

## 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 in public held on 6<sup>th</sup> June 2018 in the Board Room, Southend Hospital at 2.00pm

### Present

#### *BTUH Success Regime Committee (non executive members)*

Nigel Beverley Chair, BTUH (also the chair/presider of this meeting)

John Govett 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)*

Alan Tobias Chair, SUHT

Mike Green Non-Executive Director, SUHT

Gaby Rydings Non-Executive Director, SUHT

#### *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

Jonathan Dunk Chief Commercial Officer

Mary Foulkes Chief HR Director

Paul Kingsmore Interim 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

Ron Capes Lead Governor, SUHT

James Day Trust Secretary, MEHT

Paul Foulger MEHT Patient Council

Danny Hariram Group Director of People Strategy & Organisational Development

Brinda Sittapah Company Secretary, SUHT

Philip Smith Public Governor, BTUH

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, Nigel Beverley presided over this meeting.

1.2. Nigel welcomed those present to the meeting, with a particular welcome to the governors and members of the public who had attended.

1.3. Apologies were received from Tony Le Masurier (Non-Executive Director, SUHT), Dorothy Hosein (Interim Managing Director, SUHT) and Renata Drinkwater (Non-Executive Director, BTUH).

1.4. Members noted that the meetings of the BTUH, MEHT and the SUHT Success Regime Committees, comprising the JWB, 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 Trust Board meetings in common held on 9<sup>th</sup> May 2018

3.1. Members reviewed the draft minutes of the JWB meeting held on 9<sup>th</sup> May 2018.

3.2. Gaby Rydings requested an amendment to minute 11.11 in respect of her comments. It was agreed that Gaby would agree amended wording with Andrew Stride following the meeting.

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 Trust Board meetings in common held on 9<sup>th</sup> May 2018 as a complete and accurate record, subject to the amendment to minute 11.11 as noted above.**

4. Actions and matters arising not covered by the agenda

4.1. Members agreed that the three actions proposed for closure should be closed as they had been completed:

- *Action 51 (detailed update on corporate support transformation);*
- *Action 52 (detailed report on MEHT transformation activities);*
- *Action 53 (provide headline ED performance figures for the current month alongside the previous month within each integrated performance report).*

5. Risk and Compliance Update

5.1. Diane Sarkar presented an update on risk management and compliance developments since the previous meeting. She reminded members that risk and compliance would now be the first substantive item on all JWB agenda to ensure that the discussion of subsequent items takes place in the context of the strategic risks facing the trusts.

5.2. Diane explained that no risks had been escalated from the sites during May 2018.

5.3. In terms of compliance issues, Diane advised JWB that subsequent to the joint CCG and trust quality monitoring visit carried out at GUIDE on 1<sup>st</sup> May 2018, a CQC inspection was carried out which related in an embargo of admissions to GUIDE. However following input from the MEHT Managing Director, the Chief Nursing Officer and the MEHT Medical Director, CQC received assurance about the actions taken to ensure patient safety, the next steps and lessons learned. It was intended that the embargo on new admissions to GUIDE would be lifted in the near future.

5.4. To reassure JWB members, Nick Alston added that the CQC concerns related to the beds contract to Essex Social Care rather than the arrangements for beds under the Trust's supervision.

5.5. Diane advised that NHSI carried out a follow-up infection control review visit in early June 2018 to all three sites. BTUH had retained their green rating following their review of Board reporting and assurance. SUHT had retained their amber rating following a revisit to clinical areas. The NHSI team would revisit SUHT in July 2018. NHSI had visited a sample of clinical areas at MEHT and had identified issues with both clinical practices and cleaning, leading to a red rating. NHSI would revisit in September 2018. An action plan had been submitted to NHSI and weekly monitoring meetings established involving the JEG and site leadership team. The CCG were also involved and consideration was being given to what additional resources may be needed to achieve and sustain the necessary improvements. Nick Alston expressed concern that the previous NHSI inspection on infection control took place in December 2017 resulting in a green rating but the recent inspections appeared to show significant deterioration. He commented that this could raise concerns about the methodology and evidence base for these inspections.

5.6. Mike Green noted that the ratings across all three trusts were relatively fragile. Celia Skinner commented that the inspections were all "snapshots" of practice on a particular day, although there had been a gradual increase in C.diff cases at MEHT over the past three or

four years against a backdrop of poor MRSA compliance. She agreed with Mike's comments about the need to ensure sustainable improvements from which the Boards could take meaningful and long-term assurance.

