

**DRAFT MINUTES OF PART 1 BOARD OF DIRECTORS MEETING  
 HELD ON  
 TUESDAY, 5 December 2017**

**Call to Order**

**Present:**

David Parkins	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)
Ranjini Beveridge	Interim Director of Operations (part)
Amanda Burton	Interim Head of Communications
Emma Mathews	Endoscopy
Brian Terry	Public Governor
Trevor Johnson	Public Governor
Chris Gasper	PPG Forum
Joe Cooke	Public Governor
Judith Craven	Public Governor
Linda Cook	Public Governor
Paul Kingsmore	Member of the public

	<p><b><u>Hospital Heroes</u></b>          David Parkins (DP), Deputy Chairman, congratulated the winner and Gail Partridge (GP), Non- Executive Director, presented on behalf of the Board the awards to the IT Department for August 2017, Sherrie Tucker, Theatres / Post-Op Matron, Theatres and Critical Care, for September 2017 and Lisa Thompson, Ward Manager, Windsor Ward for October.</p>
	<p><b><u>Patient Experience</u></b>          Mrs Jarvis presented her experience of the care she received from the endoscopy department since April 2017, following an operation for bowel cancer. Mrs Jarvis explained to the Board the timeline of events over the last 7 months, including the delays and miscommunication around the appointments, self-medication and explanation of the results. Mrs Jarvis wrote a letter of complaint in June and met with James Wright in July. Mrs Jarvis summarised a number of improvements that could be made.</p> <p>Celia Skinner (CS), Chief Medical Officer, thanked Mr and Mrs Jarvis for sharing the experience and recognised that the shortfall in care is not the care that the Trust should be providing and that gaps in communication were evident. CS apologised to Mrs Jarvis</p>

	<p>in relation to this.</p> <p>Emma Matthews (EM), Senior Nurse Manager, Endoscopy, apologised to Mrs Jarvis for the experience that she had and explained to the Board that the department is now nurse assessment led rather than administration staff led, and offered assurance that other changes would now be implemented. Medication is now being sent out to patients by the correct staff.</p> <p>The Board asked Mrs Jarvis how the delays and uncertainty had made her feel and asked whether she had been assigned a point of contact. Mrs Jarvis confirmed that she did have a point of contact for her cancer treatment but not for the endoscopy department.</p> <p>DP thanked Mr and Mrs Jarvis for attending and sharing their experience with the Board. DP encouraged Mrs Jarvis to liaise with Emma Matthews directly in relation to any future concerns that she may have.</p>
<b>83/17</b>	<p><b><u>Welcome and Apologies</u></b></p> <p>David Parkins (DP), Deputy Chairman, welcomed all to the meeting. Apologies were received from Alan Tobias, Chairman.</p>
<b>84/17</b>	<p><b><u>Declaration of conflicts of interest</u></b></p> <p>No conflicts of interest beyond those registered, were declared.</p>
<b>85/17</b>	<p><b><u>Approval of Part 1 minutes of meeting held on 5 September 2017</u></b></p> <p>The minutes of the previous meeting were agreed as an accurate record with a minor amendment to the attendees.</p> <p>First action from item 72/17 – Annual Guardian of Safe Working, to be added to the action tracker;</p> <ul style="list-style-type: none"> <li>• Gather feedback from the junior doctor forum to ensure actions taken are resolving issues raised in the Guardian of Safe Working report.</li> </ul>
<b>86/17</b>	<p><b><u>Matters arising from minutes (if any):</u></b></p> <p>There were no matters arising.</p>
<b>87/17</b>	<p><b><u>Consideration of Part 1 Action Tracker</u></b></p> <p>The action tracker was approved as presented and the following verbal updates were provided;</p> <ul style="list-style-type: none"> <li>• 71/17 – Appraisal and Revalidation Report. Celia Skinner (CS), Chief Medical Officer, explained that she is working with Cathy O'Driscoll, Director of Human Resources &amp; Organisational Development, in preparation for the Annual Report. It was agreed that the target date for completion should be amended to reflect this.</li> </ul>
<b>88/17</b>	<p><b><u>Monthly Integrated Quality and Performance Board Report, including the Finance Report</u></b></p> <p>The Integrated Quality 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 year to date and for the month of October 2017.</p> <p>Yvonne Blücher (YB), Managing Director, presented the operational performance part of the report to the Board.</p>

