NHS
Mid and South Essex
University Hospitals Group

Trust Boards Meeting in Common – SESSION IN PUBLIC

Minutes of a meeting in public of the Trust Boards in Common held in common at 2.00pm Wednesday 13th November 2019 in the Committee Rooms, Level G, Basildon Hospital

Present

BTUH Board (non-executive members)

Nigel Beverley	Trust Chair (Presider of this meeting)
Lynsey Cross	Non Executive Director
Barbara Stuttle	Non Executive Director

MEHT Board (non-executive members)

Colin Grannell	Non Executive Director
Jill Stoddart	Non Executive Director
Alan Tobias	Trust Chair
David Wilde	Non Executive Director

SUHT Board (non-executive member)

Mike Green	Non Executive Director
Fred Heddell	Non Executive Director
Tony Le Masurier	Non Executive Director
David Parkins	Non-Executive Director/Vice Chair
Gaby Rydings	Non-Executive Director
Alan Tobias	Trust Chair
Tim Young	Non Executive Director

Executive Team

Tom Abell	Deputy Chief Executive / Chief Strategy & Transformation Officer

Yvonne Blucher	Managing Director, SUHT
Martin Callingham	Chief Information Officer
Jonathan Dunk	Chief Commercial Officer
Jane Farrell	Managing Director, MEHT
Danny Hariram	Chief People and OD Officer
Clare Panniker	Chief Executive
Andrew Pike	Managing Director, BTUH
Diane Sarkar	Chief Nursing and Quality Officer
Dawn Scrafield	Chief Finance Officer
David Walker	Chief Medical Officer

<u>In attendance</u>

Ron Capes	Lead Governor, BTUH
Naresh Chenani	Group Director, Planning and Performance
Charles Curtis	Public Governor, BTUH
James Day	Trust Secretary and Director of Strategy, MEHT
Esther Kuku	Head of Communications, BTUH
Marlene Moura	Public Governor, BTUH
June-Anne Murray	Freedom to Speak Up Guardian (for item 10 only)
Andrew Stride	Group Director – Corporate Governance Integration (minutes)
Daniel Turner	Head of Integrated Care (for item 9 only)
Alan Ursell	Public Governor, BTUIH

4 members of the public

1. <u>Welcome, introductions and apologies for absence</u>

1.1. With agreement from all present, Nigel Beverley presided over this meeting.

1.2. Apologies were received from John Govett (Non-Executive Director/Vice Chair, BTUH), Margaret Pratt (Non-Executive Director, BTUH), Renata Drinkwater (Non-Executive Director, BTUH) and Eamon Malone (Chief Estates and Facilities Officer).

2. <u>Declarations of interest</u>

2.1. All present declared a standing interest in respect of their substantive roles as Board members of one or more of the trust

3. Minutes of the closed Boards in Common meeting held on 11th September 2019

3.1. Members reviewed the draft minutes of their previous closed meeting. The following typographical amendments were agreed:

- List of those present (page 1) to be amended to delete Tony Young and to add Fred Heddell (Non Executive Director, SUHT) to the list;
- Section 11.3 (page 8) – final sentence to read "…leadership **gaps**….."

DECISION

Subject to the amendments noted above, the Trust Boards, of MEHT, SUHT and BTUH approved the minutes of their meeting in public on 11th September 2019 as a true and fair record.

4. Matters arising and action log review

4.1. Members agreed to close all of the actions that were proposed for closure.

4.2. Updates were noted in relation to the following actions :

- *Action BIC 11.09.19/02* – members noted that the risk appetites had been endorsed by the Boards in Common and by the individual sites. **Action closed**;
- *Action BIC 11.*09.19/03 – Clare Panniker explained that the work to engage Parliamentary candidates was continuing, however the scope of this was now limited due to the purdah period ahead of the December 2019 General Election. Following the election, the Group will engage with the elected MPs serving Mid and South Essex. **Action closed**;
- *Action BIC 11.*09.19/05 – Board members were advised by Dawn Scrafield that the work to develop a new business case template was a work in progress, as part of a broader piece of work to overhaul the Group's investment approach. **Action to remain open;**
- *Action BIC 11.09.19/07* – Naresh Chenani explained that the data from the national cardiac arrest audit was reflected in the SPC chart within the integrated performance report presented later on today's agenda. He added that the Group would standardise reporting when the next data set was available in April 2020. **Action to remain open**.

