



Executive Management Committee
Minutes of the meeting held in Edith Cavell Meeting Room,
Ipswich Hospital
On 17 December 2018, at 9:00am

PRESENT:

Nick Hulme	Chief Executive (Chair)
Neill Moloney	Managing Director
Barbara Buckley	Chief Medical Officer
Catherine Morgan	Chief Nurse
Dawn Scrafield	Director of Finance
Crawford Jamieson	Site Medical Director
Ann Alderton	Company Secretary
Denver Greenhalgh	Director of Governance
Mike Meers	Director of ICT
Karen Lough	Director of Operations
Nicky Leach	Director of Logistics and Patient Services
Allan Harkness	Clinical Director
Selina Lim	Clinical Director
Debo Ademokun	Clinical Director
Jan Ingle	Acting Director of Communications

IN ATTENDANCE:

Rebecca Pulford	Associate Director of Nursing
Saran Evans	Associate Director of Nursing
Bee Anthony	Associate Director of Operations
Shume Begum	Associate Director of Operations
Hanne Ness	HR Business Partner
Matt Glen	General Manager
Sarah Smith	Matron
Lizzy Firmin	OD Consultant
Tammy Diles	Deputy Company Secretary (Scribe)
Sarah Jenkins	Head of Risk & Compliance

Items were not necessarily discussed in order of the agenda

1.1 WELCOME AND APOLOGIES FOR ABSENCE

Mr Hulme welcomed everyone to the meeting. Apologies for absence had been received from: Shane Gordon, Director of Strategy & Innovation, Clare Edmondson, Director of HR & OD, Paul Fenton, Director of Estates & Facilities, Alison Power, Director of Operations, Angela Tillett, Site Medical Director, Julia Jenkins, Clinical Director, Chris Backhouse, Clinical Director, Mark Bowditch, Clinical Director and Julia Jenkins, Clinical Director.

Mrs Greenhalgh introduced Mrs Jenkins, Head of Risk & Compliance to the meeting informing members that she was in attendance observing the meeting.

1.2 DECLARATIONS OF INTEREST SPECIFIC TO AGENDA ITEMS

There were none.

1.3 DRAFT MINUTES OF PREVIOUS MEETING

The draft minutes of the previous meeting were recorded as a true and accurate record.

1.4 ACTION LOG

The action log was discussed noting all actions were complete and up to date.

1.5 EMC NOVEMBER CHAIR'S KEY ISSUE FROM NOVEMBER BOARD MEETING

The EMC CKI from November Board meeting was noted.

2.1 FEEDBACK FROM TIME MATTERS WEEK

Ms Tester gave an update on the time matters week reminding members of the nine must do's. She reminded members of an email that had been shared on 3rd December by Mr Catling. It was agreed that the email would be shared again for information and action.

Action: TD

Ms Tester reported that there had been better uptake of the fix it sessions at Ipswich rather than Colchester. Members agreed that if meetings were held in Training Rooms South, this could possibly affect the turnout. It was agreed that future events would be held within the hospital near the restaurant. Ms Tester and Mrs Ingle confirmed that the events were being advertised on the intranet, posters and in postbags. Further events were being planned at Colchester and Aldeburgh later that week.

Members discussed what work could be undertaken to keep the project energised and it was agreed that time matters could be weaved into accountability meetings and through business plans.

Resolved: That the committee noted the update

3.1 COMPLAINTS HANDLING

Mr Hulme spoke of a formal complaint received from a local MP. It had been in relation to response times and attitude in complaint responses. He also informed the committee of three further complaint emails he had received over the weekend.

Mr Hulme felt that the process for dealing with complaints in some Divisions was completely broken. He was particularly disappointed that the 24 hour call back was not being completed and described that by undertaking this piece of work, there was an opportunity to mend and improve the relationship with the complainant.

Mr Hulme stated that all Divisions needed to take their complaints seriously and that it was not the job of the complaints department to resolve the complaint. He expected the Divisions to answer their complaints in a timely manner. The committee were informed that Beverley Rudland, Complaints Manager and Sarah Higson, Head of Patient Experience were leaving the organisation. Mr Hulme thanked them both for the work they had undertaken.

Mrs Morgan stated that there was some work to be undertaken with the Divisions and that she was prepared to offer them any support to aid the improvements.