**Key Points:**

- The hospital has seen a significantly high number of attendances which has impacted on patient flow. A revised 4 hour performance trajectory has been agreed with CCG/NHSI/NHSE to aim for 90% month on month until December 2017; January – March 2018 to be further reviewed.
- Referral to Treatment performance compliance has improved overall due to increased theatre utilisation and clearing backlogs in Endocrine. Waiting lists have also been optimised.
- Cancer performance is improving. However, late referrals from other Trusts remains an issue. Diagnostics has been a challenge regarding capacity.

**Discussion:**

- The Board commented positively regarding the new report format but expressed concern at its length. Martin Callingham (MC), Chief Information Officer, explained that the format will be reviewed again and amendments made to some of the graphs and tables.
  - The Board discussed the children's backlog figures. Yvonne Blucher (YB), Managing Director, explained that this issue has been discussed at performance review meetings and that there is a system in place to work with schools and other children's services to avoid harm.
  - Diane Sarkar (DS), Chief Nurse asked how the Trust is managing medical outliers. Yvonne Blucher (YB), Managing Director explained, that as part of the Winter Plan there is a buddy ward system and an escalation process in place. In addition, all nursing staff are risk assesses three times each day.
  - The Board queried what the meaning of 'return surges' meant. YB explained that his referred to a backlog of ambulances, not returning patients.
  - The Board asked about the increase in C-Section rates. Diane Sarkar (DS), Chief Nurse, explained that the governance process has been reviewed and that a detailed report will be presented at the next Quality Assurance Committee to be held on 20 December 2017.
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Diane Sarkar (DS), Chief Nurse, presented the Quality (Safe & Caring) Hotspot part of the report to the Board.

**Key Points:**

- There were nine Serious Incidents in October 2017.
- October saw a small increase in the number of falls but a drop in the number resulting in moderate or above levels of harm.
- In October there was one avoidable hospital acquired grade 3 pressure ulcer. A new Harm Free Care weekly meeting has been established to review the early management reports and investigation outcomes for pressure ulcers grade2 and above and in-hospital falls with moderate or severe harm.
- C Diff – There have been 17 cases year to date with no lapses in care reported
- MRSA Bacteraemia – No cases were reported for October, There have been 4 cases reported year to date
- MRSA Screening – There overall compliance for October has improved to 90.11% due to work completed around reviewing coding issues and the exclusion criteria
- NHSI Action Plan – The action plan was update on 10 November 2017 to include evidence of monitoring and there were no overdue actions
- There were 75 complaints in the backlog. The majority of the cases in the backlog are 1-3 months overdue and 4 are over 6 months old.
- An action plan is in place for C-Section Rates.

**Discussion:**

- Diane Sarkar explained to the Board that the Trust is currently working with the

CCG's to work on KPI's across the 3 Trusts. The NHSI action plan has been reviewed and resubmitted. NHSI are satisfied with the progress that has been made and will be revisiting the Trust in January 2018.

- The Board enquired about the Duty of Candour information being excluded from the report. DS confirmed that this would be included in future reports and that it would be circulated in the meantime.

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Celia Skinner (CS), Chief Medical Officer, presented the Mortality Dashboard to the Board.

**Key Points:**

- The SHMI and crude mortality remain above the expected control limits. The proxy SHMI for July 2016 – June 2017 is 1.15.
- With the introduction of a Deputy Medical Director to oversee the issues with mortality, a mortality working group has been established to address the current issues highlighted from the mortality surveillance group.