5. Patient Story

5.1. The Boards in Common welcomed a patient who described her experience with the pain management service at BTUH following a road traffic accident eight years previously. The patient commended the multi-faceted care she received through the pain service, including peer support, the teaching of relaxation techniques, exercises and coping mechanisms as well as medication. She highlighted the positive impact that the service had upon her quality of life and that of her family.

5.2. In response to a question from Nigel Beverley as to how the pain service could provide even better care, the patient suggested that the number of courses should be increased, in order to reduce the waiting time which remained significant.

5.3. Board members reflected on the opportunities to improve the pain management pathway so that the NHS provided more joined up care across the primary care, community care and acute services. Tom Abell highlighted the importance of improving access to specialist pain services to avoid long-term prescription of opioid-based analgesics and disjointed movement of patients between rheumatology, trauma and orthopaedics and other specialties. Tom continued that the Group were working with commissioners to introduce triage mechanisms for therapy services across the sites. Alan Tobias commented that the business case for therapy triage should show the avoided costs of unnecessary activity.

5.4. Lynsey Cross enquired as to how the Group could use patient ambassadors to raise awareness of the service and to promote a "train the trainer" model to address capacity issues. It was noted that drop in groups were being explored as well as buddy networks to supplement clinician-led interventions.

5.5. The Boards in Common thanked the patient for sharing her story and commended the hard work of the pain management service evidenced by today's story.

6. <u>Risk Management and Compliance Update</u>

6.1. Diane Sarkar provided an update on risk management activities across the Group as well as the work of the new MSE Governance Oversight Group (formerly the Risk and Compliance Group).

6.2. Board colleagues reviewed the Group Board Assurance Framework (BAF) which had been subject to the established process of scrutiny by the relevant committees in common and by the Executive Team.

6.3. Attention was drawn to the movements within the BAF since the previous iteration, in particular the amalgamation of three risks relating to workforce which had been amalgamated into a single new risk (risk 3.1) – risk of workforce instability as a result of high levels of turnover and the inability to recue these levels, resulting in low staff morale and increased turnover (scored as 20).

6.4. Diane also advised that the two previous risks in relation to CQC compliance had been amalgamated into a single risk (risk 1.3) currently scored 12.

6.5. Members were pleased to note the development of a BAF checklist for committees in common, which formed appendix 2 of the paper. This would standardise the review approach, enabling greater assurance to be provided to the Trust Boards.

6.6. Diane explained that there had been no change in the top corporate risks for the sites as evaluated by the Site Governance Forums (SGFs). She continued that whilst the SGFs had escalated three risks to the Boards, two of these (the gynaecology risk summit at MEHT) and group-wide compliance with the NHS Resolution Standards for Maternity Safety) had now been resolved. The remaining escalated risk, regarding the ongoing surgical instrument issue in the Essex Cardiothoracic Centre (CTC) was already well known to the Boards in Common.

6.7. Gaby Rydings requested clarity as to why the risk score for risk 4.3 (failure to deliver the digital transformation agenda and to ensure resilience in informatics and IT services) had decreased from 12 to 9. Martin Callingham explained that the main source for the risk was reliance upon outdated technology, however now that the IT business case had been approved, the risk had been significantly mitigated. He continued that there remained a risk to delivery of the benefits which was not yet adequately mitigated.

6.8. Colin Grannell noted that there were a number of references to Celia Skinner in the BAF which needed updating to show David Walker as the executive owner of the Chief Medical Officer risks.

ACTION BIC 13.11.19/01

Ensure that all references to Celia Skinner as executive owner of risks to be changed to David Walker. LEAD – Diane Sarkar

6.9. Colin further commented that several risks were close to their target risk score, enquiring as to the next steps in relation to these risks when that point had been reached. He also requested a consistent approach across the BAF to the articulation of timelines for mitigating actions.

ACTION BIC 13.11.19/02

Ensure consistency across the BAF with regard to the articulation of timelines for mitigating actions. LEAD – Diane Sarkar

6.10. Turning to regulatory compliance, Diane advised the meeting that the Care Quality Commission (CQC) had inspected 5 core services at SUHT and 6 core services at MEHT earlier in November 2019. A Use of Resources assessment would follow on 26th November 2019 at SUHT only. Both sites would have a Well Led inspection before the Christmas break.

