

**EXECUTIVE MANAGEMENT COMMITTEE (EMC)
MINUTES OF MEETING
HELD ON THURSDAY 19th JULY 2018**

PRESENT:

Nick Hulme (NH)	Chief Executive Officer (Chair)
Neill Moloney (NM)	Managing Director
Dawn Scrafield (DS)	Director of Finance
Clare Edmondson (CE)	Director of Human Resources
Paul Fenton (PF)	Director of Estates & Facilities
Crawford Jamieson (CJ)	Site Medical Director
Catherine Morgan (CM)	Chief Nurse
Denver Greenhalgh (DG)	Director of Governance
Alison Power (AP)	Director of Operations Group 1
Alison Smith (AS)	Director of Operations Group 3
Claire Thompson (CT)	Site Director of Nursing
Ann Alderton (AA)	Company Secretary
Mark Bowditch (MB)	Clinical Director – MSK & Special Surgery
Alan Harkness (AH)	Clinical Director
Debo Ademokun (DA)	Clinical Director
Chris Backhouse (CB)	Clinical Director
Selina Lim (SL)	Clinical Director

IN ATTENDANCE:

Darren Atkins	Associate Director of Information Technology (deputising for Director of ICT)
Karen Lough (KL)	Head of Operations (deputising for Director of Operations Group 2)
Kate Taylor (KT)	Head of Nursing for Logistics (deputising for Director of Logistics)
Andy Willis (AW)	Head of operations – Logistics
Sam Fuller (SF)	Associate Director of Operations - MSK & Surgery (item 2.1)
Robert Power (RP)	Associate Director of Operations - Medicine (item 2.1)
Shume Begum (SB)	Associate Director of Operations (item 2.1)
John Tobin (JT)	Associate Director of Operations (item 2.1)
Bee Anthony (BA)	Associate Director of Operations (item 2.1)
Jason Kirk (JK)	Head of Business Planning & Cost Improvement
Alison Littler (AL)	Head of Midwifery
Sarah Smith (SM)	Head of Nursing for Women and Children's Division

MINUTES:

Clare Harper (CH)	Senior Committee Secretary
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01/18 INTRODUCTIONS/APOLOGIES

1. The Chair welcomed all attendees to the first ESNEFT Executive Management Committee and gave thanks to the leadership team for their commitment to achieve the merged organisation whilst continuing to lead their teams on delivery day to day working during the this challenging period.

2. The Chair encouraged all members to attend the Leadership Event which

was due to take place on 27 July 2018.

3. The following apologies were received and noted:

Simon Hallion (SH)	Director of Operations Group 2
Shane Gordon (SG)	Director of Integration
Nicky Leach (NL)	Director of Logistics & Patient Services
Mike Meers (MM)	Director of ICT
Barbara Buckley (BB)	Chief Medical Director
Julia Jenkins (JJ)	Clinical Director, Women & Children's Division
Sara Naylor (SN)	Director of Communications
Angela Tillett (AT)	Site Medical Director

02/18 DECLARATIONS OF INTEREST

4. None received.

03/18 MINUTES OF LAST MEETING

5. The draft minutes of the respective EMC meetings held on 15 June and 19 June 2018 were approved as a correct and accurate record.

04/18 ACTION LOG/MATTERS ARISING

6. The action log was reviewed and updated as appropriate.

05/18 CHAIR'S ACTION

7. None for discussion.

06/18 PRESENTATION OF BUSINESS PLANS

Medicine

8. Associate Director of Operations for Medicine Division presented the Division's Business Plan 2018/19 to the Committee, noting:

- 3 top priorities had been rolled out starting with workshops with CCGs and Transformation Team. Governance review completed.
- Risks and issues relating to finances: working across both sites on possible cost savings and also with support services i.e. Pharmacy and Procurement. Fortnightly CIP meetings underway together with regular review of costs and controls to support operational 4hr standards and quick wins to support recovery plan, in particular, relating to the 18 week planning concerns in Urology and Nephrology.
- Workforce – working around medical staffing vacancies in the division however it was recognised that escalation from other divisions needed

to be addressed.

