Basildon and Thurrock University Hospitals NHS
NHS Foundation Trust

Mid Essex Hospital Services NHS
NHS Trust

Southend University Hospital NHS
NHS Foundation Trust

Boards of Directors Meetings in Common (Public Session)
Held on 9th May 2018 at 2.00pm
Committee Rooms, Level G, Basildon Hospital

Minutes

Present

Joint Executives (members of the Boards of Directors of BTUH, MEHT and SUHT):

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

Basildon and Thurrock Board of Directors:

Nigel Beverley	Chair
Renata Drinkwater	Non-Executive Director

Barbara Stuttle CBE	Non-Executive Director
Mid Essex Board of Directors:	
Nick Alston	Acting Chair
Colin Grannell	Non-Executive Director
Karen Hunter	Non-Executive Director
Southend Board of Directors :	
Alan Tobias	Chair
Mike Green	Non-Executive Director
Fred Heddell	Non-Executive Director
Tony Le Masurier	Non-Executive Director
David Parkins	Non-Executive Director
Gail Partridge	Non-Executive Director
Gaby Rydings	Non-Executive Director
Tim Young	Non-Executive Director
<u>In Attendance</u>	
David Bevan	Associate Director, KPMG
Ron Capes	Lead Governor, BTUH
James Day	Trust Secretary, Mid Essex
Danny Hariram	Group Director of People Strategy and Organisational Development / Future Organisational Form Programme Director
Marlene Moura	Public Governor, BTUH
Owen O'Sullivan	Group Director
Victoria Parker	Interim Director of Communications and Engagement

Karoline Singleton	Assistant Company Secretary, SUHT
Brinda Sittapah	Company Secretary, SUHT
Phillip Smith	Public Governor, BTUH
Andrew Stride	Corporate Secretary, BTUH – minutes
Two members of the public	

Apologies

Jonathan Dunk	Chief Commercial Officer
John Govett	Non-Executive Director, BTUH
Dorothy Hosein	Interim Managing Director, MEHT
Parm Phipps	Non-Executive Director, MEHT
Margaret Pratt	Non-Executive Director, BTUH
Diane Sarkar	Chief Nursing Officer
Jill Stoddart	Non-Executive Director, MEHT
David Wilde	Non-Executive Director, MEHT

1. Welcome, Opening Remarks and Quoracy Check

1.1. All present agreed that Nigel Beverley (BTUH Chair) would preside over these meetings in common of the Boards of Directors of the three trusts listed above.

1.2. Nigel thanked colleagues from the three trusts for attending this extraordinary meetings in common of the three statutory Boards of Directors. He noted the importance of the three boards in full considering and making a resolution in response to the proposal to approve the draft Strategic Case for Merger as ready for submission to NHS Improvement rather than delegating this matter to the Joint Working Board.

1.3. It was clarified that all three Boards were quorate.

2. Apologies for absence

2.1. These were as noted above.

3. Declarations of interest

3.1. All members declared a standing interest in respective of their substantive roles as Board members of one or more of the trusts.

3.2. Barbara Stuttle declared that she was currently Director of Nursing at an acute trust on the Isle of Wight. Members were content that this did not constitute a conflict of interest.

4. Minutes of the previous JWB meeting held on 4th April 2018

4.1. Members received and approved the draft minutes of the JWB meeting held on 4th April 2018.

DECISION

The Boards of Directors of BTUH, SUHT and MEHT approved the minutes of the JWB meeting held on 4th April 2018 as a complete and accurate record.

5. Actions and matters arising not covered by the agenda

5.1. Members noted the following updates to the JWB action log :

- All actions proposed for closure were closed;
- Action 45 (options appraisal for outsourcing outpatient pharmacy) was not yet due.

6. Risk and Compliance Update

6.1. Celia Skinner provided the Boards with an update on the continual evolution of risk management and improvements in compliance across the three trusts.