6.11. Diane summarised the verbal feedback given by the CQC core service inspection teams. For MEHT, these points included good multi-disciplinary team (MDT) working despite high levels of demand. Some concerns about the frequency of checking ward fridge temperatures and undertaking National Early Warning Scores (NEWS) assessments.

6.12. The CQC had also highlighted the lack of physical space in the therapy department and sub-optimal privacy and dignity provision in the discharge lounge. Nonetheless, Diane advised that the feedback for MEHT overall was more positive than the previous inspection, including the quality of consultant ward rounds in Maternity and a proactive response from the Site Leadership Team to the needs of the surgical division.

6.13. Summarising verbal feedback from the SUHT core service inspection, Diane highlighted concerns about Emergency Department (ED) capacity for triage and assessment and the voice of junior doctors in the medical division. Positive comments had been made with regard to compliance with the World Health Organisation (WHO) surgical checklist and associated safety culture. The CQC noted that patients were sometimes kept in the surgical recovery area longer than ideal. No issues had been raised verbally with regard to maternity at MEHT. The outpatient environment was agreed to not be ideal, as raised by the CQC.

6.14. Colin Grannell commented that capacity was a consistent theme across all sites and he enquired as to what remedial action the CQC would expect to see. Clare Panniker replied that the CQC would be looking for evidence that each site was taking all reasonable steps to improve capacity, with a particular focus on whether patient safety and experience was being maintained.

6.15. David Parkins commended the work of Diane and her team and took significant assurance that the CQC had only raised issues which the Boards were already sighted on. This view was endorsed by the Boards as a whole.

7. <u>Reports from Trust Chairs</u>

7.1. Alan Tobias reported that the SGFs at both SUHT and MEHT had met recently. The SGFs were clear that tackling the Referral to Treatment (RTT) backlog was a priority. The MEHT SGF had expressed concern about mortality performance, for which the SGF requested the commissioning of external support.

7.2. On behalf of BTUH, Nigel Beverley advised that finance and operational performance were the main focusses of discussion at their recent SGF.

7.3. Nigel and Alan reflected on the current momentum at STP level now that the new independent STP chair, Mike Thorne, was in place and moves towards the appointment of a single Accountable Officer for the CCGs in Mid and South Essex. Nigel commented that the STP Chairs meeting continued to be productive, including a recent discussion on the next steps towards the formation of an Integrated Care System (ICS) by 2021.

7.4. Members of the Boards in Common felt that a seminar was required in the near future to facilitate a shared understanding between the MSE trusts as to how the acute sector should strategically position itself within the STP.

ACTION BIC 13.11.19/03

Convene a Boards in Common Seminar focussing on STP/ICS strategic issues. LEAD – Andrew Stride/Tom Abell

8. Chief Executive's Report

8.1. Clare Panniker invited members to reflect on the intense operational pressures across all sites during this winter period which the sites and the Executive Team had competently managed alongside other priorities such as the CQC inspections and preparations for the proposed merger.

8.2. Clare highlighted the national focus on winter planning and the need for significant assurance to be provided to the Centre at an STP-level. The Group were stress-testing their internal plans and with partner organisations.

8.3. Members were pleased to note that the interviews for the position of Chair for the proposed merged trust were to take place later that week.

9. Reflections on Practice – Integrated Care Directorate

9.1. Tom Abell welcomed Daniel Turner and his colleagues from the Bridging Service, the aim of which was to reduce length of stay and delayed transfers of care. Board members were reminded that the Bridging Service was set up at Basildon Hospital during 2017 in response to problems within the domiciliary care market in Thurrock which was increased length of stay (LoS) and delayed transfers of care (DTOC). The Bridging Service in Thurrock was based around the role of Activities of Daily Living Facilitators (similar skill set to healthcare assistants) which is used in place of carers to "bridge" the gap before a package of social care could be put in place for patients.

9.2. The Boards in Common were advised that between April 2018 and May 2019, Thurrock's Bridging Service provided support to 1747 patients and a steady increase in referrals was predicted throughout 2019/20. Since 2017m the overall bed impact of the service was estimated up to 2,705.

9.3. Since November 2019, the Bridging Service had been commissioned by Essex County Council to cover the Basildon and Brentwood CCG area and the Castle Point and Rochford area. Once recruitment was completed, the service would provide capacity for 20 additional patients at any given time across the two CCG areas until the end of April 2020.

