AGENDA FOR THE PUBLIC MEETING OF THE COUNCIL OF GOVERNORS
2 March 2017, 17:00 – 19:00hrs
Rooms B2/B3, Education Centre, Basildon Hospital
(Tea/coffee, biscuits will be available from 16:45)

<table>
<thead>
<tr>
<th>Time</th>
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<tr>
<td></td>
<td></td>
<td>SECTION 1: OPENING ADMINISTRATION</td>
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<tr>
<td>17:00</td>
<td>1</td>
<td>Apologies for absence. Governors quorum check</td>
<td>Chairman</td>
<td>Verbal</td>
<td>To note</td>
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<tr>
<td>2</td>
<td>a)</td>
<td>Minutes of the Meeting 14.11.2017 - Parts 1 and 2</td>
<td>Chairman</td>
<td>Papers</td>
<td>Approval</td>
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<td>3</td>
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<td>Matters arising /Action Log</td>
<td>Chairman</td>
<td>Paper</td>
<td>Discussion</td>
<td>17</td>
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<td>4</td>
<td></td>
<td>Declarations of Interest and Governor Eligibility</td>
<td>Chairman</td>
<td>Verbal</td>
<td>Assurance</td>
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<td>SECTION 2: TRUST UPDATE</td>
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<td>17:05</td>
<td>5</td>
<td>Update from IPP, including patient data</td>
<td>Stuart Quinn,</td>
<td>Present’n</td>
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<td>CEO, IPP</td>
<td>Chairman</td>
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<td>17:30</td>
<td>6</td>
<td>Chairman’s Report (including update on the Essex Success Regime)</td>
<td>Chairman</td>
<td>Verbal</td>
<td>Information</td>
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<tr>
<td>17:40</td>
<td>7</td>
<td>Chief Executive’s Report (including updates on Trust financial position)</td>
<td>Tom Abell,</td>
<td>Present’n</td>
<td>Information</td>
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<td>Managing Director</td>
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<td>SECTION 3: GOVERNOR MATTERS - FOR DISCUSSION/DECISION</td>
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<td>18:00</td>
<td>8</td>
<td>Reports from the Council of Governors Working Group Meetings:</td>
<td>Working Group</td>
<td>Reports</td>
<td>Information</td>
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<td>Meetings:</td>
<td>Chairman</td>
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<td>approval</td>
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<td></td>
<td>a)</td>
<td>Patient Experience Working Group</td>
<td>Marlene Moura</td>
<td>Paper to follow</td>
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<td></td>
<td>b)</td>
<td>AMM &amp; Membership Development Working Group</td>
<td>Julia Harding</td>
<td>Paper</td>
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<td>c)</td>
<td>FT Editorial</td>
<td>Russ Allen</td>
<td>Paper</td>
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<td>SECTION 4: BOARD COMMITTEE REPORTS – REPORTS FROM GOVERNOR OBSERVERS</td>
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<td>18:10</td>
<td>9</td>
<td>a) Finance and Resource Committee</td>
<td>Neville A.</td>
<td>Paper - to follow</td>
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<td>Brown/Marlene Moura</td>
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<td>b) Quality &amp; Patient Safety Committee</td>
<td>Ron Capes/Jane</td>
<td>Paper</td>
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<td>c) Audit Committee</td>
<td>Alan McFadden/Joy</td>
<td>Paper</td>
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<td>SECTION 5: FOR INFORMATION ONLY</td>
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<td>18:15</td>
<td>10</td>
<td>Lead Governors’ Report</td>
<td>Lead Governor</td>
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<td>18:20</td>
<td>11</td>
<td>Elections 2017 update</td>
<td>Dpty Corporate</td>
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**SECTION 6: CLOSING ADMINISTRATION**

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<tr>
<th>Time</th>
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<th>Item</th>
<th>Chairman</th>
<th>Paper</th>
<th>Decision</th>
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<tbody>
<tr>
<td>18:25</td>
<td>12</td>
<td>Items for Next Agenda</td>
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<tr>
<td>18:30</td>
<td>13</td>
<td>Any Other Business</td>
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**18:40 PART 2 In Confidence**

The Council of Governors resolves:

“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)”

<table>
<thead>
<tr>
<th>No.</th>
<th>To receive the NEDRAC report from 31.01.17 meeting</th>
<th>Chairman</th>
<th>Paper</th>
<th>Decision</th>
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<thead>
<tr>
<th>No.</th>
<th>a) Feedback on the Chairman’s Appraisal</th>
<th>John Govett, NED/SID</th>
<th>a) Verbal</th>
<th>Information</th>
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<tr>
<td>15</td>
<td>b) Proposed Chairman’s objectives for 2017-18</td>
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<td>b) Paper</td>
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**Next Meeting**

Wednesday 24th May 2017 at 13:30-15:30 hrs
Committee Rooms 1&2, Level G, Basildon Hospital
Membership and Quoracy of Meetings of the Council of Governors

Chairman
Nigel Beverley

Public Governors – Basildon Public Constituency

Alan McFadden  Pamela Binfield  Alan Ursell
Ronald Capes JP  Colin Moore  Joy Pons
Marlene Moura  Peter Hatch

Public Governors – Brentwood Public Constituency

Amanda Burton  Neville A. Brown JP  vacancy

Public Governors – Thurrock Public Constituency

Russ Allen  Tony Coughlin  James Little
Karen Boyles  Julia Harding  Vacancy

Public Governors – Rest of England Constituency

Mercedes de Dunewic  Vacancy

Staff Governors – BTUH Staff Class

Danny Day  Liz Carpenter  Cathy Crouch
Dave Bebbington  Penny Bryant

Appointed Governors

Prof James Hampton-Till  Anglia Ruskin University
Paul Butler  South Essex College
Dr Aroon Lal  UCL Medical School
Cllr Tunde Ojetola  Thurrock Borough Council
Cllr Roger Hirst  Essex County Council
Dee Truesdale  Representing: Thurrock CVS, Basildon, Billericay and Wickford CVS, Brentwood CVS

Quorum
Nine Members, the majority of which shall be Public Governors. No business shall be carried out at a meeting which is not quorate.

Raising Issues at Council of Governor Meetings
Governors are reminded that issues relating to individual matters should initially be raised through the normal channels and that individual patient names must not be referred to at Council of Governors’ meetings.

