

Agenda item 85/17

**DRAFT MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
TUESDAY, 5 September 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
Fred Heddell	Non-Executive Director
Gabrielle Rydings	Non-Executive Director
Tony Le Masurier	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
Martin Callingham	Chief Information Officer

Also in attendance:

Brinda Sittapah	Company Secretary
Eve Yates	Assistant Company Secretary (minutes)
Amanda Burton	Interim Head of Communications
Tracey Le Forte	Head of Procurement
Brian Terry	Public Governor
Vivien Burling	Public Governor
Sally Holland	Public Governor
Jan Tassell	Public Governor
Meg Davidson	LA Governor
Les Catley	Public Governor
Majzoub B Ali	Member of the public
Bill Granvill	Member of the public
Paresh Makwana	Member of the public

Hospital Heroes

Tony Le Masurier, Non-Executive Director, congratulated and presented on behalf of the Board the awards to the May winners, Teresa Samson and Pauline Pedder, the June winner, Fiona Sommerville and the July winners, Gordon Hopkins and Sita Lumsden Wards.

59/17

Welcome and Apologies

Alan Tobias (AT), Chairman, welcomed all to the meeting. There were no apologies to receive.

60/17

Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

61/17 **Approval of Part 1 minutes of meeting held on 2 May 2017**

The minutes of the previous meeting were agreed as an accurate record with a minor amendment to the attendees.

62/17 **Matters arising from minutes (if any):**

Page 4 – Carin Charlton (CC), Group Estates and Facilities Director to circulate an email update on all outstanding actions.

The Board requested that minutes be circulated as soon as possible following the meeting to allow time for actions to be carried out in a timely manner.

63/17 **Consideration of Part 1 Action Tracker**

The action tracker was approved as presented.

Clare Panniker (CP), Chief Executive, gave a verbal update to the Board on item 98/15 7 October 2015; Communications Dashboard Summary. A Communication Strategy will be presented to the Joint Working Board which will be linked to the ESR work.

Carin Charlton (CC), Group Estates and Facilities Director, gave a verbal update on item 44/17 2 May 2017; Enquiries to be made on the sale of Fossett's Farm. There was a delay in the sale of the land, marketing will commence on 25 September 2017. Alan Tobias (AT), Chairman, added that he will circulate a restrictive covenants document to the Board in relation to the sale.

Actions:

- **Joint Working Board to discuss Communication Strategy**
- **AT to circulate restrictive covenants document to the Board**
- **The Board requested that when an action is completed, a narrative be added to provide an explanation of the outcome.**

64/17 **Monthly Integrated Performance Report, including the Serious Incidents Report**

The Integrated Performance Report is presented to the Board as written assurance on the current levels of activity and performance within the Trust, with an emphasis, in particular, on exceptions, mitigations and assurances. The purpose of the report is to provide an overview of performance year to date and for the month of July 2017.

Yvonne Blücher (YB), Managing Director, 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 of 95% was achieved for April 2017, exceeding the national standard at 95.30%. However, May was 91.74%, June was 90.71% and July was 91.66%, which were all below the national standard.
- The Referral to Treatment (RTT) standard of 92% was not achieved for May, June or July and each month was below the recovery trajectories. The areas of challenge are within Ophthalmology, MSK, ENT and Respiratory. It was noted that CCG's would only fund up to £2700 of the backlog.
- The Trust has engaged with the CCG to develop a recovery plan.
- The Cancer 62 day standard of 85% was below the trajectory in June at 63.5%. The July position of 77.3% is above the trajectory and the recovery trajectory to achieve compliance against the standard is this October. The Trust reports to NHSI on a weekly basis.
- The Trust is carrying out work with Four Eyes to determine capacity and

productivity opportunities.

- The Winter Plan is being actively prepared and 3 local delivery plans were submitted to NHSE last week. The Front Door Streaming Model will be in place by October 2017 across the 3 Trusts.

Discussion:

- The Board asked whether working with partners in the community would help reduce the numbers of those attending A&E. Yvonne Blucher (YB), Managing Director, explained that progress has been made in relation to partnership working during the last few weeks and the Trust is working with the CCG's in relation to 5 key areas. To date, there is good engagement with community partners and GP's.
- The Board expressed concern that the children's waiting time figures had doubled since May 2017. YB confirmed that the backlog is being assessed on a weekly basis and risks are assessed on clinical need.