- 5.7. Nigel Beverley recalled the previous agreement of the JWB that the newly designed strategic Board Assurance Framework (BAF) would drive the structure of the agenda of meetings from July 2018 onwards.

## 6. Reports from the Trust Chairs

- 6.1. Alan Tobias reported that he had met with SUHT Board the previous day and there were no particular issues or risks to refer to JWB. The SUHT Board were pleased to receive a report on the Hospital@Home Service and they looked forward to this model being rolled out.
- 6.2. Nick Alston reflected on the continual operational pressures at MEHT. The month one financial performance was concerning, he explained. Dorothy Hosein was shortly leaving the Trust and an appointment had been made to her substantive successor.
- 6.3. Nigel Beverley highlighted recent governor reengagement activities at BTUH in relation to the future organisational form project. On behalf of the BTUH Board and the JWB, Nigel thanked Clare Culpin for her leadership at BTUH over the past fifteen months, noting that her successor as Managing Director, Andrew Pike, would join the Trust in early July 2018.

## 7. Chief Executive's Report

- 7.1. Clare Panniker updated members on some recent appointments at group level, including the new Managing Director at MEHT as noted under minute 6.2. She noted that there would be a short gap between Dorothy Hosein's departure and her successor starting. The joint executive group would provide enhanced support during that period.
- 7.2. In terms of other leadership roles, Naresh Chenani had been appointed to the new role of Director of Planning and Performance. An appointment had been made to the substantive role of Chief Estates and Facilities Officer; the start date was to be confirmed.

## 8. Reflections on Practice

- 8.1. Clare Panniker advised that there was no reflections on practice presentation at today's meeting due to the operational pressures on all three sites with which clinical leaders were engaged.

## 9. Change Portfolio Update

- 9.1. Tom Abell and Celia Skinner provided JWB with an update and assurance on the transformation and change activities across the three trusts since the May 2018 meeting. Tom drew attention to developments in change management governance and to movements in the status of clinical reconfiguration programmes since the previous meeting.

- 9.2. Tom focussed in particular upon the following matters:
- The outcome of the independent analysis of feedback received from the public consultation on clinical service change;
  - Further detail on the MEHT transformation programme as requested at the previous meeting;
  - Detail on people and organisational development activities, including an update on the apprenticeship programme.
- 9.3. Tom explained that briefings for governors would shortly take place on the decision making business case (DMBC). The clinical senate report was expected in mid-June 2018, which was expected to be supportive of the proposed clinical model. Approval of the DMBC by the CCG Joint Committee was expected at their meeting on 6<sup>th</sup> July 2018.
- 9.4. Turning to progress against individual clinical programmes, Tom advised that the overall RAG rating was amber. There were two projects that remained red-rated for overall delivery : Ophthalmology and Medical Ambulatory. JWB members noted that Vascular and Surgical Ambulatory had improved from red to amber over the previous month.
- 9.5. Tom highlighted the good progress in the standardisation of practice in Sterile Services and the fact that the e-referral project was on track. The project went live at Braintree Community Hospital earlier that week.
- 9.6. In response to a question about the Medical Ambulatory project from Karen Hunter, Celia Skinner reassured members that the service was fully functional with multi-professional teams in place. Key metrics had been shared across the teams, the red rating was due to insufficient standardisation at present and insufficient articulation of the model.
- 9.7. Responding to Tom's comment that the Finance and Resources Committees in Common would be reviewing reporting arrangements for the change portfolio at their next meeting, Nick Alston commended the focus on improved reporting and data flow but there was a clear need also for improved communications to staff, patients and stakeholders about the transformation programmes. Celia agreed, noting that to date, great care had been taken to avoid conflating internal and external communications on clinical transformation with the change in organisational form. There were also natural limitations with how far the group could communication on clinical change during the consultation. Now that the public consultation had concluded, improvements in communications could be made.
- 9.8. Nigel Beverley requested clarity as to the trajectory for all projects becoming green-rated. Tom replied that the reason for projects being red or amber varied significantly between projects. Progress and the effectiveness of remedial actions was reviewed on a monthly basis. He added that planning needed to better accommodate clinical commitments as this had in some cases been a rate-limiting factor. Tom also reflected on the time required to gain meaningful and sustainable consensus across clinical teams. Greater engagement was also needed with nurses and allied health professionals to work through the practicalities of proposed clinical models. Nigel added there needed to be better use of the BAF to identify blockages, timescales and to drive reporting.

10. Future Organisational Form Update

- 10.1. Tom Abell advised those present that significant attention was focused upon the development of the strategic case for the proposed transaction. A final draft would be presented to the three Trust Boards meeting in common on 9<sup>th</sup> May 2018 for approval prior to submission to the regulators. There would be a number of opportunities for JWB and Trust Board members and governors to input into the strategic case over the following month.

11. Future Organisational Form Update

- 11.1. Clare Panniker confirmed that the Strategic Case had been submitted to NHSI on 14<sup>th</sup> May 2018 following approval by the Trust Boards in Common. A number of meetings between the executives leading on the project and NHSI were scheduled for June 2018 to provide check and challenge on a number of key aspects of the Strategic Case including finance. On 19<sup>th</sup> June 2018 a session would take place with the Trust Chairs, the JEG and NHSI. At that stage, clarity should be available on the availability of transitional funding from NHSI.
- 11.2. Jonathan Dunk added that the group was out to tender for specialist advisers to support the next phase of work. Advisers were expected to be appointed by the end of June 2018.

12. Nursing and Midwifery Retention Strategy and Action Plan

- 12.1. Diane Sarkar explained that the purpose of these two documents was to provide a dynamic nursing and midwifery retention strategy that would complement the MEHT, SUHT and BTUH people and OD strategies, aligning with the group corporate values, vision and objectives, including the recruitment strategy. The strategy and action plan had been developed with external support from a specialist consultant as well as NHSI and Health Education England to identify best practice. There had also been extensive input from the site leadership teams.
- 12.2. Focus groups, one-to-one meetings and cards enabling anonymous feedback on the strategy and the reasons why staff left the trust had informed the strategy. Themes arising from this fieldwork, Diane explained, included staff not feeling listened to, basics not always being in place and the trusts having too many action plans and strategies. In response to this latter point, Diane had included content which showed how the various strategies and plans tied together to form a coherent approach.
- 12.3. Diane advised that the action plan was themed around five principles which underpinned the strategy: Culture, Values and Engagement, Career Pathways, Education and Development, Innovation and Transformation, Leadership/Succession Planning/Talent Management.
- 12.4. Alan Tobias confirmed that the SUHT Board reviewed the strategy and action plan and supported them. SUHT Board commented that greater emphasis was needed on other staff groups given that nurses and midwives provided care in multi-professional teams enabled by corporate and clinical support services. Alan highlighted the importance of including some measurable key performance indicator (KPI) for flexible working and the value of mentoring in retaining high quality staff.

- 12.5. John Govett enquired as to when a decision would be made about a permanent brand for the “MSB group”, noting that “MSB” was used as a term throughout the strategy. Tom Abell replied that the name for the new organisation would be a key part of the design process during 2018/19. Martin Callingham highlighted the IT implications of any chosen name or branding such as email domain names. There were national naming guidelines which would provide a framework for further discussions on this matter over the Summer.
- 12.6. Nigel Beverley echoed John’s comments, adding that the strategic objectives for the new organisation needed to be determined at the earliest opportunity, so that the nursing and midwifery strategy and other key documents could be developed in that context. Clare Panniker advised that the strategic objectives and proposed name for the new organisation would be included as part of the Business Case stage, as key components of the creation of a new culture.
- 12.7. Mike Green proposed the inclusion of references to Hospital@Home within the strategy as a positive development for patients and nursing staff.
- 12.7. Celia Skinner explained that the group needed to examine different staffing models that improve retention. She noted the evidence base for flexible working as a means of retaining staff. It would be crucial to properly work through operational issues to improve retention of nurses and midwives.
- 12.8. Colin Grannell supported Celia’s comments about setting priority actions with a sound evidence base. He referred to overseas recruitment campaigns in recent years which were costly. He was unclear as to whether these campaigns had proven cost effective in recruiting and then retaining overseas nurses.
- 12.9. Karen Hunter commended the strategy which she felt set realistic but ambitious timescales. She commended the involvement of staff in its development.
- 12.10. Gaby Rydings emphasised the importance of prompt and effective resolution of reward issues in order to improve retention, such as the payment of fringe London weighting allowance only to staff who spend 51% or more of their time in the Basildon Hospital locality.
- 12.11. Alan highlighted the difficulties of marketing the group as an attractive employer when there had been no decisions on key aspects of the new brand, such as name, location of clinical teams and other basics. He also emphasised the importance of improving the internal message about forthcoming changes in clinical services and organisational form. Clare Panniker explained that significant work was taking place throughout June 2018 to clarify messages to staff around what the merger would be and would not be, in order to provide early reassurance to staff. A separate workstream would improve communications around the longer term vision for the three hospitals.
- 12.12. John proposed that more extensive KPIs were needed as part of the strategy in order to assist the trusts to manage their own outcomes. He suggested a metric showing the ration of nurses leaving to those joining. Nick Alston supported John’s comments, adding that there needed to be clearer articulation of the short and longer terms downside risks of the merger relevant to retention, such as pay differentials and perceived job insecurity. He echoed the views expressed by colleagues around the importance of a strategic approach to retention and recruitment for all staff groups.