Mr Moloney expressed his concern that he was not clear what the responsibilities of the Divisions were. He requested that all Divisions should be explicitly clear what they needed from Mrs Morgan and her team. He felt that the majority of letters received did not have the empathy from the organisation, or address their concerns thus resulting in him rejecting the letters.

Resolved: That the committee noted the update

3.2 CANCER PERFORMANCE RECOVERY PLAN

Mrs Anthony presented the cancer performance recovery plan stating that since it had been refreshed, ESNEFT was now reporting at 80% compliance. The biggest concern was for Urology but noted that additional operational support was being implemented with improvement at Colchester which would then be transferred to Ipswich once Colchester was in a better position.

Mrs Anthony reported that the new breach RCA policy was now in place and all tumour sites were submitting their completed RCA's. The first breach panel, chaired by Dr Tillett, was scheduled to take place on 20th December where the risks and potential harms would be reviewed.

Mr Hulme expressed his concern in relation to job planning and seven day working. Dr Ademokun reported that the seven day working workforce was being reviewed, this would include looking at what was needed to quantify a full and thorough business case. Mr Hulme requested a forensic review be undertaken reminding all members that failure to meet the targets resulted in the patient suffering and that this was not acceptable.

Mr Moloney expressed his disappointment reminding members he had requested the credible plan to be reported to EMC. The report tabled at this meeting did meet the requirement for a credible plan. He did not feel assured or confident having read through the report that actions being taken would deliver the improvements promised. He reminded members that the trajectory had been changed three times and was still not delivering.

The committee agreed that once the consultant turnaround meeting planned for Friday 21 December had concluded, Mrs Lough would share the plan with the Committee for any further comments.

The committee agreed that communications with the Divisions needed to be improved, reminding everyone of the priorities which included safe care, delivering cancer targets and maintaining good financial stewardship.

Mrs Lough confirmed that there had been over 20% activity increase at Ipswich.

Action: KL

Resolved: That the committee noted the update

3.3 FLU PROGRAMME

In the absence of Ms Edmondson, Mr Hulme expressed his concern in relation to the flu programme. He gave examples of when he had asked staff if they'd had their vaccination, some of them had been quite rude with their retort stating that it wasn't effective.

Mr Hulme was horrified that members of staff were prepared to put their loved ones and patients at risk of catching the flu. Committee members noted that some consultants were reporting that they would not be prepared to have the vaccination.

Mr Hulme informed members that with 43.3% flu uptake, this put the organisation in the bottom eight of the Country and this was not acceptable.

Members discussed the behaviours of staff, examples were given of nurses working with cancer patients who were neutropenic who had not been vaccinated. All members agreed that uptake in these clinical areas fell short of the desired target and that further action was necessary to address this.

Mr Hulme requested that further work be undertaken which included a privacy screen to allow staff dignity, a very clear message from the Medical Director, Chief Nurse and Clinical Directors and all staff promoting the benefits for having the vaccination.

Resolved: That the committee noted the update

3.4 FINANCE, CIP AND FINANCIAL RECOVERY PLAN

Mrs Scrafield presented the financial recovery plan reporting that in October 2018 the Trust reported a sustained deterioration in the financial position, to the extent that formal recovery action was needed. A document was produced "Approach to Financial Recovery" and considered by the Board of Directors on 29 November 2018.

Mrs Scrafield stated that at the end of October the Trust incurred a deficit of £3.5m; this was adverse to plan by £3.4m. The year to date deficit at the end of Month 7 stood at £19.8m; an adverse variance to plan of £11.3m. £6m of this variance related to a shortfall in Provider Sustainability Fund (PSF) which had been lost because the Trust had failed to deliver its financial control total for quarter 2 and for October.

Mrs Scrafield reported that a forecast was undertaken during October for the 6 months ending September, which concluded that under a do nothing scenario, the Trust would be £14.2m variant to plan, which would result in the loss of £16.9m of Provider Sustainability Funding. In the absence of any recovery actions, this would result in a deficit by the year end of £52.4m compared to the £21.3m deficit including PSF achievement.

Mrs Scrafield stated that it was a requirement of the Board to sign off any variance to the forecast position, which was adverse to the agreed control total for the year. Given the forecast financial position, it was necessary for the Board to consider a request to NHS Improvement for the change in control total.