**Discussion:**

- Celia Skinner (CS), Chief Medical Officer, confirmed that the Quarter 2 data will be presented at the next Board meeting in March 2018.
- West Sussex Trust have agreed a review visit which is currently being organised.
- The Board asked if all three Trusts are using the same measuring system. CS explained that at the moment, different systems are in place but will all be moving to the same model.
- The Board requested the Quarter 2 data to be presented at the next Quality Assurance Committee meeting to be held on 20 December 2017.

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Mary Foulkes (MF), Chief Human Resources Director, presented the Workforce Hotspots part of the report to the Board.

**Key Points:**

- The establishment rate rose slightly in October to 89.05% in a continuing upward trend.
- Vacancies for October reduced to 11%.
- Total bank and agency spend was 9% of the total pay bill in October
- Appraisals completed has improved at 76.8% but has not met the trajectory of 80% for October
- Voluntary staff turnover remained static in October at 13%. The percentage of leavers within 2 years remains high at 44.2%. The NHSI retention support programme has commenced, along with BTUH and MEHT to try and reduce turnover by 1.5% to 3.0% within the next 12 months.
- Overall compliance for Statutory Mandatory training for the end of November was 85.2%

**Discussion:**

- The Board asked what action has been taken now that the most expensive agency staff have been identified. MF confirmed that these staff have now been converted to bank staff. However, IR35 is still a challenge.
- The Board asked how staff turnover compares to the turnover at both Basildon and Mid Essex hospitals. MF to provide this data.
- The Board asked how the London weighting paid by Basildon hospital will affect

true joint working. MF confirmed that there is analysis being carried out in relation to this issue.

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Carin Charlton (CC), Group Estates and Facilities Director, presented the Estates & Facilities part of the report to the Board. The Board agreed to cover agenda item 92/17 also under this item. This covered the summary of issues and challenges within the Estates & Facilities function that have previously been reported to the Finance & Resources Committee.

**Key Points:**

- Negotiations between the Trust, Department of Health and the Homes and Communities Agency (HCA) are on-going in relation to the sale of Fossett's Farm. A purchase of the land by the HCA is the proposed method of disposal.
- The Britannia House lease expires this month and a new term is being negotiated by the landlord.
- Funding options for the mortuary are being evaluated.
- The claim against suppliers for failure to design / install a compliant low temperature hot water system is being progressed.
- An Engineering and Compliance Manager role is being implemented to provide assurance of Estates compliance.
- Implementation of the Netcall telephone system is on-going.
- The Elective Admissions Lounge has been completed.
- The GP streaming facility has been completed and is ready for occupancy.
- Works have commenced on the MRI capital replacement.

**Discussion:**

- Mike Green (MG), Non-Executive Director agreed to assist in developing the metrics for these reports with Paul Kingsmore (PK), who will be replacing Carin Charlton (CC), Group Estates & Facilities Director at the end of this week.
  - The Board requested performance and risks to be included in the telephony part of future reports.
  - The Board discussed the challenge of Estates not having measurable metrics. CC confirmed that KPI's are being formulated and that work is being carried out to ensure that metrics are included in future reports.
  - The Board requested that the wording in relation to 'footfall' on page 6 of the Estates & Facilities report 92/17 be revised.
  - The Board enquired at what stage the negotiations were at in relation to the renewal of the Britannia House lease. It was agreed that this would be discussed under part 2 of the agenda.
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James O'Sullivan (JOS), Chief Finance Officer, presented the Finance Performance part of the report to the Board, for the period April to October 2017.

**Key Points:**

- There was a deficit of £156k in October, which was £234k adverse against the plan.
- The cash balance at the end of October was £4.4m which is above the planned month end.
- Pay budgets were overspent in the month by £90k but remain underspend year to date.
- Non-Pay budgets were overspent by £650k in the month.
- The Cost Improvement Programme has achieved £4,950k of savings year to date which is behind plan by £298k (or 6%).