- 12.13. In terms of next steps, Diane explained that she would reflect the feedback received at today's meeting in the final version of the strategy which would be circulated to JWB members in the following weeks. Implementation of the strategy had already commenced, with the first group-wide implementation meeting taking place earlier that day.

#### **ACTION 54**

**Incorporate JWB feedback into the final version of the nursing and midwifery retention strategy and circulate to JWB. LEAD – Diane Sarkar**

#### **DECISION**

**The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT approved the Nursing and Midwifery Retention Strategy and Action Plan.**

13. Recruitment Strategy
- 13.1. Mary Foulkes presented the updated draft recruitment strategy which incorporated feedback at the Boards in Common meetings on 9<sup>th</sup> May 2018. This version, she explained, included a focus on multi-disciplinary work in the adverts, plans to convert agency to bank or to substantive posts, plans to advertise rotational posts and consistency in the benefits packages and more details on the consultant workforce and the medical gaps.
- 13.2. Mary recognises that there was a need for some priority actions to achieve a reduction in the vacancy rate, focussing on the hard-to-fill roles. A trajectory for the recruitment of registered nurses up to and including 2020/21 would be presented to the July 2018 JWB meeting and other hard-to-fill posts would follow at subsequent meetings.
- 13.3. Attention was drawn to the trajectories within Appendix B of the strategy. Mary noted that she had modelled what the vacancy position would be if the vacancy rate was reduced by 50% compared to 2017/18. Regrettably due to the current retention challenges, in April 2018 there would still have been 17 vacancies. Mary would model this figure within the workforce section of the integrated performance report on a monthly basis.
- 13.4. With regard to reducing time-to-hire on pages 20-22 of the strategy, Mary explained that at this morning's meeting, specific workstreams had been identified but it was clear that a number of quick wins were needed. Mary reflected on earlier comments about the importance of a robust long-term brand, harmonisation of terms and conditions and the focus on the benefits of working in a larger organisation when marketing the Mid and South Essex acute sector, rather than unduly focussing on issues such as fringe allowance.
- 13.5. Alan Tobias expressed concern at the absence of references within the recruitment strategy to the partnership with Anglia Ruskin University, particularly given the opening of a new medical school in 2019 and the potential to "grow our own" clinicians and to design new roles.
- 13.6. John Govett requested that more robust metrics be included to demonstrate whether the trusts were making significant steps in securing those returning to clinical practice after a career break or whether the trusts were only working at the margins of this pool. He

continued that the BTUH Finance, Resources and Performance Committee recently discussed the professional development opportunities for healthcare assistants, noting that some would not wish to pursue a degree and other options should be available to them.

- 13.7. Martin Callingham highlighted the need to avoid overlooking the recruitment challenges faced by corporate support services, some of whom, such as information analysts, were a scarce resource. JWB noted that the market for corporate professionals included the private sector as well as public sector organisations, which posed an additional challenge. Paul Kingsmore echoed Martin's comments, adding that estates had the highest number of vacancies after nursing, particularly domestic staff.
- 13.8. Colin Grannell enquired as to whether delivery of the KPIs within the recruitment strategy would work into the wider strategy that delivers the group's objectives by an end point. Mary agreed that the links to the wider priorities needed to be more clearly articulated to avoid a silo view of recruitment.
- 13.9. Mike Green requested inclusion of a KPI on cost to hire. John agreed, enquiring as to whether the harmonisation of terms and conditions across the three trusts had been factored into the financial bridge. James O'Sullivan confirmed that harmonisation had been factored into the bridge, but there was an urgent need for a strategy in this regard. JWB were clear that a strategy for pay and the harmonisation of terms and conditions would be key mitigator of the risk of pay claims.
- 13.10. Nick Alston requested that a clear summary and set of recommendations be drawn up with regard to the recruitment strategy to enable the organisations to transition to a new culture and outlook for the new organisation. He added that equality and diversity needed greater emphasis in the strategy and a clearer approach to apprenticeships.
- 13.11. Nick expressed confidence that the group had a positive narrative to communication around the trusts as a place to work and develop skills and experience but a budget would be needed to make the necessary step change.
- 13.12. Mary explained that she would manage the implementation of the strategy with a weekly check-in to ensure pace. She would also scope out the required investment and report back to JWB. Progress would be monitored by JWB via the integrated performance reports.

