



**East Suffolk and  
North Essex**  
NHS Foundation Trust

**Public Board of Directors Minutes of the Meeting held in  
The Education Centre, Lecture Theatre, Ipswich Hospital,  
on 1 November 2018 at 9.30am**

**PRESENT:**

**Non-Executive Directors**

Mr David White Chair  
Mr Laurence Collins  
Mrs Diane Leacock  
Mrs Helen Taylor  
Miss Julie Parker  
Mr Eddie Bloomfield  
Mr Richard Youngs  
Mr Richard Spencer  
Mrs Carole Taylor Brown

**Executive Directors**

Mr Nick Hulme, Chief Executive  
Mr Neill Moloney, Managing Director  
Dr Shane Gordon, Director of Strategy, Research and Innovation  
Mr Mike Meers, Director of ICT  
Mrs Catherine Morgan, Chief Nurse  
Dr Barbara Buckley, Medical Director

**IN ATTENDANCE**

Mrs Clare Edmondson, Director of HR  
Ms Alison Power, Director of Operations (for item 4.1)  
Mr Paul Fenton, Director of Estates and Facilities  
Dr Ann Alderton, Company Secretary  
Ms Nicky Leach, Director of Logistics and Patient Services  
Mrs Denver Greenhalgh, Director of Governance  
Mr Andy Lehain, Deputy Director of Finance  
Ms Tammy Diles, Deputy Company Secretary (Scribe)  
Mrs Sarah Higson, Head of Patient Experience (for item 1.1)  
Mrs Ledgley, Public Patient Experience Story

### **18/54 PATIENT STORY**

Mrs Higson, Head of Patient Experience welcomed and thanked Mrs Ledgley for agreeing to tell her husband's story.

Mrs Ledgley informed the Board that on 22 December 2017, her husband had been diagnosed with bowel cancer. In January 2018 he attended a pre-operative assessment, which she described as being very impressive, although she was concerned that they hadn't been given a date for the operation at this appointment, and when asked, they were informed that it was due to beds.

Mrs Ledgley stated that in February 2018, her husband became uncomfortable and then, finally, in March, Mr Ledgley had his operation.

Mrs Ledgley spoke of the issues on the ward in relation to his diabetes. She explained that the staff were not aware of what sugars were contained within the food, and they were even told that it was the patient's responsibility to manage their own food consumption.

Mrs Ledgley reported that there were many other issues with her husband's care, which included Mr Ledgley being in a ward on his own, chemotherapy, consultations with the consultants and a very ragged discharge, but that she was very happy to share these with Mrs Higson to ensure that her story was heard, and lessons were learnt.

Mrs Ledgley stated that there were positive aspects to her husband's care, she was very grateful to the hospital for the skills of the staff, and that her husband was alive.

Mr White thanked Mrs Ledgley for a candid story. He stated that it was very important for the Board to hear what was happening and crucial to learn from these experiences.

Mr Hulme thanked Mrs Ledgley; he was pleased to hear her husband was recovering. He spoke of the major themes arising from their experience. These included the whole experience being stressful for everyone and he believed that the Trust added to their already stressful situation, when what was needed was care and compassion and that the process should have been valuing their time. He believed that they had been let down by systems and processes and that Mrs Ledgley should not have been left to project manage her husband's care. Mr Hulme requested to meet with both her and her husband to hear their story and work together to ensure that lessons were learnt.

**Resolved: That the Board noted the patient story**

### **18/55 WELCOME AND APOLOGIES FOR ABSENCE**

Mr White welcomed everyone to the Board of Directors Meeting being held in public. He gave a particular welcome to the four new Non-Executive Directors; Mr Eddie Bloomfield, Mr Richard Spencer, Mr Richard Youngs and Mrs Carole Taylor-Brown. Apologies for absence had been received from Mrs Dawn Scrafield, Director of Finance. Mr White noted the large numbers of governors in attendance at the meeting and thanked them for their interest and engagement.

## **18/56 DECLARATIONS OF INTEREST**

There were no new declarations of interest in relation to the matters on the agenda.

## **18/57 MINUTES OF THE MEETING OF 2 AUGUST 2018**

Subject to a minor change, the minutes of the meeting held on 2 August 2018 were approved as a true and accurate record.

