the RTT backlog can be cleared in the current financial position. James O’Sullivan (JOS), Chief Finance Officer, explained that clearing the backlog is a contractual not a financial issue and that a plan has to be agreed with CCG.
- The Board discussed the delayed discharges and the difference in processes between Essex County Council (ECC) and Southend Borough Council (SBC) as detailed on page 12 of the report. YB confirmed to the Board that this has presented a challenge but that support is in place to improve the relationship.

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Diane Sarkar (DS), Chief Nurse, presented the Patient Quality part of the report to the Board.

**Key Points:**

**Complaints / Friends and Family / HCAI / Falls / MRSA Screening / Pressure ulcers / Maternity**

- Complaints: The number of formal complaints requiring investigation remains static compared to February 2017. There has been a further reduction in the number of overdue complaints and the backlog.
- Friends and Family: The response rate increased in all areas during March 2017. Whilst there was a slight decrease in the percentage of inpatients and outpatients recommending the Trust, a slight increase was noted in ED.
- HCAI: There was 1 case of C Difficile in March 2017 and the RCA is due to take place. There were 2 cases of MRSA bacteraemia reported in March 2017. The RCA process revealed that both cases were due to poor documentation; remedial actions are in place and infection prevention and control team are working with the clinical areas.
- Falls: Falls per thousand bed days remains below the national average. 0 high severity falls and 1 moderate severity fall in March 2017.
- MRSA Screening: Information is still being analysed for MRSA compliance. Poor compliance is due to coding issues.
- Pressure ulcers: During March 2017 there were no avoidable pressure ulcers and all correct measure were found to be in place for 7 grade 2 and 1 grade 3 pressure ulcers.
- Maternity: The caesarean section rate was slightly increased in March 2017.
- Serious incidents: 12 serious incidents were declared involving three directorates

and are currently under investigation.

**Discussion:**

- The Board asked if the complaints backlog target for May was due to be met. Diane Sarkar (DS), Chief Nurse, confirmed that this would be reported to the Board at the next meeting in September.
- The Chairman asked for clarification in relation to whether fines were in place for Duty of Candour. James O'Sullivan (JOS), Chief Finance Officer confirmed that there were no fines in the contract. In addition to this local fines have been suspended for the year and teams were updated last week.

**Actions:**

- **Details of the complaints backlog target for May 2017 to be reported in full as part of this report at the Board of Directors' meeting on 5 September 2017.**
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Carin Charlton (CC), Group Estates and Facilities Director, presented the Estates & Facilities part of the report to the Board.

**Key Points:**

- A number of statutory PPM's were not signed off this month. Many of these are due to delays in contract start date, following an extension to existing contracts.
- Domestic cleaning standards were met, with 3 areas being identified as requiring further investigation: Day Stay Theatre, X-ray ground floor and Medical Photography.
- Underperformance in switchboard targets for GP calls and external calls. On-going departmental improvements are underway.

**Discussion:**

- The Board discussed that it had been identified that staff are still not using the net call system to make internal calls. CC confirmed that this is being addressed and is working with IT to discuss the possible and proposed dates to trial the net call system externally.

**Actions:**

- **CC to email Board members updates on;**
    - **Page 26, In-House – 2 of 6 monthly anti-lig pull-chord PPMs outstanding which are due to be completed in April.**
    - **Page 31, further detail on MEMS turnaround times non-compliance on critical repairs.**
  - **An update report on MEMS to be presented to the Audit Committee.**
  - **YB and CC to discuss MEMS outside of this forum.**
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Mary Foulkes (MF), Chief Human Resources Director, presented the Workforce part of the report to the Board.