6.2. With regard to risk, Celia explained that there had been follow-up work to develop a more strategic Board Assurance Framework (BAF) building on the workshop provided by the external auditors in January 2018. Celia summarised the actions pursued at a special meeting involving NED and officer representatives from each trust, including reviewing the strategic objectives to ensure alignment with the new BAF, further review and development of the BAF template and developing a group corporate risk register with a clearly defined "issue" log to ensure that the BAF remained focussed on the risks that could impact upon the achievement of the group's strategic objectives.

6.3. Nigel Beverley added that this meeting produced a key action around ensuring that the new BAF drives the JWB agenda, in terms of the BAF being the first substantive item on the agenda and structuring the agenda to map onto the BAF risks. Similarly all papers would need to clearly articulate how they mitigated the strategic risks. Tom Abell agreed that this would be a positive development in group governance which would be significantly easier once the strategic risks were clearer in the new BAF. Celia clarified that the new BAF would be presented to the July JWB for discussion and approval.

6.4. Turning to compliance matters, Celia advised that NHSI were conducting follow up visits focussed on infection control across all three sites on 8th and 9th May 2018.

6.5. She also flagged up that the final CQC report on their inspection of SUHT had been published. This report demonstrated a significant improvement. The Trust achieved an overall rating of "requires improvement" with "good" against Well Led and there was a shift in "good ratings" from 24 to 34 areas and a reduction in "requires improvement" areas from 14 to 5.

7. <u>Trust Chairs' Report</u>

7.1. Nick Alston conveyed the continual operational pressures at MEHT, whilst noting that operational performance was improving at the Trust. He also outlined the intense work taking place to address the Trust's financial position through a robust cost improvement programme. MEHT were being supported in this regard by PA Consulting and NHS Improvement.

7.2. Alan Tobias advised the Boards in Common that the next formal meeting of SUHT Board was at the end of May 2018. At a recent board seminar, he explained, concern had been expressed around local capacity pressures resulting from senior corporate support staff undertaking group-wide work to support the transformation. Clare Panniker acknowledged such pressures which she would discuss outside the meeting with Yvonne Blucher as SUHT Managing Director. However she added that matrix working such as this was an inevitable consequence of the need to deliver wholescale transformation with limited additional resources to do so. Clare continued to press upon NHSI the need for investment in the transformation.

7.3. Turning to BTUH, Nigel Beverley advised that Emergency Department (ED) performance was improving. Cancer waits were a significant concern for the Trust

Board and the Site Leadership Team. This topic would be a key focus at the next Trust Board meeting in public on 25th May 2018. Nigel reflected on his attendance at the "topping out" ceremony of the Anglia Ruskin University Medical School which he attended with Clare Panniker. The Trust Boards appreciated the strategic importance of supporting the development of a local medical school.

7.4. Nigel welcomed Barbara Stuttle to her first meeting of the BTUH Board. Barbara had joined the Trust as a non-executive director on 1st April 2018, alongside Margaret Pratt who was unable to attend today.

8. Chief Executive's Report

8.1. Clare Panniker reiterated earlier comments about the acute operational pressures being managed by all three trusts at present. She added that there had been significant improvements in operational performance across all three trusts in April and early May 2018.

8.2. She summarised the 2017/18 financial outturns for the three trusts. SUHT improved upon their control total. MEHT and BTUH improved upon their reforecast position; as a result they received more STF funding that anticipated.

8.3. Nick Alston expressed concern that the improvements in operational performance may not be sustainable beyond Summer as they were based upon ongoing increases in patient volume which were offset by lower acuity and length of stay. He enquired as to whether the trusts had a system for evaluating and documenting those measures which worked in practice to improve operational performance. Celia Skinner replied that this was the case. She explained that the emergency hub approach was clearly effective, as were the frailty units and any measures to standardise practice. Celia continued that the rhythm of information flow was not yet fully in place and this was an ongoing focus of development work. Yvonne Blucher added that the three trusts continually shared good practice with each other.