## **18/58 ACTION CHART FROM PREVIOUS MEETINGS**

Dr Alderton spoke to the action chart and updates were provided. There were no outstanding actions.

## **18/59 CHAIR AND CHIEF EXECUTIVE'S REPORT**

Mr White reported that he had recently attended the opening of the Turner Road Diagnostic Centre at Colchester Hospital. The centre brought together several diagnostic imaging services into one place, making it more convenient for patients to access. He stated that he was very proud of the facility and the collaborative partnership formed with Alliance Medical to deliver improved diagnostic imaging services to Colchester.

Mr White informed the Board that Essex County Hospital would be closing on Friday, 30 November. All of the remaining clinical services provided there would be moved in phases to the Colchester Primary Care Centre (PCC), which was undergoing a £6.4million redevelopment.

Mr White was delighted to report a trio of ESNEFT projects that had been shortlisted for Health Service Journal Awards. Caring4Carers at Ipswich Hospital, the STARR (Short Term Assessment Reablement and Rehabilitation) Centre, based at Bluebird Lodge, and OPAT Service Development at Ipswich Hospital had all been recognised by the judges and he advised that the winners would be announced on 21 November.

Mr White stated that new cardiology procedures were being carried out in Ipswich and Colchester to make sure patients spent less time waiting and travelling to treatment. In Ipswich, a small tube inserted into a patient's wrist, before a stent was fitted or surgical treatment was carried out, allowed clinicians to break calcium in the wall of the artery into microscopic fragments.

In Colchester, Bluetooth heart monitors that connected to mobile phones were being fitted under the skin of patients. The Bluetooth technology allowed the phone to connect to a computer at the hospital, enabling consultants to record round-the-clock heart rates and detect warning signs or irregular patterns. This form of communication saved patients and staff time by reducing the need for check-ups and appointments.

Suspected stroke patients could now be assessed by a specialist consultant in their own home following the launch of a first-of-its-kind video app. The pioneering initiative allowed specially-trained paramedics from the East of England Ambulance Service to use the secure video conferencing app to liaise with stroke consultants from Ipswich Hospital in cases where a diagnosis was not clear. The consultant could then see the patient, and ask them and their family questions before deciding whether they needed to come to hospital or could receive more appropriate care elsewhere.

Mr White concluded that he had attended a meeting the day before with the Community Services Team; he had found it to be very informative and energetic morning. He challenged

the Board to not just focus on the two acute hospitals and that community services should not be “out of sight out of mind”.

Mr Hulme spoke of the work that was underway nationally in relation to health care funding. He was pleased to report the additional funding in Social Care to support Mental Health and that there had been a challenge from the Prime Minister to use the money differently. He was delighted to report that he had been asked to join a small working group by NHS England (NHSE) and NHSI that would focus on this request. Mr Hulme was delighted to have been asked to join the group as this would be preparing the long-term NHS plan.

**Resolved: That the Board noted the update**

## **18/60 INTEGRATED PERFORMANCE REPORT QUALITY AND PATIENT SAFETY ASSURANCE COMMITTEE**

Mrs Taylor presented the chair’s key issues and highlighted the following:

- The committee had met for the first time since ESNEFT was formed and she was delighted to report that there had been governors as observers in attendance;
- The Head of Improvement had presented at the meeting and updated the assurance committee on the issues of transportation of specimens;
- All sub contracted areas had historically not had the appropriate governance in reporting to the quality and patient safety assurance committee, this was now being addressed and the committee had sight and assurance;
- The committee had received an update from Mrs Greenhalgh in relation to the inspection framework for the CQC visit expected in 2019;
- The committee had received an update in relation to mortality;

Mrs Morgan updated the Board in relation to the responsiveness to complaints in a timely manner. She was disappointed to report that target response times were not being met but that there were measures in place to resolve these issues. There had also been a deterioration in the incidence of CDiff and she reported that the stewardship around this trajectory needed to improve.

In response to questions being raised in relation to mortality, Dr Buckley informed the Board that she would be very happy to meet with the new non-executive directors to explain the way the measures were recorded and reported.

Dr Buckley stated that mortality looked at the absolute numbers across both sites, the healthcare conditions and age of the patient. With all this in consideration, the expected deaths for September showed that it was the expected rate for the time of the year.