**Discussion:**

- The Board asked whether STF funding would be lost if A&E targets are not met. James O’Sullivan (JOS), Chief Finance Officer, explained that the Trust has not assumed that it would receive all of the funding.
  - The Board asked whether the Trust would receive additional winter monies. Clare Panniker (CP), Chief Executive, explained that it is to be expected that some additional funding would be received.
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**Actions:**

- IPBR format to be reviewed further.
- Duty of Candour data to be included in future reports and that it would be circulated in the meantime.
- Quarter 2 mortality data to be presented at the next Quality Assurance Committee meeting to be held on 20 December 2017.
- Staff turnover comparison data to both Basildon and Mid Essex hospitals to be provided.
- Mike Green (MG), Non-Executive Director agreed to assist in developing the metrics for these reports with Paul Kingsmore (PK).
- Performance and risks to be included in the telephony part of future reports.
- Estates & Facilities metrics to be included in future reports.
- A revised Maintenance Backlog Report and Capital spend risks to be presented at the next Finance & Resources Committee meeting.
- The wording in relation to ‘footfall’ on page 6 of the Estates & Facilities report 92/17 to be revised.
- C-Section rates report to be presented to the next Quality Assurance Committee meeting.
- Leavers percentage data to be presented to the next Finance & Resources Committee meeting.

**Decision:**

- The Board received assurance from the report.

89/17

**RTT and Cancer Harm Reviews Quarter 2**

Yvonne Blücher (YB), Managing Director, presented the report to the Board, providing an update on the measures in place to review Cancer and Referral to Treatment (RTT) breaches to identify patient harm and learning from events.

**Key Points:**

- The National Standard for elective care, RTT is 18 weeks. A proportion of patients wait beyond 52 weeks for their treatment. Patients whose treatment is not completed in this timeframe are reviewed and patients waiting more than 104 days are reported as SIs. Each month the Trust reports a number of patients who breach the 52 week RTT standard and 62 day Cancer standard.
- In Q2 of 2017/18 there have been 18 patients whose RTT pathway has been longer than 52 weeks and 110 patients whose Cancer pathway has been longer than 62 days. No clinical harm has been reported for any of these patients.

**Discussion:**

- The Board discussed child harm reviews and asked if they included psychological as well as physical assessment. Diane Sarkar (DS), Chief Nurse, explained that there is a template produced by NHSI in relation to measuring psychological harm, which will be introduced to the Trust in February 2018. Once implemented, and update will be provided at the Quality Assurance Committee.
- The Board discussed the reasons for the delay in diagnostics. Ranjini Beveridge

	<p>(RJ), Interim Director of Operations, explained the recent developments and improvements made and the external issues that the department has faced.</p> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>NHSI harms measure to be reported to the Quality Assurance Committee when available.</b></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>
90/17	<p><b><u>Ophthalmology Position Statement</u></b> Yvonne Blucher (YB), Managing Director, presented the Ophthalmology Position Statement report to the Board to provide and update on the provision of Ophthalmology services.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• The backlog has reduced since June 2017 from 6879 to 5796 in November 2017.</li> <li>• Capacity for 1000 cataract and primary care first appointments and subsequent treatment patients was agreed and arranged with the BMI. To date, 606 of that capacity has been utilised and is increasing on a weekly basis. There is no concern that the BMI are unable to manage backlog referrals as there are currently 130 patients that have been identified by clinicians as suitable.</li> <li>• Aspen Healthcare is able to undertake a review of the overdue stable glaucoma patients, providing the patients are able to travel to Chelmsford which historically has been an issue. This will commence late December / early January and completed by March 2018.</li> <li>• 4 insource companies have provided quotes to utilise SUHFT's facilities for cornea, primary care, glaucoma and cataract patients. This will commence in January.</li> <li>• A summit between SUHFT and Mid Essex Hospital took place on 7 September 2017 where the model of care delivery for ophthalmology was agreed. This model has been developed through the Essex Ophthalmology Network.</li> <li>• The October Portfolio Group will consider the options appraisal which sets out a phased approach to transformation given infinite transformation resources.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• Ranjini Beveridge (RB), Interim Director of Operations, informed the Board that after discussions with the CCG, they have sourced a further 2 providers who will manage 400 referrals in the next 3 months, which will help to reduce the backlog by the end of March 2018.</li> <li>• The Board discussed the fairness of new referral patients and those already on the waiting list. RB and YB clarified that the Trust needs to take this action to reduce the backlog volumes</li> <li>• The Board requested a backlog trajectory to be confident that there will be an improvement.</li> <li>• The Board discussed the timescales and targets. Celia Skinner (CS), Chief Medical Officer, added that further conversations are needed with Commissioners going forward.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>RB to provide a backlog trajectory to the Board.</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>