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

Key Points:

Complaints / Friends and Family / Falls / Pressure ulcers/ Maternity / Serious Incidents

- Complaints: 91 new contacts were received from people wishing to make a complaint during July 2017. 57 of which were managed as formal complaints. A percentage of the concerns received were managed through the rapid response early resolution process by agreement with the complainant.
- Friends and Family: The response rate increased for inpatients and maternity during July 2017, while there was a slight decrease in ED and outpatients.
- Falls: Falls per thousand bed days remains below the national average. 1 extreme severity fall and 3 moderate severity falls in July 2017 are currently being investigated.
- Pressure ulcers: During July there were 2 avoidable pressure ulcers, 1 due to poor documentation and the other RCA meeting is yet to be held.
- Maternity: The caesarean section rate for July was 28%. This is in line with trajectory set by the Directorate.
- Serious Incidents: During 1 April 2017 and 31 July 2017, 45 serious incidents were declared involving 7 Directorates. The Trust continues to show high levels of reporting with low harm.

Discussion:

- The Board asked for it to be noted that the staff working on reducing the complaints backlog should be congratulated for their achievement.
- The Board asked whether there is resource issue in relation to patient falls. Diane Sarkar (DS), Chief Nurse, confirmed that patients are assessed to identify which ones require to be monitored by the sensor equipment as opposed to staff. DS informed the Board that the Falls Policy is being reviewed across the 3 Trusts.

Carin Charlton (CC), Group Estates and Facilities Director, presented the Estates & Facilities part of the report to the Board.

Key Points:

- One statutory PPM was not signed off in the month. This was due to undergoing a tender to provide pest control services.
- Domestic cleaning standards were generally met, eleven areas were identified as

needing further cleaning and re-audit. Cleaning was discussed further under item 68/17

- Underperformance in switchboard targets for GP calls and external calls. This is due to waits experienced at departmental level. This has been discussed at AD/HONs meeting and works are being undertaken with departments to achieve improvement. Work is also being undertaken with the telephony manager and training scheduled with the cardiac team. Progress is being made and Netcall needs to be utilised to its full potential.

Discussion:

- The Board questioned maintenance priorities and the length of time taken to repair priority items i.e. washing machines and bed pan washers. Carin Charlton (CC), Group Estates and Facilities Director, explained that priorities have now been set locally to address the repair times. YB added that following the outcome of the infection control visit teams are working differently.
- The Board discussed the monitoring of internal and emergency calls. CC confirmed that the teams will become co-located in the same area to provide a better service.
- The Board highlighted the importance of using Netcall properly. CC and Martin Callingham (MC), Chief Information Officer explained that they are working together to provide a better standardised service across the 3 Trusts.
- The Board asked if there were any reports produced in relation to the nutritional content of the food provided to patients. CC to make an enquiry with the dieticians.

Actions:

- **CC to enquire about the nutritional content of the food provided to patients with the dieticians.**
-

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 July is 74%, an increase from June at 72% and May at 70%.
- The vacancy rate has reduced from 12.59% in June to 12.14% in July (further to an increase earlier in the year due to more accurate reporting of establishments).
- Agency spend as a percentage of the total pay bill has reduced from 8.99% in June year to date to 8.87% in July, continuing on the downward trend.
- Sickness absence for the year to date in July is 3.84%. A decrease from June at 3.88% and May at 3.96%.
- Staff Voluntary Turnover has increased from 13.07% in June to 13.49% in July and is on an increasing trend.
- Statutory and mandatory training continues to achieve the Trust target at 85%.

Discussion:

- The Board discussed the increase in agency costs against a lower number of agency staff. James O'Sullivan (JOS), Chief Finance Officer, explained that this is a trend that has been identified across all 3 Trusts. Mary Foulkes (MF), Chief Human Resources Director added that there are robust controls are in place, however, agencies will charge a higher rate for specialist doctors, and that the Trust is replacing agency with permanent staff as much as possible.
- The Board asked what the conversion rate on overseas recruitment was. MF to provide an update on this.
- The Board expressed its concern with regards to the turnover of staff in relation to

the uncertainty that has arisen from the recent changes within the 3 Trusts. Clare Panniker (CP), Chief Executive, confirmed that there are staff engagement events planned for October 2017 to provide a more certain picture.