Mr Hulme spoke of a telephone conference call that he had undertaken with Mrs Scrafield and NHSI and was pleased to report that they were happy with the plan. This would not be sufficient on its own, however, if the organisation did not deliver it.

Mrs Scrafield stated that steady improvements were being made in medicine, cancer and logistics but that unfortunately all others had gone backwards including corporate.

Members spoke of the incentives of delivering the control total and whether that by tightening the belts further over the next few months, the benefits would outweigh considerably.

Discussions ensued in relation to how to save money and examples were shared which included reviewing the need for staff to incur travelling expenses between sites.

Members all agreed that the risks were substantial if the Trust did not deliver financial recovery, including the need for the Trust would have to borrow more money. Mr Moloney asked everyone to give their commitment to the plan and that if they were not happy with the plan they needed to be honest and say something.

Resolved: That the committee noted the update

3.5 MENTAL HEALTH ASSESSMENT BREACH UPDATE

Mrs Pulford presented the mental health assessment breach update and the work that had been undertaken within the department. She stated that work was underway to liaise with external organisations to support patients especially as the breaches often occurred at night when it was most difficult to support the patients.

Mr Hulme reported that the Clinical Commissioning Group was undertaking a lot of work as there was always a particular issue in the evenings and summer. He requested that Mrs Pulford liaise with them as he anticipated significant investment in this area aligned with the LTP.

Resolved: That the committee noted the update

3.6 WINTER PLAN UPDATED INCLUDING BUSINESS CONTINUITY PLAN

Mr Moloney gave an update in relation to the winter plan in the absence of Ms Power. He reminded members that the winter room at Ipswich would be opened that day and that Red to Green would be commencing Friday 21 December through to January 2019. This would be reviewing the key strands which included emergency admissions from 4pm to 8.30pm, care home patients that could have been avoided being brought to emergency department, daily reviews of stranded patients and business as usual.

Mr Moloney spoke of the issue with Allied healthcare and trying to find alternative system arrangements for re-enablement.

Mr Moloney requested that everyone review the rotas for Christmas and New Year.

Resolved: That the committee noted the update

5.1 STRATEGY UPDATE

In the absence of Dr Gordon and a deputy, it was agreed to defer this item to January as there were no further updates.

7.1 TIME MATTERS BOARD – PROGRAMMES OF WORK

This item had been discussed under item 2.1.

7.2 POLICY REGISTER REPORT

Mrs Greenhalgh presented the policy register report. She requested that all members reply to requests to approve virtual agreement of policies as this saved them being presented at the meetings. Mrs Greenhalgh expressed her concern that 40 additional policies had been added to the overdue list and requested that all areas focus on getting their policies up to date.

Mrs Greenhalgh reported that policies were added to the individual site intranet unless they had been harmonised to ESNEFT and that anyone using the policy for both sites would need to use both site versions until they had been harmonised.

Resolved: That the committee noted the update

7.3 CORPORATE RISK REGISTER

Mrs Greenhalgh spoke of the recent Executive Risk Oversight Committee (EROC) and noted that it was starting to get into rhythm. The committee received escalations for inclusion CRR Risk 138 Procedural Document Management, Risk 472 – Ability to populate CQC PIR.

Mr Moloney reiterated this and stated that there was a good link between EROC and EMC and that the agenda for EMC was being informed by the significant priorities emerging from the high level risk assessment.

Resolved: That the committee noted the update

8.1 ANY OTHER BUSINESS

Dr Alderton informed the members that the organisation was having its third attempt of recruiting a clinical Non-Executive Director. Mr Hulme stated that he would have a conversation with Ed Garrett to inform him of the vacancy. Dr Alderton encouraged all Clinical Directors to speak with any colleagues they may have.

Ms Leach informed the committee that Hospital at Night would be launching the following evening at Ipswich. Work was being undertaken with the sitrep circulation following lots of feedback which would now make it slightly more sophisticated.

Mrs Greenhalgh spoke of the GDPR challenges at Colchester. She informed members that Sarah Preston would be undertaking a piece of work with all areas in relation to the information asset register and encouraged all staff to support her with this.

9.1 DATE AND TIME OF NEXT MEETING

17 January 2018, 10am-12pm Edith
Cavell, Ipswich Hospital.