

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 JWB meeting in public held on 5th December 2018 in the Board Room at Southend Hospital at 2.00pm

Present

BTUH Success Regime Committee (non executive members)

Nigel Beverley Trust Chairman (and Presider of JWB)

Renata Drinkwater Non-Executive Director

John Govett Non-Executive Director

MEHT Success Regime Committee (non executive members)

Nick Alston Trust Chairman

Colin Grannell Non-Executive Director

Karen Hunter Non-Executive Director

SUHT Success Regime Committee (non executive members)

Alan Tobias Trust Chairman

Gaby Rydings Non-Executive Director

Joint Executives

Tom Abell Chief Transformation Officer/Deputy Chief Executive

Martin Callingham Chief Information Officer

Jonathan Dunk Chief Commercial Officer

Jane Farrell Managing Director, MEHT

Eamon Malone Chief Estates and Facilities Director

James O'Sullivan Chief Financial Officer

Clare Panniker Chief Executive

Andrew Pike Managing Director, BTUH

Diane Sarkar Chief Nursing Officer

Celia Skinner Chief Medical Officer

In attendance

Ron Capes	Lead Governor, BTUH
Naresh Chenani	Group Director of Planning and Performance
Dr John Davies	Consultant Cardiologist & MSB Clinical Lead for Cardiology
James Day	Trust Secretary & Director of Strategy, MEHT
Lindsey Knowles	Assistant Company Secretary, SUHT
Brinda Sittapah	Company Secretary, SUHT
Andrew Stride	Group Director of Corporate Governance Integration (minutes)

3 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. Apologies were received from Yvonne Blucher (Managing Director, SUHT), Danny Hariram (Chief HR Director) and Tony Le Masurier (Non-Executive Director, SUHT)
- 1.3. Members noted that the meetings of the BTUH, MEHT and SUHT Success Regime Committees, comprising the JWB, were quorate.
- 1.4. Nigel welcomed Eamon Malone (Chief Estates and Facilities Director) to his first meeting of the JWB.
- 1.5. In order to accommodate the commitments of Dr John Davies who was providing the Reflections on Practice presentation, the running order of the agenda was amended as below.

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. Risk and Compliance Update

- 3.1. Diane Sarkar provided members with an update on the evolution of risk management and compliance methodology across the three hospitals.
- 3.2. Diane drew attention to the fact that BTUH had reported 8 never events over the past 12 months, of which 4 occurred over the past 6 months. The Trust had informed CQC. A review had been conducted by herself alongside two members of the BTUH Quality and Patient Safety Committee, the outcome of which was presented to the Site Leadership Team and the Committee. Diane commented that there remained a need to demonstrate learning from these never events.

3.3. Turning to the forthcoming CQC inspection at BTUH, Diane informed JWB that the provider information request (PIR) had been submitted to CQC by the deadline. It was likely that the Core Services inspection would take place in February 2018 followed by Use of Resources in the first week of March 2018 and the Well Led inspection in late March 2018. In preparation, a full internal compliance inspection had been conducted at BTUH utilising colleagues from across the Group.

4. Reflections on Practice – Cardiology Services

4.1. The JWB welcomed Dr John Davies, Consultant Cardiologist at SUHT and MSB Clinical Lead for Cardiology who gave a presentation on recent developments in Cardiology Services across the Group and future plans.

4.2. In response to a question from Alan Tobias, Dr Davies advised that approximately 40% of procedures carried out across the Group at present attracted Best Practice Tariff (BPT). The aspiration was to increase this rate to 65% which would be a significant step change in the clinical pathway alongside a reduction in bed days.

4.3. Karen Hunter enquired as to the support that cardiologists would provide to pre-assessment under the new model. Dr Davies replied that the new pathway would not change the support provided, confirming that resources were not being taken away from cardiac or cardiothoracic care. He added that the Group would require enhanced heart failure services as the population ages, noting that a heart failure expert had commenced recently at BTUH.

4.4. Andrew Pike advised JWB that approval for the fourth cath lab at BTUH was expected to be given by the Board the following week, although the facility would not be in place until June 2019.

4.5. In response to a question from Renata Drinkwater about patient involvement in the pathway redesign, Dr Davies explained that each of the six major sub-groups would involve patient input, noting that there was little news to communicate to patients about the pathway redesign project at this stage.