**Key Points:**

- The Trust continues to work on improving appraisal return rates. The compliance rate in March is 73%.
- Statutory and mandatory training continues to improve steadily and has increased in March to 86% from 83.15% in January.
- Vacancy rates have increased to 7.13% in March from 6.70% in February.
- Agency spend as % of total pay bill has reduced from 9.66% year to date in

	<p>January to 9.53% in March.</p> <ul style="list-style-type: none"> <li>• Sickness absence for the year to date in March is 4.05%, a decrease from February 4.10% and January 4.16%.</li> <li>• The appraisal performance trend has been improving in line with the remedial action plan that has been put in place. The compliance rate for appraisals in February increased to 73% from the January rate of 72%. The overall Trust target remains to achieve 85% compliance by June 2017. Agency spend as a % of total pay bill has reduced from 9.66% year to date compliance in January to 9.53% year to date as of March 2017.</li> <li>• The Trust's turnover target is 9.7%. Total turnover has slightly increased from 13.79% in February to 13.82% in March. The exit interview process is currently under review.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed the IR35 and the impact that paying consultants' national insurance and tax has had on spend.</li> <li>• The Board discussed what impact the letter to bank staff (explaining that they will not be able to work unless their statutory and mandatory training is up to date) has had on the compliance levels. Mary Foulkes (MF), Chief Human Resources Director, explained that there had been some improvement and currently in discussion with Heads of Nursing in relation to not allowing bank staff to work and the risk that this could potentially have to the Trust.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Further update on nurse recruitment to be reported in full as part of this report at the Board of Directors' meeting on 5 September 2017.</b></li> </ul> <p>-----</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board received assurance from the report. Clare Panniker (CP), Chief Executive, thanked YB and the teams involved in the improvement in the A&amp;E service.</li> </ul>
42/17	<p><b><u>Nursing Establishment – Safe staffing monthly reports – March 2017</u></b></p> <p>Diane Sarkar (DS), Chief Nurse presented a report to the Board on the Nursing and Midwifery staffing levels for the months of March 2017, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• The Registered Nurse (RN) fill rate for March 2017 was 95.13%. The night fill rate for March 2017 was 94.18%.</li> <li>• There were no areas with fill rates below 80%.</li> <li>• Staffing ratios continue to be monitored daily by Senior Nurses. Bank and agency staff have been utilised to maintain patient safety.</li> <li>• The Trust RN vacancy rate is 13%, which is an increase of 1.1% from February. There was a corresponding increase in the percentage of spend on agency staff ensuring safe nurse staffing levels maintained.</li> <li>• Further work is required to provide clarity and reliability, for the number of nursing care hours used against the baseline budgeted establishment WTEs, for use of escalation beds.</li> <li>• This report has been modified in its presentation to add greater clarity and demonstrate any correlation between staffing levels and harm. It is anticipated that the report will continue to evolve over the forthcoming months.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board enquired whether there was any evidence of staff moving between the</li> </ul>

	<p>3 Trusts. DS confirmed that this is an area that will be looked at.</p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>• The Board requested further detail to be included in the next report in relation to the re-launch implementation of Red to Green.</li> </ul> <p><b>Decision:</b></p> <ul style="list-style-type: none"> <li>• The Board noted the data relating to nurse staffing levels for March 2017.</li> </ul>
43/17	<p><b>Financial Position</b> James O’Sullivan (JOS), Chief Financial Officer, presented the financial position up to 31 March 2017 to the Board.</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• There was a deficit of £0.7m in March which increased the cumulative deficit to £15.1m resulting in a favourable variance of £0.65m against the plan for the year. The position included unforecast STF arising from a late change in the qualification criteria by NHSI and excluding this, the underlying position was £35k favourable against the Control Total.</li> <li>• The achievement of the Control Total entitles the Trust to receive an ‘incentive bonus’ which is linked to the STF. This is still to be calculated by NHSI and has not been included in the Month 12 position.</li> <li>• Cash balances finished the month at £1.5m.</li> <li>• The ‘Use of Resources’ metric is provisionally a 3 out of a total score of 4.</li> <li>• Pay budgets were underspent in the month by £0.1m bringing the cumulative adverse variance to £0.4m.</li> <li>• Non-Pay budgets were overspent by £1.0m in the month which increased the cumulative adverse variance to £2.2m.</li> <li>• The Cost Improvement Programme has achieved £17.4m of savings in the financial year which is in line with the plan.</li> <li>• Clinical income was ahead of plan by £0.6m in the month which increased the favourable year to date position to £1.9m.</li> </ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• The Board acknowledged the work that has gone into the Trust achieving its Control Total.</li> <li>• James O’Sullivan (JOS), Chief Finance Officer, explained to the Board that the Trust is eligible to receive a further £4m of funding, which will reduce the deficit for 2016/17 to £11.1m.</li> <li>• The Board discussed maintaining rigorous cost control and maintaining discipline for 2017/18.</li> </ul> <p><b>Decision:</b></p> <ul style="list-style-type: none"> <li>• The Board noted the report.</li> </ul>
44/17	<p><b>Financial Plan 2017/18</b> James O’Sullivan (JOS), Chief Finance Officer, presented the Trust’s Financial Plan for 2017/18.</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• The financial plan summarises the key financial targets for 2017/18 and describes the changes made to the submission made to NHSI on 23 December 2016.</li> <li>• The Board has already approved the 2 year operational plan and this was submitted to NHSI in December. The plan was consistent with the control totals set by NHSI.</li> </ul> <p><b>Discussion:</b></p>