- The Board requested that a report on exit interviews be included in the next Board IPBR report in December 2017.
- The Board queried the high appraisal target. MF confirmed that the target has to be ambitious and is there to be achieved.

Actions:

- **MF to provide a conversion rate on overseas recruitment.**
 - **Exit interview report to be included in the IPBR presented to the Board on 5 December 2017.**
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Decision:

- The Board received assurance from the report, noting the actions taken forward.

65/17

Emergency Preparedness, Resilience and Response (EPRR) Assurance

Yvonne Blücher (YB), Managing Director, presented the Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2017-18 Self-Assessment to the Board for approval against EPRR Core Standards for 2017-18 to NHS England and provide a framework for the Trust to plan for operational resilience to deliver services to patients throughout the year.

Discussion:

- The Board agreed that, prior to approval; it would be helpful to have sight of the process that has been followed to get to the outcome report. Alan Tobias (AT), Chairman requested that a brief report on the headlines and the Joint Executive Group assurance process be provided at the Board Development Day on 3 October 2017.
- The Board queried why the Trust is partially compliant with standard DD3. Tim Young (TY), Non-Executive Director, felt that it could be due to a Non-Executive Director not being identified yet and proposed that he is nominated to be the representative who holds EPRR portfolio for the Trust. The Board agreed.

Actions:

- **Headlines to be presented at the Board Development Day on 3 October 2017.**
- **Report to be amended to include Tim Young, as nominated Non-Executive Director, holding the EPRR portfolio for the organisation.**

Decision:

- The Board noted the level of EPRR assurance achieved, the results of the self-assessment and the on-going action plan working towards full assurance.

66/17

Nursing Establishment – April, May, June and July 2017

Diane Sarkar (DS), Chief Nurse presented a report to the Board on the Nursing and Midwifery staffing levels submitted to NHS England for the months of April, May, June and July 2017, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.

Key Points:

April:

- The Registered Nurse (RN) fill rate for April 2017 was 91.5%. The night fill rate was 89.2%.

- There were no areas with fill rates below 80%.
- The Trust RN vacancy rate was 18.02%, an increase of 2.46% from March 2017.
- There was a decrease in agency fill rate of 3.8% in between March and April 2017.

May:

- The RN fill rate for May 2017 was 96.4%. The night fill rate was 95%.
- There was one area with overall fill rates below 80%, which was Neonatal, however this was mitigated by a low bed occupancy.
- The Trust RN vacancy rate was 14.05%, a decrease of 3.97% from April 2017.
- No hospital acquired avoidable pressure ulcers were reported. One high severity fall was reported.

June:

- The RN fill rate for June 2017 was 94.2%. The night fill rate was 93.6%.
- There were no areas with overall fill rates below 80%.
- Three hospital acquired avoidable pressure ulcers were reported. One moderate and two high severity falls were reported.
- The Trust RN vacancy rate was 14.96%, an increase of 0.91% from May 2017.

July:

- The RN fill rate for July 2017 was 94.3%. The night fill rate was 93.8%.
- There was one area with overall fill rates below 80%, which was Neonatal, however this was mitigated by a low bed occupancy.
- Two hospital acquired avoidable pressure ulcers were reported. One extreme fall and 3 moderate falls were reported.
- The Trust RN vacancy rate is 15.79%, an increase of 0.83% from July 2017.

Discussion:

- The Board asked if there was a correlation between waiting lists, staff shortages and bed numbers. YB confirmed that there was no triangulation between these three factors.
- The Board asked if there were any issues with care hours per patient day. DS confirmed that, at present, there were no issues but should there be in future this would be flagged in the report.
- The Board agreed that the new reporting format was useful.

Decision:

- The Board noted and received assurance from the data relating to nurse staffing levels for April to July 2017.

67/17

CQC Update – Process, Inspection and Documentation

Diane Sarkar (DS), Chief Nurse presented the report to inform the Board of the process for the new style CQC Inspections, the current situation at Southend University Hospital and the current plans in place for preparation for a CQC Inspection.

Key Points:

- The CQC have developed a new style inspection process nationally. The Trust must be prepared for this style of inspection both at core service level and a well led leadership perspective.
- The Trust is expecting an inspection visit in November 2017.
- Completed workbooks are to be submitted by 7 September 2017.
- The Trust will need to receive a 'good' rating on the Well-led framework to achieve a 'good' rating overall.
- A full compliance review will be carried out on 19, 20 and 21 of September 2017, including peer reviews.
- As part of the new style of inspection, there is a revised 'use of resources'

assessment, as detailed in the report. The focus is much more on relationship management and what good measures the Trust can report.