Dr Buckley informed the Board of the Mortality meeting where external partners, which included local GPs, hospice staff, ambulance staff and clinicians reviewed a patient’s record to see whether anything different could have been done or whether the hospital care contributed to the patient’s death. Dr Buckley reported that it would be beneficial to involve local care and nursing homes in the review panel.

Mr Hulme informed the Board that he wrote to every family following a death in the hospital. This enabled him to understand whether there was anything in relation to the end of life experience that could have been improved for the family or the patient.

In response to a question from Mr Spencer, Mr Meers confirmed there were difficulties with recruiting clinical coders. There was now a new programme in training junior staff as it was a two-year programme to get qualified. There were also difficulties with accessing the patients' records as Colchester used paper and Ipswich were electronic. When Colchester moved to electronic, Mr Meers confirmed that this would free up Estates space and significant cost.

Miss Parker presented the Finance and Performance chair's key issue and highlighted the following:

- ED performance continued to perform well;
- Cancer performance was disappointing due to significant capacity challenges in some speciality areas. A revised trajectory needed to be developed. A '7 must do plan' had been developed to ensure that delivery of care was being undertaken as efficiently as possible.
- RTT performance was not delivering to the trajectory and recovery actions continued to be developed with individual specialities. There were a total of 68 patients waiting over 40 weeks, which had halved over the last 2 months. The process for harm reviews would be considered to align with the process followed for cancer treatment delays;
- Outpatient utilisation had dropped which could lead to further capacity being available if utilisation was improved. 'Did Not Attend' continued to be high, however the team were exploring the use of automation as a means to improve the reminder arrangements to reduce the volume of DNA;
- Community performance was good, with 100% of response time achieved by the Community Health Team for 4-hour responses. Length of stay had reduced in community beds, even though delayed transfers of care had slightly increased;
- The financial position for September had significantly deteriorated and was off plan by £6.8m in the month. This was mainly due to the loss of Provider Sustainability funding (PSF) of £4m and overspending on pay (£1.6m) and Cost Improvement Programme (CIP) underperformance (£0.6m). Therefore, at the end of September the Trust incurred a deficit of £16.3m, which was £8m higher than planned;
- Financial risks and opportunities had been reviewed and there were limited upside opportunities, resulting in the likely expected breach of the control total by the year-end if no recovery action was taken;
- Agency spending continued to exceed the monthly envelope by £0.5m in the month, meaning that the Trust was now exceeding the agency ceiling by £1.6m, with £7.6m being incurred to date. The majority of this spending was within medical and junior doctors and nursing;
- A detailed forecast review had concluded and based on available information the forecast was showing an expected £14m adverse variance to plan in the absence of any recovery actions. This would result in the loss of PSF by the end of the year of £16.9m. If recovery of £14m was achieved the PSF could be recovered;
- Recovery arrangements had been progressed with Executives and divisions had drafted recovery plans. Financial recovery was recognised as a key priority in the organisation and this would be a particular focus in the coming months;
- The cost improvement programme continued to forecast a £26.1m delivery compared to the £32.7m target. For the second time the Trust had not met the CIP trajectory, which was agreed with NHS Improvement as a merger condition, however following on from the recent review NHS Improvement were positive about the progress and approach to the CIP delivery since the merger;

Mr Moloney was pleased to report on the good news for performance in the Emergency Department stating that there was sustained performance at Colchester and improvements at Ipswich and that this was having an impact on ambulance turnaround.

Mr White stated that the Trust was getting better each year with granularity of plans and he thanked Ms Power on behalf of the Board. Mr Hulme confirmed that the Trust was top ten in the country for the four-hour standard and had been for the last six months.

Mr Moloney spoke of the areas of concern in relation to elective RTT waiting times, which were Urology and Trauma & Orthopaedics. This had been as a result of sickness and vacancies along with the capacity constraints due to substantial increases on last year.

Mr Moloney expressed his concern in relation to cancer and that with lots of in-depth reviews it had not yet managed to improve. He was aware and recognised the stroke concerns but that with the extra funds invested in additional staff, he was confident that the Trust would start to see the improvements. In relation to a question from Mrs Taylor-Brown, Mr Moloney confirmed that although there had been a delay, the funding for the additional speech and language therapist had now been approved.

The Board considered whether stroke services were sustainable; Mr Hume confirmed that the Sustainability and Transformation Partnership (STP) were undertaking a review into this service.

