

Joint Working Board

The Joint Working Board comprises a committee (known as the Success Regime Committee) of Basildon & Thurrock University Hospitals NHS Foundation Trust (BTUH), the Success Regime Committee of Mid Essex Hospital Services NHS Trust (MEHT) and the Success Regime Committee of Southend University Hospitals NHS Foundation Trust (SUHT) which meet in common.

Minutes of the meeting held on 7th February 2018 at 2.00pm in the Board Room at Southend Hospital

Present

BTUH Success Regime Committee (non executive members)

Nigel Beverley Chair, BTUH
Elaine Maxwell Non-Executive Director, BTUH

MEHT Success Regime Committee (non executive members)

Colin Grannell Non-Executive Director, MEHT
Karen Hunter Non-Executive Director, MEHT

SUHT Success Regime Committee (non executive members)

Tony Le Masurier Non-Executive Director
Gaby Rydings Non-Executive Director, SUHT
Alan Tobias Chair, SUHT (also the chair/presider of this meeting)

Joint Executives

Tom Abell Chief Transformation Officer/Deputy Chief Executive
Yvonne Blucher Managing Director, SUHT
Martin Callingham Chief Information Officer
Clare Culpin Managing Director, BTUH
Mary Foulkes Chief HR Director
Dorothy Hosein Managing Director, MEHT
Paul Kingsmore Chief Estates and Facilities Officer
James O'Sullivan Chief Financial Officer
Clare Panniker Chief Executive
Diane Sarkar Chief Nursing Officer
Celia Skinner Chief Medical Officer

In attendance

James Day	Trust Secretary, MEHT
Paul Foulger	Patient Council, MEHT
Danny Hariram	Group Director of People Strategy & Organisational Development
Victoria Parker	Interim Director of Communications and Engagement
Brinda Sittapah	Trust Secretary, SUHT
Andrew Stride	Corporate Secretary, BTUH (minutes)
Alan Ursell	Public Governor, BTUH

2 members of the public

1. Welcome, introductions and apologies for absence
 - 1.1. With agreement of all present, Alan Tobias presided over this meeting on behalf the Success Regime Committees of each Trust comprising the Joint Working Board.
 - 1.2. Alan welcomed those present to the meeting, with a particular welcome to the trust governors, patient council members and members of the public who had attended.
 - 1.3. Apologies were received from John Govett (Non-Executive Director, BTUH) and Nick Alston (Interim Chair, MEHT).
 - 1.4. Members noted that the meetings of the three Success Regime Committees were quorate.
2. Declarations of interest
 - 2.1. All presented declared a standing interest in respect of their substantive roles as Board members of one or more of the trusts.
3. Minutes of the extraordinary meeting in common of the three Trust Boards on 10th January 2018
 - 3.1. Members reviewed and approved the draft minutes of the extraordinary Board meetings in common held on 10th January 2018 to discuss and make a resolution with regard to the preferred option for future organisational form.
 - 3.2. It was noted that these minutes had already been, or would shortly be presented to each of the Trust Boards for formal ratification.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT approved the minutes of the extraordinary meeting of the three Trust Boards on 10th January 2018 as a complete and accurate record.

4. Actions and matters arising not covered by the agenda

4.1. Members noted the following updates to the action log:

- *Action 24* (task and finish group to develop a more strategic BAF) – this did not take place as planned after the risk workshop on 22nd January 2018 and would be re-arranged. **Action to remain open;**
- *Action 31* (circulate dates of facilitated workshops on service change) – **action completed and closed;**
- *Action 32* (implement reliable teleconferencing facility) – Martin Callingham advised that Skype For Business was now operational across the trusts. A demonstration had been arranged for the Closed JWB session, written instructions/guides would also be issued – **action completed and closed;**
- *Action 36* (appoint a senior clinical champion for the future organisational form project) – Dr Rebecca Martin, Deputy Medical Director and Consultant Anaesthetist at MEHT, would fulfil this role. She was leading on clinical governance and clinical strategy as part of the future organisational form delivery group. **Action completed and closed;**
- *Action 39* (update report on RTT performance and the technical issue to be provided to the MEHT Finance and Performance Committee) – this has been completed. **Action completed and closed.**