91/17	<p><b><u>Nursing Establishment – August to October 2017</u></b></p> <p>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 August, September and October 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> <p><b><u>August:</u></b></p> <ul style="list-style-type: none"> <li>• The Registered Nurse (RN) fill rate for August 2017 was 94.03%. The night fill rate was 92.8%.</li> <li>• Critical care had an overall RN fill rate below 80%.</li> <li>• 2 hospital acquired avoidable pressure ulcers were reported.</li> <li>• 3 moderate falls were reported.</li> </ul> <p><b><u>September:</u></b></p> <ul style="list-style-type: none"> <li>• The RN fill rate for September 2017 was 89.1%. The night fill rate was 92.3%.</li> <li>• 3 hospital acquired grade 2 pressure ulcers were reported.</li> <li>• 2 high severity falls and 3 moderate falls were reported.</li> </ul> <p><b><u>October:</u></b></p> <ul style="list-style-type: none"> <li>• The RN fill rate for October 2017 was 91.5%. The night fill rate was 94.4%.</li> <li>• 1 high severity fall was reported.</li> </ul> <p><b><u>Overview:</u></b></p> <ul style="list-style-type: none"> <li>• Staffing ratios continue to be monitored daily by Senior Nurses within the Trust.</li> <li>• Bank and agency staff have been utilised to maintain patient safety where vacancy rates remain high to achieve fill rates.</li> <li>• The Trust vacancy position for Registered Nurses has increased by 13.07 WTE over the 3 months from 730.78 WTE in post to 743.85.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed the calculation of the fill rate and DS clarified how this is worked out.</li> <li>• The Board asked what the themes of the falls were and what can be learnt from them. DS stated that this information will be included in future reports.</li> <li>• The Board requested a narrative in relation to the care hours fill rate.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Themes of falls to be included in future reports.</b></li> <li>• <b>A narrative to be provided in future reports in relation to the care hours fill rate.</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 data relating to nurse staffing levels for August to September 2017.</li> </ul>
92/17	<p><b><u>Estates &amp; Facilities Report</u></b></p> <p>This report was covered in agenda item number 88/17.</p>
93/17	<p><b><u>DIPC Monthly Report</u></b></p> <p>Celia Skinner (CS), Chief Medical Officer, presented the Director of Infection Prevention and Control report to the Board to inform of compliance with mandatory Department of Health targets and other Key Performance Indicators for infection prevention and control and to identify key infection risks to the organisation and their mitigation.</p>

