

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 March 2018 at 2.00pm in the Committee Rooms, Level G,
Basildon Hospital

Present

BTUH Success Regime Committee (non executive members)

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

MEHT Success Regime Committee (non executive members)

Nick Alston Interim Chair, MEHT
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

Martin Callingham Chief Information Officer
Mary Foulkes Chief HR Director
Paul Kingsmore Chief Estates and Facilities Officer
James O'Sullivan Chief Financial Officer
Clare Panniker Chief Executive
Celia Skinner Chief Medical Officer

In attendance

Les Catley Lead Governor, SUHT
Ron Capes Lead Governor, BTUH

Liz Carpenter	Staff Governor, BTUH
James Day	Trust Secretary, MEHT
Paul Foulger	Patient Council, MEHT
Alison Griffiths	People and OD Team
Danny Hariram	Group Director of People Strategy & Organisational Development
Marlene Moura	Public Governor, BTUH
Pamela Page	Appointed Governor, Anglia Ruskin University
Victoria Parker	Interim Director of Communications and Engagement
Jayne Toplis	Associate Director, People and Organisational Development (item 7)
Andrew Stride	Corporate Secretary, BTUH (minutes)

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 Tom Abell (Chief Transformation Officer/Deputy Chief Executive), Yvonne Blucher (Managing Director, SUHT), Clare Culpin (Managing Director, BTUH), Dorothy Hosein (Managing Director, MEHT), Diane Sarkar (Chief Nursing Officer) and Jill Stoddart (Non-Executive Director, 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.
 - 2.2. Nick Alston declared an interest as an employee of Anglia Ruskin University which he considered relevant to some items on the agenda.
 - 2.3. John Govett declared an interest as Chief Executive of a company which provided apprenticeships.
3. Minutes of the previous meeting of the Joint Working Board held on 7th February 2018
 - 3.1. Members reviewed the draft minutes of the JWB meeting held on 7th February 2018, subject to one amendment.

- 3.2. Para 5.2 – the comments about postponement of national performance reporting related to Referral to Treatment (RTT) times only, not performance reporting in general.

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 JWB meeting on 7th February 2018 as a complete and accurate record, subject to the amendment noted above.

4. Actions and matters arising not covered by the agenda

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

- *Action 24 (development of a more strategic BAF)* – a suitable date was still to be identified. *Post meeting note* – arranged for 4th April 2018. Assuming the meeting took place as planned, this action would be closed at the April meeting. **Action proposed for closure at the April meeting;**
- *Action 40 (protocol for recruitment to corporate vacancies)* – to be determined by JEG as this is a purely operational issue. **Action closed;**
- *Action 41 (medical vacancies to be included into the integrated performance report)* – to be included in the report to April JWB. **Action proposed for closure at the April meeting.**

5. Reports from Trust Chairs

- 5.1. Nigel Beverley updated JWB members with regard to forthcoming changes in the BTUH Board. He drew attention to Elaine Maxwell who would be leaving the Trust at the end of March 2018. Elaine had made an important contribution to BTUH as well as to the Joint Working Board and its predecessors since early 2016. Nigel continued that two other NEDs would be leaving BTUH before the end of April. The Trust was undergoing recruitment for at least two new NEDs which should conclude in the next few weeks.
- 5.2. Nigel outlined his involvement with the NHSI Chairs Advisory Forum. At a recent Forum meeting, forthcoming changes to NHSI's relationship with NHS England were becoming clearer. Nigel would act as a link between the Chairs Advisory Forum and the three trusts.
- 5.3. With regard to MEHT, Nick Alston explained that additional meetings had recently commenced between the NEDs and the site leadership team to provide more frequent support and challenge. There was greater visibility of the site leaders and controls were being strengthened in view of the deteriorating financial situation. Nick drew attention to the extreme operational pressures at MEHT, illustrated by the Trust being on critical incident for the previous 48 hours due to emergency demand. The nursing home beds and the winter ward were full.
- 5.4. In terms of preparation for the change in organisation form, Nick explained that MEHT were developing key strategic links with parish and town councils to enhance engagement with the communities served by the Trust. The aim was to broadly mirror the engagement mechanisms in place with governors in the two Foundation Trusts.