9.4. The Team outlined the challenges faced by the Bridging Service including funding as Thurrock Council had introduced a cap of 200 hours per week, recruitment issues as temporary contracts made recruiting difficult and there were delays in the recruitment process.

9.5. The Integrated Care Team outlined how the Bridging Service and the Hospital@Home Service had led to an evolution of the discharge to assess (D2A) model. This model involves patients receiving a placement (care home) or package of care (domiciliary care) for a six week period prior to completion of the formal Continuing Healthcare (CHC) checklist. Patients were identified for D2A using a local screening tool which determined the funding stream (health or social care). CHC staff undertook assessment of the patient's ongoing needs at six weeks alongside social care.

9.6. Extended D2A and Extended ED2A represented developments of the model to introduce therapy provision and to encourage patients to contribute to their own care as part of an individual's rehabilitation goals.

9.7. Tony Le Masurier enquired as to the potential for the Bridging Service and the D2A model to be rolled out to the Southend Borough. The presenters replied that Southend Borough Council had been approached but as yet, had not commissioned the service. However the service could be scaled up to cover Southend if required.

9.8. Alan Tobias requested clarity as to how the local authorities were incentivised to completed their assessments and take over care for appropriate patients. It was noted that DTOC was an important KPI for local government. Also the local authorities funded the Bridging Service as distinct from Hospital@Home that was NHS funded.

9.9. Nigel Beverley asked whether there was potential to further maximise the number of acute bed days saved. The Team replied that it would be possible to increase the rate at which patients flowed through and out of the service, flexing according to the needs of the hospitals. Tom Abell commented that Thurrock currently saves 5 beds every day, with a similar figure for Basildon and Brentwood.

9.10. In response to a question from Barbara Stuttle as to the likelihood of the Bridging Service being made permanent, the Team explained that they could recruit some staff on a temporary basis. The service covering the Mid Essex CCG area could recruit on a permanent basis as staff could be redeployed if necessary. The service was reliant on bank staff but had remained within their financial envelope. Tom commented that recruiting care staff on a permanent basis would mean that the MSE Group would essentially become a domiciliary care provider. The Boards would need to consider whether this was a strategic direction which the Group should follow.

9.11. Responding to Barbara's question as to how the patient impact of the Bridging Service could be measured, attention was drawn to the summary of user feedback which was positive over a range of indicators.

9.12. On behalf of the Boards in Common, Nigel commended the innovative work of the Integrated Care Directorate and their contribution to the experience of patients in and out of hospital.

10. Freedom to Speak Up Strategy

10.1. Danny Hariram introduced June-Ann Murray who attended the meeting to pr4esent the six monthly report to the MSE Trust Boards in Common from the Freedom To Speak Up (FTSU) Guardian. Danny reminded members of the context to the FTSU Guardian, including the Francis Inquiry (2013 and 2015). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS enabling staff to feel confident to speak up when things go wrong.

10.2. Danny continued that the Guardian Service (an independent and confidential staff liaison service) was piloted for twelve months at SUHT prior to it being implemented at BTUH on 1st October 2018 and MEHT from 1st April 2019.

10.3. Julie-Ann Murray from the Guardian Service presented her report on the current position across the MSE Group by way of the FTSU Guardian, which was a 6-monthly national reporting requirement to Trust Boards. Danny added that monitoring of FTSU Guardian activity was the remit of the People and OD Committees in Common.

10.4. Clare Panniker enquired as to how the number and nature of concerns raised across MSE compared with other organisations. Julie-Ann replied that SUHT had surpasses the average number of concerns for a small sized acute provider. Members noted that the number of concerns raised was increasing at all sites, which was considered a positive indication of an open and transparent culture of patient safety.

10.5. Mike Green asked whether the Guardian Service collected data from those raising concerns broken down by the protected characteristics under the Equality Act 2010. June-Ann replied that this data was not currently collected as a matter of routine. Board members reflected on the sensitivities associated with collecting data such as this from those raising concerns, however they requested that further consideration be given to collecting this information as part of the Group's compliance with the public sector equality duty. The analysis of that information and its use to drive forward equality would fall under the remit of the Quality Committees in Common.

