

**EXECUTIVE MANAGEMENT COMMITTEE (EMC)
MINUTES OF MEETING
HELD ON THURSDAY 30TH MAY 2018**

Present:

Neill Moloney (NM)	Managing Director (Chair)
Simon Hallion (SH)	Director of Operations
Clare Edmondson (CE)	Director of Human Resources
Paul Fenton (PF)	Director of Estates & Facilities
Mike Meers (MM)	Director of ICT
Crawford Jameison (CJ)	Medical Director
Denver Greenhalgh (DG)	Director of Governance
Alison Smith (AS)	Director of Community Services
Nicky Leach (NL)	Director of Logistics & Patient Services
Ann Alderton (AA)	Company Secretary
Carolyn Tester (CT)	Head of Operations, Division 1
Karen Lough (KL)	Head of Operations, Division 2
Patsy Spence (PS)	Interim Head of Operations, Division 3
Kate Taylor (KT)	Deputy Associate Director of Nursing, Division 1
Sara Impeciati (SI)	Head of Nursing, Division 2
John Tobin (JT)	Head of Community Services - Integration

In Attendance:

Julia Jenkins (JJ)	Consultant Anaesthetist
Shane Gordon (SG)	Director of Integration
Michael Fuller (MF)	Head of Estates Compliance & Risk Management
Sam Fuller (SF)	Deputy Head of Ops, Division 2
Chris Backhouse (CB)	Clinical Director – Medicine

Minutes: Rachael D'Eath (RD) Executive Assistant to CEO, Chairman & Managing Director

Item No.	Agenda Item	To Action
32/001	<u>1.1 Apologies</u> Nick Hulme, Debo Ademokun, Jan Ingle, Dawn Scrafield, Rebecca Pulford, Simon Rudkins, Mark Bowditch, Claire Thompson	
32/002	<u>1.2 Declarations of Interest</u> Mike Meers, Neill Moloney, Ann Alderton and Clare Edmondson have a dual role with CHUFT	
32/003	<u>1.3 Minutes of Last Meeting</u> The minutes of the meeting held on 16 th March 2018 were approved as an accurate record of the meeting.	
32/004	<u>1.3 Action Log</u> The action log was reviewed and updated as appropriate.	
32/005	<u>1.4 Chair's Action</u> None for discussion	
32/006	<u>1.5 Matters Arising</u> None for discussion	
32/007	<u>2.1 Division 1 - Update</u> No update given at the meeting this to be provided at the meeting in June	

32/008	<u>2.2 Division 2 – Update</u> No update given at the meeting this to be provided at the meeting in June	
32/009	<u>2.3 Division 3 – Update</u> No update given at the meeting this to be provided at the meeting in June	
32/010	<u>2.4 Community Services</u> No update given at the meeting this to be provided at the meeting in June	
32/011	<u>3.1 AF Review – Impact on Assurance Committee</u> Item deferred to June. Although members of the Committee were asked to read the document and feedback any comments to DS prior to the next meeting.	All/DS
32/012	<u>3.2 Ophthalmology Procurement Outcome</u> The Ophthalmology tender has now completed the evaluation and moderation stage and the paper presented the outcome of the tender process. An Open process (single stage tender) was undertaken, with two lots to evaluate the eligibility and award criteria of the following services; each lot will be awarded under a separate contract: The Ophthalmology Referral Refinement, Remote Review Platform and Management of the Extended Scope Practitioners (lot 1) Community Ophthalmology Services (lot 2) This procurement has been undertaken in conjunction with NHS Ipswich and East Suffolk Clinical Commissioning Group, NHS West Suffolk Clinical Commissioning Group and West Suffolk NHS Foundation Trust. Submissions from three organisations were received and each was evaluated as described in the procurement documentation as required by the Public Contract Regulations. Healthcare Business Solutions UK Ltd (submitted proposals for Lot 2) - This submission was removed at compliance stage due to it being a non-compliant bid – several declarations and vital elements of the submission were missing, such as the commercial spreadsheet – the bidder has been informed and have not responded. Evolutio Care Innovations Ltd (submitted proposals for Lot 1 and 2) Newmedica (submitted proposals for Lot 2) EMC were asked to approve the recommendation to award the Lot 1 contract to Evolutio Care Innovations Ltd and Lot 2 contract to Newmedica, subject to the requirements from the panel. Note the issue of award letters to commence the 10 day standstill period. Assuming that the 10 day standstill process completes without issue then the mobilisation will start, culminating in the start of the new contract on 1st September 2018. EMC were supportive of the proposal and agreed the recommendations. It was also noted a Steering Group would oversee this proposal.	
32/013	<u>3.3 Dermatology Update</u> The contract for Dermatology Services in North East Essex (NEE) was awarded to an Independent sector provider in 2017. The Commissioners have not been receiving the level of service that was agreed in the specification and are concerned that the current independent provider will not continue to deliver this service. Ipswich Hospital has been in discussions with the commissioners to determine, if the contract was to end inside the contractual period, what support and services we could offer.	

