



**Executive Management Committee
Minutes of the meeting held in Edith Cavell Meeting Room,
Ipswich Hospital
On 20 September 2018, at 10:00am**

PRESENT:

Neill Moloney	Managing Director (Chair)
Dawn Scrafield	Director of Finance
Denver Greenhalgh	Director of Governance
Mike Meers	Director of ICT
Barbara Buckley	Chief Medical Officer
Angela Tillett	Site Medical Director
Paul Fenton	Director of Estates & Facilities
Crawford Jamieson	Site Medical Director
Alison Power	Director of Operations Group 1
Claire Thompson	Site Director of Nursing
Nicky Leach	Director of Logistics and Patient Services
Alan Harkness	Clinical Director
Selina Lim	Clinical Director
Julia Jenkins	Clinical Director
Debo Ademokum	Clinical Director
Mark Bowditch	Clinical Director

IN ATTENDANCE:

Alison Smith	Director of Operations Group 3
Leigh Howlett	Deputy Director of HR
Nick Chatten	Programme Director Strategy
Sam Fuller	Associate Director of Operations - MSK & Surgery
Bee Anthony	Associate Director of Operations
Sara Impeciati	Associate Director of Nursing
Tammy Diles	Deputy Company Secretary (Scribe)

Items were not necessarily discussed in order of the agenda

1.1 WELCOME AND APOLOGIES FOR ABSENCE

Mr Moloney welcomed everyone to the meeting. Apologies for absence had been received from: Nick Hulme, (Chief Executive), Ann Alderton, (Company Secretary), Chris Backhouse, (Clinical Director), Catherine Morgan, (Chief Nurse) and Karen Lough, (Interim Director of Operations).

1.2 DECLARATIONS OF INTEREST SPECIFIC TO AGENDA ITEMS

There were none.

1.3 DRAFT MINUTES OF PREVIOUS MEETING

Minutes of the previous meeting were approved as a correct and accurate record.

1.4 ACTION LOG

The action log was discussed and updates provided.

1.5 MATTERS ARISING

There were no matters arising.

1.6 CANCER PERFORMANCE UPDATE

Mrs Anthony, Associate Director of Operations presented the cancer performance update. She informed members that July 2018 data was on trajectory with the plan with August data being slightly ahead. She reported on the recent Red to Green which had been taking place at Ipswich. She stated that the first week had been patient focussed and that week two, three and four had been more process driven.

Mrs Anthony reported that the team were now focussing on diagnostics including the histology issue in relation to turnaround times and recovery plan and that this would ascertain where the issues currently were.

Mrs Anthony discussed the ongoing work in relation to the typing issues but was pleased to report that there were now ten templates up and running in GI. She assured members that this was making it very clear to secretaries the template they should be using thus supporting in speeding up the process and tracking.

Mrs Anthony informed members of the cancer patient user group who had undertaken 'mystery shop' in local GP practices. They had reported back that the card the GP should be giving to all cancer patients to inform them of why they needed an appointment was not being given out consistently.

Members discussed the concern in relation to clinical reviews and bringing patient appointment forward. The group agreed that the patient was the most important aspect and every possible solution should be sought to bring the patient in. If the issue was that every clinic was overbooked the template should be reviewed to find out what the issue is.

It was agreed that Ms Power would report on what specialities were challenged and supportive conversations would take place to explore more options to come up with a more robust recovery plan.

Mr Moloney stated that the beauty of Red to Green was that it surfaced the issues. He expressed his concern and gave an example of Consultant's going on holiday without a plan in place for the patient. Mr Moloney concluded that this was an excellent opportunity to pause and reflect to get the right systems in place.

Ms Power concluded that NHSE, NHSI and CCG were attending the Red to Green day on Friday 21 September 2018.

1.7 NHSP UPDATE (CONTRACT MANAGEMENT GOVERNANCE)

Mrs Howlett reported on the NHSP contract. She highlighted that there was still work underway at the Ipswich site to win the confidence of staff but that processes were in place and complaints were decreasing.

