DRAFT

Joint Working Board

The Joint Working Board comprises a committee (known as the Success Regime Committee) of Basildon & Thurrock University Hospitals NHS Foundation Trust (BTUH), the Success Regime Committee of Mid Essex Hospital Services NHS Trust (MEHT) and the Success Regime Committee of Southend University Hospitals NHS Foundation Trust (SUHT) which meet in common.

Minutes of the inaugural meeting held on 1st February 2017 in the Education Centre at Basildon Hospital

Present

BTUH Success Regime Committee (non executive members)

Nigel Beverley	Chairman, BTUH

MEHT Success Regime Committee (non executive members)

Sheila Salmon	Chairman, MEHT (also the presider/chair of this meeting)
Nick Alston	Non-Executive Director, MEHT
Colin Grannell	Non-Executive Director, MEHT

SUHT Success Regime Committee (non executive members)

Alan Tobias	Chairman, SUHT
Tony Le Masurier	Chairman, SUHT
Gaby Rydings	Non-Executive Director, SUHT

Joint Executives

Clare Panniker	Chief Executive
Tom Abell	Chief Transformation Officer / Interim Managing Director, BTUH
Yvonne Blucher	Managing Director, SUHT
Martin Callingham	Chief Information Officer
Carin Charlton	Chief Estates and Facilities Officer
Mary Foulkes	Chief Human Resources Officer
Lisa Hunt	Managing Director, MEHT
James O'Sullivan	Chief Financial Officer
Diane Sarkar	Chief Nursing Officer

In attendance

Ron Capes	Lead Governor, BTUH

James Day	Trust Secretary, MEHT
Mike Foster	External Advisor
Paul Foulger	Vice Chair and Ambassador, Patient Council, MEHT
Claire Hankey	In-Hospital Programme Communications Lead
Julie Harding	Public Governor, BTUH
Marlene Moura	Public Governor, BTUH
Victoria Parker	Interim Director of Communications and Engagement, BTUH, MEHT and SUHT
Anita Randon	In-Hospital Programme Director
Brinda Sittapah	Company Secretary, SUHT
Andrew Stride	Corporate Secretary, BTUH (minutes)
Alan Ursell	Public Governor, BTUH

1. Welcome, Introductions and Opening Remarks

1.1. Sheila Salmon welcomed those present to the first meeting of the Joint Working Board (JWB). She explained that the JWB was the successor to the acute joint working steering group which met for the last time in December 2016. The establishment of the JWB was a pivotal next step in the development of the partnership between the three acute trusts in Mid and South Essex.

1.2. She particularly welcomed the trust governors, representatives of the MEHT Patient Council and members of the public who had attended the meeting.

1.3. Sheila invited all present to introduce themselves and outline their role on the JWB.

2. Apologies for absence

2.1. Apologies were received from Celia Skinner (Chief Medical Officer) and Elaine Maxwell (Non-Executive Director, BTUH).

3. Declarations of interest

3.1. All JWB members declared an interest in respect of their substantive roles as Board members of one or more of the trusts.

4. Background summary of the JWB and the collaborative governance framework

4.1. Sheila Salmon advised those present that this first formal JWB meeting brought together for the first time the Success Regime Committees of the three trusts, including the joint executives who were executive members of each of the trust boards, alongside a Managing Director of each trust. This new way of working, Sheila explained, was made possible by an

agreement made by each trust at their board meetings in December 2016 to enter into a collaborative governance framework and a contractual joint venture.

4.2. Sheila explained that this framework would be in place for a period of 18 months to 2 years whilst work was ongoing between the trusts and regulators to determine the most appropriate end point for the organisations, in the context of the changes in clinical, clinical support and corporate support services envisaged as part of the Mid and South Essex Success Regime. She clarified that the governance framework and contractual joint venture were a vehicle for delivering service change rather than changing organisational forms as an explicit aim. Alan Tobias added that no decisions had been made about the future organisational forms, noting that whilst NHS Foundation Trust models were possible, other less traditional approaches could be taken in due course, such as the formation of an accountable care organisation (ACO).

4.3. With regard to the role of the trust boards and the councils of governors, Sheila emphasised that the individual trusts retained their status and responsibilities as separate statutory bodies. The JWB, she explained, operated on the basis of delegated responsibility from each of the trust boards to a committee of their own board, meeting in common with the committees of the other trusts. Sheila encouraged members to engage in healthy ongoing debate about how this delegation will work in practice.