Contact
Ali Jones, Assistant Board & Membership Secretary
Tel. no. & e-mail: 01268 598975 ali.jones@btuh.nhs.uk
MINUTES OF THE MEETING OF THE
COUNCIL OF GOVERNORS
ON 14 NOVEMBER 2016, 13:00 – 15:00
COMMITTEE ROOMS 1 AND 2, LEVEL G, BASILDON HOSPITAL

Present
Nigel Beverley Chairman

Public Governors
Amanda Burton Public Governor Brentwood
Karen Boyles Public Governor Thurrock
Neville A Brown JP Public Governor Brentwood
Ron Capes JP Public Governor Basildon
Jane Day Public Governor Brentwood
Mercedes de Dunewic Public Governor Rest of England
Julia Harding Public Governor Thurrock
James Little Public Governor Thurrock
Alan McFadden Public Governor Basildon
Colin Moore Public Governor Basildon
Joyce Pons Public Governor Basildon
Alan Ursell Public Governor Basildon

Staff Governors
Liz Carpenter Staff Governor
Penny Bryant Staff Governor

Appointed Governors
Cllr Roger Hirst Essex County Council

In Attendance
Barbara Riddell Non-Executive Director
Renata Drinkwater Non-Executive Director
Danny Hariram Director of Workforce and Organisational Development
Jayne Toplis Assoc Director Organisational Development
Dr Jo Howard Clinical Director Support Services
Margaret Blackett Interim Director of Operations
Diane Sarkar Director of Nursing
3 members of the Public

Secretariat
Suzanne Cross Deputy Corporate Secretary (minutes)
Andrew Stride Corporate Secretary

Apologies

Public Governors
Russ Allen Public Governor Thurrock
Pamela Binfield Public Governor Basildon
Peter Hatch Public Governor Basildon
Tony Coughlin Public Governor Thurrock
Marlene Moura Public Governor Basildon

Staff Governors
Danny Day Staff Governor

Appointed Governors
1 – APOLOGIES FOR ABSENCE AND QUORUM CHECK

1.1 The Chairman opened the meeting; apologies for absence were as noted above. The meeting was noted as being quorate.

2 – MINUTES OF THE MEETING ON 20 JULY 2016

2.1 The Council agreed that the minutes of the meeting held on 20 July 2016 Parts 1 and 2 were a fair and accurate record and would be signed by the Chairman outside the meeting.

2.2 Minutes of the Annual Members Meeting held on 15 September 2016 were accepted as a true record and would be signed by the Chairman outside the meeting. The minutes will be noted at the next Annual Members Meeting in 2017. The Chairman thanked Governors for their hard work and support at the 2016 AMM.

3 – MATTERS ARISING AND ACTION LOG

3.1 CoG/20/07/16-1 The chairman explained that Stuart Quin, CEO from Integrated Pathology Partnership (IPP) had been unable to attend the meeting but would attend a future meeting if required. Dr Jo Howard, Clinical Director for Support Services, had to been invited to talk to Governors about some of the recent issues with the pathology service.

3.2 Dr Howard explained that they had been working in partnership with IPP for some time now. In September IPP had moved to new analysers, following this there were IT failures, which resulted in patient tracker system failures causing a backlog of incomplete tests. This had been escalated to the Executive Team and there were daily communications with IPP. It was also escalated to SynLab (the parent company). There has been a significant review of the IT infrastructure and the situation has now been resolved. GPs have been kept informed and were asked to explain the situation to patients waiting for results.

3.3 Neville A Brown Public Governor Brentwood indicated that it was difficult to understand and asked had the system changed? Dr Howard reiterated that it was to do with the change of the analysers that was giving multiple IT issues. It is about how the test results have gone through the system and the tracking.

3.4 James Little Public Governor Thurrock asked whether there was a disaster recovery plan put in place. Dr Howard stated that an independent audit had since been carried out. Clare Panniker, CEO explained that there is a manual backup plan but the process takes longer.

3.5 Jane Day Public Governor Brentwood indicated that Governors had asked for data on effectiveness of the service and would this have been in the presentation. Clare Panniker said it was unfortunately that Stuart Quin had been unable to attend the meeting however, we could ask for this information from IPP. Colin Moore Public Governor Basildon felt it
would be useful to know two years into a 10 year contract if there had been big improvements compared to how the service use to run.

3.6 Alan McFadden asked why do these failures happen when a company comes in with this expertise – they should be better. Dr Howard indicated that they use different IT systems, bespoke for each hospital. There is a similar partnership in place at Taunton but they have not experienced these problems. Dr Howard agreed to report back on the outcome of the external audit to the Council of Governors.

3.7 Clare Panniker suggested Governors be clear about what specific information they required and to invite Stuart Quin to the following CoG meeting and the following points of concern were made:

- Taking up-to 3 weeks to get a booked blood test appointment
- Wait times for test results
- Moving the blood test booking to all booked appointments with no ‘walk-ins’
- Seeing a Consultant at the hospital who requests a blood test – patient not able to get done on same day, as they are only seeing patients with pre-booked appointments. This has been re-iterated by a Governor who had undertaken a Here2Hear session that morning. Dr Howard explained that they are trying to get more facilities made available in the local communities for people to use.

3.8 It was agreed that Stuart Quin be invited to the next Council of Governors meeting to talk about the future of the service and how it might be developed better for patients.

3.8** ACTION 1**

Stuart Quin, CEO IPP is invited to the next Council of Governors meeting to talk about the future of the service and how it might be developed better for patients. Lead: CEO

3.9 CoG20.07.16-2 The Chairman provided the following verbal update from the Associate Director of Estates, Strategy and Investment: Revenue Forecast: The forecast revenue form the car park business case was £2.4m per annum (full year) and this was based on around 1m parking stays within the car parks (excludes blue badge bays outside of car parks). Within that 1m parking stays there is an anticipated 150,000 stays free exits for short stays (under 30 minutes). The operational costs associated with running of the car parks are c.£470k per annum, this excludes capital charges, loan charges and business rates – a further breakdown is being requested from Finance.

3.10 Julia Harding Public Governor Thurrock enquired as the profit margin is high, does any go back into patient care? Clare Panniker explained that there had been a recent large investment in the new automated system and the management of the car park, with a car park manager being employed. The car park does make a contribution to the hospital and there is no ‘third party’ who benefits. Ron Capes, Lead Governor suggested that as it is a separate entity any money received should be used purely for the running of the car park.