Mrs Howlett stated that the next formal contract meeting was taking place in October and that with the recent concerns their Chief Executive and Chairman would be in attendance.

The members discussed the impact on staff experience due to staff having to work longer hours and miss tea breaks but that meetings were taking place with Mrs Thompson, Mrs Howlett and Mrs Archer to resolve and mitigate the issues.

Mrs Greenhalgh asked how sickness absence would be monitored and of the impact this would have.

Mr Moloney expressed his frustration about the delivery over the weekend and stated that he was happy to be involved in conversations to support these issues being resolved.

Members discussed the registration process and that it was causing staff distress as the process was so lengthy and complicated. Mrs Howlett assured members that although every support would be given to staff to ensure they could work, this was a legal requirement to verify identification.

It was agreed that to support the staff the FAQ's would be reissued.

Action: LH

Mrs Howlett informed the group that she had requested their winter plan through to March 2019 to ensure that it would meet the requirements of the organisation.

Mr Moloney concluded that the service currently provided by NHSP was not at acceptable level and regular updates needed to come to EMC.

2.1 SHOW CASE – TIME MATTERS WEEK

Carolyn Tester presented time matters and highlighted the following:

- 'Time Matters, let's start the conversation', creating a social movement for all staff across the organisation to personally contribute to 'Time Matters'. Having fun and building energy across the organisation;
- The week long series of engagement gives an opportunity to share philosophy, ambition and objectives, listening and working with staff to see what it means to them and how they can contribute;
- 'Time Matters' to everyone in the organisation, whoever and wherever they are. Hence all staff are involved and play their part in contributing to the vision and every contribution is valued;
- To enable innovation, encouragement of ideas, empowerment and support to release 'non value-added time' and improve time to care;
- To build 'interconnectedness' – i.e. what affects one of us affects us all;
- To build 'ingenuity' – i.e. there's nothing we can't achieve if we set our minds to it;

Members agreed that the organisation need to get the buzz back prior to the merger and that this should be the ambition for the day and not to be seen as just another task. The organisation needed to think differently and it was agreed that engagement needed to be across the organisation, cancelling meetings and supporting by creating an environment that listens to its staff.

2.2 WINTER PLAN

Ms Power presented the winter plan highlighting that plans for community and paediatrics were outstanding She stated that a position of confidence was needed.

Ms Power stated that she would be testing the plan with the support of the Chief Nurse to see what would happen in relation to flu issues or norovirus for example.

Ms Power reported that there were good plans on the table from both sites but the work needed to concentrate on how they would be delivered ensuring both sites were safe.

2.3 PATIENT FLOW

Ms Leach presented the patient flow update following the last meeting. She stated that she had spent time with the six clinical divisions, operations centres and consultants.

Ms Leach stated that funding had been agreed to put in place workstations on wheels at Colchester Site and that there was further funding for ewhite boards.

Ms Leach spoke of freeing up time and that this would mean being in a better position to spend more time clinically with the patient.

Ms Leach concluded that Mr Meers, Dr Jamieson and Mrs Morgan were supporting Ms Leach as the SRO and that she was hoping for support from everyone.

Mr Moloney agreed this was the scale and scope of programme and given some of the changes over quicker than other areas EMC needed to be sited on the risks.

3.1 ACCOUNTABILITY FRAMEWORK

Mrs Scrafield reported that over the next few months the AF was getting more robust and would become more static, feedback from previous EMC had been incorporated.

Mrs Scrafield stated that the individual pages had been shared with Divisions and she thanked them for their quick turnaround.

Mrs Scrafield reported that every division was starting with a score of five, unless something specific came out of the discussions. Mrs Scrafield hoped that this would improve the dialogue during the meetings.

Members discussed the lack of content with Corporate and it was confirmed that priority had been given to clinical directors with corporate coming on plan in April 2019.

3.2 COMMISSIONING INTENTIONS LETTER

Mrs Scrafield presented the commissioning letter highlighting that there were no surprises due to the matured relationship with commissioners.