	<ul style="list-style-type: none"> <li>• David Parkins (DP), Non-Executive Director, explained to the Board that this report was presented to the Finance &amp; Resources Committee (FRC) on 26 April 2017, and several issues were raised e.g. fines, Duty of Candour, risk sharing on QIP. These are all issues that require some clarification.</li> <li>• DP also explained that the FRC discussed at length the following items covered in the plan; <ul style="list-style-type: none"> <li>➤ Changes to the Forecast Outturn in 2016/17 (net effect of nil)</li> <li>➤ Urology Business Case (net effect nil)</li> <li>➤ Medical Model (£0.9m increased cost)</li> <li>➤ JEG costs and management savings (£0.1m increased cost)</li> <li>➤ ESR Contribution (0.1m increased cost)</li> <li>➤ Impact of PbR Tariff (£0.9m increased income)</li> <li>➤ Cost Improvements (net effect of nil)</li> <li>➤ Income Unfunded in the 2016/17 Contract (£1.8m increased income)</li> <li>➤ Other I&amp;E changes (£0.7m net increase)</li> <li>➤ Contribution from Charitable Funds (£0.3m increase to capital)</li> <li>➤ Change to the mix of leasing &amp; purchasing (£2.0m reduced capital)</li> </ul> </li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>A risk analysis of excluded schemes to be reported at the next FRC meeting on 4 July 2017.</b></li> <li>• <b>JOS to provide a re-forecast position at the next FRC meeting on 4 July 2017.</b></li> <li>• <b>Carin Charlton (CC), Group Estates and Facilities Director, to make enquiries on the sale situation of Fossett’s Farm.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board approved the budget.</li> </ul>
45/17	<p><b><u>Guardian of Safe Working</u></b></p> <p>Mary Foulkes (MF), Chief Human Resources Director, presented the report to the Board to provide assurances and an update on the Trust’s reporting processes for monitoring Junior Doctors working hours.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• A mandatory component of the new Junior Doctors’ contract implemented in 2016 was the process of ‘exception reporting’. This was to formally record any deviations in implementation that might involve the number of hours worked, rest periods, patters of work, level of support at work, problems with activities or any other role. ‘The Guardian’ was appointed as an independent person to monitor, escalate, intervene, when there were deviations in Junior Doctors’ working patterns from the agreed work schedules.</li> <li>• The Guardian of Safe Working (GOSW) who leads on this process of exception reporting was appointed at Southend in December 2016.</li> <li>• The Exception Report is sent to the Clinical Supervisor and copied to the GOSW and the Guardian Team. This is followed by an initial meeting between the trainee and the Clinical Supervisor to discuss the circumstances leading to the report and achieve local resolution.</li> <li>• 135 exceptions have been raised in the period December 2016 to March 2017. 116 of the 135 (86%) have been reviewed. The outcomes included financial compensation, prospective changes, time off in lieu and ‘no further action’. Safety concerns were recorded in only 5% of reports.</li> <li>• The process has been quickly established and is proving successful in reducing the number of exception reports.</li> </ul>