- 5.5. Alan Tobias informed JWB that SUHT Board signed up to the 2018/19 control total the previous day. The SUHT Board received a report from the CCG regarding QIPP savings. The Board considered there to be doubts over the deliverability of CCG QIPP, which would have an impact on the acute sector. SUHT Board were clear that primary, community and social care needed to step up if the health and care economy were to have a sustainable future and deliver the benefits of the changes detailed in the pre-consultation business case (PCBC).
- 5.6. Alan echoed the experiences of Nick and Nigel with regard to extreme operational pressures. Extra beds had been opened at Southend Hospital, with no breaches of quality in terms of mixed sex accommodation or patients waiting on trolleys in corridors. Safe staffing ratios were being continually reviewed.
- 5.7. All three Trust Chairs commended the dedicated and hard work of staff in maintaining service quality despite very challenging circumstances over winter.

6. Chief Executive's Report

- 6.1. Clare Panniker drew members' attention to the ambulance handover protocols introduced by the East of England Ambulance Trust with effect from 26th February 2018. She advised that the Ambulance Service were satisfied with the trusts' response to the new arrangement. Clare highlighted the impact of the severe weather this week on the length of stay and the number of acute patients attending A&E.
- 6.2. Turning to the clinical service reconfiguration, Clare advised those present that the closing date for the consultation had been extended to 23rd March 2018 to accommodate additional public meetings. The individual trusts would be submitting their own formal response to the consultation (which was led by the CCGs), as would the JWB.
- 6.3. Clare summarised forthcoming leadership changes at trust and JEG level. An appointment had recently been made to the post of Chief Commercial Officer. Clare Culpin, Managing Director at BTUH, had resigned and would leave the trust in June 2018. The recruitment process for a substantive appointment to the Chief Estates and Facilities Director post and the Managing Directors of BTUH and MEHT were now underway.

7. Reflections on Practice

- 7.1. Alan Tobias welcomed the Group-wide People and Organisational Development (OD) team who had attended today's meeting to provide a reflections on practice presentation. Danny Hariram introduced the team and outlined their individual and collective roles.
- 7.2. The team explained that People and OD was one of the first services to be harmonised as a single service offer across the three trusts from September 2017. They reflected on the challenges of bringing together three teams who had historically different focuses and approaches. The new approach sought to address People, Teams and Organisation as distinct but interrelated strands, leading to both a group and single sites offers.

- 7.3. Danny and the team outlined their achievements to date in the areas of Culture and Engagement, Leadership and Talent, Education and Training and Technology.
- 7.4. In response to a question from Nick Alston about the nursing pathway, the team explained that their approach was built upon apprenticeships. Working as a healthcare assistant for two years would lead to a formal qualification which could then be “topped up” in partnership with the University of Essex to qualification as a registered nurse. In terms of numbers, 20 people had been recently interviewed for the University top-up across the group. Danny added that the apprenticeship levy was being used to shift the workforce balance from unregistered to registered. One the methodology had been tested, more capacity could be procured.
- 7.5. Elaine Maxwell emphasized the importance of robust evaluation from the outset, given that the NHS did not have a consistent history of well-planned and evidence-based evaluation strategies. Alison Griffiths agreed, commenting that evaluation had been discussed with the Directors of Nursing. It had been agreed that external support to design an evaluation would be obtained if necessary.
- 7.6. Tony Le Masurier enquired as to how the team and the wider trusts identified talent. Evan X explained that the team were introducing an online performance management system. Danny added that a 9-box grid talent framework was being introduced across the group which would enable support to be tailored to individuals and to teams. Implementing a new appraisal policy was a priority.
- 7.7. Nigel Beverley enquired as to how the trusts were communicating and support staff whilst these measures were being introduced, given the natural anxiety created by the move to a new organisational form which was announced in January 2018. Jayne responded that the trusts were actively listening to staff but there was a clear need to undertake more interventions and to improve engagement. In pursuit of this, the People and OD Team were building relationships with the sites and with the HR teams. Work was also taking place to assess and improve team dynamics.
- 7.8. John Govett emphasised the importance of determining metrics with regard to apprenticeships and interventions to “grow your own” registered nurses. It was important to set up a “conveyor belt” rather than expending significant effort resulting in a small and unsustainable increase. John added that the trusts needed to understand the golden thread explaining why the trusts had vacancies in the higher band nursing vacancies whilst more junior graded nurses were leaving. The People and OD Team were mapping out this issue at present for future consideration by JWB.
- 7.9. Colin Grannell enquired as to the relationship between individual and team development and the staff support hub that was being developed as part of the transformation of corporate support services. Martin Callingham acknowledged that there was a link but this would not be addressed in the first phase of the support hub development.
- 7.10. Mary Foulkes commended the achievements of the People and OD Team in their first six months of operation, however she requested assurance as to whether the programmes were sustainable and how the trusts would the learning into practice. Nick Alston agreed,