8.4. Clare echoed Nigel Beverley's comments about the importance of the new medical school.

9. Reflections on Practice

9.1. Celia Skinner advised that due to the operational pressures, the reflections on practice presentation had been deferred to the next meeting.

10. Change Portfolio Update

10.1. Tom Abell provided the Boards in Common with an update on the transformation and change activities across the three trusts since the last JWB meeting. This report, Tom clarified, incorporated feedback from JWB.

10.2. Turning to the clinical transformation programme, Tom explained that the East of England Clinical senate stage two review panel visited Basildon Hospital on 12th April 2018. This review was an importance assurance milestone in taking forward the intended changes to clinical care in Mid and South Essex. The site visit team agreed that there was a clear vison for the three clinical areas covered on the visit (urgent and emergency care, cardiology and vascular services). Following the visit, around 30 members of staff across the trusts attended the review panel offsite meeting on 25th April 2018 where the proposed clinical models were scrutinised in detail. The Senate report was expected in mid May 2018.

10.3. Following the closure of the public consultation, the report from the independent analyists was anticipated in late May 2018. Tom explained that the draft Decision Making Business Case (DMBC) would be available at the end of May 2018 for engagement and review.

10.4. Tom highlighted key movements in the clinical programme since the previous meeting, noting that the overall RAG rating for the clinical programme board was amber.

10.5. Attention was drawn to the project to consolidate medical information which had now commenced as a key enabler to cross-site working and pathway redesign. The group-wide Picture Archiving and Communication System (PACS) was now operational, enabling clinical images to be viewed by clinicians on all sites. The biochemistry laboratory standardised working which was previously limited to Southend and Basildon Hospitals had now been extended to Broomfield Hospital.

10.6. In terms of people and organisational development, Tom highlighted that 29 staff has commenced the Nursing Top Up Degree apprenticeship in April 2018. A culture audit was due to commence shortly to assess the baseline position of the three trusts and to understand similarities and differences. This would help to shape the conditions and behaviours for the new organisation.

10.7. Tom explained that following an open application process and interviews, 16 MSB Innovation Fellows had been accepted onto the programme in its first year. Eight of

these were trust staff and eight were clinical entrepreneurs from the national programme.

10.8. On 8th May 2018, three colleagues from Estonia, Switzerland and the Netherlands joined the group for three weeks as part of the HOPE European Exchange Programme (the European Hospital and Healthcare Federation). Tom welcomed these colleagues to today's Boards in Common meeting as observers.

10.9. Martin Callingham highlighted tat three clinicians were enrolled on the digital academy postgraduate qualification in digital awareness - the first trance across the country.

10.10. Alan Tobias requested clarity as to why progress in transforming corporate support services continued to be slow, as demonstrated by the Change Portfolio Report.

10.11. Clare Panniker accepted that progress had been slower than originally anticipated, although the full extent of recent developments was not shown in this report. She explained that following approval of the models for the delivery of group-wide corporate support services at JWB in February 2018, detailed design work for each service was now taking place, including the development of service specifications.

10.12. Clare continued that the newly appointed Chief Commercial Officer, Jonathan Dunk, would be providing dedicated executive leadership to the corporate support transformation which would expedite progress. A detailed report, including a timeline by service, would be provided to the JWB on 6th June 2018.

ACTION 51

Detailed update on corporate support service transformation to be provided to June JWB. LEAD – Jonathan Dunk

10.13. In terms of headlines, Clare advised that the Occupational Health Service would be established in December 2018. The HR transformation would be completed by April 2019. Finance transformation was planned on a similar timeline, although due to dependency on financial systems that differed across the three trusts, this was proving to be a rate limiting step at present.

10.14. Renata Drinkwater commended the progress to date, particularly in relation to clinical and clinical support services and the focus upon innovation. She emphasised the importance of ensuring that the transformation work dovetailed with the group quality strategy which was under development and that the work focussed upon the

highest priorities. Tom concurred, adding that the Innovation Fellows were selected for their focus on improving the quality and safety of hospital services rather than other special interests such as public health. He commented that the focus for the innovation work would shift over time as the strategy developed.