3.9** ACTION 2**

To circulate a more detailed breakdown of operational costs of the car parks. Lead: Deputy Corporate Secretary

3.11 CoG20.07.16-3 Governors could not recall receiving a copy of the response to the Brentwood and Basildon CCG consultation on proposed service restrictions. The Deputy Corporate Secretary agreed to ask Tom Abell to re-circulate. Governors would also like an update briefing on this issue

3.12 CoG20.07.16-4 item closed

3.11 Re-circulate the Trust response to the Brentwood and Basildon CCG consultation
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<th>ACTION</th>
<th>3 action: on service restrictions. Lead: Deputy Chief Executive</th>
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### 4. DECLARATION OF INTERESTS

4.1 None were declared.

### SECTION 2: TRUST UPDATE

#### 5. CHAIRMAN’S REPORT

5.1 Nigel Beverly, Chairman indicated that that a critical stage of the Essex Success Regime was being reached and it would be important to develop plans to keep people fully briefed. Governors at BTUH are crucial to link with constituencies and the ESR Steering Group will make sure that they are kept informed, as Governors will be a conduit to be asked questions.

5.2 It was noted that a briefing was held for BTUH Governors, led by the Chairman, the previous week, and there had been good discussion and it was agreed that these briefings will continue. The ESR Committee in Common now has Governor Observer’s attending meetings and it had been agreed that following Steering Group meetings there would be a briefing held for Governors. It had also been agreed to look into bringing together the two Council of Governors’ (Southend and BTUH) and the Patient’s Council at Mid Essex for a conference and network event early in the new year. The Chairman stated that timings would be critical in moving towards the full consultation. It is proposed to involve Wendy Smith, senior communications officer for the ESR in the arrangements in the proposed event.

5.3 There was discussion about if there was information provided publically around what the ESR was aiming to achieve. It was noted Governors were having to collate own information to share with the public. Claire Panniker explained that there has been very little information available to share with the public in this regard however, there is a need to move forward to ensure more meaningful engagement is carried out, in line with national requirements for Trust’s to develop Sustainable Transformation Plans (STP). These would be submitted to NHS Improvement. It was felt there was confusion about the differences between an STP and the Success Regime. It was noted that the work of the Success Regime sits within the STP document.

5.4 Clare Panniker advised that the public consultation is likely to commence in May 2017, as more time was needed to work through but also the local Council’s will be in purdah up-to May because of local elections. It is planned for the business case to be ready to present for agreement in January/February 2017 to each Board and working towards establishing the Joint Venture from January 2017. Clare went onto say that they are working closely with the community and social services, however, this is only a small team working on ‘out of hospital’ services. There is a need for consistency amongst the five Essex Clinical Commissioning Groups and it will be critical for them to work together to make this work.

5.5 Clare Panniker indicated that a consultation for Executive Directors has been launched this week on a proposal to have one single joint Board. The Executive Team would need a Chief Executive Officer; Director of Nursing, Director of Finance, Medical Director and Director for Strategic Transformation, with senior managers on each site for human resource; finance, procurement and recruitment. This will help bind the three hospitals together. It will be a huge benefit to bring together services, to protect and deliver services when treated by specialist teams. There is a clear message from the Centre that will be no extra money put into the NHS.

5.6 There was discussion around staff being expected to work at one of the other sites and
there being different employment contracts at each hospital and would it disadvantage some or would they be recompensed. Some consultants and specialist staff will need to move to another site. It was explained that staff will be paid the rate of the site where they mostly work, and there is a plan in place for workforce issues. It is likely about 80% of patients will still go the same hospital they usually do. Currently there are 20 emergency medicine consultant vacancies across the three sites for A&E Departments, which is not sustainable.

5.7 The Communication Team are currently working on documents for briefings about ESR. They will be circulated to Governors once available.

5.7 ACTION
4 ESR Briefing documents to be circulated to Governors for information. Lead: Corporate Secretary

7. CHIEF EXECUTIVE’S REPORT

7.1 The Chief Executive opened her presentation by indicating that the Trust was broadly on plan for its financial performance and was confident that the 27m deficit target would be achieved. The following points were also made:

- The ability to reduce agency staff, not being achieved.
- There is slippage in the Cost Improvement Programme
- The financial governance follow up review in Spring 2016 was very positive and the trust had its restriction lifted on its licence for financial governance. However, the Trust is still in breach for ‘financial sustainability’.
- Operational pressures continue.
- A&E continues to improve from where it was in April 2016 to 99.1/5 target achieved for the second week in November 2016.
- There have been a shortage of discharges so moved back to ‘black’ status w/c 20 November 2016. Good community involvement to try to improve on timely discharging of patients.
- Emergency Care Board has around 300 actions to consider on a weekly basis.
- The Trust is committed to meeting the targets.
- 18 weeks and 62 day cancer targets continues to be challenging and can be quite complex cases, which could be split between the three hospitals
- Mortality better than average

7.2 What are we doing about our performance against operational performance targets?
- Action plans and improvement trajectories for all standards being reviewed with commissioners, NHS Improvement and NHS England;
- Two executive-led weekly review meetings focussing on access to elective care and emergency pathways;
- Executive-led task and finish groups continue to focus on improving data quality with regards to RTT recording and performance;
- Additional management capacity in A&E and new Clinical Director in place (Dr Lamuren);
- Development of Hospital Integrated Discharge Service and investment in additional frontline discharge facilitator capacity;
- Other innovative ideas such as a bridging service with Essex County Council to provide care for patients at home who do not require a hospital bed whilst they are waiting for a social care package to be put in place.

7.3 Quality and Patient Safety
- Zero never events reported in September 2016;
- 20% reduction in the number of new complaints received between August and September;
- Trust continues to perform well against the national standards for injurious falls;
- One reporting MRSA bacteraemia in September; six cases of C.Diff reported in September (both now above trajectory);
- Number of avoidable pressure ulcers was above trajectory in September (4 x grade 2 pressure ulcers and 1 x grade 3 ulcer) – all deemed as low impact following scrutiny;
- Dementia screening performance in September was 96%, remaining above the 90% target.
- Improvement in response rate to friends and family test (FFT) in September at 38% against the 40% target, but response rate for A&E fell to 17.3% against the 20% target.