ACTION BIC 13.11.19/04

Develop system for the collection and reporting of protected characteristics data from those raising concerns to the FTSU Guardian. LEAD – Danny Hariram/Guardian Service

10.6. David Walker requested clarity about the Guardian Service's mechanism for evaluating their effectiveness. Julie-Ann confirmed that those raising concerns were asked whether they

would be willing to do so again, should the need arise. She continued that the Service were developing their evaluation processes to include a broader range of questions. Lynsey Cross enquired as to whether established questions on the NHS national staff survey could be used as a proxy measure for the success of the FTSU Guardian Service. Danny replied that the staff survey questions could not be directly mapped in this way, but some questions could be interpreted as reflecting on willingness to raise concerns and the overlaying corporate culture.

10.7. Turning to the recommendations within the FTSU Guardian's report, Alan Tobias proposed that they should all be adopted by the Boards in Common. Tom Abell concurred, commenting that each recommendation was already being implemented via the People and OD Committees in Common; the Boards were formally asked to adopt them at today's meeting.

10.8. Tony Le Masurier highlighted the recommendation arising from staff reporting that the length of time taken for grievances to be heard was too long and exceeded the timescales in the relevant policy. Danny acknowledged the importance of addressing this issue in relation to all circumstances where hearings are required, including grievances, suspensions and disciplinarians. Effective action would help encourage staff to speak up again.

10.9. Yvonne Blucher commended the value of the FTSU Guardian at SUHTY in terms of promoting an open and transparent culture and breaking down communication barriers between staff and management across the Trust.

10.10. Board members recalled that Karen Hunter was the nominated non-executive lead for whistleblowing and FTSU. Tony Le Masurier and Renata Drinkwater undertook this function at SUHT and BTUH respectively.

DECISION

The Trust Boards of MEHT, SUHT and BTUH agreed to,

i)Note the contents of the FTSU Guardian report for Quarter 4 (2018/19) and Quarter 1 (2019/20);

ii)Take assurance that national guidelines with regard to FTSU and whistleblowing were being met by the MSE Trusts; and

iii)To formally adopt the recommendations as listed in the report, noting that implementation was already in progress, overseen by the People and OD Committees in Common.

11. Interim People Plan (September 2019 to September 2020)

11.1. Danny Hariram invited the Boards in Common to ratify the interim People Plan for the Group so that it could be communicated and implemented at the earliest opportunity.

11.2. Danny explained that the plan was intended to focus attention on urgent people issues over the next 6-12 months, whilst a longer-term strategy was developed. These pressing issues, he continued, included recruitment, organisational culture and equality and diversity.

11.3. Danny drew attention to the number of actions with a completion timescale of 31st March 2019. He explained that these reflected the "must dos" prior to the merger as detailed in the Post Transaction Implementation Plan (PTIP). The People and OD Committees in Common, Danny advised, had endorsed the Interim People Plan.

11.4. Mike Green noted that the actions within the plan had not been fully costed and requested clarity as to how the plan may impact upon the Long Term Financial Model (LTFM) submitted to NHSI as part of the NHSI assurance process for the proposed merger. Danny responded that workforce issues were currently being triangulated with the merger submissions to ensure consistency. Jonathan Dunk added that the LTFM had been constructed using activity and workforce data so some element of funding for the people plan was incorporated into the model.

11.5. Alan Tobias was concerned that the interim people plan was insular in its tone and content as it did not discuss the wider STP, joint appointments and so forth. Danny acknowledged this shortcoming and confirmed that it would be addressed in the next iteration of the document. Danny clarified that the final people strategy would be presented to the Board of the proposed new trust in quarter 2 of the 2020/21 year.

DECISION

The Trust Boards of MEHT, SUHT and BTUH agreed to ratify the interim people plan.

12. Change Portfolio Update

12.1. Tom Abell presented the regular overview of the transformation and change activities across the Group.

12.2. Tom drew attention to the MSE Group now taking the lead on the STP outpatient transformation programme. There would be a deep dive of this programme at a forthcoming Finance and Performance Committees in Common meeting.

13. Phase 1 Clinical Reconfiguration Update

13.1. Tom Abell provided Board members with an update on the phase 1 clinical service changes that were approved by the Boards in Common in June 2019. He reminded colleagues that these changes were being implemented as part of the reconfiguration proposals within the Decision Making Business Case (DMBC).