4.2. Members agreed to close those actions that were proposed for closure.

5. Reports from Trust Chairs

- 5.1. On behalf of the BTUH Board, Nigel Beverley reflected on the extreme operational challenges which were continuing throughout the winter. He commended staff of all disciplines for their hard work in maintaining quality services during such a prolonged and difficult period.
- 5.2. Colin Grannell echoed Nigel's comments about operational pressures and the professionalism of staff in relation to MEHT. He added that the combined sickness and vacancy factor was around 20% of the total workforce. Colin advised that NHS Improvement had agreed that the Trust could postpone national performance reporting given the difficulties with the Lorenzo system which were not fully resolved.
- 5.3. Building on the comments of Nigel and Colin, Alan advised that the operational pressures remained relentless at Southend Hospital. Turning to today's JWB business, Alan requested that papers be provided to JWB in a more timely manner. He also commented upon some inconsistent reporting between the trusts as part of the integrated performance report. This would be picked up during item 13.

6. Chief Executive's Report

- 6.1. Clare Panniker highlighted the operational pressures on all three sites, which were impacting on all partner organisations as well as the acute trusts. She drew particular attention to the

ongoing work to address the impact of A&E pressures on ambulance turnaround times. A risk summit with the East of England Ambulance Service had taken place the previous week although there had been a significant improvement in turnaround times and consequently ambulance response times since early January 2018.

- 6.2. Clare reflected on the media reporting associated with shortcomings in some cervical screens undertaken by Integrated Pathology Partnerships (IPP), the joint venture involving Pathology First, BTUH and SUHT, which had caused significant anxiety amongst women in South Essex in the previous week or so. Clare Culpin explained that as part of a routine quality assurance process, a number of samples had been risk stratified in line with Public Health England guidance. 900 samples had been re-tested so far out of a total of 2500 which were to be examined again. 17 of these 900 samples indicated that either another cervical smear needed to be taken or that a colposcopy referral was required. In order to reassure and assist the public, Clare Culpin explained that a helpline had been set up. The helpline had initially received 40 calls per day. In terms of communications, there was daily feedback, the websites of the trusts and partner organisations had been regularly updated. The CCGs had been supportive corporately and through their GP practices.
- 6.3. Nigel Beverley enquired as to whether the communications on the cervical screening issue were sufficiently proactive. Clare Culpin replied that the executive summary from the investigation report had been published in 2017. Reactive media statements had been prepared in case of enquiries. The lead agency at that time was Public Health England. The issue had been raised recently through the GP magazine, Pulse. Clare explained that BTUH and SUHT were now handling local media, whereas Public Health England was co-ordinating responses to national media.
- 6.4. Elaine Maxwell advised JWB that cervical screening had been discussed in detail at the BTUH Quality and Patient Safety Committee (QPSC). The Committee, she explained, were content that the problems did not represent a major clinical issue although the view was expressed by QPSC that the trusts needed to improve their approach to managing communications when adverse incidents occurred. Clare Panniker replied that different organisations set varying thresholds for proactively communicating occurrences such as this and it was sometimes difficult to achieve consensus between partners about the right balance between openness and avoiding undue alarm to the public. However she acknowledged that improvements could be made in terms of the trusts' proactive communications, which would be reflected in the presentation under item 9 of today's meeting.
- 6.5. Tony Le Masurier requested assurance as to the current performance of IPP. Celia Skinner advised that the recommendations arising from the report had now been implemented. As a result, the whole pathway had been improved. By way of external assurance, Celia explained that Public Health England was satisfied with the cytology service. Other laboratory specialties either had or would shortly be inspected through the standard UKAS accreditation process.
7. Risk and Compliance Update
- 7.1. Diane Sarkar provided JWB with an update on key headlines of the risk and compliance work being undertaken at group and site level.

