

Trust Boards Meeting in Common – SESSION IN PUBLIC

*Minutes of a meeting in public session of the Trust Boards in Common held in common at 2.00pm on
Wednesday 11th September 2019 at the Skylark Hotel, Aviation Way, Southend SS2 6UN*

Present

BTUH Board (non-executive members)

Renata Drinkwater Non Executive Director

John Govett Trust Vice Chair

MEHT Board (non-executive members)

Alan Tobias Trust Chair

Karen Hunter Non Executive Director

Jill Stoddart Non Executive Director

David Wilde Non Executive Director

SUHT Board (non-executive member)

Alan Tobias Trust Chair

Mike Green Non Executive Director

Tony Le Masurier Non Executive Director

David Parkins Trust Vice Chair

Gaby Rydings Non Executive Director

Tim Young Non Executive Director

Executive Team

Tom Abell Deputy Chief Executive/Chief Strategy and Transformation Officer

Yvonne Blucher Managing Director, SUHT

Martin Callingham Chief Information Officer

Jonathan Dunk	Chief Commercial Officer
Danny Hariram	Chief People and OD Officer
Eamon Malone	Chief Estates and Facilities Officer
Clare Panniker	Chief Executive
Andrew Pike	Managing Director, BTUH (from item 17 onwards)
Diane Sarkar	Chief Nursing and Quality Officer
Dawn Scrafield	Chief Finance Officer
<u>In attendance</u>	
Stephen Beeson	Director of Finance, MEHT
Peter Blackman	Volunteer, MEHT
Mandy Brokenshow	Emergency Planning Liaison Officer (for item x)
Amanda Burton	Communications Officer, SUHT
Ron Capes	Lead Governor, BTUH
Les Catley	Lead Governor, SUHT
Joe Cooke	Public Governor, MEHT
Dr Billy Fashanu	Consultant Physiotherapist & Clinical Lead for Rehabilitation (for item 11)
Paul Foulger	Chair, MEHT Patient Council
Julia Harding	Public Governor, BTUH
Kerry Lake	Divisional Head of Nursing, SUHT
Brinda Sittapah	Company Secretary, SUHT
Philip Smith	Public Governor, BTUH
Andrew Stride	Group Director – Corporate Governance Integration (minutes)

1. Welcome,, introductions and apologies for absence

- 1.1. With agreement from all present, Alan Tobias presided over this meeting.
- 1.2. Apologies were received from Nigel Beverley (Chair, BTUH), Margaret Pratt (Non Executive Director, BTUH), Barbara Stuttle (Non Executive Director, BTUH), Parm Phipps (Non Executive Director, MSHT), Colin Grannell (Non Executive Director, MEHT), Gail Partridge (Non Executive Director, SUHT), Ronan Fenton (Acting Chief Medical Officer) and Jane Farrell (Managing Director, MEHT).

2. Declarations of interest

- 2.1. All present declared a standing interest in respect of their substantive roles as Board members of one or more of the trusts.

3. Patient story

- 3.1. Board members welcomed a member of staff at Southend Hospital who had received care recently in the Emergency Department (ED) and on Castle Point Ward. She outlined her experience of attending Southend ED at 3am followed by a five day stay on the ward. Throughout this time, she considered that she was treated with personalised care and respect. The Boards were particularly pleased to hear how the patient's anxiety about having an MRI scan was addressed by staff.
- 3.2. Renata Drinkwater enquired as to whether there were any aspects of her stay at Southend Hospital that could be improved. The patient advised that the discharge process took longer than necessary, primarily due to the wait for TTA medication to be brought to the ward. It was also difficult for her to arrange a post-discharge appointment with the physiotherapists.
- 3.3. Yvonne Blucher commented that Castle Point Ward had an assigned pharmacist and she undertook to look into both of these issues and feed back to the patient and to the SUHT Site Governance Forum.

ACTION 11.09.19/01

Investigate the reported TTA delay and difficulty in arranging a physiotherapist appointment in respect of this particular patient and feed back to patient and Southend SGF. LEAD – Yvonne Blucher

- 3.4. On behalf of the Boards, Alan Tobias thanked the patient for taking the time to attend today to share her experience.
4. Minutes of the previous Boards in Common meeting in public on 12th June 2019
- 4.1. Members received the draft minutes of the above meeting. These were approved as an accurate and complete record save for the fact that Tim Young's attended was not included in the attendance log.