	<p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• 4 cases of MRSA Bacteraemia year to date, none in the month.</li> <li>• 17 cases of C diff plus 72 hours of admission year to date which is on trajectory.</li> <li>• MRSA screening compliance currently remains below the 95% internal target but an action plan is in place with significant improvement and a monthly score of 90.11%.</li> <li>• The action plan in place following the NHSI visit in August 2017 is on track to meet the deadlines within the document. It has also been shared with NHSI to ensure that the actions are robust and measurable with their findings. There is a follow up visit planned from NHSI to revisit infection control on 8 and 9 January 2018.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board discussed hand washing in surgery and the expectations. CS confirmed that spot audits are regularly carried out.</li> <li>• The Board also discussed the work being done in relation to e-coli and although these infections are inevitable they can be controlled</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>
94/17	<p><b><u>CQC update</u></b> Diane Sarkar (DS), Chief Nurse, provided the Board with a verbal update on the recent CQC Inspection which took place on 21 and 22 November 2017.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• There were 6 core services that were inspected</li> <li>• Feedback was given on immediate actions that were required at the end of the first day of inspection</li> <li>• Overall a number of issues were raised in relation to Paediatrics not being available overnight and some patient security issues.</li> <li>• Following to the inspection there was a further unannounced visit yesterday, 4 December to review the areas identified for review and improvement. Additional information has now been requested for several areas.</li> <li>• The Well-Led Inspection will be taking place on 13 and 14 December and the final report will be received 6 weeks later.</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
95/17	<p><b><u>Bullying &amp; Harassment Survey</u></b> Mary Foulkes (MF), Chief Human Resources Director, presented the outcomes of the Bullying and Harassment Survey across all 3 Trusts to provide an update on progress regarding the equalities agenda in the Trust for both workforce and patient care.</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>• The 3 Trusts undertook a Bullying &amp; Harassment survey and held a programme of focus groups in the period June – July 2017. 1,561 people responded to the online survey and 28 people attended focus groups at all 3 sites.</li> <li>• Reducing Bullying &amp; Harassment will require a sustained effort over a considerable period of time.</li> <li>• It appears that the vast majority of Bullying &amp; Harassment is perpetrated by managers and colleagues.</li> <li>• A number of Bullying &amp; Harassment Reduction Recommendations have been put together which are as follows; <ul style="list-style-type: none"> <li>- Bullying &amp; Harassment Lead</li> <li>- Bullying &amp; Harassment Awareness</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Staffside Engagement</li> <li>- Anonymous Reporting Channel</li> <li>- Review HR Policies and Resources</li> <li>• The focus will be to embed a culture transformation programme with an action plan, training and early intervention.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board asked if there was a ‘Freedom to Speak-up’ representative for the Trust. MF confirmed that there is and they have attended several of the meetings and are working alongside the Guardian of Safe Working. The meetings are also attended by non-medical staff which is seen as a positive.</li> <li>• The Board asked where the action plan is reviewed. MF stated that it will be monitored at the Joint Finance &amp; Resources Committee.</li> <li>• The Board requested that themes of complaints should be analysed and actions that can be taken from these themes. MF to include in the next report to be presented at the Joint Finance &amp; Resources Committee.</li> <li>• The Board asked if the previously discussed issue of junior doctor bullying had improved. Celia Skinner (9CS), Chief Medical Officer, confirmed that this was still under scrutiny from NHSE; there have been positive changes but more work is yet to be completed.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Board requested that themes of complaints should be analysed and actions that can be taken from these themes. MF to include in the next report to be presented at the Joint Finance &amp; Resources Committee.</b></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>
96/17	<p><b><u>Workforce Race Equality Standard (WRES) Report</u></b></p> <p>Mary Foulkes (MF), Chief Human Resources Director, presented the Workforce Race Equality Standard Submission and Action Plan 2017 to the Board to provide an update on the Trust’s commitment to Equality, Diversity and Inclusion.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• The WRES metrics and action plan have been reviewed and approved by the Equality, Diversity &amp; Inclusion Committee and Quality Assurance Committee.</li> <li>• The WRES focusses on meeting requirements around ethnicity and particularly hinges around 9 Race Equality Indicators. These indicators are reported to NHSE on an annual basis via a uniform reporting template.</li> <li>• It is expected that Trusts will use the data to improve their position within the year in time for reporting and monitoring the following year.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>• The Board queried the dates on the action plan and the lack of progress since 2015/16. Also, that there is no comparison between the Trusts. The Board requested that the action plan be updated before assurance can be received.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Action plan to be updated and circulated to the Board for assurance purposes.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the report.</li> </ul>