10.15. Gaby Rydings commended the value of the detailed reports on local transformation work, but expressed concern about the lack of such detail in relation to MEHT. Tom explained that progress had been at a slower pace at MEHT but this had been addressed by boosting the staffing of the CMO teams dedicated to MEHT. Nick agreed that MEHT were making slower progress but that it was important to develop a report along the same lines as for BTUH and SUHT. Tom would progress for the next JWB meeting.

ACTION 52

Develop detailed report on MEHT transformation activities as part of the Change Portfolio Update to June JWB. LEAD – Tom Abell

11. Draft Strategic Case for the Proposed Merger of BTUH, MEHT and SUHT

11.1. Clare Panniker reminded members of the extensive work which had been undertaken since the options appraisal in December 2017 concluded that a three-way merger between BTUH, MEHT and SUHT was the preferable option for the future organisational form. This recommendation was approved by the Trust Boards in Common on 10th January 2018, following which there had been a great deal of engagement across the three trusts and with NHS Improvement. The draft Strategic Case presented today, she continued, had incorporated feedback from the JWB on 4th April 2018 and at two subsequent Future Organisational Form Programme Boards.

11.2. Clare explained that subject to approval by the three Trust Boards today, the Strategic Case would be submitted to NHSI during the week of 14th May 2018 for its formal agreement to proceed to the next stage of the transaction. The review of the Strategic Case was expected to take four weeks. Danny Hariram added that the next stage would involve due diligence, the development of a patient benefits case and business case, and the creation of a post transaction implementation plan (PTIP) for the integration of the trusts on day 1, day 100 and thereafter. He explained that the PTIP would involve extensive engagement across all three trusts, including more sessions with Boards, Governors and staff.

11.3. Tom Abell led a presentation which outlined the key aspects of each chapter within the Strategic Case. Particular attention was paid to the expected benefits to patients and the quality impact and the financial assessment.

11.4. With regard to the patient benefits, Celia Skinner outlined the key rationale being that whilst the group model has effectively supported the planning for clinical service change, the proposed patient benefits would be challenging to deliver without a merger due to there being three different statutory bodies with separate governance requirements to fulfil, three sets of performance targets, three approaches to clinical governance, three different employers and separate organisational priorities.

11.5. Celia continued that the three cross-cutting benefits that would be presented to the regulators were : higher quality care, improved access to service, and workforce improvements. The Strategic Case illustrated these benefits with specialty-level case studies including renal medicine, cancer and cardiology. Celia expressed confidence that the ability to sub-specialise would be attractive to highly skilled clinicians and would enable work to be repatriated from Cambridge and London, which would be more convenient for local patients.

11.6. James O'Sullivan drew members' attention to the draft financial bridge included in the Strategic Case as at 27th April 2018. He explained that the forecast residual deficit for the merged trust in 2023/24 was £13.8m. This sum equated broadly to the private finance initiative (PFI) debt at MEHT which, by the end of the period, was forecast to the only outstanding structural deficit across the three current trusts. This figure was in line with NHSI expectations and was considered realistic by the FOF Programme Board. The bridge had also been scrutinised by the Finance Committees in Common.

11.7. James explained that the bridge envisaged merger-specific savings of £32m, which represented 3% of gross turnover for the three trusts. The non-merger deficit set out in the bridge as a counterfactual scenario was £84m deficit by the end of 2023/24. CIP savings of 2.1% had been factored in to the plans for BTUH and SUHT, with a higher CIP target for two years for MEHT in view of its financial situation. Business as usual (BAU) CIP targets remained at 2.1% consistent with the current year as it was not considered realistic to increase this year-on-year.

11.8. James confirmed that merger savings for estates and facilities and corporate support services reflected the Model Hospital. James explained that STF funding had been factored into the bridge because these funds would be received in the event that the merger savings were achieved.