asking how the work of the separate HR and People/OD Teams was being co-ordinated to create synergies given that they were under separate leadership. Clare Panniker explained that the two teams were working closely together. Their work reported into JEG who would ensure this synergy on an ongoing basis.

- 7.11. In response to a question raised by Alan Tobias, Jayne explained that the “tariff monies” referenced in their presentation related to the Health Education England tariff, not the Payment by Results (PbR) or any other tariff.
- 7.12. Alan thanked Danny and his team for their hard work, achievements to date and their thought-provoking reflections on practice presentation.

8. Risk Management and Compliance Update

- 8.1. In the absence of Diane Sarkar, Celia Skinner presented an update on the risk and compliance activities across the group. She explained that a date was being sought for a meeting to discuss the development of a more strategic BAF, following the workshop facilitated by BDO LLP in late January 2018. JWB were pleased to note that SUHT received a substantial assurance opinion following a recent internal audit of their risk management processes.
- 8.2. Clare Panniker advised that Southend’s draft CQC report had been recently received for a factual accuracy review. The final report was anticipated in the following few weeks.

9. Change Portfolio Update

- 9.1. Celia Skinner provided JWB with the monthly update on the transformation and change activities across the three trusts.
- 9.2. Celia drew attention to the public consultation events and the successful reach of social media. The aforementioned extension of the consultation period would not impact upon the next stage of the process. Significant work was taking place to prepare for the clinical senate stage two review.
- 9.3. Members noted the launch of the MSB Innovation Fellowship which was launched on 8th February 2018. The proposed fellowship allowed trust staff and entrepreneurs on the NHS Clinical Entrepreneurs Programme with interesting ideas or novel products to apply to working with the group to test them. Celia explained that 31 applications had been received so far. Shortlisting and interviews would take place during March 2018, with successful applicants being given an honorary contract to work across the three trusts.
- 9.4. Celia highlighted the establishment of the Association of Health and Care Provider Groups as a learning network for provider groups working in health and care in England. Many members of JEG attended the launch event in January 2018. Initial agreed joint work programmes to which the three trusts would contribute to and benefit from, would include talent management pipelines for site directors, new approaches to education and economies of scale through digital systems.

- 9.5. With regard to clinical reconfiguration and redesign programmes, Gaby Rydings expressed concern about the Vascular and Cancer Programmes. Celia acknowledged the concerns, commenting that although the vascular programme had a clear vision, the issue was fitting the service into the BTUH footprint. Theatre space and beds were needed as an interim solution until the capita issue was resolved.
- 9.6. Gaby enquired as to whether the inability to move resources between the trusts was frustrating service change. Celia replied that this was the case with some programmes, citing the example of pharmacy where there was a need to move staffing resources between sites.
- 9.7. Karen Hunter drew attention to the issue with the ophthalmology service at Mid Essex and Southend. Celia advised that there had been good progress with the clinical teams, with the aim of providing a single team. Discussions were taking place with the CCGs about removing some ophthalmology activity from the acute sector for which a business case was being worked up. She added that the project was not yet at the stage where a single technology existed across the acute and community ophthalmology services enabling a single patient record.
- 9.8. Alan Tobias expressed concern about the lack of alignment of demand and capacity planning with the CCGs. Celia replied that there was now an acceptance that about 15% of activity could be transferred to primary care, not the 25% initially envisaged.
- 9.9. Gaby enquired as to the sight which the JWB would have of the clinical senate submission. Celia agreed that a briefing and engagement session on this matter with the governors and NEDs would be helpful. She would arrange some dates.