4.4. Nigel Beverley reflected on the scale of the transformational change to be overseen by the JWB and the Trust Boards in the forthcoming period, noting the importance of setting milestones and achieving the necessary connection with the wider health and care system in Mid and South Essex.

4.5. John Govett commented that excess focus upon structures can compromise the delivery of change. He proposed that the JWB better elucidate its overarching mission with regard to service change, articulating the desired balance between clinical and financial sustainability. Clare Panniker concurred that transformation must address both factors in order to be sustainable in the long-term. It was agreed that the mission of the JWB, its ambition for the acute trusts and the wider health and care system, together with key performance indicators and deliverables, would be explored further over the coming weeks, with a proposal to the next JWB meeting for discussion and agreement.

<u>ACTION 01</u> – Draft mission statement and schedule of KPIs/deliverables to be presented to the March JWB meeting for discussion and approval. LEAD – Clare Panniker

5. <u>Terms of reference for the Joint Working Board, including the appointment of a Chair/Presider</u>

5.1. Clare Panniker presented the proposed draft terms of reference for the JWB as the basis for a discussion. She explained that these were based upon and were consistent with the role of the JWB as envisaged in the contractual joint venture/joint working agreement approved by the Trust Boards in December 2016.

5.2. JWB members endorsed the proposed terms of reference in terms of its accuracy. However, it was agreed that the document could not be finalised until the mission, purpose and

deliverables of JWB had been agreed at the next meeting, as noted under paragraph 4.5 above.

5.3. John Govett noted that the JWB needed to be clear as to the distinction between the strategic and operational elements of its role. Clare Panniker agreed, commenting that the JWB and the joint executive group were currently in a transition period. The joint executives were still moving into their new roles and as such, she explained, the agenda for today's meeting was primarily a stocktake of the current performance and risks of the trusts with a forward view to priorities over the next twelve months. Clare advised members that the joint executives would drive the agenda for JWB meetings going forward, in consultation with the trust chairs.

5.4. Clare reminded the JWB that the trust boards had delegated significant responsibility to the JWB. Therefore the JWB agenda could not be entirely strategic and transformation given that the majority of trust business would be conducted in common. She added that performance and other reports from the three trusts would be harmonised over time to aid comparison and collective thinking; with operational issues escalating to JWB by exception only akin to the Public Limited Company (PLC) model. Nick Alston supported the importance of the JWB maintaining appropriate oversight over service delivery on behalf of the three boards.

5.5. With regard to reporting mechanisms, Diane Sarkar highlighted the importance of JWB papers mapping onto the Care Quality Commission (CQC) Well Led Domains, to which she would return under item 10.

5.6. Alan Tobias highlighted the references within the document to an independent JWB chair/presider. He advised colleagues that all NEDs across the trusts had been invited during January 2017 to express an interest in the role which, it had been agreed by the boards in December 2016, would necessitate the incumbent stepping aside from his or her substantive role as a trust NED on a secondment basis. Regrettably, Alan continued, no expressions of interest had been received.

5.7. Alan explained that the three trust chairs had met the previous day to discuss alternative arrangements for at least the short-term. It was proposed that the three chairs would fulfil the role of JWB chair/presider on a rotational basis, subject to the approval of the trust boards. It was proposed that Sheila Salmon would chair the 1st March 2017 meeting, after which Alan would preside over JWB meetings for a maximum of twelve months from April 2017, after which Nigel Beverley would undertake the role. The trust chairs proposed that the arrangement would be reviewed after 6 and 9 months, as part of the programme of effectiveness reviews agreed by the trust boards.

5.8. Alan, Sheila and Nigel added that at each review, consideration would be given as to whether the JWB should seek to identify an independent chair/presider from an external source, particularly at the stage where a future organisational form became clear.

5.9. Colin Grannell highlighted the importance of the JWB and the trusts effectively managing actual and perceived conflicts of interest, particularly whilst a trust chair was presiding over the JWB, advising that this matter had been discussed at the first meeting of the Oversight

Committee. The Committee advised that a review of the management of conflicts of interest should be included in the external review in October 2017 in the context of any decisions which may need to be made at that stage with regard to clinical strategy and service configuration.