DECISION

The Trust Boards of BTUH, MEHT and SUHT approved the minutes of their previous meeting in public on 12th June 2019, subject to the amendment noted above.

5. Matters arising and action log review

- 5.1. Members agreed to close all of the actions that were proposed for closure and they noted that the remaining actions were not yet due for completion.

6. Board Assurance Framework

- 6.1. Diane Sarkar presented the recently refreshed Group Board Assurance Framework (BAF). She drew attention to the proposed movement of three risks since the previous version as outlined below.
- 6.2. Firstly, the rating of risk 1.3 (CQC Well Led compliance) had been decreased from 16 to 12 in recognition of the receipt of a Good rating for Well Led by BTUH at their recent inspection.
- 6.3. Secondly, the rating of risk 2.3 (failure to gain agreement and consensus of local communities to service changes that reflect best practice) had reduced from 20 to 15 following the Secretary of State's decision enabling the clinical reconfiguration to proceed.
- 6.4. Thirdly, risk 4.4 (failure to deliver corporate support transformation) had reduced from 16 to 12 given that most corporate support services had already successfully transitioned to a single service. It was noted that a detailed update on the corporate support programme would be received at item 13 on today's agenda.
- 6.5. With respect to risk 2.3, Tom Abell commented that although the Secretary of State referral had been resolved, there still needed to be better engagement with Local authorities on the clinical service changes. Gaby Rydings agreed, questioning whether the Group had made sufficient progress in building support for the clinical reconfigurations amongst local communities. In view of this, Board members decided to maintain the risk rating at 20.
- 6.6. In terms of the newly reframed risk 4.2 (current estates and infrastructure not being fit for purpose and failure to develop and fund a long-term capital plan), in response to a challenge from Karen Hunter, Eamon Malone considered that the extreme rating of 25 was appropriate given the scale of the backlog maintenance issues across all sites and the current pressures on the capital plan. He offered the Boards assurance that management controls were working effectively; the issue was the condition of the estate.
- 6.7. Regarding risk 3.1, Danny Hariram advised the Boards that this risk had been created as an amalgamation of the former three BAD risks relating to workforce instability and the consequent impact on staff morale. The POD Committees in Common recommended that the risk score remain at the former level of 20 rather than 16 until a six-month improvement trajectory could be demonstrated.

DECISION

The Trust Boards of MEHT, SUHT and BTUH endorsed the content of the BAF as outlined above and noted the top risks from each individual site.

7. Risk Appetite Review

- 7.1. Diane Sarkar presented an update on the risk appetite reviews at site level and a request to approve the proposed group risk appetite. She explained that each site had approved their local appetite as set out in the paper and the Executive Team had endorsed the proposed group risk appetite which was based on the Good Governance Institute (GGI) matrix. Diane advised that the paper was also presented to the Audit Committees in Common on 23rd August 2019.
- 7.2. Members of the Boards in Common were satisfied with the proposed risk appetite statements.
- 7.3. Mike Green urged colleagues to further consider and monitor the risk of individual sites making decisions based on their local risk appetites rather than the group risk appetite. This would be discussed at the next meeting of the newly established MSE Governance Oversight Group.

ACTION 11.09.19/02

Discuss the implementation of the risk appetites at group and site level at the next MSE Governance Oversight Group. LEAD – Diane Sarkar

DECISION

The Trust Boards of MEHT, SUHT and BTUH agreed to;

i) Note the site risk appetite statements; and

ii) Approve the group risk appetite statements.

8. Risk Management and Compliance Update

- 8.1. Diane Sarkar highlighted the reframing of the Risk and Compliance Group into the MSE Governance Oversight Group which continued to meet on a monthly basis. The focus of that Group had been learning and sharing lessons from serious incidents and never events, CQC inspections and preparation for future inspections, and other peer reviews and inspections.
- 8.2. Diane informed members that the provider information requests (PIR) for the forthcoming CQC inspections at MEHT and SUHT had been submitted on time.

9. Reports from Trust Chairs

- 9.1. In the absence of Nigel Beverley, John Govett explained that BTUH remained financially challenged and the situation was being monitored closely through the Site Governance Forum. He drew attention to recent changes in site leadership, including James O'Sullivan joining as BTUH Director of Finance and an interim appointee, Ciara Moore, to the Director of Operations (Unplanned and Emergency Care).