11.9. Barbara Stuttle requested clarity as to how the patient benefits case could argue that there would be greater choice and access for patients as a result of the merger. Danny Hariram replied that as a result of merging, patients could choose to receive care at other hospitals within the new trust in the event of long waits. It would be easier to facilitate

movement of patients between sites if all hospitals were managed by one trust under one commissioner contract. Tom added that under a merged organisation, there would be integrated clinical teams with greater scope for sub-specialisms and enhanced resilience amongst teams. These factors would help to drive down waiting times for patients.

11.10. Tom advised the Boards in Common that the headings in the patient benefits section of the Strategic Case would match those in the DMBC when presented for approval by the CCGs to ensure a single case and vision for clinical change in Mid and South Essex in a merged organisation.

11.11. Gaby Rydings commented that the comparative benefits of other governance models than the binary options of three-way merger or reverting to the three trusts working alone needed to be drawn out in the Strategic Case, particularly in the financial bridge. Members were reminded that other options for future organisational form were examined in detail at the workshop in December 2017 and discounted.

11.12. Clare Panniker explained that a key message throughout the Strategic Case and accompanying narrative to stakeholders was that the merger would enable the deliverability of the clinical service changes set out in the DMBC and upon which the public had been consulted. The finances matched those in the DMBC. The case for merger was based upon the experience of trying to redesign services across three statutory organisations over the past 2 years. Celia concurred, adding that delivering the planned service changes without a merger would be much more complex, more costly and at a slower pace.

11.13. Gaby emphasised the importance of the due diligence exercise achieving the appropriate granularity, particularly in relation to finances. Clare Panniker assured colleagues that the due diligence would meet the required standards of depth and governance. Due diligence would take place throughout the remaining months of 2018 and would be critical to providing assurance to NHSI enabling them to authorise the merger in due course.

11.14. Colin Grannell commented that chapter 8 of the Strategic Case should include greater detail on staff involvement and engagement. Danny replied that the degree of staff engagement would significantly increase as part of the next phase of work, although he agreed that staff should be specifically mentioned as stakeholders in the Strategic Case.

11.15. Karen Hunter enquired as to whether the recent improvements in operational performance across the three sites would work against the case for merger. Clare Panniker confirmed that this was a risk, given that financial performance and access during 2018/19 would be scrutinised in-depth by regulators considering the Strategic Case. Clare and the Team would articulate to regulators that there was a more positive improvement

trajectory in operational performance across all three trusts and that delivery of in-year financial plans was crucial.

11.16. David Parkins enquired as to whether demonstrating enhanced control to deliver patient benefits would be sufficient to satisfy regulators. Clare Panniker replied that there was initially concern that the Competition and Markets Authority (CMA) would not consider the patient benefits included in the public consultation, however it was now clear that the benefits within the consultation were merger-specific.

11.17. Tom added that there had been close involvement from NHSI in both the DMBC and the Strategic Case development, however there remained a risk that any challenge on the clinical service changes could impact upon the timescale for delivering the merger.

11.18. Alan Tobias commended the quality of the Strategic Case which had incorporated feedback from various forums. However he expressed concern that the £2m external support requirement was not included in the baseline. As such, Alan enquired as to how the next phase of work would be funded. Clare Panniker confirmed that the transition costs were not within the current trusts' financial plans and as such, the merger project was proceeding at risk. This had been flagged consistently to NHSI as an unresolved issue. She clarified that the trusts had been clear with NHSI that their assistance would be required as to how to account for the transition costs given that all three trusts had submitted challenging financial plans for 2018/19 and that it would not be acceptable to compromise any one trust's achievement of STF monies as a result of funding the transition.

11.19. On behalf of the Trust Boards, Nigel Beverley thanked Danny Hariram, the internal programme team and external advisors for their achievement in producing a high quality Strategic Case which was fit for approval by the Boards.