ACTION 02

Management of conflicts of interest to be explicitly included in the September/October 2017 effectiveness review. LEAD – Oversight Committee / Trust Secretaries

5.10. Nigel Beverley commented that conflicts of interest were inherent within the new governance framework, including but not restricted to the issue of JWB chair/presider, particularly given the establishment of a single leadership team across the trusts. The key, he added, was how those conflicts were accepted and managed; the existence of conflicts was not in itself a barrier. In support of this, Clare Panniker reminded members that decisions about clinical service reconfiguration would be made by the commissioners, rather than the trusts themselves.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT endorsed the arrangement whereby the role of JWB chair/presider would rotate between the trust chairs, commencing with Ala Tobias in April 2017, recommending the arrangement to the trust boards for approval.

6. Reports from the Trust Chairs

6.1. Nigel Beverley explained that the BTUH Board were keen to explore the most appropriate governance structure at trust-level, to ensure sufficient scrutiny and assurance of local issues, particularly in relation to quality and patient safety and finance. One of the options under consideration, he explained, was the creation of some form of a local management board which could meet monthly, bringing together the site directors, non-executive directors and divisional clinical directors. BTUH were looking forward to Claire Culpin taking up her post as Managing Director on 13th March 2017, noting that Claire would help to shape the local arrangements. Nigel drew attention to the ongoing development and engagement work with governors, including an event on 28th February 2017 for the governors/Patient Council members of the three trusts. It was agreed that JWB members would attend this event if they were able to do so.

6.2. With regard to SUHT Board, Alan Tobias advised that similar discussions about local governance arrangements were under discussion. He was pleased that Yvonne Blucher had taken up her post as Managing Director, adding that backfill arrangements for Yvonne and other Southend directors who were now joint executives were being worked through at present.

6.3. Sheila Salmon echoed these issues with regard to MEHT. Cathy Geddes, Director of Nursing at MEHT, would shortly be leaving the Trust.

7. Chief Executive's Report

7.1. Clare Panniker drew attention to the work associated with the corporate support services workstream. A meeting had taken place recently with Lord Carter and NHS Improvement to source central funding for progressing the redesign work in Mid and South Essex. She explained that NHSI were satisfied that the trusts had appropriate decision-making and governance structures in place to enable the transformation of corporate services. Clare advised that whilst Capita had provided consultancy support to the project, they were no longer involved. Nick Alston emphasised the importance of the corporate support workstream team keeping close track of the anticipated financial efficiencies arising from the project. Clare agreed, advising that the financial projections had taken account of capital considerations.

7.2. John Govett commented that the corporate support redesign required an appropriate level of ambition to achieve transformational change, commenting that simply bringing together three separate services into one would not bring about the required efficiency gains. He continued that the provision of corporate services needed to support new business processes across the trusts. It was agreed that the business case for corporate support service redesign would be discussed at the next meeting.

ACTION 03

Corporate support business case to be presented to the March JWB meeting. LEAD – Clare Panniker/Zoe Asensio-Sanchez

8. Key priorities of the joint executives for the next twelve months

8.1. Clare Panniker invited the joint executives to summarise their key priorities for the forthcoming period.

8.2. James O'Sullivan advised that his priorities including harmonising the procurement functions across the trusts, overseeing and improving the trusts' contracting mechanisms and relationships with commissioners. James would also focus upon costing, implementation of cost improvement programmes (CIPs), the harmonisation of financial reporting and the schemes of delegation. Financial governance was also a priority for James.

8.3. Mary Foulkes highlighted the need to address the high level of band 5 nursing vacancies across the trusts. She would ensure that the trusts worked together to address this issue and maximised their collective buying power in the market for qualified nurses and other professionals. Other priorities for Mary included the integration of occupational health services, statutory and mandatory training.

8.4. Martin Callingham would focus upon integrating IT systems across the trusts, incorporating an outward focus looking at the information needs of the STP area, over and above those of the acute sector. Martin was establishing a solid base of technology that supported the operations of the trusts, such as the electronic observations project. Martin considered it essential to communicate the IM&T vision and the clinical informatics strategy in particular to staff across the trusts.