- 9.2. John continued that a focus remained on improving the Trust's RTT performance. The problems with surgical instruments had impacted upon income and RTT activity. On behalf of the BTUH NEDs and Governors, John commended the quality of the merger due diligence, in particular the engagement and briefing sessions to familiarise colleagues with the findings and recommendations from the reports. He emphasised the importance of the Boards closely monitoring the business as usual risks and the merger-specific risks arising from due diligence.
- 9.3. Alan Tobias advised that neither the MEHT nor the SUHT Site Governance Forum requested any items to be escalated to the Boards. MEHT was still unable to return to reporting of RTT performance. However MEHT was currently on track to achieve its deficit plan by year-end. SUHT was also on track to deliver financially, although there were concerns about levels of CIP delivery year-to-date.
- 9.4. Concurring with comments made by John, Alan considered that the due diligence exercise had been thoroughly and efficiently conducted by both the internal team and the external partners (KPMG and Addleshaw Goddard).
10. Chief Executive's Report
- 10.1. Clare Panniker formally welcomed Dawn Scrafield to her new role as Chief Financial Officer. She commended James O'Sullivan for his service in this role dating back to the early days of the joint working between the MSE trusts. Clare advised that the BTUH Site Leadership Team would benefit from James' new role as BTUH Director of Finance.
- 10.2. Clare continued that Dr David Walker would be taking up his role as Chief Medical Officer in early October 2019.
- 10.3. With regard to clinical transformation, Clare advised those present that following the Secretary of State's decision to accept the recommendation of the Independent Reconfiguration Panel (IRP), the planning for the phase 1 clinical changes was underway, supporting an implementation in late Autumn. This would enable the Group to undertake some concept work whilst facilitating the site's winter plans and protecting elective capacity over the winter months.
- 10.4. As a result of the Secretary of State's decision, the capital case could now proceed. NHSI were expected to approve the Capital Strategic Outline Case (SOC) very shortly and the Capital Outline Business Case (OBC) would then be submitted following approval by Boards in Common. Clare reflected on the significant step forward along the pathway to merger with the completion of due diligence today. Other key strategic documents supporting the merger would follow over the coming months. Clare assured members that regulators were satisfied with the quality of the merger preparations.
- 10.5. Clare reported that the process for the appointment of the Chair for the merged trust was being driven by Governors and would commence later that week. An appointment was

anticipated in early November 2019, following which the Chair would work with Governors to appoint the non-executive directors for the merged organisation. The Governors had agreed that there would be 8 NED positions on the Board, 4 of whom would be sourced from an internal ring fenced competitive process, whilst the remaining positions would be subject to an external market-facing recruitment. The intention was that the Chair and NEDs would operate as an “interim board” between January and March 2020. She emphasised however that the Boards and Councils of Governors of the current trusts would retain all of their authority and responsibilities up until the merger date. The interim board would act in an advisory capacity only.

- 10.6. Claire referenced recent media coverage with regard to a large historic overseas patient debt at MEHT. She advised that this case dated back to 2011 and was unique in its circumstances. Members were assured that the Trust had undertaken every reasonable effort to recover the monies since 2011 but the decision had recently been taken to formally write off the debt.
- 10.7. Mike Green speculated on the potential impact on the merger timetable of the broader political agenda, particularly the prospect of an early General Election. Clare replied that in the event that a General Election was called, the NHS could not request any fresh decisions on merger or clinical reconfiguration. She added that the Executive Team were closely monitoring the local and national political situation so that a high degree of sensitivity to the environment could be maintained. Tim Young highlighted the potential benefit to inviting all Parliamentary candidates for a briefing on the merger and the clinical transformation, in order to mitigate the risk of these issues becoming a political focus. Clare replied that she was regularly briefing MPs and that a strategy for dealing with electoral candidates was under development. The Boards were aware of the continued engagement with Local Authorities and Health and Wellbeing Boards with regard to the merger and clinical changes. It was agreed that a briefing for Parliamentary candidates would be a useful step.

ACTION 11.09.19/03

Arrange a briefing for Parliamentary candidates on the merger and clinical changes. LEAD – Clare Panniker

11. Reflections on Practice

- 11.1. Alan Tobias welcomed Dr Billy Fashanu and his Allied Health Professions (AHP) colleagues from across MSE to provide reflections on practice presentation.
- 11.2. The presentation summarised the 14 disciplines that fell under the AHP umbrella, noting that AHPs were the third largest professional group in the NHS. In MSE the Therapy Services Team comprised Speech & Language Therapists (SLT), Dieticians (RD), Occupational Therapists (OT) and Physiotherapists (PT).