13.2. Members took assurance that the phase 1 changes were broadly on track, although there had been some changes in mobilisation plans since June 2019, including postponement of

the consolidation of urology services following discussion with clinicians and concerns raised around the growth of cancer activity. A decision had been taken to expedite cardiology reconfiguration between Broomfield and Basildon Hospitals for winter 2019/20 to help mitigate the bed deficit.

13.3. In terms of changes to mobilisation plans, Tom advised that alternative plans to free up theatre capacity for orthopaedics at Braintree had been enabled, and theatre capacity had been identified in order to accommodate the operating lists back on the Broomfield site. This was because initial plans to continue to provide ophthalmology services at Braintree through the development of a third minor operations theatre on site, were deemed unachievable die to the infrastructure of the building.

13.4. In response to a question from Mike Green about how the anticipated benefits from these changes could be evaluated, Tom confirmed that there were metrics within the business cases for the reconfiguration of individual services. Qualitative and quantitative data was already being captured.

13.5. David Parkins enquired as to whether out of area patients would impact upon capacity at Southend Hospital. Jane Farrell replied that this was one of the reasons why the implementation date for urology services was postponed, given that the business case was predicated on non-cancer activity.

13.6. Referring to the provision of elective orthopaedic surgery at Braintree, Karen Hunter requested assurance that patients would be provided with the necessary information to make an informed choice as to whether to accept the offer of expedited surgery at that site. Jane confirmed that information on waiting times, transport and parking provision was available already but would continue to be developed so that patients could make an informed choice. Tom added that a leaflet would be developed for the affected cohort of patients.

13.7. Colin Grannell noted that ophthalmology services were commissioned under a Payment by Results (PbR) contract and that the income was behind plan. In view of this, he enquired as to what the Group were intending to achieve by moving the service back to Broomfield. Jane replied that the Site Leadership Team at Broomfield were scoping opportunities for improving service productivity on that site as the anticipated improvement in productivity had not yet been realised.

13.8. Nigel Beverley commended the achievement represented by reaching this point in the clinical reconfiguration.

DECISION

The Trust Boards of MEHT, SUHT and BTUH agreed to approve the continued mobilisation towards go-live of the proposed phase 1 service reconfiguration changes as below:

Vascular – consolidation of emergency vascular surgery at Basildon Hospital (week commencing 2nd December 2019);

Orthopaedics – spinal surgery moving from Basildon Hospital to Southend Hospital (week commencing 25th November 2019), ASA 1 and 2 hip and knee patients at Basildon and Southend Hospitals being offered treatment at Braintree Community Hospital (week commencing 9th December 2019);

Ophthalmology – relocation of ophthalmology day case surgery from Braintree Community Hospital to Broomfield Hospital (week commencing 18th November 2019);

Cardiology – consolidation of cardiology patients from Braintree Community Hospital to Broomfield Hospital (week commencing 16th December 2019);

Interventional radiology (IR) – emergency IR cover consolidated in a hub at Basildon Hospital, with 24 hour, 7 day a week cover. Transition to support vascular (week commencing 2nd December 2019). Full consolidated 24/7 cover to commence early 2020.

Treat and transfer – extension of existing treat and transfer service providing weekend cover for 6 months to enable IT and cardiology transfers.

14. Transport Update

14.1. Tom Abell provided the Boards in Common with a specific update on the arrangements that had been put in place in respect of supporting family and carers affected by the reconfiguration of clinical services and to response to the recommendations approved the CCG Joint Committee when they approved the DMBC in 2018.

14.2. Tom summarised the process followed by the Transport Working Group to develop a number of high level recommendations that were subsequently agreed.

14.3. In order to address the recommendation about supporting those carers and family members who are on low incomes or who would struggle to access a hospital further away due to poor public transport provision or mobility problems, Tom proposed the adoption of a new Family and Carer Travel Cost Policy.

14.4. Gaby Rydings supported the aim of the proposed policy but she felt that the process to be followed by family and carers was excessively bureaucratic. She also reflected on the level of concern in the community about family and carers having to pay up front for travel costs, even if they were later reimbursed, and that this could be a barrier to access. Mike Green raised an associated point, in terms of the policy not compensating patients, family and carers for the additional inconvenience and travel time that could arise from the relocation of services, noting that this had been raised at several public meetings.