- 7.2. She drew attention to the strategic workshop facilitated by BDO LLP which took place on 22nd January 2018, attended by non-executive, executive and site leadership team members from all three sites. As per the action log, a date now needed to be arranged for a follow-up discussion around developing a more strategic Board Assurance Framework (BAF).
- 7.3. In terms of Care Quality Commission (CQC) inspections, Diane advised that the report from the Southend CQC inspection in November and December 2017 was awaited. A monthly relationship meeting was held with CQC and no serious concerns were raised.
- 7.4. Diane referred to the multi-agency meeting around ophthalmology at Southend chaired by NHS England and the positive outcome from a follow-up review of infection control at Southend by NHS Improvement which resulted in the trust being de-escalated from red to amber in relation to infection control.
- 7.5. Turning to BTUH, Diane explained that an internal Well Led inspection was planned for February 2018. The Trust's inspection of core services and Well Led was expected in summer 2018. A report from the internal inspection would be presented to the Trust Board in March 2018.
- 7.6. With regard to MEHT, an unannounced visit from the Chief Nurse at NHS Improvement took place recently following a number of issues which had been raised. A visit was made to the Emergency Department and discussions took place with Diane and with Dorothy Hosein as Interim Managing Director. Diane advised JWB that ED staff were clear about escalation protocols.
8. Change Portfolio Update
- 8.1. Tom Abell provided JWB with an update on the transformation and change activities across the three trusts since the previous meeting.
- 8.2. Members paid particular attention to the schedule of public consultation activities. Tom explained that a key theme arising from the meetings to date was around the need to strengthen primary and community services across Mid and South Essex in order for the clinical transformation set out in the pre-consultation business case (PCBC) to be delivered. A significant theme arising from public sessions in South East Essex related to emergency care and whether the treat and transfer model would work safely in practice. In South West Essex, many comments and concerns clustered around the proposed transfer of services out of Orsett Hospital.
- 8.3. Tom continued that a daily call was taking place to co-ordinate communications and engagement activities. A telephone questionnaire has commenced recently in order to fill particular gaps in the demographics of those taking part in consultation activities so far.
- 8.4. Tom explained that the first meeting of the joint scrutiny committee would take place on 20th February 2018 to examine the consultation outcomes and to work through the decision-making timescales. Preparatory work was taking place for the phase 2 clinical senate which would feed into the overview and scrutiny committees and the joint scrutiny committee.

- 8.5. Celia Skinner outlined the positive clinical engagement in reconfiguration and redesign. Projects with particular pressure points included Vascular where the financials needed to be firmed up and Interventional Radiology where a decision was required about a rotating versus a fixed hub model. Celia highlighted the significant work undertaken recently to determine the future service model for trauma and orthopaedics.
- 8.6. Turning to Sustainability and Transformation Partnership (STP) leadership, Tom advised JWB that there had been a number of changes since the previous report. Jo Cripps from Basildon and Brentwood CCG had been seconded to the role of STP Programme Director and Claire Hankey had been seconded to the role of STP Director of Communications whilst discussions on the longer term system architecture continued with CCG colleagues.
- 8.7. Gaby Rydings noted that a number of projects across all three transformation programmes were amber or red-rated. Celia replied that the gaps were not related to commitment and engagement but financial and informatics support was a rate-limiting factor for a number of programmes. She continued that more resources would be needed, but no decision could be meaningfully reached on the scale of the requirement until the consultation had concluded and the outcome analysed.
- 8.8. Tom added that 14 schemes had improved their RAG rating since the previous meeting, indicating that the projects were generally moving in the right direction. As part of the next change portfolio update, Tom would draw out specific issues and challenges in the executive summary.
9. Group Communications and Engagement Strategy
- 9.1. Victoria Parker delivered a presentation on the development of a Group Communications and Engagement Strategy. This presentation covered the following issues:
- The need for a single strategy across the Group;
 - The overall aims of communications and engagement;
 - Stakeholder mapping;
 - Key principles, channels and activities to date;
 - Plan for future communications and engagement
- 9.2. In response to a question from Tony Le Masurier about how the Team approached reactive communications, Victoria explained that there was regular local and national horizon scanning. Lines of response were agreed with regulators and partners, she explained, and this sometimes introduced delays into corporate responses to emerging issues. Victoria cited cervical screening as an example of the complexity of agreeing responses with different agencies. An additional complexity of this particular occurrence was that the regional media picked up on the matter before national media. Clare Culpin added that the cervical screening coverage was exceptional given that responsibility passed relatively late on a Friday to the trusts. Nonetheless lessons had been learned to improve responses moving forward.