Mrs Scrafield stated that any changes required should be shared with Alan Page prior to submission on Friday 28 September.

3.3 19/20 FINANCE PLANNING PAPER

Mrs Scrafield advised that there was a meeting planned later that day to discuss the finance planning paper in more detail with divisional leadership teams, however colleagues present at EMC were asked for their thoughts regarding some of the high level principles regarding the annual delivery plan for 2019/20.

Mrs Scrafield highlighted the current transitional issues with invoice payments which meant that financial reporting for July and August were not as comprehensive as that might have been in previous years. Additionally, the merge of information has meant that financial reporting has been akin to a month 1 & month 2 due to the implementation of the new financial ledger. The principle of using Month 6 (September) reporting information was agreed as a sensible way forward, however this will require some juggling of the tasks that need to be delivered for the annual business plan.

The Clinical strategy is also developing and it was noted that in normal circumstances the annual delivery plan would usually be driven by the strategy deliverables however the first draft of the strategy will not be available until January 2019, which is after the initial draft of the plans from divisions. It was therefore agreed that the 2nd draft of the annual business plans would be updated for key aspects from the draft strategy.

It was noted that this paper would be available for regulator consideration as part of the forthcoming review following the conditions of merger.

4.1 BUSINESS CASES

There had been no reported business cases.

5.1 PORTFOLIO BOARD UPDATE

Mr Moloney presented the portfolio board update highlighting that it was a draft paper that needed more work supporting the individual clinical areas.

Mr Moloney stated that there would be involvement with primary care focusing on care outside of the hospital and that he was very keen to get better representation from Divisions.

5.2 STRATEGY UPDATE

Mr Chatten presented the strategy update highlighting that this was following the work from the Board, Exec team and away day in August including the narrative on what was recorded at the away day including the statement around the ambition.

Mr Chatten stated that this would be shared at the Board and COG in October and would then start socialising the update with the organisation.

Members discussed whether the language would resonate across the organisation and how would it map through ensuring that it was getting into the heart of the organisation.

Dr Buckley reported that she would like to hear from staff highlighting what their ambitions were and what they wanted to do. Members agreed that the ambition needed to be more ambitious.

Mr Chatten informed the group of the NHSI review planned for 13 October and that both himself and Mr McLaughlin were meeting with staff to support with sharing the message.

6.1 RISK OVERSIGHT COMMITTEE REPORT

Mr Moloney presented the Risk Oversight Committee Report highlighting the programme of work to set up risk registers for ESNEFT. Terms of reference were presented and approved by EMC.

6.2 MORTUARY BUSINESS CASE

Approved at Board, for EMC information only.

6.3 RETAIL UNIT BUSINESS CASE

Approved at Board, for EMC information only.

7.1 ANY OTHER URGENT BUSINESS

Dr Jamieson informed the group that that provision at night was insufficient to provide consistent safe care.

Dr Jamieson reported that the business case had been approved by EMC in June 2018 although the funding arrangements remained an open issue and that at the Logistics divisional accountability meeting in July there had been a clear request from the Executive Team to implement Hospital @ Night as a matter of priority and before the winter. A task and finish group had been set up, with joint SRO responsibility sitting with the Medical Director and the Director of Logistics & Patient Services and that an action plan had been developed with the target implementation date of the end of November. This would mean that the following would be established:

- Band 8A nursing staff appointed
- Hardware purchased and Watchpoint Lite (task allocation functionality only) implemented
- Staff trained in the use of Watchpoint Lite (task allocation functionality only)
- Standard Operating Procedure (SOP) from Colchester Hospital tweaked, where appropriate, to support the new team

Dr Jamieson reported that in order to achieve this by the end of November the task and finish group were working to a tight timeline, which was running close to the critical path i.e. there was very little/no room for slippage.

Resolved: Approved

8.1 DATE AND TIME OF NEXT MEETING

Meeting declared closed.