7.4 Workforce Challenges and Opportunities
- Difficulties remain in recruiting and retaining qualified nursing staff – Successful round of recruitment to Europe and the Philippines;
- Impact of agency rate cap closely monitored by NHS Improvement;
- Developments in good HR practice including Trust website and social media to promote working at BTUH, formation of a retention strategy group, recruitment of apprentices, enhanced support for clinical and management training and emotional resilience programme.

7.5 Mid and South Essex Success Regime
- Increasing pace;
- Significant progress made by clinical redesign and corporate support work streams;
- Trust Boards have given permission to consult on establishment of a single leadership team;
- Trust Boards supported the direction of travel for a collaborative governance structure and contractual joint venture – details being finalised;
- Acute Leadership Groups refining options for particular specialties, including A&E, obstetrics and gynaecology, paediatrics and acute medicine;
- Public consultation now likely to start in May 2017.

8. PRESENTATION ON WORKFORCE MATTERS

8.1 The Director of HR and Organisational Development supported by the Associate Director of Organisational Development made the following points in this presentation:

Recruitment
- Challenging times with nurse recruitment & retention – currently 200 vacancies, which impacts on cost of having to bring in agency nurses;
- Recruited 65 European nurses
- 30 overseas nurses in the pipeline to join BTUH in the New Year
- Local – 27 newly qualified nurses joined in September, open days, job fairs
- Over recruitment of HCAs
- New advertising branding being introduced
Retention
- New roles – senior staff nurse role (5.5), Surgical Practitioners, Associate Physicians, Rotational roles between A&E & Community
- Clinical Practice Facilitators – to support training & education at ward level
- Regular career drop in sessions run by Learning & Organisational Development team
- Ward rotational posts
- Fast track nurse development roles
- Expansion of clinical skills/simulation training curriculum
- Jan 2017 – Pilot of new Nursing shift patterns long and short days
- Leadership Passport/Training Passport
- Talent Management Strategy and Career Framework

Career and Talent Development Programme - An initiative to ‘Grow our Own’
Apprentices may come from:
Direct application; University of Essex, Anglia Ruskin University; Princes Trust, Job Centre plus; Department for Works and Pensions; traineeships and other education providers.

Pre-professional workforce development
Job Centre Plus (JCP)
- Interest expressed to become a ‘pilot site’ for the Mentoring Framework Platform, an online tool being developed in conjunction with National Skills Academy for Health for work experience and employment

Princes Trust – Get into Healthcare programme
- 3 cohorts offered two weeks work experience, an aspect of the programme resulting in 4 young individuals gaining a permanent employment at BTUH

Traineeships – Ixion Holdings
- Pilot model in development with Facilities Department
- 6 week opportunity for individuals to develop work skills as well as providing work experience in Cleaning/Catering roles
- Progression into a Level 2 Cleaning/Catering Apprenticeship
- Opportunities for widening out to other areas following pilot

Apprenticeships
A range of apprenticeship programmes available to new and existing staff resulting in a 108 staff currently on a career development pathway

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<td>Accounting</td>
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<td>Plumbing and Heating</td>
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<td><strong>TOTAL</strong></td>
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Evolved over the past 15 months and includes
- the successful introduction of ‘Grow Our Own’ HCAs through a Training HCA Programme & Peri-operative Support programme both which offer career pathways into Registered Nursing and Operating Department Practitioner

Career Progression
Anglia Ruskin University
- Career progression programmes
  - Theatre Operating Department Practitioner (ODP) via completing a Level 3 Perioperative Support Apprenticeship which is accepted as one of the entry criteria’s to the ODP Degree. 1 member of staff successfully secured a place on the Operating Department Practice DipHE
  - 18 months Work based learning Programme – successful completion = RGN 2 staff due to complete, both secured positions at BTUH

University of Essex
- Career Progression Programmes
  - 46 HCAs undertaking a Foundation Degree in Health Science
  - 2 Cardiac technicians undertaking a Foundation Degree in Health Science

Other HEIs
- Career Progression Programmes
  - FD Foundation Degree in Health Science → BSc Audiology

5 apprentices have secured permanent positions at BTUH, whilst others have secured positions externally.

Following on from the presentation these workforce issues were raised and discussed:

8.2 Alan Ursell, Public Governor Basildon indicated that Governors had attended South Essex College Freshers Fair and HR representation had been invited but they had not attended. This would have been useful to talk to the college students about careers in the NHS and answer any questions. The Director of HR and OD agreed that a representative will be available in future.

8.3 In response to why staff leave the Trust the Director of HR and OD explained that it is usually for promotion and better training and development opportunities. Clinical staff may go to work in London, Cambridge, Peterborough and other Essex healthcare organisations. Administration staff may move out of the NHS.

8.4 Since the introduction of 12 hours shifts on wards, it is noted that some staff enjoy this and others prefer shorter days. A survey is being proposed to find out staff preferences in the new year. Outcome to be reported back to the Council of Governors.

8.5 Alan Ursell, Public Governor Basildon asked how does the trust encourage new people into the nursing profession and are 6th form students targeted to introduce them to the idea? The Director of HR and OD indicated that the Talent Care Co-ordinator works with all the colleges and goes to Career fairs and support many schools for ‘work ready’. Health ambassadors go into schools to outline the many careers in the NHS in Essex. The Associate Director of OD explained Anglia Ruskin and University of Essex fund the foundation degree, this is where our funding fits.

8.6 Penny Bryant, Staff Governor felt there was a lack of information regarding being able to apply for apprenticeship positions in the Trust. The Director of HR and OD stated that clearly they are not doing enough to communicate about apprenticeship opportunity to all
staff and this will be addressed. These schemes will provide more promotion opportunities across the three organisations.

8.7 Amanda Burton Public Governor Brentwood asked about staff retention and that staff had been asked previously to identify good ideas to implement at work, which had not been taken forward. The Director of HR and OD explained that there is more mentoring in place for staff. The ideas list had been reviewed and some were for admin issues, car parking and computer issues and these had started to be implemented now within directorates.

ACTION
5 The Director of Workforce and OD to provide a further update on workforce matters for the Council of Governors early 2017.