- 9.3. On a similar vein, Victoria assured JWB that internal channels were established to validate concerns and issues raised by the media, although the continually high operational pressures on all sites sometimes precluded this validation from happening as quickly as it could.
- 9.4. Mary Foulkes wondered whether there might be over-reliance at present on email and social media as communication tools, particularly for trust staff. Victoria acknowledged that effective communications and engagement needed to use diverse approaches, although she noted that some staff already had a mobile 'app which facilitated prompt ongoing access to key messages. Clare Culpin added that the RightStaff system used at BTUH included this facility.
- 9.5. Elaine Maxwell advised that the BTUH non-executives had expressed dissatisfaction with the Trust's response to the BBC Tracker of operational performance, given that the Trust had more control and time to provide a considered and proactive response. Elaine also highlighted the value of social media, noting that the MSB Group did not currently have a Twitter account.
- 9.6. Gaby emphasized the importance of robust, reliable and regular internal communications as a means of maintaining morale during times of uncertainty. This theme had been picked up at Southend during recent ward-to-board visits. All agreed that there was a need for more consistent and clear management/corporate messages including demonstrable follow-up on actions and concerns raised.
10. Future Organisational Form – Update
- 10.1. Clare Panniker provided an update on the future organisational form project, following the decision of the three Trust Boards on 10th January 2018 that merger was their preferred option subject to regulatory approval.
- 10.2. Clare highlighted the significant progress made to establish and embed programme leadership and governance, including the first Programme Board meeting which took place the previous week.
- 10.3. Members noted the project timeline and the link between the capital business case and the merger which would be discussed shortly with NHS Improvement. Clare commended the support shown to date by NHS Improvement for a proposed merger, including the allocation of senior resource to support the project, details of which would be confirmed soon.
- 10.4. JWB were advised that the next key milestone was the development of the first draft Strategic Case which would be reviewed by JWB at the end of March 2018. Clare explained that the patient benefits case would be crucial in satisfying the Competition and Markets Authority (CMA) that a merger was in the public interest despite the lessening of competition. Members noted the significant amount of work which the future organisational form project would require from trust staff and external advisors. This had been recorded as a risk on the programme risk register. Clare commented that this risk was being mitigated in a number of ways, including by ensuring that work on the Strategic Case and other parts of the project could also be used for the clinical senate submission.

- 10.5. Clare drew attention to the staff briefings on the PCBC and the merger plans. She added that the Governors of BTUH and SUHT were aware of their statutory role in approving the merger in due course. Alan Tobias commented that Southend Governors were happy with the direction of travel. They have requested a workshop to discuss options for the composition of the Council of Governors for the new organisation which would be arranged in the near future.
- 10.6. In his capacity as Chair of the Programme Board, Nigel Beverley invited JWB to ratify the Programme Board terms of reference as presented. JWB approved them without amendment.

DECISION

The Success Regime Committee of MEHT, the Success Regime Committee of SUHT and the Success Regime Committee of BTUH approved the terms of reference for the Future Organisational form Programme Board.

11. Nursing and Midwifery Retention Update
 - 11.1. Further to discussions at previous meetings, Diane Sarkar informed JWB that she was now leading the retention work stream whilst Mary Foulkes was leading on recruitment. Diane presented the JWB with assurance of actions that were being taken over the short term (three months) whilst development of a robust longer-term strategy to improve the recruitment and retention of nurses and midwives was developed.
 - 11.2. Diane highlighted work taking place at site level to develop robust local action plans ready for submission as part of the NHSI (Cohort 2) retention work by 9th February 2018. She added that plans were in place following a recent Joint Executive Group meeting to source external support to develop a focussed group retention strategy to be provided to JWB in May 2018. A three-trust retention group would now meet monthly and reporting to JWB every two months.
 - 11.3. In response to a question from Elaine Maxwell, Diane confirmed that vacancy rates for nursing and midwifery had increased (including healthcare assistants), particularly at MEHT, although Dorothy Hosein highlighted the high levels of interest at a recent open event.
 - 11.4. Turning to the forthcoming retention strategy, members noted the value of ward-based diagnostics to understand why nurses and midwives were leaving, also the inclusion of health and wellbeing alongside resilience within the strategy. Elaine reminded JWB that the average age of people leaving the Nursing and Midwifery Council (NMC) Register was 51 indicating that retirement was not the main issue nationally.
 - 11.5. Tony Le Masurier emphasised the importance of capturing in the strategy any difference between the registered staff should be undertaking and their work in practice on a daily basis. Diane acknowledged this as an issue, commenting that task mix was picked up as part of focus groups. She continued that Model Hospital data would be part of focus group discussions moving forward. Health Education England were keen to support the Group in improving retention.