8.5. On her own behalf and that of Celia Skinner, Diane Sarkar explained that the boundaries of their roles and those of other joint executive colleagues and the site leadership teams were currently being explored. Diane and Celia were already increasing their profile and visibility amongst clinicians at SUHT and MEHT. The significant patient safety and regulatory compliance issues were being scoped across the three organisations, alongside an alignment of clinical governance and reporting mechanism across the trusts. During the first quarter of 2017/18, the quality strategy would be developed and begin to be implemented. A key priority for Celia Skinner would be to improve engagement with the medical workforce in the redesign of clinical services.

8.6. Tom Abell's objectives for the coming three or four months would be to devise a clear set of defined change programmes and to map the interdependencies between them and set priorities. Key enablers would include upskilling teams and overcoming cultural resistance to change in some areas. Tom's team would identify opportunities for the trusts to intervene together in the community to tackle perennial issues such as the demand for urgent care in a system-wide way. Tom would also focus upon exploring ways in which the "middle office" could work in different ways to support change. He explained that "middle office" services were those which directly support clinical workflows such as patient access co-ordinators and discharge facilitators.

8.7. Carin Charlton was currently forming connections with the site leadership teams, including a successful awayday with the three estates and facilities teams which took place earlier that week to explore a common mission and priorities. Local governance structures for matters such as health and safety management were being developed at present. Carin would work closely with Diane and other joint executives given that the estates and facilities and compliance agenda underpinned the work of all colleagues.

8.8. Clare confirmed that formal objectives for all joint executives would be agreed by 1st April 2017.

8.9. Alan Tobias requested clarity as to which joint executives were leading on external engagement with partners such as social care and the CCGs. Clare replied that she and the Managing Directors in particular were undertaking a significant amount of engagement with partner agencies, although over time the focus of the whole joint executive team would shift to a primarily internal focus at present to being outward-facing. Nick Alston concurred, adding that all JWB members, including the non-executives, needed to undertake external engagement moving forward.

8.10. Nigel Beverley suggested a dedicated development session to address and co-ordinate the JWB's approach to engagement. Clare commented that there was some anxiety in the wider health and care system that the collaborative working would lead to dominance of the acute

agenda. To address this, the narrative with the community sector needed to be clearer, as did the impact of the JWB between formal meetings.

8.11. Members requested that a summary of the joint executives' early priorities in matrix form should be produced for the information of the trust boards.

ACTION 04

A summary of the joint executives' early priorities in matrix form should be produced for the information of the trust boards. LEAD – Trust Secretaries / joint executives

9. Strategic risk management approach across the group

9.1. Diane Sarkar presented her paper which was intended to provider JWB members with a summary of the current risk management approaches within the trusts and the risk management work undertaken by the acute joint working steering group since April 2016. She explained that this "stocktake", together with horizon scanning of forthcoming regulatory changes in relation to the monitoring of quality risks by CQC, was intended to inform the next stage of development work in relation to group-wide risk management.

9.2. Diane emphasised the importance of actual and potential risks in relation to finance, quality and patient safety, reputation, compliance and other aspects of the trusts' business being proactively identified, articulated and assurance provided at the appropriate level within the governance and management structures of the individual sites, the JWB, the committees and the trust boards.

9.3. Diane drew attention to the shift by the CQC away from the traditional risk profile towards a new Insight model, which was designed to identify potential changes since the previous inspection and will look at different organisational levels of data, for example, at trust level, service location, core service and key question level. This necessitated a refocussed approach to identifying and managing risks between inspections.

9.4. Members noted the proposed risk management reporting framework across the group set out on page 16 of Diane's report. She explained that from April 2017, a comprehensive risk report, drawn from this model, would be presented to JWB that would detail high level risk to all three sites, the mitigation and direction of risk. The model would also ensure that the JWB would have oversight of the Board Assurance Frameworks (BAFs) of each individual trust. The report would furnish JWB with exception and identification of the highest risk areas to the three sites and to the group as a whole.

ACTION 05

First integrated risk report to the April 2017 JWB meeting. LEAD – Diane Sarkar

9.5. Lisa Hunt commended the proposed approach, voicing a note of caution that duplication of the risk management undertaken by the individual trust boards should be avoided. Lisa took

the view that the weekly JEG meetings should be the primary locus for group-wide management of risks, so that controls could be co-ordinated across the group for appropriately global risks.

9.6. In response to a question from Nick Alston, Diane advised the meeting that she and colleagues were working with other trusts across the country, such as Royal Free and Salford, to learn from best practice in drawing together risks from separate organisations into a coherent approach.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT;

i) noted the update on risk management; and
ii) approved the proposed risk management framework across the group.