	<p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Future reports to include issues that have been noted at the Junior Doctors' forum, and details of fines and compensation figures across the 3 Trusts.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
46/17	<p><b><u>Annual Staff Survey Results 2016</u></b> Mary Foulkes (MF), Chief Human Resources Director, presented the Annual Staff Survey results for 2016.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Lower response rate.</li> <li>• Improved engagement score.</li> <li>• 29 key findings – no significant change.</li> <li>• An improvement in 4 out of 5 key areas in the Corporate Action Plan.</li> <li>• Top 3 questions: <ul style="list-style-type: none"> <li>➢ Staff having stat/man training in last 12 months – 98%</li> <li>➢ Staff knowing how to report incidents and concerns and unsafe clinical practice – 95%</li> <li>➢ Time passes quickly when I'm at work – 95%</li> </ul> </li> <li>• Bottom 3 questions: <ul style="list-style-type: none"> <li>➢ Senior managers involve staff in important decisions – 35%</li> <li>➢ Senior managers act on staff feedback – 33%</li> <li>➢ There are enough staff to do my job properly – 28%</li> </ul> </li> <li>• The plan for 2017 includes continuing to focus on the Corporate Plan in the following areas: <ul style="list-style-type: none"> <li>➢ Improved manager communication and visibility</li> <li>➢ Involved in decisions around change</li> <li>➢ Staff feel valued</li> <li>➢ Improved wellbeing of staff – reduce work related stress</li> <li>➢ Recruitment and retention action plan</li> </ul> </li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed the results of the survey and requested the following information as detailed below.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>MF to circulate full copy of results to Board members via email.</b></li> <li>• <b>MF to find out the national average response rate and circulate via email.</b></li> <li>• <b>MF to confirm which one of the 5 key areas of the Corporate Action Plan had not improved.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the report.</li> </ul>
47/17	<p><b><u>Part 1 report from the Chairman</u></b> Alan Tobias (AT), Chairman, gave a verbal update to the Board as follows;</p> <p>AT met with the Chairs of the other 2 Trusts last week to discuss how to involve the Governors in an ambassador role to reach community groups regarding the Success Regime. A programme is currently being scoped</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>

48/17	<p><b><u>Part 1 Report from the Chief Executive</u></b> Clare Panniker (CP), Chief Executive, gave a verbal update to the Board as follows;</p> <p>CP confirmed that the Trust has received the CQC Inspection Report, which will be published in 4-6 weeks.</p> <p>As part of the national bidding process, all 3 Trusts have been individually awarded £1m for A&amp;E streaming project. CP will be meeting with Commissioners to decide how this will be spent as it will need to be within the guidance and a common model across the 3 Trusts will be adopted.</p> <p>CP, YB, CS and Denise Townsend, Director of Nursing (Southend) attended a Health Summit last week and received positive feedback from David Amess MP.</p>
49/17	<p><b><u>Part 1 report from the Managing Director</u></b> Yvonne Blücher (YB), Managing Director, had no further updates other than what she has already reported under the IPBR.</p>
50/17	<p><b><u>Trust Risk Appetite</u></b> Diane Sarkar (DS), Chief Nurse, presented the Trust Risk Appetite for consideration and approval to the Board.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• As per best practice, the Trust should have a Risk Appetite Statement as a separate document. A Risk Appetite Statement has therefore been drafted and is being recommended for approval by the Board.</li> <li>• Risk Appetite is defined as ‘the amount of risk the organisation is prepared to accept, tolerate, or be exposed to at any point in time’. It allows the Board to take considered risks and to seek assurance that risks of any grade in areas of low tolerance are being managed, rather than predominantly focussing on high rated risks.</li> <li>• The Board will review its Risk Appetite at least annually, and publish its Risk Appetite Statement as a separate document covering the overarching areas of: <ul style="list-style-type: none"> <li>➢ Quality / Outcomes Risks</li> <li>➢ Innovation Risks</li> <li>➢ Financial / Value for Money (VfM) Risks</li> <li>➢ Compliance / Regulatory Risks</li> <li>➢ Reputational Risks</li> </ul> </li> <li>• The statement will also define the Board’s appetite for each risk identified to the achievement of strategic objectives for the financial year in question.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board recommended that, going forward, the statement should be approved at the Quality Assurance Committee prior to seeking approval from the Board.</li> <li>• The Board asked how the statement links to the BAF and the Financial Plan, and whether internal auditors will be involved in the process. YB advised that the statement will be reviewed by the Site Leadership Team and that the Risk Team are fully engaged.</li> </ul> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Non-Executive Directors to made aware of links to existing frameworks prior to approval.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board approved the statement subject to the piece of work above being completed.</li> </ul>