12. Reflections on Practice

- 12.1. The JWB welcomed Dr Paul Guylor, Stroke Consultant at Southend Hospital, who was leading on the development of stroke services across the Group.
- 12.2 Dr Guylor explained that whilst all three hospitals currently had a good stroke service, the aim of the transformation was to establish a single service with consistent sustainable staffing levels which met national best practice, enabling fast thrombolysis and thrombectomy. In turn this would deliver lower rates of stroke-related mortality and disability.
- 12.3 In response to a question from Tony Le Masurier, Dr Guylor explained that designing the optimal staffing model for the stroke service was crucial. He added that if the service only treated stroke patients, with those patients experiencing symptoms that mimicked stroke such as severe migraine being triaged elsewhere, then the service had just about the required staffing level following the proposed model. He clarified that the model did not assume that a large number of patients would be transferred between sites although the model was adaptable to future service needs.
- 12.4 Gaby Rydings enquired as to whether staff would wish to work in a Hyper Acute Stroke Unit (HASU) based in Basildon. Dr Guylor replied that each site would have a better stroke service than at present. Some nurses would be attracted to specialties such as rapid assessment and intensive care stroke nursing within a HASU whilst others would inevitably prefer to work locally.
- 12.5 Karen Hunter enquired as to whether early supported discharge outcomes remained as positive as they had been. Dr Guylor replied that the trusts were keen to present data nationally as a single service, albeit with two distinct teams of hospital and community therapists.
- 12.6 Dr Guylor commented that some initial investment would be needed to deliver the service model such as MRI equipment and in the assessment teams.
- 12.7 Celia Skinner highlighted the work around prevention and rehabilitation. The service would work closely with UCL Hospitals to evaluate the service changes.
- 12.8 On behalf of JWB, Alan Tobias thanked Dr Guylor and his Team for their commitment to improving stroke care in Mid and South Essex.

13. Integrated Performance Report

- 13.1. Clare Panniker introduced the integrated performance report (IPR) covering the three trusts in respect of December 2017. She advised that the contents had been discussed with and scrutinised by the site leadership teams and the non-executive directors as part of site-based governance. Clare invited colleagues to highlight salient points from their areas of expertise.
- 13.2. With regard to operational performance, Yvonne Blucher highlighted the deterioration in 4-hour A&E wait performance in December 2017 and January 2018, as a result of which all elective surgery had been postponed apart from cases which were for cancer or were otherwise clinically urgent. Cancer performance had deteriorated in December 2017 due to a combination of late referrals and patient choice.

- 13.3. Clare Culpin noted the trend towards evening A&E attendances at Basildon Hospital over this winter. She explained that BTUH was operating a Strategic Control Room for the first time this year to manage winter pressures. Urgent and emergency care pathways had been redesigned. Although the elective ward at Basildon would be re-opened the following week, Referral to Treatment (RTT) times had deteriorated over the winter and as a result of national policy. Clare commended the response of local partners to the operational pressures. Tom Abell added that the system-wide control room was enabling a group-wide understanding of the pressures in both NHS and social care organisations.
- 13.4 in response to a question from Alan Tobias about late referrals for cancer, Clare Culpin advised that this was being picked up with NHS Improvement. There had been good clinical engagement on changing pathways and the Group was benefitting from the services of a recently appointed Group Director of Cancer Services (Michael Catlin).
- 13.5 Dorothy Hosein provided a similar picture of operational performance at MEHT. She drew attention to system-wide work to facilitate discharges from hospital. The Trust had recovery plans for cancer and for RTT.
- 13.6 Turning to quality and patient safety metrics, Diane Sarkar advised that themes and trends from never events were being shared across the Group following a summit in November 2017. There had been an issue with falls and with pressure ulcers at MEHT. A standardised harm review process was being developed.
- 13.7 JWB noted that a new group model for the clinical quality review groups (CQRG) with commissioners had been introduced and a refreshed approach to CCG quality visits had been agreed.
- 13.8 Mary Foulkes provided members with a summary of workforce metrics for December 2017. Agency spend remained high, driven by the vacancy factor. Particular effort was focussed on recruiting to clinical vacancies at MEHT including proactive marketing and open days. In response to a question from Gaby Rydings, Mary advised that whilst sites were not encouraged to source staff from other sites within the Group, it was preferable that staff moved between hospitals rather than leave the Group. Formal rotation between sites was being actively explored as a means of attracting and retaining staff seeking more diverse experience.
- 13.9 Another issue under debate at present, Mary explained, was recruitment to corporate vacancies. Mary commented that whilst it was generally preferable during times of organisational change to only recruit on a fixed term or secondment basis, there was a need to consider each case on its merits as preventing permanent recruitment could have unintended consequences in terms of high cost agency usage or service disruption. Elaine Maxwell agreed. Clare Panniker also concurred, although she highlighted the importance of a consistent approach within and between sites. It was agreed that a group-wide protocol for recruiting to corporate staff would be developed and debated at the Joint Executive Group.