9 – REPORTS FROM THE COUNCIL OF GOVERNORS WORKING GROUP MEETINGS

a) Patient Experience Working Group
9.1 The Council noted the report from the Chair of the Patient Experience Working Group, which provided an overview of the matters that had been discussed by the Group at its meeting held on 5 September 2016. Governors asked for clarification on the start time for the next working group meeting on 30 November.

b) AMM & Membership Development Working Group
9.2 The Council noted the report of the Chair of the Annual Members Meeting and Membership Development Working Group, which provided an overview of the matters that had been discussed by the Group at its last meeting in October.

9.1 ACTION
6 The Deputy Corporate Secretary agreed to e-mail Members on the Working Group the start time for the next Patient Experience Working Group meeting on 30 November.

10 – REPORTS FROM GOVERNOR REPRESENTATIVES ON TRUST GROUPS

Nutrition and Hydration Strategy Group
10.1 The Council noted the report of the Governor representative on the Patient Safety Group and the Nutrition & Hydration Group, Marlene Moura, which provided an overview of the matters that had been discussed by the Group at its last meeting on 1 November.

11 – BOARD COMMITTEE REPORTS

Finance and Resources Committee
11.1 The Council noted the report of the Governor representatives on the Finance and Resources Committee, Neville A. Brown, which provided an overview of the matters that had been discussed at the last meeting, held in September 2016. Mr Brown indicated that there are critical deadlines to meet and it had been a good meeting.

Quality and Patient Safety Committee
11.2 The Council noted the report of the Governor representative on the Quality and Patient Safety Committee, Jane Day which provided an overview of the matters that had been discussed at the last meeting held in October 2016. Ms Day indicated it was her first report from a meeting and it was for noting.

Audit Committee
11.3 The Council noted the report of the Governor representative on the Audit Committee, Alan McFadden which provided an overview of the matters that had been discussed at the last meeting held in September 2016. Mr McFadden felt the meeting had been rigorous, thorough and well assured things are being followed up. However, the number of papers
in the pack were too long,

12 – LEAD GOVERNORS REPORT

12.1 The Council noted the report of the Lead Governor which provided an overview of his activities since the last meeting. The Lead Governor indicated that Mid Essex HT had extended an invitation to Governors to attend there Patient Council meetings and had been provided with dates for their monthly meetings. The Deputy Corporate Secretary had circulated these dates to Governors and would draw up a rota from the responses.

13 – ITEMS FOR NEXT AGENDA

13.1 The Chairman invited suggestions for the next meeting Agenda, and asked that they should be forwarded to the Corporate Secretary or the Deputy Corporate Secretary. The Council agreed that the following matters should be included on the next Agenda:

• An update regarding Integrated Pathology Partnership
• An update regarding the Essex Success Regime
• Workforce update

14 – ANY OTHER BUSINESS

14.1 Penny Bryant reported to Governors that the Trust is working on a new Intranet which will be accessible outside the Trust. Governors could have their own area and requested what Governors might like to see in this area. Incidentally Ron Capes, Lead Governor mentioned that Mid Essex has free wi-fi available to patients. Alan McFadden suggested that a list of questions is pulled together around ESR ie What do I need to know? It was agreed the Deputy Corporate Secretary would co-ordinate this and from this group 6-7 key questions. It was felt this sheet would be helpful for Governors for when they are asked questions by the community.

14.2 The Deputy Corporate Secretary advised that the 2017 Election process would commence in December 2016 with companies being invited to quote. There will be five positions to contest in the Election ie four public and one staff.

14.3 The Deputy Corporate Secretary was offering charity raffle tickets for Governors to sell as part of the Polly Parrott Christmas Appeal.

14.4 A member of the public Joe Cooke indicated he was a public governor for Castle Point at Southend Hospital and he had attended to observe the Council meeting. He went onto say how he felt Governors should now be meeting and working together. The Chairman thanked him for attending and indicated that this is currently being taken forward.

14.5 A member of the public asked “Is there a problem with doctor recruitment as less people are applying for doctor’s training in universities?” The Director of HR and OD indicated that the Trust does have medical staffing vacancies but not so bad as nurse vacancies, and need to think about using the medical workforce differently and giving career opportunities to attract people to work at the Trust. Anglia Ruskin University is becoming a Medical School and there would be discussions to encourage more doctors to work for one of the three Trust’s. The member of public went onto say that nurses currently pay for their own education but there would be Bursary’s from 2018 and doesn’t know how that’s going to play out.

As there were no further items of any other business the meeting closed at 14:45hrs
DECISION  The Council of Governors RESOLVED: “That representatives of the press and other members of the public be excluded from the remainder 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)”

CLOSE

SIGNED AS A FAIR AND ACCURATE RECORD OF THE MEETING

Chairman:  

Date:  


MINUTES OF THE MEETING OF THE
COUNCIL OF GOVERNORS
ON 14 NOVEMBER 2016, 14:45 – 15:00
COMMITTEE ROOMS 1 AND 2, LEVEL G,
BASILDON HOSPITAL

Present
Nigel Beverley Chairman in the Chair

Public Governors
Amanda Burton Public Governor Brentwood
Karen Boyles Public Governor Thurrock
Neville A Brown JP Public Governor Brentwood
Ron Capes JP Public Governor Basildon
Jane Day Public Governor Brentwood
Mercedes de Dunewic Public Governor Rest of England
Julia Harding Public Governor Thurrock
James Little Public Governor Thurrock
Alan McFadden Public Governor Basildon
Colin Moore Public Governor Basildon
Joyce Pons Public Governor Basildon
Alan Ursell Public Governor Basildon

Staff Governors
Liz Carpenter Staff Governor
Penny Bryant Staff Governor
Cathy Crouch Staff Governor

Appointed Governors
Wendy Barnes South Essex College
Cllr Roger Hirst Essex County Council

Secretariat
Suzanne Cross Deputy Corporate Secretary (minutes)
Andrew Stride Corporate Secretary

Apologies
Public Governors
Tony Coughlin Public Governor Thurrock
Peter Hatch Public Governor Basildon
Marlene Moura Public Governor Basildon

Staff Governors
Dave Bebbington Staff Governor
Danny Day Staff Governor

Appointed Governors
James Hampton-Till Anglia Ruskin University

DECISION The Council of Governors RESOLVED: “That representatives of the press and other members of the public be excluded from the remainder 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)”
15 – REPORT FROM THE NED REMUNERATION AND APPOINTMENTS COMMITTEE

15.1 The Chairman explained that there was only one substantive item on the agenda, to report back from the NEDRAC. Elaine Maxwell NED is due to complete her first term of office 31 March 2017 and the Chairman had written asking if she would be seeking re-appointment. Elaine’s response was that she wouldn’t be seeking re-appointment for a further term of office. The Chairman suggested with the current direction of work of the Success Regime his recommendation to the Council of Governors would be to not replace this position for April 2017. At the moment the Boards are working towards joint working and a single leadership board and we have six NEDs in place.

