

Agenda Item 80/16b

DRAFT

**MINUTES OF PART 1 BOARD OF DIRECTORS MEETING
HELD ON
WEDNESDAY, 7 September 2016**

Call to Order

Present:

Alan Tobias	Chairman
David Parkins	Non-Executive Director/Deputy Chair
Sue Hardy	Chief Executive
Mike Green	Non-Executive Director
Mary Foulkes	Director of Organisational Development & HR
Yvonne Blücher	Chief Nurse
Jon Findlay	Chief Operating Officer
Qadir Bakhsh	Non-Executive Director
Tony Le Masurier	Non-Executive Director
Gabrielle Rydings	Non-Executive Director

Also in attendance:

Andy Vowles	Programme Director, Success Regime (for items 80/16 and 81/16)
Brinda Sittapah	Company Secretary
Karoline Singleton	Assistant Company Secretary (minutes)
Claire Hankey	Head of Communications
Les Catley	Public Governor/Vice Chair of Council of Governors
Lawrence Collin	Public Governor/Lead Governor
Linda Cook	Public Governor
Joe Cooke	Public Governor
Rachel Clark	Public Governor
Barbara Oliver	Public Governor
Bill Scott	Member of the public

78/16 Welcome and Apologies

Alan Tobias (Chair) welcomed all to the meeting. Apologies were received from Fred Heddell (NED), Jan China (Director of Estates & Facilities), James O'Sullivan (Chief Financial Officer) and Neil Rothnie (Medical Director).

79/16 Declaration of conflicts of interest

No conflicts of interest beyond those registered, were declared.

80/16 & The Case for Change, Mid & South Essex Success Regime

81/16 Andy Vowles (AV), Programme Director for the Success Regime, presented a paper on the Case for Change, Mid & South Essex Success Regime and requested the Board

- a) to discuss and approve the Case for Change and
- b) to note that a full pre-consultation business case is being developed and will be submitted to the Board for agreement later in 2016.

Key Points:

- The Case for Change is being submitted in advance of the pre-consultation business case document which will be reviewed in line with the NHS

England 'Planning, assuring and delivery service change for patients' policy by the NHS England Investment Committee.

- The Success Regime is part of the NHS Five Year Forward View, which is a blueprint for the NHS to take decisive steps to secure high quality, joined up care.
- The Success Regime aims to improve health and care where systems are managing financial deficits, issues of service quality, or both. It concentrates on certain areas of the country where there are deep-rooted, systemic pressure.
- Essex was selected as one of three programmes nationally in June 2015 alongside Devon and Cumbria.
- Following a diagnostic phase in October/November 2015 it was decided to focus on Mid and South Essex as the region is largely self-contained with 94% of local trust activity coming from Mid and South Essex patients.
- The Success Regime is overseen by, and reports to, NHS England (NHSE) and NHS Improvement (NHSI) regional leads.
- The aim is to
 - create and support the development of a transparent, internally consistent, whole system plan to deliver high quality care for patients, reduce local health inequalities, and achieve financial balance by 2020/2021.
 - establish a locally led and nationally supported programme to deliver the plan
 - use NHSE and NHSI oversight to unblock barriers to enable delivery pace.
- The pre-consultation business case outlines four implications
 - build stronger localities to deliver a broader range of primary and community services
 - reduce the number of non-elective admissions into acute hospitals
 - reconfigure acute services
 - redesign clinical pathways

Discussion:

The Board discussed the Case for Change and in principle all agree that the current situation is not sustainable and the 'do nothing' scenario is not an option. Sue Hardy (SH) encouraged the Board to embrace the opportunity of the Success Regime and to engage with the process and development.

The NEDs agreed that change is necessary for the local health economy and community to be sustainable for the future, however, many questions at this point remain unanswered such as how financial issues and lack of workforce can be suitably resolved.

Concern was also raised with the rising demand of acute patients and that any change in the local community would have to be fundamental to ensure significant improvement in preventative care and step down facilities available to discharge patients.

AV thanked the Board for their helpful comments and explained that discussions with the local authorities and health providers could evolve more rapidly, however, engagement of the local councils with the process has generally been good.

SH outlined to the Board that she has been tasked with chairing the local A&E

delivery group which will include all local councils, health providers and governing bodies. AV agreed that strong localities and formed populations will be needed alongside stronger primary care for which is there no quick solution due to a shortage of GPs in the country. AV also confirmed that for some services to be consolidated some capital requirements will be needed.