97/17	<p><b><u>Part 1 report from the Chairman previewing 6 September 2017 Joint Working Board</u></b> David Parkins (DP), Deputy Chairman, gave a preview of the Joint Working Board agenda for 6 December 2017 and asked the Board if there were any items they wished to raise prior to the meeting. No items were raised.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>The Board noted the update.</li> </ul>
98/17	<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>Public consultation has begun and will close on 9 March 2018. In relation to the budget statement, the budget has been earmarked for clinical changes which is positive for the Trust.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>The Board noted the update.</li> </ul>
99/17	<p><b><u>Part 1 report from the Managing Director</u></b> Yvonne Blücher (YB), Managing Director, gave a verbal update to the Board as follows;</p> <p>Staff are to be commended on their hard work in relation to the CQC visit. YB expressed thanks to the JEG and the Site Leadership team and to Diane Sarkar (DS), Chief Nurse, in the absence of Denise Townsend (DT), Director of Nursing, during the visit.</p> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>The Board noted the update.</li> </ul>
100/17	<p><b><u>BAF Quarterly Review</u></b> Brinda Sittapah (BS), Company Secretary, presented the Board Assurance Framework Quarterly review to the Board for the Board to review and approve.</p> <p><b>Key Points:</b></p> <ul style="list-style-type: none"> <li>The BAF has been reviewed over the last few months to improve consistency with the Joint Working Board BAF.</li> <li>The BAF is reviewed on a monthly basis at the Corporate Governance Group as part of the Site Leadership Team. The various Board Sub-Committees also review the BAF risks allocated to them by the Board at all of their meetings.</li> </ul> <p><b><u>Discussion:</u></b></p> <ul style="list-style-type: none"> <li>The Board identified 2 BAFs which have not had a risk appetite assigned to them.</li> <li>The Board suggested that the BAF be at the beginning of the agenda at future meetings.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li><b>BS to assign missing risk appetites to the 2 BAFs identified.</b></li> <li><b>BAF review to be at the beginning of the agenda at future meetings.</b></li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>The Board reviewed and approved the Board Assurance Framework.</li> </ul>
101/17	<p><b><u>PCBC update</u></b> Tom Abell (TA), Chief Transformation Officer, presented the Public Consultation and Pre-Consultation Business Case to the Board to provide an update on the current status of the process.</p>

	<p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• The PCBC has now been finalised and the public consultation document drafted.</li> <li>• On the 29<sup>th</sup> November 2017 the CCG Joint Committee and the Clinical Commissioning Groups (CCGs) will consider the draft public consultation document and final version of the pre-consultation business case and will make a decision on whether to proceed to public consultation on these proposals. A verbal update will be provided at the Board meeting on the CCGs decision.</li> <li>• Subject to the approval of the Joint Committee, public consultation will commence on 30 November 2017, and will close on 9 March 2018.</li> <li>• At the end of the consultation, the findings will be independently analysed and presented back to the Joint Committee in May or June 2018 for further decision about specific service changes. This meeting will be held in public.</li> <li>• TA updated that since the report was written the business case has now been approved. The formal consultation document is available online.</li> <li>• Further work is being carried out on group engagement over across the 3 sites.</li> <li>• A decision will not be made until after Purdah next year (late May).</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted the update.</li> </ul>
<p><b>102i/17</b> <b>102ii/17</b></p>	<p><b><u>Finance and Resources Committee (FRC ) Reports</u></b> David Parkins (DP), Non-Executive Director, presented the reports to update and provide assurance to the Board on the Finance and Resources Committee's held on 13 September and 31 October 2017. The following items were considered at the meeting:</p> <p><b><u>Key Points 13 September 2017:</u></b></p> <ul style="list-style-type: none"> <li>• HR Performance including Mandatory Training</li> <li>• Month 4 Board Finance Report for 2017/18</li> <li>• Financial Improvement Plan</li> <li>• Cash Flow and Loans</li> <li>• BAF Review of Risk 3,4 &amp; 6</li> <li>• HDU business case</li> <li>• Single Data centre update</li> <li>• Committee Self-assessment</li> </ul> <p>Key Points 31 October 2017:</p> <ul style="list-style-type: none"> <li>• HR Performance including Mandatory Training</li> <li>• Month 6 Board Finance Report for 2017/18</li> <li>• Financial Improvement Plan</li> <li>• Cash Flow and Loans</li> <li>• BAF Review of Risk 3,4 &amp; 6</li> <li>• Estates &amp; Facilities</li> <li>• CT Scanner replacement</li> <li>• Single Data centre update</li> </ul> <p><b><u>Decision:</u></b></p> <ul style="list-style-type: none"> <li>• The Board noted and received assurance from the reports.</li> </ul>
<p><b>103/17</b></p>	<p><b><u>Quality Assurance Committee (QAC) Report</u></b> Fred Heddell (FH), Non-Executive Director, presented the reports from the meeting held on 18 October 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:</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Pathology Report</li> </ul>