DECISION

The Board of Directors of BTUH, the Board of Directors of MEHT and the Board of Directors of SUHT,

i) Approved the Strategic Case;

ii) Agreed to proceed to more detailed work on the merger including due diligence, development of a patient benefits case and business case, and the creation of a post transaction implementation plan (PTIP) for the integration of the trusts on day 1, day 100 and thereafter;

iii) Noted that the trusts were in discussion with NHSI regarding the future resourcing costs to support the transaction.

12. Recruitment Strategy

12.1. Mary Foulkes explained that in recent months, the JWB had received a number of reports on recruitment and retention and it was recognised that there needed to be a more strategic approach to tackling these endemic issues across all three trusts. The JWB had also required trajectories and KPIs to provide assurance that tangible progress was being made.

12.2. Mary continued that whilst she would lead the recruitment component whilst the Chief Nursing Officer (Diane Sarkar) would lead on nurse retention. Both strategies, she explained, would be delivered within the overarching framework of the People and Organisational Development Strategy.

12.3. Mary presented to the Boards in Common the first draft of the recruitment strategy and requested approval on the direction of travel and the proposed set of KPIs.

12.4. Referring to page 176 of the pack (page 7 of the strategy), Mary drew attention to the proposed KPIs in relation to a five-year nursing forecast, a recruitment trajectory (initially for nurses and doctors), time to hire and job offer to acceptance times. Mike Green also suggested KPIs around the cost to hire so that properly informed decisions could be made about high cost campaigns such as overseas recruitment. Nick Alstom supported this proposal.

12.5. Barbara Stuttle enquired as to whether the trusts were working with Anglia Ruskin University around “golden handcuffs” for newly trained nurses. Mary confirmed this was the case.

12.6. Celia Skinner suggested the inclusion of a metric around people leaving as they were not suited to a particular role.

12.7. Colin Grannell concurred with the need for an aggressive recruitment strategy to solve the perennial recruitment and retention issues amongst the Mid and South Essex acute trusts. He specifically enquired as to the plans for competing with and attracting staff away from the agencies and requested that the number of staff returning to the trusts from the agencies be included. Mary agreed that this should be a priority but was difficult to make progress given that the agencies offered higher pay and greater flexibility. MEHT had made particular use of social media in recent months to tempt staff back to NHS employment.

12.8. Nick highlighted the gap in terms of attracting school leavers with good ‘A’-levels into nurse training or working as healthcare assistants. Mary agreed this was a gap that needed to be addressed via the strategy.

12.9. Yvonne Blucher commented on the need to emphasise the nature and extent of multi-disciplinary working in the trusts within the strategy given that there was evidence of this being attractive to clinicians. Tom agreed, adding that the trusts needed to advertise posts as hybrid or rotational opportunities for both clinicians and operational management.

12.10. Karen Hunter felt that the group recruitment action plan set out in the draft strategy was not sufficiently ambitious or challenging. She cited the example of open days which were planned for September 2018 but not earlier. Mary agreed that there was a need for a more proactive recruitment calendar and that open days could be arranged earlier than September.

12.11. Nick informed the Boards in Common that he had met recently with the Dean of Anglia Ruskin University about the need to offer courses for broader needs than was presently the case.

12.12. Gaby Rydings emphasised the importance of early clarification in support of the recruitment strategy on the issue of Fringe London Weighting that was currently paid to staff at BTUH but not the other trusts due to their geographical location. Mary acknowledged this as to be a live issue, commenting that the trusts were attempting to align terms and conditions as far as possible. Clare Panniker explained that paying staff at all three trusts the fringe allowance was not feasible as this would cost c.£2m per annum. The principle agreed was that staff would be paid at the rate applicable to the base where they spent 51% of their working time. Mike Green urged the executive team to be cogniscent of the tax implications of any changes to work base.

12.13. Nigel Beverley agreed that pay and benefits would need to be important elements of the emerging workforce strategy.