10. CQC Well Led consultation and implications

10.1. Diane Sarkar advised JWB that CQC were currently consulting on their proposed "next phase" in the regulation of all health and adult social care services, with a particular focus at this stage upon the way in which CQC will monitor, inspect, rate and report on NHS trusts and adapt its approach in respond to emerging care models. CQC were planning to carry out an assessment focussed on the trust's leadership. Alongside this consultation, CQC was consulting jointly with NHS Improvement on the approach to leadership and "use of resources", recognising that effective use of resources was fundamental to the delivery and sustainability of high quality services for patients. It was noted that both consultations closed on 14th February 2017.

10.2. Diane explained that as a result of these proposed changes, a focus on demonstrating high quality leadership was essential, as it would not be possible for a trust to be rated as "good" overall if a "good" rating was not given against the Well Led domain. Inspections would still focus on five key questions but the single framework for Well Led would examine leadership down to ward level so renewed attention was needed on relationship management with individual sites. Well Led inspections would take place at least annually including at least one core service. Boards needed to conduct self-assessment against the Well Led framework.

10.3. It was agreed that implications for Well Led would be included in the template for JWB, JEG, trust board and committee papers.

ACTION 06

Well Led implications to be added to the template for formal papers. LEAD – Trust Secretaries

10.4. Nigel Beverley commented that discussions were currently taking place with the CQC and NHSI with regard to the most appropriate and efficient means of regulating the three trusts. It was hoped that this would result in a move to singe regulation of the trusts as a group as early as April 2017.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT noted;

i)the proposals made by CQC and NHS Improvement and the subsequent implications for trust boards, with a heightened focus on "well led" and "use of resources";

ii)specifically that providers will soon be asked to set out their views of the quality of care they provide, as well as to provide a focused set of information relating to well led and for each of the core services that the CQC rate;

iii)that in addition, providers will be asked to set out their view of quality of services against the five key questions, including change in quality since the last CQC inspection.

11. Trust performance reports

11.1 *BTUH*

11.1.1 Tom Abell drew attention to BTUH's performance against a number of Constitutional targets including 18 weeks referral to treatment (RTT), diagnostic waits, cancer 62 day waits and A&E operational standards including ambulance handovers to A&E staff, which remained below the required standards.

11.1.2. He explained that A&E 4-hour performance was improving steadily and was now above 90% (against a 95% required standard). Tom highlighted the opportunities presented by the collaborative working between the trusts to support each other to improve performance by sharing resources, expertise and innovation.

11.2. *MEHT*

11.2.1. Lisa Hunt explained that MEHT's single oversight framework (SOF) segment in December 2016 was 3 (providers receiving mandated support). Issues driving this rating, Lisa explained, included poor rates of friends and family test uptake, single sex accommodation breaches and A&E performance. She explained that the Trust had received its quarter 2 STP funding. It was probable that quarter 3 funding would also be forthcoming but performance levels were not yet sufficient to achieve the quarter 4 funds. Lisa advised that the Trust had a recovery plan. Cost improvement programmes had been identified for 2017/18 and detailed delivery planning for these programmes was currently taking place. Measures were being taken to reduce medical agency spend. The site leadership team at MEHT were working on clinical strategies at present.

11.3. *SUHT*

11.3.1. Yvonne Blucher advised JWB members that the three key operational standards were not being achieved at SUHT. There had been a significant volume of elective surgery cancellations to accommodate the demand for urgent care. The Trust were planning to meet the 18 week RTT target by March 2018. Workforce was SUHT's biggest challenge, Yvonne explained, with 46 escalation beds having been open since November 2016.

11.4. JWB noted that all trusts had challenges around workforce, the fragility of operational performance, patient flow and the impact of these factors upon financial performance. Clare Panniker reiterated Tom's comments about the opportunities for each trust to support each other to solve the intransigent issues and to explore new ways of working with out-of-hospital partners who were in collective escalation with NHS England. Attention was drawn to the difficulties experienced by the CCGs with regard to implementing discharge to assess.