51/17	<p><b><u>Board Assurance Framework – 6 Monthly Review</u></b>  Yvonne Blücher (YB), Managing Director, presented the 6 monthly review of the Board Assurance Framework (BAF) to the Board.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• The BAF has been reviewed over the course of the last few months to improve consistency with the application of the BAF methodology.</li> <li>• The BAF is reviewed on a monthly basis at the Corporate Governance Group which comprises of the members of the Site Leadership team. The various Sub-Committees also review the BAF risks allocated to them by the Board at all of their meetings.</li> <li>• BAF Risks 1, 2 and 6 were reviewed by the Quality Assurance Committee on 19 April and recommendations made by the Committee were incorporated in to the report.</li> <li>• BAF Risk 3 was reviewed by the Audit Committee on 22 February.</li> <li>• BAF Risks 4 and 5 were reviewed by the Finance and Resources Committee on 26 April.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed the inconsistencies in the completion dates and the importance of correlating with the Risk Appetite.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Ensure that all the BAF Risks are consistent.</b></li> <li>• <b>Risks need to correlate with the Risk Appetite.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board reviewed the BAF risks and received assurance from the report.</li> </ul>
52/17	<p><b><u>Corporate Risk Register – Exception Report</u></b>  Yvonne Blücher (YB), Managing Director, provided a summary report to the Board on the Risk Register, as of 13 April 2017.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• 33 approved high rated risks.</li> <li>• 139 approved moderate rated risks.</li> <li>• 4 new high risks created.</li> <li>• 3 risks merged.</li> <li>• 5% of risks are currently rated as high.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board requested to be made aware when new risks are added and risks are removed. However, it was agreed that this meeting was not a forum for corporate risk register review but to give the Board an oversight.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board received assurance from the report.</li> </ul>
53/17	<p><b><u>Terms of Reference Review</u></b>  Alan Tobias (AT), Chairman, presented the Terms of Reference (ToR) Review to the Board to ratify the revised Terms of Reference of its Committees and agree to merge the Remuneration Committee with the Nomination Committee.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• The ToR of Board Committees are reviewed annually by the respective Committee in order to ensure that it fulfils its role as delegated by the Board and acts within its remit. The Board then ratifies the ToR following the review.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Quality Assurance Committee ToR was reviewed on 19 April and minor changes have been proposed relating to its membership.</li> <li>• The Charitable Funds Committee ToR was reviewed on 12 April and minor changes have been proposed relating to its membership and those in attendance.</li> <li>• The Finance and resources Committee ToR was reviewed on 26 April and minor changes have been proposed relating to its membership.</li> <li>• The Audit Committee ToR will be reviewed at its meeting on 3 May and no change is being proposed.</li> <li>• The key change that is being proposed to the Board Committees is to combine the Remuneration Committee and the Nominations Committee to make it consistent with the other Trusts in the ESR. The Committee will be called 'Remuneration/Nomination Committee'. There is a proposal to set up a Joint Remuneration Committee which intends to comprise of two NEDs (from the current membership of Rem Com) who would have delegated powers to act on behalf of the Trust in respect of Remuneration matters that relate to Chief Executive and JEG members only.</li> </ul> <p>•</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board agreed the revised Terms of Reference and agreed to combine the Remuneration Committee and the Nomination Committee.</li> </ul>
54/17	<p><b><u>Finance and Resources Committee (FRC ) Report</u></b>  David Parkins (DP), Non-Executive Director, presented the report to update and provide assurance to the Board on the Finance and Resources Committee held on 26 April 2017. The following items were considered at the meeting:</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Statutory and Mandatory training – concern was raised at mandatory training levels for Bank Staff and the significant number of 'did not attend' at courses.</li> <li>• HR Performance including recruitment and retention.</li> <li>• HR &amp; OD Strategy progress.</li> <li>• Month 12 Board Finance Report and Forecast for 2016/17.</li> <li>• Financial Plan 2017/18 – with regard to the early reforecast for the year, the Committee requested further consideration be given to: <ul style="list-style-type: none"> <li>➢ Agency cost pressures</li> <li>➢ Potential for fines from the CCGs</li> <li>➢ Risk associated with the capital expenditure plans</li> <li>➢ The Trust's scope for using STF bonus monies of £4.65m</li> <li>➢ Implications for the Trust's patient backlogs</li> </ul> </li> <li>• Financial Improvement Plan.</li> <li>• Cash Flow and Loans.</li> <li>• BAF Review of Risk 4 and 5.</li> <li>• Medical Model Business Case.</li> <li>• Terms of Reference Review.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
55/17	<p><b><u>Quality Assurance Committee (QAC) Report</u></b>  Fred Heddell (FH), Non-Executive Director, presented the report to provide assurance concerning the Quality Assurance Committee's fulfilment of ToR duties and objectives as an assurance sub-committee of the Board of Directors. The following items were considered at the meeting:</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Corporate Governance Group – Exception report</li> <li>• Corporate Management Team – Exception report</li> </ul>