Mrs Leacock requested to understand whether medical staff were still being paid the agreed rate. Mr Lehain confirmed that sometimes the Trust was put in a position where they had to breach the upper limit due to the staffing need. The Chief Executive approved all such requests and Mr Lehain assured the Board that the correct controls were in place.

Mr Collins presented the People and Organisational Development committee chair's key issue and highlighted the following:

- Freedom to Speak Up Guardian – Staff Engagement, The Committee asked for the different elements of various staffing issues to be looked at by Trust Executives and for this to then be discussed in full at the December Board meeting;
- Workforce Dashboard/Performance Report, The Committee received the ESNEFT Workforce Dashboard report and noted downward trends on staff turnover/sickness, job planning challenges and high agency costs
- Innovation Presentation, the Committee had received a presentation from the Director of Strategy, Research and Innovation regarding a progress update on showcases held and partnerships with academic institutions and external companies. It was suggested that the Trust should celebrate the exceptional work achieved with communications around innovation success. This work was felt to motivate existing staff and encourage applications for future roles at the Trust.
- Mr Collins expressed disappointment that the charitable funds set aside for innovations were not being utilised and the committee agreed that more support should be offered to help staff with funding an application to the charitable funds committee;
- Excellent progress had been made on the website with positive feedback from patients informing the Trust that it was more user friendly;
- Excellent equality and diversity presentation received from Mrs Edmondson;

Mrs Edmondson was delighted to report that the equality and diversity group had met twice since the last board meeting.

Mrs Edmondson reported that a piece of work was currently been undertaken in relation to OD and that the Board would be presented with its findings. Currently along with that and the staff survey, it was not looking very positive, as the recent feedback had reported that staff were not recommending the Trust as a positive place to work. She reported on the four “learning from the middle” days that were planned for November and that this would be an excellent opportunity for the message to be shared with middle managers. The Board agreed that this was a top down culture and it had to be led by example.

**Resolved: That the Board noted the update**

### **18/61 WINTER PLANNING**

Ms Power confirmed that the plan had been shared with NHSI and clinical divisions. She explained the deficit if the Trust were to do nothing and that Colchester had seen a 7% increase in activity.

Ms Power stated that the plan needed to be kept on track and that there were two good plans for both sites, she was aware and recognised that the plans did not come without significant risk but that she was expecting support with the external partners.

Ms Power spoke of the workshop that had been held and that there was another workshop planned on 23 November titled ‘are we really ready for winter’. Ms Power concluded that an external session with NHSI and CCG was planned for the beginning of December.

Mr Moloney stated that there was no doubt this was a plan pulled together in collaboration. He stated that there were developing relationships and good governance processes through the A&E delivery Board.

**Resolved: That the Board noted the update**

### **18/62 ENERGY INITIATIVES BUSINESS CASE**

Mr Fenton presented the energy initiative business case that had been approved by the investment group. He explained that it was the next process to receive Board sign off due to the amount of loan required.

Mr Fenton reported that the proposal detailed a number of Energy saving initiatives across both Colchester and Ipswich Hospital sites, which were to be funded through a ‘Salix’ Energy fund loan. This Energy Saving Project was to replace four electric chillers at Colchester with high efficiency replacements, utilise existing steam driven chiller at Ipswich in order to reduce the cooling load on electric chillers and upgrading light fittings on both sites to LED. The total cost of these initiatives was estimated at £1,055,000, with the Trust initially funding this from capital, but then repaid by an interest free loan from Salix, with payments spread over 5 years. A return on investment was forecast at 38 months from completion but had not included for any inflation costs or rises in wholesale energy costs, the project paybacks were therefore likely to be achieved sooner than anticipated and offer significant life cycle savings.

Mr Fenton stated that NHS had recently opened a £46m PDC fund specifically for LED lighting upgrades. Although it was considered that this fund would save the Trust a significant sum of money, under further analysis this funding would affect the remaining energy schemes with Salix and the overall requirement to meet a 5-year return on investment. For example, if the Trust invested £5m into energy improvements via the Salix route, with the LED lighting included, the Trust could expect to get a return within the 5 years, which resulted in an annual turndown of £1m. Without the LED lighting, the payback on the remaining £3.5m would be extended to 6.3 years, which in turn would cause a £1.25m cost pressure or prohibits the projects from initialising and therefore represented a final annual turndown of £450k.