- 11.3. Members were advised of the different professional structures on each site and the inequity of service provision across the Group. Billy outlined the progress to date in establishing an MSE Therapies Division and the benefits to staff and patients, including greater critical mass to improve cross-site cover, the ability for cross-site rotations to attract and retain staff, stronger postgraduate education and equity of service. Challenges noted by Billy and his Team included current leadership gaps and succession planning, disparity of services across sites and outsourced services bringing competition from external providers.
- 11.4. Dawn Scrafield commenced the Dietetics Service for its positive track record in terms of financial performance. She enquired as to the logistics of working seamlessly with social care colleagues such as the development of common assessment templates. Billy replied that cross-sectorial working was challenging at present given the differing contracting arrangements between CCGs and different links between the acute and community providers; this often frustrated the common goal of enabling patients to safely stay in their own home as long as possible.
- 11.5. Martin Callingham commented that the Group had received central funding for the external care record project which would enable record of patient care and assessments to be visible to acute and community professionals across the STP.
- 11.6. Alan Tobias advised that South West Essex was slightly further ahead in the use of common assessment frameworks than Mid and South East Essex. It was agreed important to gain formal agreement between BTUH and Essex County Council with regard to common assessments. It was noted that the Bridging Service operating in Thurrock was showing good outcomes in facilitating safe discharge from acute beds into patients' own homes.
- 11.7. Mike Green asked whether the provision of therapy input to the new flow of elective orthopaedic patients to Braintree Community Hospital would have an impact on the Therapies Service. Billy advised that the workforce implications of this service development had not yet been fully quantified. However he was working closely with the Musculoskeletal (MSK) Board and the assignment of therapy staff to Braintree was included in the business case.
- 11.8. In response to a question from Alan, Billy confirmed that the Therapies Service had been engaged to some degree in the MSE clinical pathway redesign work via the operational delivery groups. He commented that it would be helpful for the amount and nature of involvement from professional groups could be communicated at the outset of pathway redesign projects. It was agreed that this would be improved in future redesign work.

ACTION 11.09.19/04

Update protocol for pathway redesign to include greater clarity at the outset of the project on the expectations around clinical professional groups' involvement. LEAD – Tom Abell/Ronan Fenton

- 11.9. On behalf of the Board, Alan thanked Billy and his Team for their informative presentation and their excellent work to improve therapy services for patients across MSE.
12. Change Portfolio Update
- 12.1. Tom Abell provided an overview of recent progress in the transformation of clinical services, clinical support services and corporate support services across the Group.
- 12.2. Tom drew attention to a number of recent developments which had been prioritised in order to facilitate effective winter planning, such as changes to the cardiology pathway from Broomfield to Basildon Hospitals for both heart failure and NSTEMI patients. Essex Health Overview and Scrutiny Committee (HOSC) had been briefed on these changes.
- 12.3. He explained that changes to urology had been formally delayed as a result of additional capacity and demand work undertaken to reflect the increased volume of cancer activity in order to ensure that any future model appropriately resourced the Southend cancer demand.
- 12.4. In terms of key risks to the clinical transformation, members noted the risk of delay to capital projects which could delay implementation of the phase 1 changes in the Autumn.
- 12.5. Looking to clinical support services, the Boards were advised that the provision of radiology equipment management project had commenced in order to develop a Strategic Outline Case (SOC) and an Outline Business Case (OBC) on the preferred option, noting that funds for this project were not within the £118m capital bid.
- 12.6. David Parkins requested assurance that the Group was able to provide sufficient support and guidance on finances to those developing business cases. Dawn Scrafield confirmed that finance professional support would be available; work was taking place at present to ensure that such resources were targeted at the optimal stage in the procurement process. She added that the MSE business case template had been revised to allow the longer-term financial implications of proposals to be specified. She also anticipated that this template would improve tracking and reporting of benefits realisation. It was agreed that the new template would be circulated to NEDs for comment.

ACTION 11.09.19/05

New business case template to be circulated to NEDs for comment. LEAD – Dawn Scrafield

13. Corporate Support Services Redesign – Progress Update
- 13.1. Jonathan Dunk provided an update on the MSE corporate support services transformation programme with the aim of providing consistent, high quality and cost effective services to the hospital sites.