	<ul style="list-style-type: none"> <li>• Quality &amp; Safety Committee – Exception report</li> <li>• Clinical Governance Committee – Exception report</li> <li>• CQC Action Plan – Exception report</li> <li>• Clinical Audit and Quality Improvement Project Annual Report 2016/17</li> <li>• Never Events and SIs</li> <li>• Progress on Mortality Action Plan and Coding</li> <li>• Draft Annual Quality Account 17/18</li> <li>• BAF Risk 1 and 2 review</li> <li>• BAF Risk 6 review including Premises Assurance Model report</li> <li>• Midwife Supervising Authority</li> <li>• Pathology – Exception report</li> <li>• Savile Lampard report</li> <li>• Report from Joint Quality &amp; Patient Safety Committee</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• FH expressed the Committee’s concerns to the Board regarding the Pathology Service. He added that Pathology First’s quality controls should be challenged. He further advised the Board that additional staff have been recruited and there have been significant infrastructure changes which have improved the service. However, concerns remain. YB confirmed that there are still some issues with the quality of blood results and that the Director of Nursing (Southend) and Medical Director (Southend) are dealing with further recent issues. There have also been some issues with the calibration of equipment.</li> </ul> <p><b><u>Action:</u></b></p> <ul style="list-style-type: none"> <li>• <b>CS and YB to discuss the above issues and further update Fred Heddell on the outcomes.</b></li> <li>• <b>Pathology Report that was presented to the Quality Assurance Committee to be sent to CS.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>
56/17	<p><b><u>Charitable Funds Committee (CFC) Report</u></b>  Fred Heddell (FH), Non-Executive Director, presented the report to provide assurance concerning the Charitable Funds Committee’s fulfilment of its ToR duties and objectives as an assurance sub-committee of the Board of Directors.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Reserves stand at just under £1.5m.</li> <li>• The year to date income totals £911k.</li> <li>• Proposals for spending almost £300k on 10 projects approved.</li> <li>• The Keyhole Cancer Appeal has now raised £504k. Theatre should be completed in June.</li> <li>• The Dementia appeal has now raised £86k</li> <li>• Profit from the Charity Shop to date is £31,942 this financial year.</li> <li>• Investing reserves still being considered.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed the possibility of having the accounts audited by a local auditor to reduce costs. However, it was noted that the work has already been included in the tender document that went out to External Auditors and the latter have included this service in their submission.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the report.</li> </ul>

57/17	<p><b><u>Review of Board Calendar</u></b> The Board agreed the calendar.</p>
58/17	<p><b><u>Date of next meeting:</u></b></p> <ul style="list-style-type: none"> <li>• Tuesday, 5 September 2017</li> </ul>
	<p><i>The Chairman invited questions from the public:</i></p> <ul style="list-style-type: none"> <li>• <i>Brian Granvill, member of the public, asked if it was possible for calls from the hospital to display with the number rather than 'number withheld'. AT replied that this is a positive suggestion that the Trust will look into.</i></li> </ul>

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

DRAFT