#### **ACTION 55**

**Scope out the required resources to deliver the recruitment strategy at the required pace and report back to next JWB. LEAD – Mary Foulkes**

#### **DECISION**

**The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT approved the Recruitment Strategy and associated action plan.**

14. Integrated Performance Report

- 14.1. Clare Panniker invited executive leads and the Managing Directors to highlight key aspects of the performance of the three trusts as at April 2018 and into May 2018, where validated data was available.
- 14.2. With regard to mortality, Celia Skinner advised that no new SHMI data was available. Crude mortality measurement had been standardised across the trusts. She regretted that the target of 25% of deaths being reviewed had not been achieved during quarter 4. She explained that converting to an electronic platform and a unified process in April 2018 would enhance reporting and collation of learning from deaths. By way of assurance, Celia advised colleagues that all unexpected deaths were reviewed. She added that the Medical Examiner role was now in place at all sites enabling learning from deaths in real time and a better interface with the bereavement services.
- 14.3. Infection control performance had been discussed under item 5. There had been no never events in April 2018. Those reported in May 2018 were progressing through the approved process of cross-site review. Celia advised JWB that the rate of C-sections was red-rated across all three sites. Karen Hunter reflected upon the impact that women electing for C-sections had upon these figures.
- 14.4. Turning to operational performance, Clare Panniker reported that A&E activity at MEHT continued to be abnormally high. Capacity and flow at Broomfield Hospital had been impacted by the volume and the embargo of new placements at GUIDE. There were also issues with the Essex re-ablement provider. By way of mitigating actions, two new A&E consultants commenced in April 2018.
- 14.5. Clare Culpin informed JWB that A&E performance against the 4-hour target in June to date was 91%, improving upon recent months. She explained that significant work was taking place to define the Trust's bed model given that occupancy was currently in excess of 100%. Length of stay improvement work focussed upon smaller specialties with particular pressures.
- 14.6. Yvonne Blucher advised those present that A&E performance at Southend Hospital in April and May 2018 was around 95%, which had been recognised and congratulated by regulators. Pressure was being maintained to maintain and further improve performance. Year-to-date performance, Yvonne explained, was 92.56%. Criteria-led discharge was the focus of work with doctors to improve flow.
- 14.7. Nick Alston enquired as to how the system dependencies behind A&E performance were being monitored and managed. Clare Panniker advised that via the A&E Delivery Board, regulators, commissioners and providers worked together to take this broader perspective. It was clear that opening more hospital beds was not a viable sustainable option.
- 14.8. Turning to cancer performance, Clare Panniker clarified that all 3 dates were working to different trajectories agreed with NHSI. Good progress was being made to reduce the backlog and waiting times. Southend were working to an improvement trajectory by the end of September 2018. Discussions were taking place around joined up patient pathways and the disproportionate impact on Southend's performance, particularly upon the 62-day standard as many patients had already breached the standard by the time they were referred onto the specialist cancer services provided by SUHT.