- 13.2. Jonathan advised that most corporate services had completed their detailed design work, with the remaining few services expecting to have their service models completed by the end of the calendar year.
- 13.3. Attention was drawn to the Britannia Park project (the corporate support services hub) which was expected to complete by the end of October 2019. There had been positive feedback from staff about the environment and the measures put in place around flexible working at Britannia Park. As a result, very few staff had selected redeployment instead of relocating to the hub.
- 13.4. In terms of the financial benefits of the corporate support programme, Jonathan informed Board members that the planned level of savings for 2019/20 of £6.2m remained on track for delivery, although an element of this would be derived from non-recurrent savings this year due to the implementation timescales for some redesign projects. He added that the full year effect value of recurrent benefits remained unchanged.
- 13.5. Jonathan explained that the focus of the corporate support programme was turning towards the improvement work to ensure the ongoing provision of demonstrably high quality services. By the end of the calendar year, each service would be operating under a memorandum of understanding (MOU) with the sites setting out mutual expectations around service delivery.
- 13.6. In response to a question from David, Jonathan confirmed that there were no particular areas of concern within the programme that required escalation to the Boards in Common.
- 13.7. Mike Green enquired as to any work taking place to build a positive culture and interdisciplinary working at Britannia Park. Danny Hariram advised that the People and OD Team were working with Britannia Park staff to undertake team diagnostics, as a result of which a tailored OD programme would be implemented. Jonathan added that there was already an active Britannia House Implementation Group which brought together staff from all departments.
- 13.8. Eamon Malone commended the highly efficient use of space at Britannia Park which should be adopted as a model for other non-clinical areas across the trust.
14. Emergency Preparedness, Resilience and Response (EPRR) Core Standards Annual Assurance 2019/20 for BTUH
- 14.1. Mandy Brokenshow presented the annual self-assessment of compliance against the NHS England and NHS Improvement EPRR Core Standards in respect of BTUH. She reminded members that these core standards were the minimum standards that providers of NHS funded care were required to meet.
- 14.2. Mandy explained that for 2019/20, BTUH was declaring a position of full compliance against all 69 core standards. The Trust had also declared itself as being fully compliant against 17

of the 20 deep dive standards within the deep dive on severe weather and climate adaptation.

- 14.3. She added that SUHT were submitting a position of substantial compliance (63 of the 64 core standards compliant, 13 out of 20 deep dive standards compliant and 7 partially compliant). MEHT's self-assessment was also one of substantial compliance (61 out of 74 core standards and 3 out of 20 deep drive standards with 17 partially compliant).
- 14.4. Mandy explained that the area of partial compliance at BTUH within the deep-dive standards was common to all three organisations, relating to climate change risk assessments (such as the risk of flooding) and long-term building adaptation planning. David Wilde noted the links with the capital programme discussions.
- 14.5. Mandy assured the Boards in Common that an action plan was in place (appended to the paper) to address the partial compliance issues at BTUH. A similar approach was being taken at the other two trusts.
- 14.6. In response to a query from Mike Green with regard to the process followed, Mandy explained that this was a self-assessment exercise with an element of peer review to ensure that the declarations were evidence-based. The BTUH check and challenge session has taken place the previous week.

DECISION

The Trust Board of BTUH agreed to,

i)note the self-assessment of compliance against the EPRR Core Standards for 2019/20, and the action place in place to ensure compliance against the amber-rated standard;

ii)approve the Statement of Compliance at FULL Compliance; and

iii)note the high level of EPRR assurance provided.

15. Future Organisational Form (FOF) Update
 - 15.1. Jonathan Dunk provided members with an update on the FOF programme to deliver a merged organisation by April 2020.
 - 15.2. Attention was drawn to the extensive ongoing work to engage with Governors and MEHT Patient Council members on all aspects of the merger preparations. This included the first MSE Governor Conference on 27th June 2019 with the second scheduled for 3rd October 2019. This session would focus upon the statutory responsibilities of Governors within the merger transaction and providing them with assurance about the integration planning and the patient benefits case.