12.14. Renata asked Mary and Diane to ensure that when the recruitment and retention strategies were combined, it was clear how the approach differed from historic practice.

12.15. Alan Tobias urged realism when setting KPIs and improvement trajectories, querying whether a 93% nursing fill rate by 2020/21 was deliverable.

DECISION

The Board of Directors of BTUH, the Board of Directors of MEHT and the Board of Directors of SUHT,

i)noted the actions taken to date at site and group level to improve recruitment;

ii)endorsed the KPIs and action plan subject to the comments noted above;

iii)noted that the final recruitment strategy would be presented to JWB in June 2018 alongside the nurse retention strategy.

13. Integrated performance report – March 2018

13.1. Clare Panniker opened the presentation of the integrated performance report for March 2018. She invited the Managing Directors and executive colleagues to highlight particular issues to the Boards in Common.

13.2. Clare Culpin highlighted improvements in ED and ambulance handover times at BTUH despite an increase in attendances. She explained that ED activity figures now included ambulatory and GP streaming attendances. The Royal College of Emergency Medicine recently visited Basildon Hospital and recognised the effectiveness of the ambulatory hub.

13.3. In terms of operational focus at BTUH, Clare explained that cancer performance (particularly the 62-day wait standard for cancer treatment) remained concerning and a high priority for the site leadership team and clinical directors. There had been significant improvements in the two-week wait standard at BTUH such that the typical wait was now only one week. There was a growing sense of grip and control over cancer and the trust remained focused on a July 2018 recovery of 62-day performance.

13.4. Turning to BTUH's 18-week Referral To Treatment (RTT) performance for elective care, Clare advised that Basildon Hospital now had a ring-fenced area for elective surgery. All patients waiting more than 52 weeks had dates for their surgery. There remained a risk of RTT deterioration, Clare explained, as clinical space continued to be prioritised for cancer patients. Diagnostic capacity at BTUH had resolved in cardiology but audiology diagnostics remained fragile.

13.5. Yvonne Blucher advised that ED performance at Southend Hospital had improved in the past few weeks. The trust was working closely with CCGs to carry out background work in relation to clinical pathways. Yvonne acknowledged the support of BTUH colleagues in relation to ED performance in recent weeks. There was a focus upon sustaining recent performance as part of preparations for winter 2018.

13.6. A challenge to improving SUHT's 62-day cancer performance, Yvonne continued, was late referrals from other trusts in the group and beyond. Urology capacity was also a rate limiting factor at present.

13.7. Yvonne informed the Boards in Common that there had been a reduction in the ophthalmology RTT backlog. The trust was currently meeting the diagnostic access standard.

13.8. On behalf of Dorothy Hosein, Clare Panniker highlighted reablement capacity as a key issue at MEHT at present which was leading to patients staying in hospital longer than clinically necessary. Cancer performance at MEHT was improving, with a real focus now upon diagnostics and plastics. RTT reporting would be reinstated in August in respect of July's data.

13.9. With regard to quality and patient safety metrics, Celia Skinner advised that there had been one never event in March at Southend Hospital. This incident highlighted inconsistent use of the surgical checklist leading to the extraction of the incorrect tooth. Celia also referenced the infection control visits noted under item 6.

13.10. Turning to workforce metrics, Mary Foulkes drew members' attention to the actions being taken across all three trusts to limit agency spend. A summary would be presented to the June JWB on the timeframes to minimise the impact of the top highest cost and longest serving agency workers and locums. The two other top issues with regard to workforce were the recruitment plan and improving engagement as part of retention.

13.11. James O'Sullivan summarised the year-end outturn for all three trusts, such that each organisation performed better than forecast. James noted the achievements of each organisation against CIPs, with particularly good achievement at BTUH given that their CIP target was very high and the majority of their 2017/18 CIPs were recurrent. Finally, James advised that capital expenditure delivered approximately in line with the plan at all three trusts in 2017/18.