14.5. Tom acknowledged these concerns but he highlighted the equity issue that would occur in the event that the local policy was more generous than the national NHS low income scheme. He advised that the Group would continue to work with patients, carers and their

representatives to assess impact of the policy over time. Tom added that provision of an NHS funded taxi was the ultimate safeguard but this would be on an exceptional basis due to the cost.

14.6. Tom outlined the work with existing community and voluntary organisations to explore options to strengthen and expand our community transport arrangements, in line with the second major recommendation of the Transport Working Group. Most notably putting in place arrangements whereby patients, carers or family members could use community transport to access any trust facility in Mid and South Essex. A partnership had been launched with Chelmsford Community Transport and there had been additional investment in the Care Cars Service which would focus on the needs of South East Essex and South West Essex residents.

14.7. Members were advised that work was making good progress to develop new paper and internet-based information on getting to hospital. This had been reviewed by the Transport Working Group and the material would be published in the following few months.

14.8. Tony Le Masurier commended the progress made to date in addressing the concerns of patients, family and carers about the transport implications of the clinical reconfiguration. He requested assurance about the indemnity arrangements for community transport providers. Tom responded that there was a specific law regarding community drivers such that they were not required to register with the local authorities as taxi operators and that there was no risk to the Group in terms of indemnity.

DECISION

The Trust Boards of MEHT, SUHT and BTUH agreed to,

i)Note the progress report in addressing concerns about transport arising from the clinical reconfiguration;

ii)Approve the Family and Carer Travel Cost Policy; and

ii)Receive a further assurance report in relation to transport issues in six months' time.

15. Corporate Support Services – Transformation Update

15.1. Jonathan Dunk updated the Boards in Common on progress in ensuring consistent, high quality and cost effective corporate support services to the MSE hospital sites, noting that the majority of services had now completed their detailed design work with the remaining few services expecting to have their service models confirmed by the end of 2019. He added that all consultations would be concluded by the end of March 2020.

15.2. Jonathan advised that the refurbishment work at Britannia Park (the corporate support services hub) was expected to be completed by the end of November 2019. The Digital Services and Finance Teams moved in across September and October 2019, with further

moves planned throughout November 2019. There would now be a period of stabilisation for many services.

15.3. Attention was drawn to a new workstream within the corporate support services programme to establish robust governance arrangements for the business as usual state of corporate support services and to ensure that services delivered against the key performance indicators (KPIs) agreed with the sites within their memoranda of understanding (MOUs). The new Corporate Support Management Group (CSMG) would commence in January 2020. In response to a question from David Parkins, Jonathan confirmed that the CSMG would report upwards to the Executive Team and ultimately to the Boards as well as to the sites.

15.4. Barbara Stuttle asked how the corporate support programme was set up to learn lessons from each service change, such as the difficulties encountered with the bank and agency service.

15.5. Danny Hariram advised that there was a review of the bank agency reconfiguration at Basildon Hospital. There had been no patient harm identified and the recovery plan had been fully implemented, he continued. Jonathan added that the aforementioned stabilisation period would provide opportunities for reflection on lessons learned.

15.6. In response to a question from David Parkins as to whether there had been any deterioration in corporate support service provision, Jonathan confirmed that there had been some slippage in performance as long-standing issues had been unearthed and addressed. He added that the differential in service scope and quality would not be fully resolved until each service had been consolidated.

16. <u>Future Organisational Form (FOF) Progress Update</u>

16.1. Members received the above report from Jonathan Dunk, who assured colleagues that NHSI remained supportive of the target date for merger of 1st April 2020 and that all workstreans remained on track to facilitate the delivery of that date.

16.2. Jonathan drew attention to the key merger submissions which were at the near final draft stage of development.

16.3. Board members were interested in the Reporting Accountant function and the primarily concurrent NHSI assurance process. The Boards acknowledged the impact that these processes would have upon the Trust Boards and senior teams across the Group during January and February 2020, leading up to the Board to Board meeting with NHSI in the last week of February 2020.

17. Integrated Performance Report

17.1. Members of the Executive Team presented key aspects of the Integrated Performance Report (IPR) as at September 2019 (with more up to date information where available). Board members were assured that this report had been scrutinised by the Committees in Common and the Site Governance Forums prior to presentation to the Boards in Common today.