ACTION 42

Arrange governor/NED sessions on the clinical senate submission. LEAD – Celia Skinner

- 9.10. Clare Panniker added that there was much greater detail available for the clinical senate than there had been to date. The role of the clinical senate, she clarified was to obtain assurance that the proposed service changes could be implemented in a way that safeguarded safe high quality care.
- 9.11. In response to a further question from Gaby, Clare clarified that the JWB would not make the decision on clinical service changes. Whilst the trusts would formally respond to the consultation and would be asked to sign off the changes before they were implemented, the decision and statutory responsibility rested with the CCGs as commissioners.
- 9.12. Referring to the pre-circulated appendix on pharmacy reconfiguration, Celia explained that there would be a presentation on this topic from the Group Chief Pharmacist at the April JWB meeting.
10. Future Organisational Form – Update
- 10.1. Clare Panniker provided members with a summary of the progress in the future organisational form project since the previous meeting.

- 10.2. Clare highlighted the scrutiny provided by the Programme Board the previous week. A paper would be received at the next Programme Board evaluating the pros and cons of the legal routes to create the new organisation (merger or acquisition).
- 10.3. Members noted the advice from NHSI to pursue with vigour approval for the proposed transaction at phase one. The JEG would revisit the financial bridge the following week. Staff briefings had taken place across all sites. Constant dialogue with regulators was continuing.
- 10.4 Nick Alston emphasised the crucial nature of the patient benefits case to the transaction gaining regulatory approval, adding that the benefits to the majority of patients of continued access to a quality responsive local hospital should be reflected in the benefits case as well as the proposed changes for a relative minority of patients. Clare concurred, reminding those present that between 85% and 90% of patients in Mid and South Essex would continue to receive care at their local hospital. She added that the benefits in terms of operating at scale and implementing standardised care models would also be articulated in the patient benefits case.
- 10.5 Tony Le Masurier noted the most highly rated risks identified by the Future Organisational Form Programme Board, requesting clarity as to the extent to which these had been mitigated since the previous meeting. Clare replied that mitigation had progressed recently, citing the external support received on developing the patient benefits case. However she acknowledged that internal capacity to deliver the new organisational form remained a rate limiting step at present.
11. Digital Strategy Update
- 11.1. Martin Callingham reminded members that a paper was presented to JWB in September 2017 setting out the steps being taken to develop a digital strategy to support the Group. The output of a number of assessments were presented to a sub-group of executives and non-executives in January 2018. Martin's update set out the key findings of the reviews and potential next steps.
- 11.2. Martin explained that the three hospitals had configured digital systems to the historic circumstances of their own sites. Harmonising these systems was therefore a complex exercise. The aim, Martin explained, was to enable fully mobile patients and staff across the group. The project was examining which interventions provided the best outcomes, including the use of cloud-based technology, although Martin noted that the use of cloud-based services challenged the traditional funding stream as it required a move from capital to revenue support. The next stage would be to build up a range of costed options for the JWB to consider.
- 11.3 Nick Alston noted the six areas where there were identified needs to be addressed : Datacentre, Mobility, Single identity, Acute Shared Record, Single Data Warehouse, and Clinical and Corporate Systems – digitising the patient pathway. Martin commented that there was significant interest in the Single Identity piece at present. In response to a comment from Nigel Beverley, Martin explained that smart working and teleconferencing was being improved across the group. For example, Skype For Business was being rolled out at present.
12. Integrated Performance Report