- 15.3. Jonathan also highlighted that the procurement process for the Reporting Accountant (RA) would commence this month. Alan Tobias added that the RA would interview every NED as part of their work to provide assurance to the Interim Board and to NHSI that the merged organisation had the necessary governance, systems and processes in place to operate safely from the outset.
16. Scheme of Delegation
- 16.1. Dawn Scrafield presented a harmonised Scheme of Delegation (SoD) to be implemented across the Group with immediate effect. These were discussed and endorsed at the Audit Committees in Common on 23rd August 2019. Minor changes had been proposed which had been incorporated into the version presented today for approval.
- 16.2. Dawn explained that a harmonised SoD was a key enabler for the new operating model as it would provide a common platform for navigating the governance required to approve business cases and other decisions with financial implications, reducing delays and potential confusion associated with each trust currently operating with quite different SoDs.
- 16.3. Mike Green confirmed that the Audit Committees in Common were satisfied now that the upper and lower limits of certain delegated approvals had been clarified.
- 16.4. David Parkins noted that there were some obsolete references to Joint Working Board (JWB) which needed correcting, also that the title of the People and OD Committees in Common had been incorrectly recorded in the document.
- 16.5. In terms of next steps, Dawn reminded members that a group-wide set of Standing Financial Instructions (SFIs) had been in place since July 2018. These would need to be amended to reflect the harmonised SoD.

ACTION 11.09.19/06

Amend MSE Standing Financial Instructions to ensure that they are consistent with the harmonised Scheme of Delegation. LEAD – Dawn Scrafield

DECISION

The Trust Boards of MEHT, SUHT and BTUH agreed to adopt the harmonised Scheme of Delegation, subject to the amendments noted above, to be implemented with immediate effect across the Group.

17. Integrated Performance Report (IPR)

- 17.1. The Boards in Common received the IPR which contained July 2019 data, with updates as to more recent performance where validated information was available.

- 17.2. Members noted that the IPR had been reviewed and debated extensively by the Site Governance Forums and the Committees in Common prior to presentation to the Boards today. As such, members were invited to highlight issues on an exception basis.
- 17.3. Renata Drinkwater commended the recent developments in the IPR which made the document much more valuable as a source of assurance. Renata reflected on the seminar presentation earlier that day from NHSI/E on the optimal use of healthcare analytics and graphical representations of data, in particular the benefits of statistical process charts (SPCs). This was an ongoing workstream that was being led by the Group Director, Planning and Performance which would result in further developments in reporting and performance analysis in coming months.
- 17.4. Diane Sarkar highlighted that the maternity safety dashboard within the IPR would be expanded in the next report in order to comply with the maternity safety standards.
- 17.5. Mike Green drew attention to a reference on page 139 of the pack that the Finance Department would be strengthened to generate CIP delivery. He considered it important to bear in mind in discussions with Boards and staff that CIP delivery was a corporate and operational responsibility rather than one which sat primarily with the Finance Team.
- 17.6. Clare Panniker concurred with Mike's comment, adding however that additional resources were being invested in the BTUH Finance Team in order to facilitate the provision of high quality information to clinical leaders so that they could deliver improvements. She cited examples of medical staffing and bank/agency usage in this respect.
- 17.7. With regard to cardiac arrest data on page 141 of the pack, Jill Stoddart raised a note of caution with regard to the SPC chart, advising that operational definitions could give a misleading picture to readers. It was agreed that this would be addressed in the next IPR.

ACTION 11.09.19/07

Review the use of SPC charts in reporting cardiac arrest data and ensure that operational definitions did not give a misleading picture. LEAD – Diane Sarkar / Naresh Chenani

- 17.8. Tony Le Masurier raised a query as to how the Use of Resources (UoR) scores year-to-date on page 194 of the pack had been derived. These showed MEHT and SUHT as "3" and BTUH as "4". However he noted that the due diligence report showed a UoR rating of "2" for BTUH. Clare replied that the BTUH rating in the due diligence report was "2" as that reflected the overall governance rating (now that the Licence Conditions at BTUH had been lifted) rather than finances which remained at "4". The additional mitigations required in the due diligence report related to financial performance rather than overall governance.
- 17.9. Alan Tobias explicitly offered assurance to Governors that the IPR had been reviewed in detail elsewhere and that the relatively brief discussion at today's meeting was not reflective of inadequate Board scrutiny.