	<ul style="list-style-type: none"> <li>• Mortality update</li> <li>• Infection Control update</li> <li>• Items from inspection reports escalated</li> <li>• Equality &amp; Diversity Committee is meeting again and identifying actions needed</li> <li>• Clinical audit is almost on target</li> <li>• 21 SIs were declared in August / September</li> <li>• A new supervisor system is being introduced for midwives</li> <li>• Co-operation in MSB offers enhances opportunities in Research</li> <li>• Review of the BAF</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>
104/17	<p><b><u>Audit Committee Report</u></b> 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 25 October 2017.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Steady progress on 2017/18 internal audit plan, all reports to date have reasonable assurance</li> <li>• NHS Protect review of two of the four fraud areas returned a Red/Red assessment</li> <li>• Reference costs were submitted on time. No queries were raised by NHSI by the deadline.</li> </ul> <p><b><u>Actions:</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Board requested that a GDPR presentation should be given to the Board at the next Board Development Day.</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>
105/17	<p><b><u>Charitable Funds Committee (CFC) Report</u></b> Fred Heddell (FH), Non-Executive Director, presented the report from the meeting held on 15 November 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.</p> <p><b><u>Key Points:</u></b></p> <ul style="list-style-type: none"> <li>• Year to date income is £564k expenditure £728k</li> <li>• There is a commitment to the initial phase of the HDU of £250k</li> <li>• Several projects from the For Wards Appeal are underway</li> <li>• The Annual Report and Accounts have not yet been produced by the External Auditors creating a problem with submission dates</li> <li>• The Charity Shop will create a profit of nearly £20k for the first 6 months of the year</li> <li>• The GDPR will mean that permission will need to be sought for most communications with donors and supporters</li> <li>• The concept of a Charity to work across the MSB is on hold until structures for MSB are agreed.</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>
106/17	<p><b><u>Review of Board Calendar</u></b> The Board agreed the calendar.</p>

107/17	<p><b><u>Date of next meeting:</u></b></p> <ul style="list-style-type: none"> <li>• Tuesday, 6 March 2018</li> </ul> <p>The Deputy Chair thanked Carin Charlton, Group Estates &amp; Facilities Director, for her hard work at her time with the Trust and on behalf of the Trust, wished her well in her new role.</p>
	<p><i>The Chairman invited questions from the public:</i></p> <ul style="list-style-type: none"> <li>• <i>Judith Craven, Public Governor, asked whether numbers of patients suffering from mental health are logged. Clare Panniker, Chief Executive, replied that not all of the data is available for patients and staff, as the Trust's primary role is for physical care. Yvonne Blucher, Managing Director, added that the available figures are reported quarterly at the A&amp;E Board to look at developing services within mental health. The RAID team support mental health patients; communications could be improved regarding this service.</i></li> <li>• <i>Linda Cook, Public Governor, raised a concern regarding the trend of C-Difficile and MRSA; is the Trust being pro-active in tackling the numbers. Celia Skinner, Chief Medical Officer, confirmed that the Trust are working to find out the root causes and are also working with teams in the community to find out previous treatments and to ensure that antibiotics are prescribed properly.</i></li> <li>• <i>Chima Okorafor, Public Governor, thanked Tom Abell, Chief Transformation Officer, for the presentation he gave recently on the PCBC and all of the work that has gone in to the consultation process. Tom Abell, Chief Transformation Officer, thanked Chima for his comments and explained that the work has been carried out by teams across all three sites.</i></li> <li>• <i>Brian Terry, Public Governor, requested that members of the Board speak up during the meeting so that they can be heard by all.</i></li> </ul>

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