- 12.1. Clare Panniker introduced the integrated performance report (IPR) which set out the performance of the individual trusts and the group as a whole for January 2018 against the agreed metrics for Quality, Finance, Operations and Workforce. The performance of individual trusts had been considered through their internal governance channels as normal. Clare invited executive leads to highlight particular metrics.
- 12.2. Turning to quality metrics, Celia drew attention to the most recent mortality statistics. MEHT and BTUH remained within expected range shown by the Standardised Hospital Mortality Ratio (SHMI) as at June 2017. SUHT was slightly higher than the expected range. In response to a comment from Tony Le Masurier, Celia advised that crude mortality data would be standardised from April 2018.
- 12.3. Celia noted that the medical locum target for BTUH was significantly higher than the other two trusts, as a result of which BTUH was green-rated but SUHT and MEHT were red-rated. She explained that the targets were based on historic levels of agency spend.
- 12.4. With regard to bank and agency, Mary Foulkes explained that work was taking place to set up a collaborative bank to avoid internal competition for staff between the three trusts.
- 12.5. Mary reported that the internal recruitment process was being tightened and standardised as the time from offer to start date currently ranged from 25 to 71 days. A strategic plan on bank/agency and recruitment generally would be presented to JWB in May 2018.

ACTION 43

Strategic plan on bank/agency and recruitment to be presented to JWB in May 2018. LEAD – Mary Foulkes

13. Risks and items of business to escalate to Trust Boards and Committees
- 13.1. No specific items were raised.
14. 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. Ron Capes enquired as to whether the implementation of the digital strategy would have implications for the CCGs and vice versa. Martin Callingham replied that the five Mid and South Essex CCGs were coming together. He continued that there was a local digital roadmap to provide outcomes across the STP area. Supportive funds should be forthcoming from NHS England and the Local Authorities to implement a shared record. The Digital Board was transforming into an operational delivery board.
- 15.3. Ron asked a further question with regard to the future organisational form project, particularly the challenging timetable set out in the paper. Clare Panniker acknowledged that the project plan was very challenging, noting that the Programme Board were scrutinising the delivery and providing assurance to the JWB on a monthly basis.
- 15.4. Paul Foulger expressed concern about cancer services. Celia Skinner acknowledged the difficulties in service continuity for colorectal cancer at Broomfield Hospital and the need for patients to receive radiotherapy at Colchester Hospital. She explained that the group were making arrangements with Southend Hospital to cover in the meantime. The team had made substantive appointments so the service would be more stable from Summer 2018.

15.5. Pam Page asked whether the trusts were obtaining intelligence from departing staff, particularly clinical staff, via exit interviews. Mary Foulkes replied that the quality and quantity of data from exit interviews was variable, although consistent themes amongst reasons for leaving included career development and relocation out of area. On a related matter, Elaine Maxwell asked whether Diane Sarkar had secured external support to develop a nursing and midwifery retention strategy as discussed at the previous JWB meeting. Clare replied that a suitable resource had not yet been identified.

16. Any other business

16.1. No items were raised.

17. Closing remarks

17.1. Alan Tobias expressed frustration that none of the agenda items for today's meeting were designated as providing assurance to JWB, rather than noting, information or discussion. He reminded executive sponsors to make a clear distinction between the purposes of items at future meetings, given that the JWB was primarily a forum for assurance.

17.2. He also requested that the financial implications of proposals and papers be drawn out more clearly than was evidenced by the papers reviewed today, citing specific financial sums where available, even if they were reasonable estimates, so that links could be made to the financial bridge.

17.2. Alan advised that he was chairing JWB for the final time today. The chairmanship would rotate to Nigel Beverley with effect from April, as agreed by the Trust Chairs when the formal governance between the three trusts was established in early 2016. He thanked colleagues for their commitment during his tenure as JWB chair. Alan would continue to serve as a NED on JWB.

17.3. On behalf of the JWB, Nigel thanked Alan for his excellent chairmanship of the JWB during the past year of significant change.

18. Date of next meeting

18.1. The JWB would next meet on **Wednesday 4th April 2018**, 2pm to 4.30pm in the Medical Academic Unit, Broomfield Hospital.

17. Motion

17.1 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