15.2 Concern was expressed that Elaine Maxwell brings clinical knowledge, particularly useful for challenge at QPSC and this would be missing when she finishes her term of office. Alan Ursell, Public Governor Basildon asked whether there was expertise from NEDs in the other two Trusts’. The Chairman stated that we will need to think about how this is to be covered in the interim and indicated using a NED with this expertise from one of the other two Trust’s was a possibility and agreed to follow this up. Consideration needs to be whether there is a conflict of interest and if it is unsolvable. In moving towards joint working there needs to be a levelling up of quality standards.

15.3 Karen Boyles Public Governor Thurrock asked whether the other BTUH NEDs were happy to take on extra work that would ensue. The Chairman explained that Renata Drinkwater, NED has taken over the Chairmanship of QPSC – she is very capable and has found her feet now. David Hulbert has stepped down from this particular role.

15.4 In developing the new structure Jane Day asked whether there would be a need for so many governors. Ron Cape suggested there could be some rationalisation i.e. Essex County Council having one representative between three sites. The Chairman was clear that the Council of Governors would only change if there was a move towards a merger.

As there were no further items of any other business the Part 2 meeting closed at 15:00

DECISION The Council of Governors agreed not to replace the NED position that would become vacant on 31 March 2017.

CLOSE

SIGNED AS A FAIR AND ACCURATE RECORD OF THE MEETING

Chairman:

Date:
<table>
<thead>
<tr>
<th>Action Reference</th>
<th>Action</th>
<th>Lead</th>
<th>Target Closure Date</th>
<th>Current Position</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>COG/20.07.16 - 1</td>
<td><strong>Pathology First:</strong> The Managing Director to arrange for Stuart Quin from IPP to attend the November meeting to provide an update regarding the performance of pathology first and the recent problems with reporting results. Unable to attend November meeting invited to 02.03.17 meeting.</td>
<td>Managing Director</td>
<td>02.03.17</td>
<td>Attending CoG mtg on 02.03.17</td>
<td>Propose for closure</td>
</tr>
<tr>
<td>CoG/14.11.16 - 1</td>
<td><strong>Revenue Forecast - Car Park Project:</strong> To circulate a more detailed breakdown of operational costs of the car parks.</td>
<td>Director of Environment and Infrastructure.</td>
<td>14.11.16</td>
<td>These three items will all appear on the income and expenditure account. Depreciation: £156.8k Loan Interest: £272.5k PDC: £64.50k. Total: £493.8k. We pay 3.5% PDC on net relevant assets.</td>
<td>on-going</td>
</tr>
<tr>
<td>CoG/20.07.16 - 2</td>
<td>Re-circulate the Trust response to the Brentwood and Basildon CCG consultation on service restrictions.</td>
<td>Deputy Chief Executive</td>
<td></td>
<td>Completed</td>
<td>Propose for closure</td>
</tr>
<tr>
<td>CoG/14.11.17.3.11</td>
<td>ESR Briefing documents to be circulated to Governors for information.</td>
<td>Corporate Secretary</td>
<td>31.03.17</td>
<td>Nothing specific issued yet. Communication briefing to MEHT Patient Council, Southend and BTUH Governors arranged for 28.02.17.</td>
<td>on-going</td>
</tr>
<tr>
<td>CoG/14.11.16 5</td>
<td>The Director of Workforce and OD to provide a further update on workforce matters for the Council of Governors early 2017.</td>
<td>DoW&amp;OD</td>
<td>02.03.17</td>
<td>Presentation held before the Interim Meeting on 07.02.17</td>
<td></td>
</tr>
<tr>
<td>CoG/14.11.16 9.1 6</td>
<td>E-mail Members on the Working Group the start time for the next Patient Experience Working Group meeting on 30 November.</td>
<td>Deputy Corporate Secretary</td>
<td>18.11.16</td>
<td>Completed</td>
<td>Propose for closure</td>
</tr>
</tbody>
</table>
Introduction

Since the previous report to the Council of Governors, the group have met only once on the 15th February, 2017.

At the meeting governors received an update on the progress for the 2017 Annual Members Meeting and looked at the updated Membership Framework Plan, governors Engagement plans and the draft annual review for the group for the year 2016/17.

Annual Members Meeting

It was agreed that the Annual Members Meeting would be held on Tuesday, 12th September, 2017 at 4 pm in the Education Centre. The rooms and the microphone system have been booked and the date agreed with the Chief Executive and Directors.

Members of the AMM had discussed the guest speaker at their October meeting and requested that preference be given to a speaker from A& E/Emergency Services. Governors were given information on the Clinical Director for Emergency Medicine, Dr Eddie Lamuren, and following a discussion it was agreed that Dr Lamuren be approached and invited to be the guest speaker.

Membership Strategy

Governors continue to look at new ways of meeting patients/visitors to enable the Trust to meet its targets for engaging with constituents and signing up new members to the Trust.

Although there have been no recent outside events, governors did attend three engagement events in the Outpatients Department at Basildon Hospital; these were held on the 23rd November, 15th December and 16th January. The outcomes were: at the first event, 11 new members were signed up, at the second event 8 new members were signed up, at the third event no new members were signed up. Although it was felt by governors that these events had been useful as we met and chatted to patients/visitors, they had not been successful in recruiting new members. It was therefore agreed not to continue with the events.

The Targets for recruiting new members during 2016/17 were:
Engaging with younger people up to 22 years old.
- The target was 12% (+65). The Trust was successful in signing up 94 new members.

Demographic Representation:
- Brentwood Public Constituency: the target was 5% (+38). The Trust has signed up 35 new members so need 3 more to reach its target.
- Thurrock Public Constituency: the target was 5% (+196). The Trust has signed up 214 new members so met its target.
- Males: the target was 5% (+229). The Trust has signed up 166 new male members so need to sign up an addition 63 to meet its targets.