ACTION 40

Protocol for recruitment to corporate vacancies to be developed and discussed by the Joint Executive Group. LEAD – Mary Foulkes

- 13.10 In response to a request from Alan, it was agreed that the number of medical vacancies at different grades would be included in all future iterations of the IPR.

ACTION 41

Include medical vacancies in all future IPR. LEAD – Mary Foulkes

- 13.11 James O’Sullivan provided a summary of financial performance as at month 9 (December 2017). He referred to the updated 2017/18 forecasts showed on pages 94 and 95 of the pack in respect of MEHT and BTUH. Members noted that SUHT were still forecasting that they would meet their 2017/18 control total.
- 13.12. James drew attention to the very high levels of agency spend at MEHT and that cost improvements (CIPs) and capital expenditure were behind plan, particularly at BTUH and SUHT, although it had been recently confirmed that funding was available.
- 13.13 Paul Kingsmore presented the proposed estates and facilities key performance indicators (KPIs) as an appendix to this month’s IPR. In response to a question from Tony, Paul advised that members would be provide with a hyperlink which would enable them to drill-down into more detail and other non-headline indicators if they wished to do so. Martin Callingham commended the value of consistent estates and facilities indicators across the group for monitoring by JWB on a monthly basis.
- 13.14 Alan enquired as to whether KPI data would be available equally for in-house and outsourced services to enable a meaningful comparison and benchmarking. Paul replied that this would be possible for both soft and hard FM services.

14. Risks and items of business to escalate to Trust Boards and Committees

- 14.1. No specific items were raised.

15. Questions from the Public Gallery

- 15.1. Alan Tobias invited Trust Governors, Patient Council members and the public attending today’s meeting to make any comments or ask questions.
- 15.2. A question was asked as to whether there remained plans to establish centres of excellence at each hospital. Celia Skinner confirmed this to be the case, as reflected in the PCBC and current consultation. She advised that Southend would continue as a centre of excellence for oncology and radiotherapy and cancer surgeries, particular urological and gynaecological cancers. There were also plans to undertake more elective orthopaedic work at Southend whilst maintaining and enhancing quality local services.
- 15.3 A second question was raised in relation to transport between sites. Tom Abell advised that there would be a shuttle service for patients and staff but he acknowledged that travel remained a key issue, echoed during consultation events.
- 15.4 In response to a comment about primary care services, Tom agreed that all transformation plans assumed a step change in prevention and wellbeing services. A strategy for primary care was being developed in the individual localities. Further detail would be available in March / April 2018 in this regard.

- 15.5 One members of the public enquired as to the purposes for which car parking revenue was utilised by the trusts. Alan replied that the income covered the costs of car park maintenance and security with all residual monies used for patient care.
- 15.6 A comment from the public gallery was that the consultation document and narrative during public meetings should be much clearer with sharper messages on the anticipated improvements in patient outcomes resulting from the service changes to help overcome resistance and scepticism.
- 15.7 Paul Foulger referenced key themes from the consultation meetings he had attended including transport and social care capacity. Clare Panniker acknowledged the importance of articulating integrated health and social care as a vision for the STP, with the acute changes contributing to the delivery of that vision.
- 15.8 In response to a question from Alan Ursell about the target date of 1st April 2019 for establishing the merged organisation, Clare stated that this date remained realistic given the degree of collaborative working and governance achieved to date, although there were some factors which were outside the direct control of the trusts, particularly the need for regulatory approval at several stages of the process. She added that maintaining pace to deliver the new organisation as quickly as possible was in the interests of all parties.
16. Any other business
- 16.1. No items were raised.
17. Date of next meeting
- 17.1 The JWB would next meet on **Wednesday 7th March 2018**, 2pm to 4.30pm in the Committee Rooms, Level G, Basildon Hospital.
18. Motion
- 18.1 The following resolution was passed :

“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)”

Signed as an accurate and complete record

Alan Tobias, Presider _____

Date