12. Group Quality and Patient Safety Report

12.1. Diane Sarkar presented an overview of the regulatory positon across the three trusts, noting that the overall trust ratings from the CQC were as follows :

12.1.1. BTUH – "good"

12.1.2. MEHT – "good"

12.1.3. SUHT – "requires improvement"

12.2. She added that some elements of all three acute trust services received an "outstanding" rating from the regulator. For BTUH, this was maternity and gynaecology (under the responsive and well led questions), for MEHT this was the specialist burns and plastics service (caring and well led questions). For SUHT, the service in question was urgent and emergency care (well led).

12.3. Diane added that CQC issued Requirement Notices to providers who were not meeting the "fundamental standards of care". She explained that BTUH currently had no Requirement Notices. However MEHT had four and SUHT had five such notices. The latest versions of the MEHT and SUHT action plans to move towards meeting the fundamental standards were shared regularly with the regulator.

12.4. JWB members discussed the most appropriate place in the collaborative governance structure to undertake the regular monitoring of the regulatory compliance of the three trusts. It was agreed that the individual trust boards should maintain the overview and receive assurance regarding their own regulatory position rather than this taking place at the JWB meetings.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT agreed;

i)To note the current CQC compliance status of the three trusts;

ii)To note the regulatory "requirement notices" issued to MEHT and SUHT;

iii)To review the related CQC action plans that are shared with CQS;

iv)To further consider a group-wide strategy for regulatory compliance and how to move from "good" to "outstanding" across the organisations moving forward, agreeing high-level quality indicators;

v)that regular monitoring and receipt of assurance on regulatory compliance to be undertaken by the Trust Boards rather than JWB.

13. STP acute hospital forward financial projects 2017/18 to 2020/21

13.1. James O'Sullivan presented a paper constructed by he and Mike Foster that set out the financial assumptions in respect of the three trusts included within the STP plan.

13.2. He explained that the current financial assumptions, whilst brining the overall system into balance by 2020/21, would not bring the acute sector alone back to financial balance.

13.3. The intention, James advised, was to provide a clear understanding of the acute position in the context of the overall STP and to enable JWB and the trust boards to determine the most appropriate approach to focus upon, together with supporting plans to achieve recurrent financial balance by 2020/21.

13.4. Members considered the eight recommendations within the paper as key steps to achieving this recurrent balance in the required timescale. The recommendations were as follows:

13.4.1. Recommendation 1 – establish strategy to ensure financial control in the transition and a mechanism to manage the introduction of new costs to deal with additional activity;

13.4.2. Recommendation 2 – establish a contract strategy to ensure fair payment;

13.4.3. Recommendation 3 – implement medium term CIP strategy;

13.4.4. Recommendation 4 – review stranded costs and develop a mitigation strategy;

13.4.5. Recommendation 5 – refocus on the planning, delivery and performance management of the in-hospital savings programmes for acute reconfiguration and corporate and clinical support services;

13.4.6. Recommendation 6 – establish a strategic approach to the development and funding of these services;

13.4.7. Recommendation 7 – re-balancing costs and income across STP commissioners and providers.

13.4.8. Recommendation 8 – establish an overarching work programme and governance arrangements which ensures that this work programme receives high level focus and a disciplined approach to achieving the overall financial aims. A sub-group of the finance and resources committee in common should be established, chaired by a senior NED in order to give the work programme the dedicated profile and focus it required.

13.5. James advised that work was in progress to follow up all of the above recommendations.

13.6. John Govett commended the paper. He enquired as to whether the plans were sufficiently ambitious. Clare Panniker replied that further opportunities for efficiency gains were currently being scoped, such as those arising from middle office services.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT agreed;

i)the eight strategic recommendations noted above;

ii)to nominate James O'Sullivan as the executive director senior responsible officer (SRO) for the overall programme;

iii)to establish a work programme and a supporting series of projects to manage delivery of the required strategic outcomes;

iv)to create a governance structure, potentially a sub-group of the finance committees in common, chaired by a senior NED, to oversee, support and critically appraise the work programmes and report to JWB.

14. Financial performance overview

14.1. James O'Sullivan provided JWB with a summary of the financial positions of the three trusts as at the end of month nine. He explained that each of trust was forecasting to achieve at least the pre-STF control totals for 2016/17; however there were risks to the forecast positions and rigorous financial control would need to be maintained in all cases.

14.2. In response to a question from Alan Tobias with regard to the 2017/18 control totals, James informed the meeting that SUHT had accepted their control total. BTUH and MEHT had both declined their control totals. With regard to BTUH there was currently a £11m gap and a £16.9 gap at MEHT. James continued that nationally 35% of acute trusts declined their 2017/18 control totals.