	<p>Progress will be monitored via the Finance and Performance Committee.</p> <p>EMC was asked to approve the recommendation to proceed in conversation/implementation with NEECCG with a view to delivering this service.</p> <p>It was also noted the two options for mobilisation time, dependent on potential TUPE of existing staff, which we are unable to gauge at present</p> <p>EMC required further detail regarding the short term cover of the service and a business case needed to be developed.</p>	KL/SF
32/014	<p><u>3.4 Proposals for ESNEFT Day 1 Budgets and Business Plans</u></p> <p>This item was deferred to the next meeting but the Committee was asked to read the document in advance of the meeting.</p>	All
32/015	<p><u>3.5 Cancer Progress against Trajectories</u></p> <p>Division 3 gave an update on the cancer trajectories to date and it was noted that we would meet 85% of the trajectories for May.</p> <p>This item to be an ongoing item on the agenda going forward.</p>	
32/016	<p><u>4.1 STP Capital Business Cases</u></p> <p>The paper presented was an update following the confirmation request from NHSI, regarding the successful STP bid for £69.3m to produce a timeframe for submission of the numerous five case model business cases by the 30th April 2018. NHSI, DHSC and HM Treasury require a 5 case model Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC).</p> <p>The paper outlined the number and suggested timeframe for production of those business cases and seeks approval of those programs to NHSI, DHSC, HMT. The paper also requests the discussion and approval and content of the business cases, nomination of SRO's and timelines for each project.</p> <p>This was approved by Trust Board and EMC.</p>	
32/017	<p><u>4.2 Hospital at Night Business Case</u></p> <p>In 2017 the GMC survey provided feedback from doctors in training that described concerns of workload at night and how this could impact patient safety.</p> <p>In response to the above and also to address current performance/position in respect to weekend and out of hours mortality, the hospital is developing a model to deliver the required improvements across patient safety and experience metrics alongside the running of efficient operational services and the experience of our staff.</p> <p>The TX has considered an options appraisal document and the outcome of that discussion was to request further information in respect of options 2 and 4. (The main 4 options are below as a reminder.)</p> <ul style="list-style-type: none"> • Option 2 - Develop a central H@N team with existing staffing resources with clear roles and responsibilities for a Trust wide team approach. • Option 4 - Develop the central hospital @night team roles and responsibilities and then provide an electronic system to support the team throughout the trust with full data capture. <p>As part of both Options 2 & 4, the role of a Senior Clinical Coordinator (SCC) is required to provide additional capacity to deliver clinical leadership for both medical and nursing staff and the prioritisation of clinical activity across the site/s deploying available and appropriate workforce to deliver improvements in both patient/staff experience, efficient services/pathways</p>	