4.6. Celia Skinner commented that the treat and transfer model would go live in February 2019 with the cardiology pathway following in June 2019. She added that the clinical consensus was that the traditional model was not ideal, but the hybrid model was generally accepted as deliverable.

4.7. Nigel thanked Dr Davies for his insightful presentation.

5. Group Board Assurance Framework (BAF)

5.1. Diane Sarkar and Clare Panniker presented the first version of the new BAF, following development of the new strategic objectives which were approved at the JWB meeting on 3rd October 2018. They explained that the principal risks were subsequently approved by JWB in November 2018 along with the risk appetites for each risk. It was noted that this was a first raft and that the BAF was and should be a dynamic document that would evolve over time.

- 5.2. Diane explained that the BAF showed 4 strategic objectives and 18 principle risks. Of these, 6 were rated as High, 10 rated as Medium and 2 were rated as Low.
- 5.3. With regard to the format of the BAF, Diane advised that the template had been discussed and endorsed by the Oversight Committee. The detail would be scrutinised at the Finance & Performance, Workforce and Quality Committees in Common in January 2019.
- 5.4. In response to a request from Clare, it was agreed that the direction of travel from the previous month would be reflected in the template by means of an arrow.

ACTION 05.12.18/67

Include direction of travel for each risk within the BAF template. 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 format of the newly populated BAF and recommended its content to the Committees in Common for detailed scrutiny in January 2019.

6. Minutes of the JWB meeting in public held on 3rd October 2018
- 6.1. Members reviewed the draft minutes of the Trust Boards in Common meeting in public held on 3rd October 2018.

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 public session of the JWB meeting held on 3rd October 2018 as a complete and accurate record.

7. Actions and matters arising not covered by the agenda
- 7.1. The JWB were content to close the six actions proposed for closure. They noted that the other two actions were not yet due for completion.
8. Trust Chairs' Report
- 8.1. Alan Tobias commented that SUHT Board had a number of comments which he would raise during discussion of the pertinent items on today's agenda.
- 8.2. Nick Alston explained that MEHT had welcomed Alison Smith to the Site Leadership Team in the post of Chief Operating Officer. The appointment of the new Medical Director would be announced imminently. Nick communicated some anxieties amongst MEHT NEDs about the unsettling nature of transitioning to the new committees in common model in the new year.
- 8.3. Nigel Beverley highlighted a recent visit by the Chair of NHSI (Dido Harding) to the Essex Cardiothoracic Centre. The visit was led by Professor Young, a Southend Consultant and NHSI Innovation Lead. The visit team had also visited a ward to see Teletracking in action at BTUH.

- 8.4. It was agreed that innovation would be a topic at a future JWB seminar / development session.

ACTION 05.12.18/68

Schedule Innovation as a future seminar topic. LEAD – Andrew Stride

9. Chief Executive's Report

- 9.1. Clare Panniker reminded members that Teletracking was now in place across all three hospitals and the system was proving instrumental to managing winter pressures and patient flow. Whilst there was no formal data available as yet, the technical implementation had gone well. The next phase of work around Teletracking was to continually pursue changes in practice and to further develop the relationship and working practices between the sites and the Control Centre. Nick Alston highlighted the need to ensure that agency medical and nursing staff were able to quickly familiarise themselves with Teletracking so that they could use it effectively during their shifts.

10. Change Portfolio Update

- 10.1. Tom Abell provided an update on the transformation and change activities across the three trusts since the previous meeting.
- 10.2. He explained that Ophthalmology was being mobilised with a positive early impact on patients. Urology ambulatory services had been designed for all three sites and were being implemented during November 2018.
- 10.3. In response to a question from Nick Alston, Celia Skinner confirmed that primary care ophthalmologists were keen and equipped to receive the additional work envisaged under the new pathway. She added that the Group were piloting minor eye conditions in primary care, transferring 25% of elective ophthalmology from the secondary care sector into primary care in a phased way.
- 10.4. Tom informed JWB that he would lead a discussion at the Finance Committees in Common later that month on the clinical transformation target dates in light of the Southend HOSC referral to the Secretary of State. He added that Thurrock HOSC would be meeting that evening to decide whether or not to also make a referral. At a future JWB, the impact of the referral internally and externally, including the loss of potential health gains, would be debated.
- 10.5. The target date for the first phase was October 2019 and this was being reflected in the operating plans for the three sites. All workstreams were focussing upon standardisation of practice whilst the referral process reached its conclusion.
- 10.6. With regard to clinical support services (CSS), Tom advised that the sterile service staff consultation had commenced recently with the aim of consolidating sterile services at two centres – Broomfield and Southend. Another key enabler for change in CSS was the

appointment of Dr Qaiser Malik and Darren Taylor as Group Clinical Director and Group General Manager for radiology services across the three trusts.

- 10.7. Referring to the overall RAG risk rating for the Clinical, Clinical Support and Corporate Support programmes, which were all amber-rated at present, Nigel Beverley enquired as to whether the rating was close to red or green in each case. Tom replied that he expected CSS to move to green in next governance cycle. Corporate Support was also moving towards green, Tom added, although not at the same rate as CSS.

11. Preparing for Winter

- 11.1. Clare Panniker invited the Managing Directors (including Tom Abell on behalf of Yvonne Blucher) to lead a presentation setting out the winter preparations on their respective sites, explaining that the planning for winter 2018/19 had been predicated on delivering the following objectives :

- Maintaining safe hospitals during winter and lower bed occupancy than the previous two years;
- Ensuring dynamic and timely load balancing of excess demand across the hospitals; and
- Holding our broader system to account for rapid surge and escalation in periods of peak demand in a consistent manner.

- 11.2. The relationship between the MSB/STP System Plan and South West Essex, Mid Essex and South East Essex Plans was outlined.

- 11.3. Andrew Pike highlighted the positive collaboration and support between the Trust and local partners serving the BTUH population.

- 11.4. Jane Farrell emphasised the significant benefits that were beginning to emerge from Teletracking, particularly the greater visibility of patient flow and bed availability across the sites. She added that the MEHT Site Leadership Team had learned from the previous year in terms of reliance upon social care to support home-based care plans.

- 11.5. Key schemes that were in place for winter in South East Essex, Tom explained, included Primary Care Enhanced Access to provide additional weekend and evening GP clinic capacity, the appointment of an Integrated Discharge Manager and introduction of 6 ED Rapid Assessment and Treatment Bays to expedite ambulance off-load and turnaround.

- 11.6. Tom drew attention to group-wide initiatives, including the establishment of a single STP/Group Winter Room which was collocated with the Teletracking Control Centre. This facility would commence at the beginning of January 2019 to broker mutual support arrangements, including work with the Ambulance Trust to minimise delays, to provide a single point of contact for regulatory relationships and to provide a single escalation point for partner issues. The JWB noted that new technology was being introduced to track outstanding 999 calls in real-time to manage demand across the acute sites. In response to a question from Nigel Beverley, Tom informed JWB members that the Winter Room was not being opened in December 2018 given that the peaks usually occur in January rather than December. Instead, management resources were being directed during the current month towards schemes such as Hospital@Home and Bayman Ward (at Brentwood Community

Hospital). Andrew Pike reassured the JWB that the Winter Room could be mobilised whenever required if the circumstances required it.