13.12. Paul Kingsmore highlighted sub-optimal levels of incidents being closed that month at all three trusts. Levels of maintenance were an issue at Southend Hospital at present.

13.13. Nick Alston commended the value of executive leads providing verbal performance figures for April and early May to supplement the March IPR, enquiring whether there was any scope for performance data to be formally available closer to month-end. He encouraged members to consider how best to draw out the cross-cutting themes from these reports.

13.14. Martin Callingham appreciated that the Trust Boards were keen to obtain performance data earlier, however he advised that this was not possible given that, for example, cancer data was always provided nationally in arrears. He assured members that the Team provided data as quickly as possible, but there was an important balance between speed

and ensuring that the information provided was validated and high quality. Clare Panniker supported Martin's comments but added that ED performance data should be available earlier, even if this had to be added at the last minute into the IPR narrative.

ACTION 53

Provide headline ED performance figures for the current month into the IPR narrative on each occasion, to supplement the comprehensive report on the previous month's performance. LEAD – Martin Callingham

14. European General Data Protection Regulation (GDPR) Implementation Update

14.1. Martin Callingham provided the Boards in Common with an update of the current position regarding compliance with the new GDPR. The report highlighted key potential associated risks and issues.

14.2. Martin explained that the legal basis to share data remained the Health and Social Care Act 2012. There had been considerable work on preparing the group for GDPR, with positive engagement from operational staff and site leadership teams. Martin summarised the key areas that were on target to be delivered by the implementation date of 25th May 2018. Other tasks would take longer such as obtaining responses from all suppliers. Martin would be reviewing the detailed GDPR action plan with David Wilde (NED at MEHT) shortly to provide additional assurance to the JWB.

14.3. Nick Alston emphasised the importance of data flow mapping completion as the Information Commissioner's Office (ICO) could request these. Martin confirmed that good progress was made with regard to data mapping.

14.4. Nigel Beverley requested clarity as to how GDPR compliance was covered by the governance structures of the three trusts and/or the group. Karen Hunter noted that CQC paid particular attention to information governance and GDPR, supporting Nigel's question.

14.5. Martin replied that information governance was within the terms of reference of a committee within each trust, including the Quality and Patient Safety Committee (QPSC) at BTUH which Matt Barker (Group Head of Information Governance) attended the previous week to present the IG toolkit and a GDPR update. Mike Green advised that the IG toolkit had recently been scrutinised by the SUHT Audit Committee. Martin explained that he was reviewing the reporting lines in light of GDPR implementation and would update the JWB in due course.

15. Risks and items of business to escalate to the individual Trust Boards and Committees

15.1. No items were raised.

16. Questions and comments from Trust Governors, Patient Council and members of the public

16.1. Ron Capes urged the Trust Boards to keep the role of the Council of Governors at the forefront of thinking as the move to the new merged organisation progressed. He commended the value of Governors in holding the Board to account through the non-executive directors and in feeding back information on the Trust to the community as well as raising and addressing concerns from the public about hospital services.

16.2. Nigel Beverley concurred with Ron's comments, explaining that the quality and extent of engagement with governors to date on the clinical service changes and the move to a new organisational form would continue over the next year. He reminded those present that all governors of BTUH and SUHT and the MEHT Patient Council were invited the latest round of workshops during the week of 21st May 2018 to discuss various matters relating to the role of governors in the future organisational form project.

16.3. A member of the public enquired as to the purpose of GDPR as distinct from the current legislation. Martin Callingham replied that the primary aim of GDPR was to provide greater transparency about the usage of information, citing the Cambridge Analytica controversy as a case study as to its value. Martin clarified that the Freedom of Information Act 2000 would remain in place.

17. Any other business

17.1. No items were raised.

18. Date of next JWB meeting

18.1. The JWB would meet again on Wednesday 6th June 2018, 2pm to 4.30pm in the Board Room at Southend Hospital.

Signed as an accurate and complete record

Date

Nigel Beverley

Chair (BTUH) – Presider of the Meeting