- 14.9. Clare Culpin explained that grip and control around cancer was improving at BTUH. Early diagnosis and straight-to-test had been put in place to sustain two-week wait performance. The Trust had halved the number of patients waiting 31 days for treatment. The caseload of individual clinicians was being reduced and additional clinical nurse specialists had been recruited. The key challenge at BTUH, Clare explained, was ensuring that short-term improvements become sustainable.
- 14.10. Yvonne Blucher commented that there had been capacity issues in the Upper GI and Lung specialties at Southend Hospital due to the number of patients and clinical capacity. She commended the benefits of cross-site working, particularly the recent support from MEHT cancer clinicians.
- 14.11. Alan Tobias requested an appraisal of the likelihood that the SUHT September 2018 cancer trajectory would be achieved. Clare Panniker reiterated that the challenge was the number of patients referred to Southend who had already exceeded the 62-day period. Alan therefore enquired as to the measures being taken by BTUH to reduce the number of late referrals. John Govett replied that the BTUH Finance Committee and the Board had requested that the resources be mapped out that would deliver the necessary improvements in cancer performance which would impact positively upon partner trusts as well as BTUH. Nigel Beverley supported John's comments, highlighting the importance that BTUH Board placed upon improving cancer performance as discussed at a Board meeting in public on 25<sup>th</sup> May 2018 with input from the Group Director of Cancer Services (Michael Catling).
- 14.12. It was agreed that Michael Catling would attend the July 2018 Boards in Common meeting to discuss and provide assurance on the improvement of cancer performance across the group.

#### **ACTION 56**

**Group Director of Cancer Services to be invited to the next meeting. LEAD – Andrew Stride**

- 14.13. With regard to referral to treatment (RTT) performance, it was noted that MEHT had not yet reinstated RTT national reporting. This would recommence in August 2018 with regard to July 2018 data.
- 14.14. Mike Green asked whether the RTT trajectories included MEHT. Martin Callingham confirmed that MEHT activity was included in the trajectories but not the performance figures. He would examine how best to report this in the next integrated performance report but Martin provided assurance that the figures within this month's report were accurate.
- 14.15. Mary Foulkes summarised workforce performance across the three trusts. She drew attention to the new agency guidelines which required executive sign-off for placements paid over £100 per hour.
- 14.16. James O'Sullivan provided headline financial performance figures for the three trusts in respect of the three trusts as at 30<sup>th</sup> April 2018. SUTH were £336k adverse to plan at month one. James explained that BTUH were £0.1m ahead of plan, although income was behind plan for month one. MEHT were £1.4m behind plan at April 2018 which was of significant concern. This was due primarily to lower than expected activity levels including burns and plastics.

14.17. Nick Alston confirmed that the financial position at MEHT was the focus of intense oversight. The Finance Committee would meet the following day to scrutinise the detail behind the month one position to ascertain whether the income could be recovered. Clare Panniker added that there was a weekly view of all metrics making up the MEHT recovery plan. Nick reflected that MEHT's finances could have implications for the proposed merger and associated due diligence.

14.18. JWB noted the estates and facilities metrics.

15. Risks and issues to escalate to Trust Boards and Committees

15.1. No such items were identified as JWB members were confident that the Trust Boards and committees were fully briefed on the key risks and issues discussed today.

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

16.1. Ron Capes commenced the strategies, plans and progress on a variety of matters discussed at today's meeting. He commented that the trusts were insufficiently prepared to publicise their own achievements. As such, he requested clarity on any intention to centralise or co-ordinate communications services across the group. Clare Panniker replied that the JEG were currently assessing the communication and engagement needs across the group during the transition period and into the first year of the new organisation. An interim expert, Steven Webb, had commenced work recently to co-ordinate this review.

16.2. Paul Foulger explained that the MEHT Patient Council were keen to create a patient council across the three trusts using the model tried and tested at MEHT. Diane Sarkar confirmed that this workstream was linked into her portfolio in terms of patient engagement.

16.3. A member of the public expressed concern about recent press coverage around pathology performance. Celia Skinner explained that she chaired the Pathology First Board which comprised senior clinical staff from the three organisations involved in the pathology joint venture (SUHT, BTUH and Pathology First). By way of assurance, Celia explained that the UKAS accreditation for the tests conducted across the laboratories had recently concluded. The UKAS review had resulted in some recommendations but performance and compliance, as well as recruitment and retention, was in a better position than recent years.

16.4. In terms of cervical screening, Celia advised that some degree of repeat testing was a standard feature of screening practice. There had been some concern around the quality assurance mechanisms for cervical screening.

17. Any other business

17.1. No items were raised.

18. Date of next meeting

- 18.1. The next JWB meeting would take the form a meeting of the full Trust Boards in common on **Wednesday 4<sup>th</sup> July 2018**, 2pm to 4.30pm in the Medical Academic Unit at Broomfield Hospital. This meeting would transact the normal JWB business alongside a focus in public on the decision making business case (DMBC) for clinical transformation.

19. Motion

- 19.1. 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**

**Nigel Beverley, Presider** \_\_\_\_\_

**Date**