The Board further discussed the figure on page 26 relating to the local authority financial bridge 2015/16 to in-year position 2020/21 and the 'do nothing' scenario deficit of £200m.

Members of the public raised concerns with the current infrastructure as transport links between the three trusts, in particular to Mid Essex are poor.

Decision:

- The Board noted the report and recognised that it is awaiting the full pre-consultation business case.

82/16

Appraisal and Revalidation for Medical Staff at SUHFT and AOA (Annual Organisational Audit) comparator

Lisa Bemister (LB) and Jo Nicholls (JN) presented the annual update report on appraisal and medical revalidation for medical staff.

Key Points:

- The report forms part of the Medical Director's duties as Responsible Officer and also includes the AOA Comparator Report which looks in detail at the Trust's submission of the AOA.
- Medical revalidation places statutory duties on organisations and individuals and is designed to provide assurance that doctors working in an organisation are fit to practice.
- The audit has confirmed that the Trust is compliant with the Medical Professional Responsible Officers Regulations; the Trust currently has 309 doctors connected to the Trust for purpose of revalidation.
- In 2015/16, 93% of doctors had a completed appraisal. A total of 104 positive recommendations were made to the GMC during the same period.
- A statement of compliance with Medical Profession (Responsible Officers) Regulations needs to be signed off by the Chairman or Chief Executive and submitted to the Regional Medical Director by 30 September 2016.
- An audit of appraisal inputs and outputs as part of the collaborative working with Mid Essex and Basildon which is scheduled for 2017 and all trusts mentioned will be using the ASPAT audit tool as recommended by NHS England.

Discussion:

It was noted that the number of unapproved, incomplete or missed annual appraisal is expected to decrease with more feedback and support being given to the doctors for their revalidation.

JN confirmed that the Trust uses the quality assurance template issued by NHS England to measure the quality of local appraisal and a panel has been established which reviews a percentage of appraisals.

It was noted that the Trust does not currently have a designated lead appraiser due to lack of funds, however, the Medical Director is aware of this situation and

is working on a solution.

Decision:

- The Board agreed for the statement of compliance to be signed by the CEO and received assurance from the report.

83/16

Trust response to CQC inspection

Yvonne Blücher (YB), Chief Nurse, presented the slides which were presented at the QCQ Quality Summit on 5 August 2016 in response to the CQC planned inspection in January 2016.

Key Points:

- The Draft Report resulted in 5 requirement notices, 31 MUST dos and 30 SHOULD dos
- All notices require evidence and able to demonstrate achievement by 5 September 2016.
- Corporate and directorates are aware of all the MUST do actions required in their areas with all SHOULD do recommendations into directorate and corporate action plans.
- These plans will continue to be monitored by the directorate governance boards with fortnightly oversight by the Executive Team, and check and challenge at monthly performance meetings.

Discussion:

YB confirmed that patient safety was never compromised and assured the Board that the Trust is dealing with the issues raised by the CQC through its CQC Action Plan.

It was noted that the inspecting team originated from the Manchester area meaning it was not influenced by local issues.

It was further noted that the CQC can follow up with additional unannounced visit to inspect areas where issues had been raised. The Trust anticipates a further unannounced visit before end of the financial year.

AT explained that NHSI have confirmed that the Trust will not be taking out of breach for governance until local CQC issues have been resolved. YB confirmed that Denise Townsend (DT), Associate Director Nursing & Governance, is dealing with this issue.

It was noted that Governors will be presented with these slides at the Annual General Meeting (AGM) on 28 September 2016 and will be provided with ample time for questions at that meeting.

Decision:

- The Board noted the CQC report and received assurance from the Action Plan.

The Chairman invited questions from the public:

- *Joe Cooke, Public Governor, enquired about the disparity of the three trusts in relation to HR. MF explained that similar scenarios exist within the NHS already, particularly in London, and work well with different sites*

having different employment contracts for staff.

- *Linda Cook, Public Governor, voiced concern regarding the future of the A&E department and the hospital in general. SH explained that the hospital in Southend will remain for the foreseeable future with services possibly being reconfigured if required.*
- *Rachel Clark, Public Governor, enquired about what the Trust is doing to offset concern of the public and staff. MF explained that communication is key and the Trust will continue to update all stakeholders. SH confirmed that she is meeting Claire Panniker, Chief Executive of Basildon and Mid Essex, to discuss communications in relation to all three Trusts to ensure consistency.*

The Chairman declared Part 1 of the meeting closed.

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