17.2. Andrew Pike advised that Emergency Department (ED) performance at Basildon Hospital had suffered during October 2019 primarily because one ward was out of use whilst it was being converted ready for the relocation of MSE vascular services to that site. Andrew added that he had agreed with NHSI a target of 90% for ED performance in the short term in view of the support that BTUH was giving to Broomfield Hospital to manage urgent care demand. With regard to cancer performance at Basildon, Andrew reported that the backlog was being shifted. There was an ongoing intense focus on financial recovery at SLT amongst the SLT and non-executives.

17.3. With regard to SUHT, Yvonne Blucher reflected that ED performance was below required levels, mainly due to workforce shortages and problems with patient flow. She explained that improvements in the ambulatory pathway at Soothed Hospital had been implemented in December 2019. Urology cancer cases remained a challenge at Southend, Yvonne advised.

17.4. Jane Farrell echoed the issues raised by her Managing Director colleagues as applying to MEHT.

17.5. Danny Hariram highlighted the improved national staff survey completion rate which was seen as a positive indicator of staff engagement. Other aspects of workforce performance that Danny referred to included Black History Month across the Group and the previous campaign to promote LGBT equality. Improving nurse recruitment was an ongoing high priority.

17.6. Mike Green noted that there the data within the IPR showed differing patterns of turnover across the sites. Danny replied that he was currently exploring this as a data quality issue given that there was no substantive difference between the sites in reality. He agreed to clarify this prior to the next iteration of the IPR.

ACTION BIC 13.11.19/05

Investigate and resolve the data quality issue with regard to turnover across the sites. LEAD – Danny Hariram

18. Reports from the Committees in Common

Finance and Performance Committees in Common

18.1. David Parkins provided a report on key aspects of the work of the above committees in common meetings on 6th September and 4th October 2019. Members took assurance as to the ongoing level of scrutiny to the financial position of the individual trusts and the MSE Group as a whole.

People and Organisational Development Committees in Common

18.2. Barbara Stuttle presented her report on the work of this committees in common held on 25th September 2019. She highlighted the concerns raised at the delay in finalising the recruitment and retention business case and more importantly the investment required for recruitment and retention of nurses. These concerns were brought into particular focus given that the hospitals were entering into winter with the attendant pressures on ward staff.

Quality Committees in Common

18.3. Karen Hunter reported verbally on the Quality Committees in Common meetings in October and November 2019. These committees had escalated Venous Thromboembolism (VTE) performance at MEHT which Jane Farrell and her Team were investigating.

18.4. At these meetings, it was pleasing to note that there was greater assurance with regard to learning from serious incidents and never events across the Group.

18.5. There remained ongoing concern and focus upon the serious incident about surgical instruments at Basildon Hospital.

18.6. With regard to the mortality deep dive at MEHT which had been commissioned as the trust's standardised hospital mortality index (SHMI) was outside the expected range, David Walker confirmed that there was a lag in the production of national SHMI data. Clare Panniker added that the Trust was working to understand how this anomaly had come about in order to identify the appropriate solution. She assured members that MEHT would learn from historic concerns about mortality performance at BTUH and SUHT.

19. Risks and issued escalated from Site Governance Forums or Committees in Common

19.1. Board members acknowledged the issues that had been escalated to Board level as indicated during today's meeting. Colleagues were satisfied that each issue was receiving the appropriate level of management attention and non-executive scrutiny.

20. Questions and comments from the public gallery

20.1. Ron Capes raised concern that the irritable bowel syndrome (IBS) support group at Basildon Hospital may have been disbanded. Andrew Pike undertook to look into this matter and report back to the BTUH Governors.

ACTION BIC 13.11.19/06

Establish whether the IBS support group at Basildon Hospital was still operational and feed back to BTUH Governors. LEAD – Andrew Pike

20.2. Marlene Moura commended the quality of the presentations today, particularly in relation to the Patient Story and to the Integrated Care Directorate. She also expressed support for the progress made in acknowledging and responding to public concerns about transport for patients, carers and family members.

20.3. Responding to a query raised over a number of months by BTUH Governors, Tom Abell advised that the timescale and plans for Orsett Hospital and the reprovision of services in Thurrock would be clearer in the new year.

21. Review of the meeting

21.1. Colleagues reflected on the conduct and content of today's meeting, concluding that there had been an appropriate and proportionate degree of scrutiny to the issues discussed and that all members had an opportunity to contribute to the debate.