- Requirement notices have been reviewed and actions are in place.

Discussion:

- The Board asked if the evidence the Trust is providing will be robust enough to fulfil the Well-led requirements. DS confirmed that actions are in place and that Committees have been meeting regularly to achieve this.
- The Board asked if the new 'use of resources' metrics will now be used internally. JOS confirmed that they will and that NHSi will carry out the assessment and report to the CQC. The importance of using the metrics across the 3 Trusts was also emphasised.
- The Board requested that the Innovation item be reinstated on the Quality Assurance Committee agenda.
- The Board sought clarity on how the Southend inspection will interface with the ESR. CP confirmed that informal meetings have taken place with the CQC who are fully sighted on where the Trust is currently and the actions that are in place.
- The Board requested that the outcomes of the Oversight Committee questionnaire be presented to the Joint Working Board.
- The Board requested that the KLOE for the Well-Led domain be circulated.
- Updates will be provided to the Board where appropriate. DS will also circulate a briefing note on where there are any gaps in terms of PIR, once the documents have been submitted.

Actions:

- **Reinstate innovation item on the Quality Assurance Committee agenda.**
- **Oversight Committee questionnaire outcomes to be presented to the Joint Working Board.**
- **DS to circulate the KLOE for the Well-Led domain to the Board.**
- **DS to circulate a briefing note on any gaps in PIR following document submission to the CQC.**

Decision:

- The Board noted the process outlined for the new style CQC inspection, the Trust's current position and the current plans for preparation of a CQC visit.

68/17

NHSI – Infection Control Visit

Diane Sarkar (DS), Chief Nurse, presented the report to the Board following the planned NHSI Infection Control Visit carried out on 8 August 2017.

Key Points:

- A proactive planned review of infection control practices, related practices, documentation and governance took place on 8 August 2017 by an NHSI team.
- They visited seven clinical areas and interviewed clinical and non-clinical staff in relation to infection control.
- Areas of good practice were identified; however a number of significant issues and areas of concern were raised.
- The Trust has been 'Red Rated' on the NHSI Infection Prevention risk assessment scale.
- The overarching areas of concern include governance, oversight, ownership and breaches of infection prevention practices in clinical areas.
- A report was received by NHSI and a robust, detailed action plan has been developed to address all remaining issues to ensure completion and sustainability.
- A Hygiene Code compliance self-assessment has also been completed to ensure compliance with national best practice.
- A review of infection control governance, both locally and across the three Trusts

is in progress, which will support infection control at site level.

Discussion:

- The Board expressed concern that prior to the visit they were receiving assurance on infection control through the internal audit process but now that the Trust is non-compliant, the Board questioned whether they can be confident in the internal process. The Chairman added that it is of concern that the difference in data cannot be reconciled and that the Board require an explanation of the robustness of the data, which is to be provided at the Board Development Day to be held on 3 October 2017.
- The Board discussed the problem of staff identifying issues and reporting them but that the issues were not addressed in a timely manner. The Board agreed that operational changes need to be implemented.

Actions:

- **Further report to be presented to the Board at the Board Development Day to be held on 3 October 2017.**

Decision:

- The Board noted the report, the actions taken, the action plan and the current Hygiene Code self-assessment compliance.

69/17

Financial Position

James O'Sullivan (JOS), Chief Financial Officer, presented the financial position to 31 July 2017 to the Board.

Key Points:

- There was a deficit of £43k in July, which was favourable to plan by £59k.
- Cash balances finished the month at £7.7m.
- The 'Use of Resources' metric is 3 out of a total score of 4.
- Pay budgets were under spent in the month by £0.2m which increased the cumulative favourable variance to £1.2m.
- Non-Pay budgets were overspent by £300k in the month.
- The Cost Improvement Programme has achieved £2,789k of savings YTD which is behind plan by £318k (or 10%).

Discussion:

- The Board acknowledged that the Trust is on plan but that areas of potential risk, such as agency spend, the underachievement of the Cost Improvement Programme and higher non-pay activity have been identified. The Board agreed that this would be discussed in further detail at the next Finance & Resources Committee being held on 13 September 2017.
- The Board noted that a new format of the Finance Report across the 3 sites has been devised and this will be discussed at the Finance & Resources Committee meeting scheduled for 13 September 2017. The tables included in the new format will give a better combined approach for all 3 Trusts.