**Resolved: That the Board approved the business case**

#### **18/63 REPORT OF THE FREEDOM TO SPEAK UP GUARDIAN**

Mr Fleetwood presented the report and reminded the Board that the NHSI Board tool was the responsibility of the Board to understand how to use and utilise the information. He informed the Board that this information was used by the CQC and would form part of their inspection to being well led.

Mr Fleetwood thanked Mr Hulme, Mr White and the Executive Team for their support when he raises concerns with them.

Mrs Edmondson reminded the Board that although it was heart-warming that staff were raising concerns in a safe environment, the purpose of the Freedom to Speak Up Guardian was to also receive patient care concerns.

Mr Hulme confirmed that historically staff had raised concerns to the CQC and he was pleased that staff no longer felt the need to raise concerns via this route.

Mr Collins highlighted that it was extremely important for the Board to address the issues raised and that staff needed to be aware of the reporting routes available to them. The Board agreed that some staff were feeling displaced in the organisation but that did not warrant poor behaviour.

Mrs Taylor-Brown spoke of some national work that had been undertaken in relation to the pinch points of bullying and harassment. She was assured and pleased to see that this agenda item was given proper care and attention.

Mr White concluded that it was the responsibility of the Board to set the behaviours and expectations and that this was extremely important in leadership role. Mr White stated that he expected staff to challenge poor behaviour at all levels.

**Resolved: That the Board noted the update**

#### **18/64 RISK APPETITE STATEMENT**

Dr Alderton reported on the workshop that had taken place at the end of August, which had been facilitated using the good governance tool. The Board agreed that this had been a very informative workshop and requested that the statement be placed on minute pad as a reminder, especially when making decisions.

Mrs Greenhalgh requested that it be put into the risk policy; this would save it having to be approved again at the next Board.

**Resolved: Subject to the minor caveat, the Risk Appetite Statement was approved**

#### **18/65 BOARD ASSURANCE FRAMEWORK**

Dr Alderton presented the Board Assurance Framework, she highlighted that this was the transitional framework that needed to reflect some of the historical risks that were still in place. This framework would be the bridge until the new strategy was in place.

Mrs Greenhalgh stated that this document should go hand in hand with agenda setting and discussions at assurance committee meetings.

**Resolved: That the Board approved the BAF**

#### **18/66 CHAIR'S KEY ISSUES CHARITABLE FUND COMMITTEE**

Dr Buckley presented the chair's key issues and highlighted the following:

- The merger of both charities was almost complete;



- The Time Garden for the EOL project had still not raised sufficient funds;
- Two business cases had been approved to support the refurbishment of the mortuary viewing room;

**Resolved: That the Board noted the update**

### **18/67 ASSURANCE COMMITTEE MINUTES OF MEETINGS**

Minutes of meetings of:

- People and OD Committee;
- Quality and Patient safety Committee;
- Finance and Performance Committee;
- Executive Management Committee;

**Resolved: That the minutes were noted**

### **18/68 REPORT ON USE OF THE TRUST SEAL**

The report on the use of the Trust Seal was noted.

**Resolved: That the Board noted the update**

### **18/69 COMMENTS OR QUESTIONS RELATING TO ANY OF THE BOARD BRIEFINGS**

Miss Parker highlighted that one of the Board Briefings had not been uploaded. This was corrected immediately.

**Resolved: That the Board noted the update**

### **18/70 CONFIRMATION OF APPROVAL BY CHAIR'S ACTION**

The Board noted the confirmation of approval by chair's action in relation to the retail unit.

**Resolved: That the Board noted the Chair's action**

### **18/71 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Mr Brazier raised his concern in relation to smoking on the site. Mr Fenton confirmed that he had raised this point at a previous meeting and it was still being addressed by the organisation.

Mr Brazier spoke of the wellness centre and its location. Mr Fenton confirmed that one of the options for its location was at the front of the hospital and in similar fashion to the time garden.

A man from Felixstowe raised his concern in relation to minor injuries unit at Felixstowe Hospital. Mr Moloney responded to the issues raised and suggested that a further conversation with the CCG would be helpful.

Mr White thanked everyone for attending and declared the meeting closed at 12.10pm.