18. NHS Resolution Maternity Incentive Scheme – Position Statement

- 18.1. Diane Sarkar presented the above which provided assurance to the Boards in Common that compliance against the required standards for safety, actions 1-10 had been evidenced through review by the Quality Committees in Common and the Maternity Safety Champion NEDs from December 2018 to 15th August 2019.
- 18.2. She explained that MEHT were declaring compliance against all of the 10 safety actions, BTUH were compliant with 9 safety actions, and SUHT were compliant with 8 safety actions.
- 18.3. Members were content with the compliance declarations, noting that they had been submitted to NHSI.

DECISION

The Trust Boards of MEHT, SUHT and BTUH noted that compliance against the required Maternity Safety Standards, actions 1-10 had been evidenced through the governance arrangements noted above, for the time period December 2018 to 15th August 2019.

19. Reports from the Committees in Common (CIC)

Finance and Performance CIC

- 19.1. David Parkins presented his report on the July and August 2019 meetings of the Finance and Performance CIC. He added that the September meeting had taken place recently.
- 19.2. He advised that the CIC were content with the approach and attitude to CIP delivery across the Group, which had significantly improved in recent months. He drew attention to the deterioration in financial position at BTUH, a re-forecast of which was due imminently.

People and Organisational Development CIC

- 19.3. Danny Hariram informed the Boards that the POD CIC had discussed a letter from Baroness Harding (Chair of NHSI) and the additional guidance relating to the management and oversight of local investigation and disciplinary procedures.
- 19.4. The CIC also discussed the importance of Board and SLT walkabouts in order to increase visibility and communication with front-line staff. He added that staff stories would be received at future meetings of POD CIC, on a similar principle to patient stories at Boards in Common. The first staff story would be from overseas nurses.

Quality CIC

- 19.5. Karen Hunter summarised the discussion at Quality CIC with regard to the internal reporting of never events. The CIC had raised some concern that a recent never event related to compliance with the World Health Organisation (WHO) surgical checklist, which was a recurrent issue for all three trusts. The CIC had requested assurance from Management as

to how compliance with the checklist was being addressed in satellite areas where surgical procedures were carried out, such as outpatient consultation rooms, as well as theatres.

Audit CIC

19.6. Mike Green reported on the first meeting of the Audit CIC. He explained that this was largely a scoping meeting and included receipt of the first group-wide internal audit reports. An immediate priority for the Audit CIC was to clarify the delineation between the responsibility of the Audit CIC towards the follow up on compliance with internal audit recommendations and that of the Site Governance Forums.

20. Risks and items escalated from Site Governance Forums or Committees in Common

20.1. No items were raised.

21. Report on the use of emergency powers and decisions made by the Trust Boards outside formal meetings

21.1. Andrew Stride provided a summary of one decision made by BTUH Board under the emergency powers provision within its Standing Orders to place a contract for an Interventional Radiology Machine at Basildon Hospital, and a decision made by each of the Trust Boards to enter into a workforce framework agreement that would facilitate staff working seamlessly between trusts.

21.2. Concern was expressed that, as a point of good governance, emergency powers should only be used for unforeseeable decisions, which would not ordinarily include placing a contract at the end of a procurement process.

22. Questions and comments from governors and members of the public

22.1. Paul Foulger commended staff in the Emergency Department at Broomfield Hospital for the excellent compassionate care that they provided to him recently. He also expressed his support for the work being led by Diane Sarkar to develop an MSE Patient Council with a harmonised approach.

22.2. Philip Smith advised that the acoustics of the venue were not ideal, making it difficult for those in the public gallery to hear the debate. He urged the provision of a hearing loop at a minimum. This would be addressed for future meetings in public.

ACTION 11.09.19/08

Ensure provision of a hearing loop at all venues for Board meetings in public. LEAD – Andrew Stride

22.3. With regard to changes to clinical services, Peter Blackman urged the Boards to pay due attention to realistic travel times for patients and carers.

22.4. Peter also enquired as to the transfer of patients to major trauma centres. Clare Panniker replied that this was a matter primarily for commissioners, however she advised that the East of England Ambulance Service already provided transport to Barts and to Cambridge. Peter advised that he would request further information and assurance from commissioners.

23. Review of the meeting

23.1. Alan Tobias commended the quality of the papers presented today's meeting. He reflected on the importance of governors receiving assurance that the IPR had been scrutinised elsewhere. Reference to this would be included in future iterations of the IPR in the interests of good governance.

24. Motion

"That representatives of the press and other members of the public be excluded from this part of the meeting having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)"