Engaging with Patients:
Here to Hear sessions have been held at both Basildon and Orsett Hospitals. These sessions not only give patients the opportunity to talk about their experiences and raise any concerns they may have but also give governors an insight in the various departments and how they work. They are an invaluable tool for monitoring the patients/visitors perceptions of the hospitals. Governors agreed that the Here to Hear sessions should continue.

The group continues to look for occasions where they can interact with constituents. All ideas would be welcome.

**Membership of Committee**

Governors have discussed the attendance at working group meetings. It has been noted that despite volunteering to sit on working groups, some governors had attended very few of the meetings and in some cases none of the meetings. It was thought that this should be discussed at the next Governors Interim Meeting in April, 2017.

**Date and Time of Next Meeting**

The date and time of the next meeting to be agreed.

**RECOMMENDATION**

There are no specific recommendations to be considered by the Council of Governors.

Report for noting.

Julia Harding, Thurrock Public Governor

22nd February 2017
COUNCIL OF GOVERNORS

MEETING: 02 MARCH 2017

AGENDA ITEM NO: 8c

FOUNDATION TIMES EDITORIAL WORKING GROUP

REPORT FROM RUSS ALLEN – GROUP MEMBER

It has been another exciting year for the Foundation Times, reporting on many interesting and though provoking subjects, none more so than the Essex Success regime.

We started as usual with our Election rundown, the results of new Governor appointments and goodbyes to our outgoing colleagues, with a thank you and good luck messages for the future.

Some of this year’s topics have been about the following: the hospitals Macmillan team, the new frailty unit, the Trust Values and the Essex CTC. We have also included articles about our Governor engagement events, including our Here 2 Hear sessions at Orsett and Basildon Hospitals, where Governors meet and listen to patients opinions and report these back to the trust. Coverage also included our roadshows out in the areas covered by the Hospital, ie Brentwood Family fun day, Freshers’ Fair, Tilbury Summer Festival and the Castle Point Show.

We have also reported on our Hospital Charity, The Polly Parrot appeal which this year alone has raised almost £100,000 very hard working and dedicated bunch of fund raisers, who must be congratulated on this amazing achievement - long may they continue.

We now enter a new year so, thank you to all who contributed this year, thank you to the Communications team for all their hard work and as usual a big thank you to Ali Jones who really does keep it all running smoothly.

DECISION

The Council of Governors is asked to note this report.

Author: Russ Allen
Title: Public Governor, Thurrock
Date January 2017
The meeting held on 13 December 2016 unfortunately coincided with the declaration of a Major Incident at Southend Hospital. This incident required a significant number of patients to be moved from Southend to other hospitals including BTUH. Hence our own emergency procedures came into use and resulted in a significant number of the staff scheduled to attend QPSC being required elsewhere.

However it was determined that the meeting was quorate as the Director of Nursing, the Managing Director and Carin Charlton were present together with three Non-Executive Directors including the Meeting Chair, David Hulbert. Clearly, with the reduced attendance, the agenda had to be reduced.

The Integrated Quality Report was received. Specific items discussed such as concerns about delayed SIs. The need to learn from complaints and to share this across disciplines was noted. Elaine Maxwell questioned the present position regarding Pressure Ulcers.

Following a discussion on the Patient Experience Review, the meeting received a presentation and discussion about the E-Obs Project. The capabilities and advantages of the system were explained. Tablets loaded with training data were distributed to all present to enable them to try the system.

A paper on Safeguarding Children and Young People, Q1 and Q2 Reports and another paper on Clinical Effectiveness and Audit were received.

The meeting was asked to identify a Board level Maternity Champion for the hospital. Diane Sarkar had been nominated and this was unanimously approved by the meeting.

Agenda items on Risk Triangulation by CSS Division and Quality Priorities for the next six months were withdrawn as the presenters from the Divisions were not present due to the Major Incident.

A report was discussed regarding the Pathology/iPP Joint Venture. A similar report had been discussed at the previous Public BoD meeting and it is scheduled to go before the next meeting of the Audit Committee.

It was noted that the matter had been raised at the Annual Members Meeting in September and by Governors of the Trust. It was noted that figures now available for the complete month of November are all ‘green’ rated bar one. Stuart Quinn (iPP) is due to report to the CoG meeting in March 2017.

An agenda item on Cleaning Performance was received from Carin Charlton. While significant actions have been taken to improve the standards, it was noted that the introduction and training of the large number of new staff recently employed may give a few ‘teething problems’. The work done by the present cleaning workforce was praised for the level of achievement reached in the clinical areas while so limited in personnel.

Papers on Internal Quality Assurance and Compliance and the Q” CLIC Report were received for assurance.
DECISION

The Council of Governors is asked to note this report.

Author: Ron Capes
Title: Public Governor Basildon
Date: 14 December 2016
Minutes of the meeting 16th November 2016, were agreed subject to a few amendments requested by the Deputy Director of Nursing.

Clinical Divisional presentation. One of the clinical divisions is invited to give a presentation on their governance arrangements to provide assurance to the Audit Committee that risks are being identified and mitigated. This time it was the turn of Women’s and Children’s Services; the service has been given a CQC excellent rating – outstanding service.

- In quarter 2 (July – Sept 2016) there were 5 serious incidents one of which concerned a maternal death due to pulmonary embolism. NEDs asked for further information on whether this death could have been avoided.
- There is a need for all children under 2 presenting at A&E to see a paediatrician and more training of A&E staff to ensure that a paediatrician is consulted.
- There are problems in meeting the requirement to register a baby within 72 hours of birth when babies are born over the weekend
- There are problems in staffing in Maternity wards resulting in agency staff being used. There is only 1 registrar at the weekend. Role redefinition is being used to provide cover

NEDs asked for there to be more focus on identification of risks rather than on incidents that had already occurred: - also on trends in risk where lessons learned may be transferrable across the Trust

There was a discussion about what constituted the “right” staffing for the division; “overstaffing” had resulted in no requirement for agency or bank staff for 5/6 years.

Internal Audit (RSM Tenon) The Internal Audit programme has been hindered by the unavailability of key staff during this very busy period for the Trust. It was agreed that finalised reports be sent to NEDS at the end of January and February rather than having all presented at the March audit meeting, with a summary presented at the March meeting.