- Clinical Leadership – 2 clinical lead vacancies – weekly meetings taking place to address site leadership and deadline issues.
- Division has an AF Quality score of 3.

Comments/Questions

9. Director of Governance commented that there were no Quality risks detailed which would have an impact. RP responded that the division was sighted on these risks and a discussion would be taking place at the next MDT meeting.
10. The Director of Governance asked how the business plans would transition into the new organisation. KL advised that Medicine business plans would be linking in with General Surgery & Anaesthetics as well as discussions with the Transformation Team for delivery of the plans going forward.
11. Managing Director commented that the division needed to be clear on what the winter pressures would be and linking with the HR team.
12. The Clinical Director for MSK & Special Surgery asked when discussions would be taking place across divisions with regard to winter planning as this would impact on elective care. Medical Director advised that the bed model across both sites had a significant gap at present and further work required at CHUFT had been identified with their CCG. He added that discussions with partners for winter pressure schemes needed to take place shortly to ensure the winter plans were agreed by the end August for government funding to be received. A seminar would be held once plans had been firmed up. The Chair commented that system wide partners needed to be in the room to have appropriate discussions.
13. The Director of Operations Group 1 gave praise to the team for the level of detail given.

MSK & Special Surgery

14. Associate Director of Operations for MSK & Special Surgery Division presented the Division's Business Plan 2018/19 to the Committee, noting:

- Priorities for the coming year were Accountability Framework (focus on quality, delivery of RTT/Cancer improvement trajectories), Workforce stabilisation and development plans, and CIP delivery.
- Management team made up of IHT people therefore engagement strategy in place to encourage visibility, availability and consistency across both teams.
- Finances – on track to deliver in 9-month year. All CIP schemes appropriately risk-rated and planned to delivery in line with target. Discussions to ensure all current services provide value to money.
- Workforce - looking at issues in areas such as Ophthalmology, Oral and Dermatology and where improvements can be made to reduce Agency spend across sites.
- ECH closure and the move to new premises creating opportunity to improve patient pathways and across site working together.
- Request for Executive support in following areas: Theatres, Corporate (e.g. complaints), Diagnostics, Imaging, Capital investment, Logistics (bed flow), Contracting (related to service change/development), Education/Workforce Development

SF

Comments/Questions

15. Director of Governance asked for early engagement as the primary care provision would need to be registered separately with the CQC following closure of the Essex County provision.
16. The Associate Director of IT commented that the new robotic automation process would be advantageous for patients and divisions and could provide a saving of up to £40m per year.
17. The Director of Operations Group 1 queried whether the high level CIP schemes in some divisions were being reviewed for possible roll out in other divisions. The Director of Finance advised that the department was looking at a standardised approach and linking in with other departments where opportunities could be shared.
18. The Managing Director asked whether there was commitment from all areas of Theatres to support cross divisional working opportunities. It was noted that some challenges had been highlighted and relevant risks were on the risk register. The Managing Director confirmed that he was

comfortable for the Associate Director of MSK & Special Surgery to lead on schemes if not in his area/division.

19. The Clinical Lead for General Surgery & Anaesthetics asked whether a forum could be held to move forward schemes and opportunities. The Associate Director of Operations, General Surgery & Anaesthetics added that a discussion on how we use our current capacity appropriately before looking at evenings and weekend work would also be useful. Clinical Director of General Surgery & Anaesthetics commented that he was in discussion with the General Manger of Theatres and Anaesthetics/CCU to incorporate this across sites with monthly meetings to include clinical and managerial input on challenges. The Managing Director supported the idea of a forum.
20. The Director of Governance asked where Community Hospital provision was being picked up and whether there were capacity opportunities at these facilities. The Head of Nursing Logistics advised that there was capacity in outpatient areas i.e. Nurse Practitioners facilitating some of these services. SF added that the division was looking at how we provide this at Colchester site, in particular with the move from Essex County Hospital.