Decision:

- The Board noted the report.

70/17

Procurement Transformation Plan

James O'Sullivan (JOS), Chief Finance Officer, presented the Procurement Transformation Plan to the Board for approval.

Key Points:

- Under the Lord Carter implementation plan, NHSI requires acute NHS providers to comply with the NHS procurement standards. This includes a scoring system

for obtaining levels 1 to 3. Acute Trusts are required to achieve level 1 by October 2017 and level 2 by October 2018.

- The Trust has achieved level 1 and is moving towards achieving level 2.
- Following the self-assessment, there are a series of key activities which the Trust was originally required to address and undertake to achieve level 2 by October 2018. These are;
 - Scope of Procurement
 - Improve category management
 - Introduce a single purchase to pay system
 - Invest in a dynamic stock management system
 - Develop and invest in materials management service

Discussion:

- The Board requested a scope of the plan.
- Tracey Le Forte (TLF), Head of Procurement, explained that the process is assessed by peer review and NHSI.
- TLF to provide a report on the peer review to the Board.

Actions:

- **TLF to provide a scope of the plan and a report on the peer review.**

Decision:

- The Board approved the Procurement Transformation Plan for submission to NHSI as per their request.

71/17

Appraisal and Revalidation Report

Celia Skinner (CS), Chief Medical Officer, presented the Appraisal and Revalidation report to the Board to provide assurance that appraisal systems at the Trust are robust, support revalidation and are operating effectively.

Key Points:

- The report provided an annual update on progress with Medical appraisal and Revalidation at the Trust. The Trust is compliant with the Medical Professional Responsible Officers Regulators and seeks to provide assurance to the Board that the Trust has well structured, managed and governed systems for appraisal and revalidation.
- In 2016/17, 75% of doctors with a prescribed connection to the Trust had a completed appraisal.

Discussion:

- The Board identified that it is hard to gain assurance from the report when looking at the numbers. CS explained that more appraisals than actual numbers have been carried out but are still awaiting sign off. The Board further discussed the mitigations that have been put in place.
- The Board suggested that it would be useful to include a RAG rating system against the risks and actions.
- The Board asked how appraisals would work in future if consultants were working between the 3 sites. CS confirmed that each consultant will have one main employer who will carry out their appraisal with input from the other sites at which they worked.

Actions:

- **Explore the possibility to include RAG rating system against the risks and actions section of the report.**

Decision:

- The Board received assurance from the report that the Trust is meeting its

obligations in respect of medical appraisals and revalidation and agreed that the CEO sign the statement of compliance from NHS England.

72/17

Annual Guardian of Safe Working Report

Celia Skinner (CS), Chief Medical Officer, presented the Annual Guardian of Safe Working Report to the Board to provide assurance in relation to Doctors in Training Rota Gaps and additional hours worked due to patient safety concerns.

Key Points:

- The Junior Doctor contract was implemented in August 2016, with the first transition of doctors on to the new contract in December 2016. A contractual requirement is to provide a quarterly report on exceptions and fines incurred by the Trust.
- To date, the Trust has made financial payments totalling £1,871 to doctors who have had to work additional hours due to patient safety concerns. No fines have been incurred by the divisions to date.
- Rota gaps continue to be a concern for the Trust. The Recruitment team are working to fill these vacancies.
- Some rotas have required redesign to ensure that they are compliant.
- A training session is being planned for rota coordinators to provide examples of how changes can impact on the terms and conditions of the contract.
- All exception reports are reviewed and patterns are addressed by the Guardian of Safe Working. This has resulted in the redesign of 4 rotas within the Trust.

Discussion:

- The Board agreed that in future the Annual Report would be presented to a sub-committee rather than the Board.
- The Board suggested that junior doctor forum feedback would be useful to find out if the actions taken are resolving issues raised.
- With regards to a query on cultural changes, CS advised that changes are being seen, there is a new process for junior doctors; HR and Clinicians have been working together to address the issues raised and progress has been made.
- The Board discussed the threshold for fines.

Actions:

- **Gather feedback from the junior doctor forum to ensure actions taken are resolving issues raised in the Guardian of Safe Working report.**
- **Guardian of Safe Working Annual Report to be presented to sub-committee of the Board going forward.**

Decision:

- The Board agreed that in future the Annual Report would be presented to a sub-committee rather than the Board.
- The Board received assurance from the report, noting the actions taken forward.

73/17

Part 1 report from the Chairman previewing 6 September 2017 Joint Working Board

Alan Tobias (AT), Chairman, gave a preview of the Joint Working Board agenda for 6 September 2017 and asked the Board if there were any items they wished to raise prior to the meeting. No items were raised.

AT reminded all Non-Executive Director's that they could attend the Joint Working Board meetings as an observer.

Decision:

- The Board noted the update.

74/17

Part 1 Report from the Chief Executive

Clare Panniker (CP), Chief Executive, gave a verbal update to the Board as follows;

The Clinical Model is almost complete and an internal / regional meeting is to be held in September with an Investment Committee, with a view to sharing the final model on 4 October followed by wider local engagement at the end of October 2017.

Decision:

- The Board noted the update.

75/17

Part 1 report from the Managing Director

Yvonne Blücher (YB), Managing Director, gave a verbal update to the Board as follows;

Two site Operational Directors have been recruited externally as the post has been divided into two separate roles. Both have a start date of November.

YB asked that it be noted that there is a recognition that all staff are working well collectively across the 3 Trusts.

Decision:

- The Board noted the update.

76/17

Board Assurance Framework Review

Brinda Sittapah, Company Secretary, presented the Board Assurance Framework to the Board to seek approval on the new BAF risks which have been reviewed in line with the ESR BAF.

Key Points:

- The new BAF risks have undergone further review since the Board Development Day held on 4 July 2017.
- A Joint Risk Management Group (JRMG), led by Diane Sarkar (DS), Chief Nurse, has been established across MSB to ensure effective risk management processes are in place to provide the Joint Working Board (JWB) with oversight of exceptions and identified risks (actual or emergent) to the 3 sites.
- The JRMG has agreed that all 3 hospitals in the ESR will adopt the same approach to risk management. A shared template has been developed by taking the best aspects from each site BAF.
- The Trust's risks have not changed for a number of years and following the development of the JWB BAF it was felt that it should be reviewed to ensure that it contains current and relevant risks and that these are described in a similar way to those on the JWB BAF.
- The proposed BAF risks were endorsed by the Site Leadership Team. Following the Board Development Day on 4 July 2017, the working group met with Mike Green (MG), Non-Executive Director, to gather further insights and the risks were refined where appropriate.
- It is recognised that the newly added BAF risks are operational in nature, however, it is proposed that these remain on our BAF to ensure consistency with the ESR BAF.
- Further work is being undertaken to improve consistency in reporting for all the BAF risks.

Discussion:

- The Board highlighted that BAF risk 6 will be reviewed at the Finance & Resources Committee to be held on 13 September 2017.
- The Board queried where the risk domains originated from. BS to check with the Clinical Governance Team.

Actions:

- **BS to check with the Clinical Governance Team where the risk domains originate.**
- **BS to ensure that all of the BAF risks are consistent with each other.**

Decision:

- The Board approved the new BAF risks which have been reviewed in line with the ESR BAF.

77/17

Finance and Resources Committee (FRC) Report

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 4 July 2017. The following items were considered at the meeting:

Key Points:

- Statutory and mandatory training
- HR Performance including recruitment and retention
- HR & OD Strategy progress
- Month 2 Board Finance Report for 2017/18
- Financial Improvement Plan
- Cash Flow and Loans
- BAF Review of Risks 3 and 4
- Budget Virement Policy
- Single Data Centre update
- Capital Risk assessment 2017/18

Decision:

- The Board noted and received assurance from the report.