14.3. James invited JWB to consider what level of financial performance data was required at future meetings. Members agreed that detailed monitoring of financial performance should be undertaken within the governance structure of the individual trusts, supplemented by a brief high level narrative to JWB highlighting income and expenditure, agency spend, capital, loans, cash analysis and other key financial tables.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT agreed that detailed monitoring of financial performance should be undertaken within trust-level governance structures with a brief high level narrative including key financial tables to JWB.

15. Workforce key performance indicators

15.1 Mary Foulkes presented an overview of the workforce KPIs for all three trusts. She explained that each trust had different targets and KPIs and there were variances in performance but overall, across many KPIs, there had been some recent improvements. The priorities for 2017, Mary explained, were to reduce the gaps in band 5 nursing and other hard-to-fill positions within each organisation.

15.2. Mary emphasised the priority to be given to replicating best practice across the three trusts, citing the very high level of appraisal completion at BTUH compared to MEHT and SUHT.

15.3. With regard to future workforce reporting arrangements to JWB, members requested that trust-level indicators should be reported to JWB by exception, with detailed monitoring undertaken within each trust's governance structures. However in response to a request

from Colin Grannell, Mary agreed to include agency usage, appraisal rates and regional and national benchmarking to future reports.

DECISION

The Success Regime Committee of BTUH, the Success Regime Committee of MEHT and the Success Regime Committee of SUHT agreed that detailed monitoring of workforce KPIs should be undertaken within trust-level governance structures, with exceptions and those issues with implications for all three trusts being escalated to JWB (including agency usage, appraisal rates and benchmarking data).

16. Update on the Mid and South Essex Success Regime

16.1. Clare Panniker drew attention to the options appraisal events in February 2017 which would refine the five current options for clinical service configuration to two options ready for work-up in closer detail prior to public consultation.

16.2. In response to a question from John Govett, Clare confirmed that the options were being evaluated on the basis of their financial as well as clinical sustainability. She explained that a dedicated financial oversight group (FOG) examined the value for money and capital aspects of the various options.

16.3. Clare advised JWB that it was important to have two options worked up in detail to enable clinicians, patients and other stakeholders to meaningfully compare and contrast them using an evidence-based approach. She clarified that ultimately the commissioners, not the providers, would make the final decision on clinical service configurations on the basis of a consultation.

16.4. In response to a question as to how JWB would be involved in the decision-making process with regard to the two options, Clare explained that she was currently the only JWB member on the Programme Board, adding that each trust board would need to endorse the recommended options. John Govett expressed a view that JWB should be involved at an earlier stage. Alan Tobias reminded members that the Councils of Governors for BTUH and SUHT would need to approve any changes that would constitute a significant transaction in accordance with the legislation.

17. Risks and items of business to be escalated to the trust board and committees

17.1. Aside from the changes to the CQC regulatory framework, members agreed that there were no specific risks or issues to be escalated on this occasion, given that this first formal JWB meeting took the form primarily of a stocktake and information sharing between the trusts.

18. Questions and comments from governors, patient council members and the public

18.1. Marlene Moura requested that consideration be given to clearer more concise communications about the role of JWB and the changes to the governance of the trusts.

ACTION

Produce a two-page summary of the role of JWB and the new collaborative structure. LEAD – Claire Hankey

18.2. Ron Capes emphasised the ongoing importance of corporate governance and clear accountability in the new collaborative arrangements.

18.3. Paul Foulger welcomed moves to harmonise reporting across the trusts as noted throughout the meeting. He also highlighted the relatively slow rate of progress in the primary and social care sectors. Clare Panniker concurred, adding that the trusts were looking to support partners to progress the aims and objectives of the Success Regime, in pursuit of a coherent system-wide approach.

19. Any other business

19.1. No items of other business were raised.

20. Closing remarks

20.1. Sheila Salmon thanked JWB members and attendees for making a positive and proactive first meeting of the JWB.

21. Date of next meeting

21.1. The next JWB meeting would take place on Wednesday 1st March 2017, 2pm to 4.30pm in the Board room at Southend Hospital.

22. Motion

22.1. The JWB resolved as follows :

22.2. "That representatives of the press and other members of the public be excluded from this part of the meeting having regards to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960.