General Surgery & Anaesthetics

21. The Associate Director of Operations, General Surgery & Anaesthetics presented the Division's Business Plan 2018/19 to the Committee, noting:
- Key priorities were delivery of financial plans and implementation of CIPs which were patient centred, increasing leadership visibility across the division, delivery of elective and emergency care accordance with nationally agreed targets, achieve and sustain a quality score of 'outstanding' within all domains of the Accountability Framework.
 - Transition progress including divisional newsletter, DMT walk-arounds, CDG communications/team away days, additional support for staff with cross-site working responsibilities, and reviewing medical workforce gaps and opportunities for alternative skill mix and integrating teams.

Comments/Questions

22. The Director of Finance asked whether the division was confident around the CIPs, in particular, how agency spend was being managed. The Associate Director of Operations, General Surgery & Anaesthetics responded that weekly meetings had been arranged with the CCG and

clinical teams and a session was being arranged with the CCG to make decisions on plans going forward. Skills mix was also being considered.

23. The Director of Operations Group 1 commented that the transformation programme consistently consisted of the same programmes each year and asked what was being considered this time to ensure the division reaches its best position. The Managing Director commented that this division was a larger cost driver due to the type of work carried out and the mission from the programme and overarching review of Theatres required further work. The Site Medical Director added that the GIRFT review was a national tool which may be useful for this piece of work. It was noted that there was a better coverage of theatre productivity however it was recognised that the consultant dashboard may need to continue.

Cancer & Diagnostics

24. The Associate Director of Operations, Cancer & Diagnostics presented the Division's Business Plan 2018/19 to the Committee, noting:

- Key priorities were Pharmacy (Medicines reconciliation within 24hrs of admission; Aging manufacturing facility risk at IHT; Nutlife business case, delivering Cancer targets; and Somersham Ward refurbishment programme), Pathology (Clinical Director vacancy; Mortuary refurbishment works; integration of Governance and performance meetings; SIHMDS contract with Addenbrookes), and Imaging (high cost of outsourcing and locum cover; and new cancer target of 28-day turnaround for diagnosis).
- Workforce - recruitment and retention of hard to recruit posts in Oncology, Histopathology and Interventional Radiologists. Reduction in agency spend target to be allocated to CDG level, and development of agency tracker to monitor spend and adhere to agency spend ceiling.
- Finances – 5.1% target of £5.189m, with a gap of £1.2m however many CIP schemes cannot be reviewed until current contacts end in April. CIPs for 2019 confident to achieve.

Comments/Questions

25. The Director of Finance queried why Nutlife was a priority rather than a biosimilar. The Head of Operations, Cancer & Diagnostics advised that this product was an off-shoot from Addenbrookes with greater financial opportunities and reputational advantage, however this would sit with Pharmacy rather than Oncology.

26. The Director of Estates commented that his team were working on the

specification for the sterile water manufacturing facility and a business case would be submitted to the Investment Group shortly. He added that the business case for refurbishment work in the Mortuary was deferred by the Investment Group for up to 8-10 weeks and there was a significant risk of an HTA inspection during that period. It was noted that the Brook Ward refurbishment business case was also deferred by the investment group and therefore there would be an underspend in the capital program for this year.

Women's & Children's

27. The Head of Operations, Women's and Children's presented the Division's Business Plan 2018/19 to the Committee, noting:

- Risks and issues were Cancer performance, RTT Delivery and finances, and gaps at Service Manager level.
- Priorities for 2018/19 were Cancer Targets, 62 Day targets, Elective Activity, addressing the CIP gap, better births, Maternity dashboard, Friends and Family Feedback.
- Finances – review of budgets, acuity, agency spend and repatriation of activity from tertiary centres.
- Workforce – Cross site specialist roles and appointment to Head of Midwifery.