- 11.7. In response to a question from Alan Tobias, Tom explained that Essex County Council had devolved funds per head of population which resulted in a greater proportion going to Mid Essex than Southend. The service level agreements had been signed off by the Site Leadership Teams who were looking at the appropriate mix between bedded and community capacity over winter. Gaby Rydings enquired as to whether the two Unitary Authorities (Thurrock and Southend). Tom confirmed that both organisations had provided funding for nursing home beds and domiciliary care.
- 11.8. The Managing Directors commented that whilst their ED infrastructures were relatively robust going into winter, their capacity, populations and demand peaks were different, such that local planning nuances were required. The Directors of Operations from the three sites would be meeting the following day to agree plans and escalation protocols, with the Executive On Call undertaking brokering between sites when required.
- 11.9. Given the slowdown of elective orthopaedic surgery during the winter months, Karen Hunter enquired as to whether these specialist clinicians would be redeployed. Andrew Pike confirmed that the orthopaedic surgeons and nurses would be supporting colleagues in ED to handle trauma cases. He added that the Trusts were minimising the impact of the non-elective pressures on the elective waiting lists by outsourcing some orthopaedic cases to the Nuffield. There remained a need to gain explicit support from the CCGs for a slowdown in elective surgery.
12. Future Organisational Form – Progress Update
- 12.1. Jonathan Dunk provided members with a progress update on the future organisational form project since the previous JWB meeting.
- 12.2. Jonathan highlighted the Board-to-Board meeting between the MSB Group and NHSI in mid-November 2018 to assess progress of the Group generally, and specifically to discuss merger plans. This meeting had positively reaffirmed commitment from all parties to continue to advance the merger transaction process. Jonathan noted that NHSI were particularly assured by the group-wide operating and governance model which had been formally in place since January 2017.
- 12.3. The Capital Strategic Outline Case (SOC) had been supported by commissioners and had received informal support from NHSI following their recent technical review. However NHSI were formally unable to approve the SOC, pending conclusion of the Secretary of State referral process associated with the clinical transformation plans. The implications of the referral for the delivery date of the merger were currently being assessed.
- 12.4. In response to a question from Alan Tobias, Jonathan confirmed that the due diligence exercise would require some degree of refresh in the event that the merger date shifted significantly.

12.5. With regard to integration planning, Jonathan advised that such activities were continuing at pace, including the communication that a single corporate service transaction centre would be set up early in 2019 subject to formal consultation with staff across the group.

13. Integrated Performance Report – October 2018

13.1. Clare Panniker invited JEG colleagues to highlight aspects of the group's performance during October 2018 and beyond, where data was available.

13.2. Diane Sarkar and Celia Skinner drew attention to the stability of mortality rates at all three sites, all of which were within expected range.

13.3. With regard to operational performance, Clare advised that ED performance was challenged at both Mid Essex and Southend in October/November 2018. There was a new dashboard being introduced to track cancer performance. Naresh Chenani added that between September and October 2018, the group was now performing ahead of trajectory with regard to cancer, following a particular focus on skin and urology. 62 day cancer performance was expected to deteriorate in November 2018 due the focus being on shifting the backlog but there was confidence in delivery of the trajectory agreed by NHSI for the end of March 2019. The trusts would need to ensure that levels of cancer performance were maintained during winter despite non-elective care pressures.

13.4. With regard to cancer, Alan Tobias noted that late referrals were anticipated from Colchester. Clare commented that the Colchester Trust had the same issue as the MSB Trusts as they worked to clear their backlog. Naresh undertook to ensure that this situation was sufficiently visible to NHSI.

ACTION 05.12.18/69

Ensure that the late referrals from Colchester and its impact on the MSB cancer position was raised with NHSI. LEAD – Naresh Chenani

13.5. In response to a question from Nick Alston about how the Trust Boards could be assured about cancer recovery, Naresh explained that the revised dashboard would be received by JEG on a weekly basis, facilitating early identification of variances and prompt remedial action where needed. Jane added that there was improved disability and focus on actions which have been proven to be effective, noting the reliance upon diagnostic improvements to ensure overall performance against the cancer standards.

13.6. Turning to Referral To Treatment times (RTT) performance, MEHT had not yet returned to formal reporting. SUHT were delivering against RTT. However the RTT performance at BTUH was frustrated by issues with commissioners and insufficient capacity. Andrew Pike commented that the BTUH situation may require formal escalation to NHSI/NHSE.

13.7. Colin Grannell enquired as to what the starting position would be once MEHT returned to RTT reporting. Jane replied that the detail would be subject to a deep dive at MEHT's Finance and Performance Committee the following day, which would include a sitrep on the return to RTT reporting to provide collective confidence.

- 13.8. On behalf of Danny Hariram, Tom Abell summarised workforce performance. Work was focussing upon reduction of vacancies and agency control. Tom drew attention to the change in format of the turnovers, starters and leavers tables on page 50 of the pack to exclude establishment changes, making it easier to track trends.
- 13.9. The JWB were aware that each of the sites were staffed differently in terms of skill mix and number. As a consequence, different initiatives were required at each hospital to improve recruitment and retention. For example, retire and return schemes were particularly useful at Southend due to the make-up of their clinical workforce. It was agreed that a future JWB seminar would focus on the differences in workforce skill mix and levels across the Group. Celia concurred with the value of such an exercise, provided that JWB were fully aware of the differences between district general hospital clinical staffing requirements and those of a specialist centre, such as the higher ratio of consultants in the Burns Unit at MEHT compared to the rest of the hospital.

ACTION 05.12.18/70

Schedule a future JWB seminar on workforce differentials across the 3 sites. LEAD – Andrew Stride

- 13.10. John Govett noted that the apprenticeship levy had been in place for a year but the Group were utilising the scheme primarily for administrative staff rather than nurse apprenticeships. He considered this to be a lost opportunity to date. It was agreed that a report on the apprenticeship scheme across the Group including a risk analysis, would be provided to the JWB meeting.

ACTION 05.12.18/71

Provide a report on the apprenticeship scheme across the Group to the next meeting. LEAD – Danny Hariram

- 13.11. James O’Sullivan summarised the financial position of the three trusts and the Group overall year-to-date (month 7). He explained that at that point in the year, all 3 trusts were behind their plans. MEHT was £9m adrift but was in line with its financial recovery plan. Nonetheless, James explained, BTUH and SUHT were expected to deliver against their original plan at year-end, with MEHT showing a £60.7m reforecast deficit.
- 13.12. With regard to agency spend, James advised that BTUH was showing the best agency run rate out of the three trusts but BTUH’s performance was not as good as in previous months. Cost improvement programmes remained one of the top finance risks for 2018/19.
- 13.13. Eamon Malone provided assurance to JWB that estates maintenance and capital delivery were performing well across the Group.

14. Updates from recent committees in common meetings

- 14.1. No specific items were raised.

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

- 15.1. Members asked the Trust Secretaries to ensure that **all** Trust Board members had timely visibility of all the public and closed JWB papers.

ACTION 05.12.18/72

Ensure that all Trust Board members receive the public and closed JWB papers on each occasion. LEAD – Andrew Stride / Brinda Sittapah / James Day

16. Questions and comments from Governors and members of the public
- 16.1. Ron Capes commended the importance of staff at all levels and disciplines across the Group being fully informed and involved in decisions. This would aid recruitment and retention particularly during this time of significant change. He requested assurance as the process followed to determine the location of the corporate support hub at Britannia House in Southend.
- 16.2. Jonathan Dunk confirmed that a comprehensive options appraisal had taken place to identify Britannia House. It was recognised that there were advantages and disadvantages to any location given the geographical spread of the services and workforce of the three trusts. There were also constraints in terms of the availability of suitable premises on the open market. Jonathan explained that affected staff had been fully engaged in the process and the Group was upgrading the facilities at Britannia House to make it an attractive site for the Hub. He acknowledged that transport was a particular concern for staff, which was subject to particular attention in the lead-up to staff re-locating to the Hub.
- 16.3. Clare Panniker added that the JEG were fully aware of the risks associated with staff leaving rather than re-locating and there had been a formal costed risk assessment for each corporate service. She emphasised that the benefits of co-location were evidence-based, in terms of pooling specialist expertise and the cost savings deriving from economies of scale.
- 16.4. Nick Alston commented that MEHT corporate staff were particularly likely to be affected given the distance to Britannia House. He expressed confidence that in the options appraisal process by which the decision had been reached. He noted that the Southend area had a history of successful corporate centres amongst commercial organisations.
- 16.5. A member of the public raised a point of governance in terms of the reporting of decisions made by JWB in closed session. Nigel Beverley confirmed that the vast majority of debate and decisions were made in public session in line with the Nolan Principles and decisions made in private were notified in public once the reason for their in camera discussion had passed. However it was agreed that the mechanism should be reviewed and enhanced where possible, in the interests of public confidence.

ACTION 05.12.18/73

Review mechanism for JWB decisions made in closed session to be reported in public. LEAD – Andrew Stride

17. Any other business

17.1. No items were raised.

18. Date of next meeting

18.1. The next JWB meeting in public would take place on **Wednesday 6th February 2019** in the Committee Rooms at Basildon Hospital.

DRAFT