	<p>and mortality metrics.</p> <p>EMC and all divisions agreed to support the Business Case, but asked what would be the financial benefits and need to think about the cultural issues re: clinicians and also how this works well at CHUFT.</p>	
32/018	<p><u>5.1 Jnt LNC – Mobilisation arrangements for Medical Staff</u></p> <p>To inform EMC on the current medical and dental employment matters being considered for harmonisation prior to day 1 of ESNEFT and to seek agreement with the Trusts proposals and to have a mandate for negotiation for the Acting Down Agreement and for T&C's to remain protected.</p> <p>SAS doctors are not included in the acting down agreement.</p> <p>The Executive Management Committee was asked to agree a mandate for negotiation based on the proposals</p>	
32/019	<p><u>5.2 Alliance Strategy</u></p> <p>It was noted that the Alliance Strategy sent to members was not the most up to date version and that Alison Smith would send this out via email for EMC to provide comments.</p>	AS
32/020	<p><u>5.3 Strategy Development Framework</u></p> <p>The strategy development framework proposal seeks to provide an integrated approach to strategy development with the clinical and organisational strategies having primacy over a number of supporting 'enabling' strategies.</p> <p>The proposal also seeks to integrate the work to develop the DH capital business cases into the overall approach to develop strategy.</p> <p>EMC was asked to support for this outline approach more detailed governance arrangements (groups, membership, ToR, etc.) and timeline and intermediate milestones will be developed for EMC approval in June 2018.</p>	
32/021	<p><u>5.4 Portfolio Board Update</u></p> <p>The Partnership transition programme governance arrangements will cease upon approval of the transaction by NHSI and Secretary of State.</p> <p>A new ESNEFT Portfolio Board has been established to oversee a portfolio of programmes to deliver the objectives, benefits and opportunities for our patients as documented in the full business case (FBC) and post-transaction integration plan (PTIP) for the merger of CHUFT and IHT.</p> <p>The Portfolio Board is led by the Trust with significant input from the Ipswich and East Suffolk and North East Essex CCGs.</p> <p>A highlight report of the key issues discussed and decisions made will be submitted each month to the Executive Management Committee and the Alliance Board.</p> <p>The Portfolio Board will feed identified risks and their mitigations through the Trust's risk reporting processes.</p> <p>A highlight report will be brought to the next meeting for further detail.</p>	NM/IC
32/022	<p><u>5.5 Bariatric Patients Risk Assessment</u></p> <p>This report was requested from the committee following escalations regarding concerns for patient care and staff safety when caring for bariatric patients at Ipswich Hospital.</p> <p>The task and finish group which was formed to create this report drew together incident</p>	

	<p>data, specialist reviews and risk assessments from clinicians and support services. The resulting key themes identified from the group as requiring support at IHT in relation to caring for bariatric patients were;</p> <ol style="list-style-type: none"> 1. Equipment provision 2. Staffing (including training and availability) 3. Infrastructure <p>There was also an issue of evacuating these patients from the maternity block and there had been an increase in musculoskeletal problems for staff. PF/CT to bring a report back in May with an assessment of all bariatric patients. This assessment to be done across both Colchester and Ipswich.</p> <p>NH reported that there needs to be individualised evacuation plans for all patients on Grundisburgh and Haughley Wards.</p> <p>Following this report EMC felt further work was required to look at the patients whole pathway and getting patients out, there needed to be individualised risk assessments and this needed to be done across both sites.</p>	MF/CT/ PF
32/023	<p><u>6.1 EMC Terms of Reference</u></p> <p>Comments and feedback received from EMC to further update the ToR. AA to update the membership list AA to make the ToR more strategic These to be bought back to EMC for final approval,</p>	AA
32/024	<p><u>6.2 Corporate Risk Register</u></p> <p>In May 2018, there are 14 open critical risks scoring 15+ which are brought to the attention of the Executive Management Committee to satisfy that there is sufficient assurance that the controls are working effectively and that there is sufficient progress on actions.</p> <p>It was also reported that some risks had not been looked at for at least 12 months and there were no updates or comments regarding the mitigation of these risks.</p> <p>All divisions to ensure risks are reviewed regularly.</p>	All
32/025	<p><u>7.1 Internal Audit Recommendations</u></p> <p>This report was approved by consent.</p> <p>There were no further comments from the Committee so report was read and agreed.</p>	
32/026	<p><u>7.2 AF Oversight Performance Report M12</u></p> <p>This report was approved by consent.</p> <p>There were no further comments from the Committee so report was read and agreed.</p>	
32/027	<p><u>7.3 Procedural Guidelines Report and Update</u></p> <p>This report was approved by consent.</p> <p>The following policy was not agreed by EMC which was the Capacity Escalation Policy – this to be reviewed again.</p> <p>There were no further comments from the Committee so report was read and agreed.</p>	

32/028	<p><u>7.4 Recruitment & Agency Update</u></p> <p>This report was approved by consent.</p> <p>There were no further comments from the Committee so report was read and agreed.</p>	
32/029	<p><u>7.5 ESNEFT Business Calendar</u></p> <p>This report was approved by consent.</p> <p>There were no further comments from the Committee so report was read and agreed.</p>	
32/030	<p><u>7.6 Local CEA Changes to Process</u></p> <p>This report was approved by consent.</p> <p>There were no further comments from the Committee so report was read and agreed.</p>	
32/031	<p><u>8. Any Other Business</u></p>	
32/032	<p><u>9. Date of Next Meeting</u></p> <p><u>Friday 15th June 2018, 10.00-12.30pm, Classroom 7/8 Postgrad Centre</u></p>	