It was agreed that the A&E safety and Critical Care audits on the audit programme for 2017/18 could be removed as the CQC has recently rated them as good.

Internal Audit carried out a strategic risk assessment of the Essex Success Regime work programme. It concluded that the approach to risk management is in development and significant progress has been made in establishing an in-hospital ESR risk register. The underlying governance arrangements to support a risk management framework are in place and continue to be subject to refinement to ensure they remain fit for purpose. This process should be re-audited in 6-9 months to check on progress.

Counter fraud: All nurses have received training in counter fraud. 13 cases in 2017 and all dealt with. NEDs asked for the result of the case to be dealt with by internal investigation to be brought back to
the Audit Committee. Internal auditors RSM Tenon will provide the Trust with a risk register on potential areas of fraud.

External Audit BDO: - External audit presented a paper to highlight and explain the key issues relevant to the audit of the financial statements, Quality Report and effectiveness of the use of resources at the Trust for the Year ending 31st March 2017. BDO explained their overall audit strategy, costs and key risks facing the Trust.

Board Assurance Framework (BAF):- the latest version which combines both risks on staffing issues was presented to the committee.

Pathology: The pathology risk report was presented. The new system went live in May 2016 and there had been problems with sample turnaround times, loss of samples etc. NED stated that this report gave her no assurance whatsoever that the situation in pathology had improved and that the conclusion of continued improvement is not backed up by the data contained in the report and continued patient complaints. The Director of Finance gave more up to date statistics showing improvement in the speed and accuracy of pathology results but NED seemed unconvinced as there was no evidence that this improvement had been sustained. It was agreed that pathology risks would be monitored by the Quality and Patient Safety Committee with assurance presented to the Audit Committee. Pathology risk is included on the BAF.

Cyber crime risk report

The IT department has put in place industry standard technical defences such as anti-virus, perimeter firewalls web and e-mail filtering and computer port control.

The department has recently had a Cyber Security Risk Management audit by internal audit and is audited annually against Business Continuity standard ISO 22302-2012. This ensures our business continuity plans are adequate in the event of IT outages such as those that would be caused by cyber attacks.

New prevention software would require extra funding. The ESR project increases the risk and impact if it involves sharing IT networks by 3 Trusts.

This risk is to be put onto and monitored via the BAF.

Financial reports: The process for recording patient’s possessions at admission was discussed. NEDs queried the high number / cost of pharmacy stock written off. Also the £10,600 overseas patient debt written off relating to one patient in need of urgent treatment

RECOMMENDATION

The Council of Governors is asked to note this report.

Author: Alan McFadden
Title: Public Governor Basildon/Governor Observer Audit Committee
Date: 23 February 2017
COUNCIL OF GOVERNORS

MEETING DATE: 02 MARCH 2017

COUNCIL OF GOVERNORS ELECTION 2017 UPDATE
REPORT OF THE CHAIRMAN

This is to provide the Council of Governors with an update on the current position within the 2017 Election process. For 2017 the following seats are available, by constituency:-

Basildon – 1 seat
Thurrock – 3 seats
Rest of England – 1 seat
Staff employed by BTUH - 1 seat

The first stage has been completed in the Election and there are two ‘contested’ constituencies ie Public Basildon and Public Thurrock, which are currently going out to a Ballot.

Public Thurrock: 7 candidates with 3 to elect:

A Ballot will be held for the Public Thurrock constituency to elect 3 new Governors, 2 x three year term of office and 1 x two year term of office.

Public Basildon: 2 candidates with 1 to elect:

A Ballot will be held to elect 1 Public Basildon Governor - for a one year term of office i.e. remainder of a term of office from a Governor who is resigning at 31.03.17.

Uncontested constituencies:

Public Rest of England: 1 candidate with one to elect for a 3 year term of office.

Staff Governors: 0 candidates with one to elect. Position is vacant. ( ++ 15.2.1, 15.2.3 and 15.2.4 options below can apply)

Notice of Poll

- The Notice of Poll was posted on Wednesday 22nd February 2017
- Voting papers are being sent out to eligible Public Thurrock and Public Basildon Members from this date.
- Close of Poll is Tuesday 14th March 2017
- Counting of votes and verification: 15th March 2017
- Notification of results to the Trust will be by 17:00hrs on 16 March 2017
- Candidates will be advised and Notification of Results posted on the Trust website by 17 March 2017.

Successful newly elected candidates will be invited to attend an Induction programme on 4 April 2017. Any re-elected Governors will be invited to attend as a refresher (optional).
Vacancy – Brentwood Constituency: Jane Day resigned her Governor position in February 2017, leaving 2 years remaining of her term of office. There is no Election taking place for this constituency in 2017. In March 2018 the other two Brentwood Governor positions will complete their terms of office. (++ 15.2.1, 15.2.3 and 15.2.4 options below can apply)

++ Trust Constitution – vacancy options:

15.2 Where the vacancy arises amongst the Elected Governors, the Council of Governors shall be at liberty either:

15.2.1 to call an election to fill the remainder of the unexpired term of office where it is in excess of one year; or

15.2.2 to invite the next highest polling candidate for that seat at the most recent election or (where relevant) by-election, who is willing to take office, to fill the seat for the remainder of the unexpired term of office. If that candidate does not accept to fill the vacancy, it may be offered to the next highest polling candidate until the vacancy is filled; or

15.2.3 where no reserve candidate is available or willing to fill the vacancy, to call an election; or

15.2.4 to leave the seat vacant until the next scheduled annual elections are to be held.

15.3 When deciding on a course of action, the Council of Governors must always ensure that the aggregate number of Governors who are Public Governors on the Council of Governors always remains in the majority.

To note - resignation:
Pamela Binfield, Public Governor Basildon is standing down at the end of the month as she is moving out of the area shortly. On behalf of the Trust Board I would like to sincerely thank Pamela for her valuable contribution as a Governor over the past two years. This position has been included in the 2017 Election process.

Recommendation(s)/ Decision Required

1. To consider the options for the Staff Governor vacant position and agree an outcome.

2. To consider the options for the Brentwood Public constituency position and agree an outcome.

3. The Council of Governors is asked to note this Election progress report for information.

Author: Suzanne Cross
Title: Deputy Corporate Secretary
Date: 22 February, 2017