78i/17
and
78ii/17

Quality Assurance Committee (QAC) Report

Fred Heddell (FH), Non-Executive Director, presented the reports from the meetings held on 21 June and 16 August 2017, 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:

Key Points 21 June 2017:

- Assurance was offered on;
 - Corporate Governance Group – Exception Report
 - Corporate Management Team – Exception Report
 - Health & Safety Committee – Exception Report
 - Clinical Governance Group – Exception Report
 - Equality & Diversity Group – Exception Report
 - Red2Green Report
 - Complaints, Litigation, Incidents and PALS (CLIP) Report
 - CQC Action Plan
 - Serious Incidents Report
 - Internal Audit Reports
- Items to note;
 - Red2Green Report
 - eRostering Progress Report
 - BAF Risks 1, 5, 7 and 8
 - Report from the ESR Joint Quality & Patient Safety Committee

Key Points 16 August 2017:

- Assurance was offered on;
 - Corporate Governance Group – Exception Report

- Corporate Management Team – Exception Report
- Quality & Safety Committee – Exception Report
- Clinical Governance Group – Exception Report
- Fit & Proper person Test
- Backlog issues
- Clinical Audit
- CQC Plan
- Annual Complaints Report
- Never Events and SIs
- Mortality update
- Items to note;
 - Infection Control Visit by NHSI
 - Equality & Diversity Committee
 - In-patient Survey 2016
 - Cancer Survey 2016
 - Quality Report
 - BAF Risks 1, 5, 7 and 8

Decision:

- The Board noted and received assurance from the reports.

79i/17

Audit Committee Report

Mike Green (MG), Non-Executive Director, presented the report to the Board to provide an update on the meetings of the Audit Committee held on 3 and 22 May 2017.

Key Points:

- Issues in respect of the Annual Report and Financial Statements were covered in a Part 2 report to the Board on 24 May 2017.
- 2016/17 internal audit workplan almost completed.
- BDO appointed as external auditors for 2017/18 for 3 years.
- Declaration of interest policy to be developed
- Reference cost processes were approved.

Decision:

- The Board noted and received assurance from the reports.

79ii/17

Audit Committee Report

Mike Green (MG), Non-Executive Director, presented the report to the Board to provide an update on the meeting of the Audit Committee held on 26 July 2017.

Key Points:

- Steady progress on 2017/18 internal audit plan but only one report finalised to date.
- Letter to Governors from external auditors on year-end audit work completed.
- MEMs cleaning of ward equipment referred to QAC for resolution.
- Reference costing submission on track.

Discussion:

- The Board discussed the Cyber Security internal audit report. Martin Callingham (MC), Chief Information Officer, explained that there is an action plan in place to protect all 3 sites, which is being managed centrally. MC to circulate the action plan to the Board.

Actions:

- **MC to circulate Cyber Security action plan to the Board.**

Decision:

- The Board noted and received assurance from the reports.

80/17 **Charitable Funds Committee (CFC) Report**

Fred Heddell (FH), Non-Executive Director, presented the report from the meeting held on 19 July 2017, 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.

Key Points:

- Finance Report
- Fundraising
- Fundraising Strategy
- Investment
- Committee Self-assessment

Discussion:

- The Board discussed how it was difficult to organise joint hospital meeting and that it is recognised that the 3 Trusts work quite differently in terms of Charitable Funds. Fred Heddell (FH), Non-Executive Director, explained that work is being done with Finance to invest some of the funds.
- The Board discussed the risks of investing and would need an Investment Policy in place to nullify the risks. Board approval will be required if the Trust intends to invest.

Decision:

- The Board noted and received assurance from the report.

81/17 **Review of Board Calendar**

The Board agreed the calendar.

Actions:

- **Ward walk information to be added to the Board agenda.**
- **The Health & Safety Inspections report to be added to the Quality Assurance Committee agenda.**

82/17 **Date of next meeting:**

- Tuesday, 5 December 2017

The Chairman invited questions from the public:

- *Joe Cooke, Public Governor asked what the Trust is doing to help paralysed patients communicate while they are in hospital. Celia Skinner (CS), Medical Director, confirmed that the Trust is looking to employ a neuro-consultant who would have a central role in supporting these patients.*
- *Les Catley, Public Governor asked about the article that appeared in the local press stating that Southend University Hospital Foundation Trust has the second worst death rates in the country. Celia Skinner (CS), Medical Director, explained that there are actions in place and that the next set of statistics is due to be published next week, where an improvement should be seen. Clare Panniker (CP), Chief Executive, added that the Trust will engage with local media in relation to this.*
- *Mr Ali, member of the public, asked how doctor revalidation was carried out. Celia Skinner (CS), Medical Director, explained that there is standard form guidance and that the survey is carried out by other staff, not the doctor. The data is then given to the doctor who reflects on the feedback in their appraisal. CS added that the Trust is investing in a programme called 'I Want Great Care' which will enable patients to feedback on the care that they have received.*

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

DRAFT