Comments/Questions

28. The Managing Director commented that outsourcing to address RTT backlog should be the absolute last resort and full commitment from the clinical team was required.

29. The Managing Director also commented that a lot of work was required with regard to CIPs and asked whether the division was confident with the level of support needed. The Head of Operations, Women's and Children's confirmed that there was a good level of support within the division.

30. The Director of Finance commented on the cultural point of 2 site teams working differently and the community team and emphasised the value in working harder to improve communication and work on new schemes.

31. The Clinical Director of MSK & Special Surgery commented that the need to focus on associate practitioners was an important area for the whole organisation. The Chief Nurse added that the Medical Director and Site Directors of Nursing were currently developing a strategy on this which would be shared at a later date.

Integrated Pathways

32. The Head of Operations, Integrated Pathways presented the Division's Business Plan 2018/19 to the Committee, noting:
- Key commitments were: Deliver financial balance while maintaining and improving quality metrics; Continued integration across pathways and organisation to provide more efficient care; Development of the DMT and CDG structure; Continued transformational work within the priority areas; Utilisation review of all estates with a view to improving occupancy and rationalising number of sites; Deliver an Estates and IT strategy with service colleagues to support mobile working and revised delivery models; Work with HEI's to support the development of new roles.; Manage agency factors; Develop Leadership Capacity; Develop and implement an internal communication and engagement plan.
 - The CIP target of £2.67m by month 12 and cost pressures expected relating to the NE Essex Sexual Health Service Contract; District Nursing Training backfill; Impact of financial reconciliation; and Medical locum costs in OPS Colchester and Sexual Health.

Comments/Questions

33. The Director of Finance commented that there were many opportunities for integrated pathways and some processes were both challenging and lengthy therefore the division would need to move quickly and consider how these could be linked back to the hospitals. She highlighted the importance of understanding the baseline and financials to ensure these opportunities were developed.

34. The Committee thanked the Divisions for presenting their business plans.

07/18 AF Oversight Performance Report

35. The Committee received and noted a brief overview report of the performance position by the Director of Finance.

08/18 AF Proposals for the future

36. The Committee received a report by the Director of Finance which set out recommendations for changes to the AF to be developed and

implemented over the next 9 months.

37. Committee agreed to review the proposals and provide comments, including divisional level feedback, to the Director of Finance. A report detailing comments/responses and a proposal on how to move this forward to be brought back to the next committee meeting. **All DS**

9/18 EAU Consultant Post at IHT

38. The Committee received and approved a proposal to replace the EAU Consultant post.

10/18 Portfolio Board Update and Terms of Reference

39. The Portfolio Board update report was received and noted by the Committee.

40. The Committee were asked to review the Portfolio Board Term of Reference and provide feedback to the Managing Director. **All**

11/18 Draft Internal Audit Plan 2018/19

41. The Committee reviewed the draft ESNEFT Internal Audit Plan 2018/19 presented by the Director of Finance. Clarification was sought as to whether a workforce audit associated with recruitment, in particular focussing on medical recruitment which had been one of the key risks highlighted through the divisional presentations, should be included in the Internal Audit Plan.

42. The DoF advised that the IA teams would be in touch with directors to agree ToR for audits.

43. The Committee was asked to provide comments on the plan to the Director of Finance. **All**

12/18 Appointments Process for Clinical Leads

44. The Committee received a discussion paper regarding the current Divisional Director vacancies, noting that when originally designing the new organisational structure a key principle was that all management posts should span the entire organisation and would not be site based.

45. The Committee considered the key issues raised in the report including the challenges facing divisions in recruiting into these posts.

46. It was agreed that the divisions would consider the best approach to recruiting to these posts and that this would be reviewed in 12 month's time.

13/18 Internal Audit Recommendations

47. The Committee received and noted the open Internal Audit

Recommendations encompassing both historical organisations.

14/18 Date and Time of Next Meeting

Monday, 13 August 2018, 1pm-3pm, Edith Cavell Room, Ipswich Hospital

Signed:

Date: