

**MINUTES OF THE TRUST BOARD MEETING IN PUBLIC (PART 1)**

**Held on Thursday 31 January 2019 - 09.30 a.m. to 12.00 p.m.  
PGMC Rooms 2&3 Colchester Hospital**

**PRESENT:**

Mr David White  
Mr Eddie Bloomfield  
Mr Laurence Collins  
Miss Julie Parker  
Mr Richard Spencer  
Mrs Carole Taylor-Brown  
Mrs Helen Taylor

Chairman  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director  
Non-Executive Director

Mr Nick Hulme  
Dr Barbara Buckley  
Dr Shane Gordon  
Mr Mike Meers  
Mr Neill Moloney  
Mrs Catherine Morgan  
Mrs Dawn Scrafield

Chief Executive  
Chief Medical Officer  
Director of Strategy, Research and Innovation  
Director of Information, Communication & Technology  
Managing Director  
Chief Nurse  
Director of Finance

**IN ATTENDANCE**

Dr Ann Alderton  
Mr Nick Chatten  
Mrs Denver Greenhalgh  
Ms Nicky Leach  
Ms Angela Tillett  
Mrs Sarah Higson

Company Secretary  
Interim Director of Estates  
Director of Governance  
Director of Logistics and Patient Services  
Medical Director - Colchester  
Head of Patient Experience (for item P01/19)

Ms L Fraser

Senior Committee Secretary (Minutes)

**Apologies:**

Mrs Clare Edmondson  
Mr Paul Fenton  
Mr Richard Youngs

Director of Human Resources  
Director of Estates and Facilities  
Non-Executive Director

<b>SECTION 1 – PATIENT STORY</b>		<b>ACTION</b>
P01/19	<p><u>Received for information</u> and learning opportunity a patient story by Chelsey Smith who was accompanied by Sarah Higson, Head of Patient Experience.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>Chelsey shared her experience of maternity services at Colchester and Clacton hospitals having had 2 babies with ESNEFT and having had generally positive experiences, which she attributed to continuity of midwife, hypnobirthing, reassurance and emotional support from the midwives. However, the Board was advised that there had been opportunities during her antenatal care for her second pregnancy with Rory where clearer communication would have improved her experience relating to appointments and reviews.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>Helen Taylor thanked Chelsey for attending with Rory and stated that she was pleased that the experience of maternity services at ESNEFT had been positive, but that she had been struck by the importance of continuity of midwife care. Chelsey advised that anecdotally for the particular area where she lived other mothers had generally received continuity of midwife, however, on speaking to mothers who lived in other areas they had said that they had seen different staff at each visit which had led to additional stress.</li> <li>The Chief Executive stated that he felt that it should be possible to give continuity of care for planned maternity services and the Chief Nurse advised the Board that one of the key recommendations from the Better Births review was how the organisation could deliver continuity of care which was a key issue raised by mothers. ESNEFT was noted to be going into a pilot phase of a programme with midwives to look at the pathways of care starting with planned C-sections.</li> <li>The Chair reflected that coming to the hospital was an anxious time for a lot of people for various reasons. The Chief Executive agreed encouraging a more proactive approach was taken by staff regarding asking people about any anxiety they were feeling regarding attending the hospital. Chelsey highlighted that she was extremely anxious regarding attending the hospital and noted that her midwife had asked her that question and due to the continuity of care was aware of her concerns during her pregnancies.</li> <li>The Chair thanked Chelsey for attending the Board meeting and sharing her experience of maternity services at Colchester and Clacton hospitals with the Board members.</li> <li>The Chair noted that Sarah Higson, Head of Patient Experience was leaving the Trust and thanked her for her work on behalf of the patient experience and wished her well in her new role.</li> </ol>	
<b>SECTION 2 – CHAIRMAN’S BUSINESS</b>		<b>ACTION</b>
P02/19	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were received from: Mr Paul Fenton, Director of Estates & Facilities, Mrs Clare Edmondson, Director of Human Resources and Mr Richard Youngs, Non-Executive Director.	
P03/19	<b>ESNEFT DECLARATIONS OF INTEREST</b>	
	1. In relation to item P11/19 <i>North East Essex and Suffolk Pathology Services (NEEPS) update report</i> Dr Ann Alderton declared that her husband was a Senior Manager at the West Suffolk Hospital.	
P04/19	<b>MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2018</b>	
	The minutes of the meeting held on 1 November 2018 were approved and signed by the Chair as a correct record, subject to the amendment of the wording of item 18/60 to read “ <i>There had also been a deterioration in the incidence of CDiff and she reported that antibiotic stewardship needed to improve to meet the trajectory.</i> ”	
P05/19	<b>ACTION CHART FROM PREVIOUS MEETINGS</b>	
	<p><u>Noted</u></p> <ol style="list-style-type: none"> <li>The Company Secretary advised that there were no actions outstanding for this meeting.</li> </ol>	

P06/19	<b>CHAIR &amp; CHIEF EXECUTIVE'S REPORT</b>	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>The Chair noted that this would be Barbara Buckley, Chief Medical Officer's last Board meeting and thanked her for her work on behalf of ESNEFT and previously as Medical Director at Ipswich and Managing Director at Colchester Hospitals. Barbara's supportive approach, which had been greatly valued by all staff, especially when joining Colchester Hospital during what had been a challenging time was highlighted and she was wished well in her future role.</li> </ol> <p>The Chair highlighted the following items to the Board:</p> <ol style="list-style-type: none"> <li>The multi-million pound plan to transform and extend the main entrance of Colchester Hospital had been given the green light. The development would be in two blocks, the first providing additional space for the Emergency Department, which would include an Urgent Treatment Centre and the second providing non-clinical hospital space on the first floor, new visitor facilities and convenience/retail outlets on the ground floor. The works were expected to be completed by the end of the calendar year.</li> <li>Work had now commenced to construct the Collingwood Centre at Colchester Hospital which marked the start of improving cancer care for patients in north Essex who would be treated in a purpose built chemotherapy and haematology suite next to the hospital's existing Radiotherapy unit. The project had been funded by the Cancer Centre Campaign, a £3.25million appeal run by the Colchester and Ipswich Hospitals Charity.</li> <li>The Aseptic Unit, a specialist drugs manufacturing unit at Colchester Hospital, was set to open next year. The £3m Unit would mean patients could continue to benefit from tailor-made medication, including chemotherapy drugs for cancer and would improve the flow of the drug manufacturing process to meet increasing demand for aseptic services from the local community.</li> <li>A planning application had been submitted to demolish a former bed store on the Colchester site to make way for a new interventional radiology and cardiac angiography department. This being a much needed clinical facility which would replace the existing, outdated facilities.</li> <li>Eighteen months ago the Ipswich Hospital Trust had assumed responsibility for providing community services across east Suffolk. The Chair advised that he had recently followed up his initial visits to the outlying hospital sites and had been struck by the alignment of the services being provided by the community teams with the Trust's aims.</li> </ol> <p>The Chief Executive highlighted the following items to the Board:</p> <ol style="list-style-type: none"> <li>The pressures for staff over the recent months with a high level of activity was noted and tribute paid to staff for their work during this time, however, the Chief Executive expressed his slight concern that so far it had been a relatively mild winter period and the weather now appeared to be becoming more inclement.</li> <li>The Chief Executive highlighted the challenge for the system regarding the appropriate spending of the ICS funding from government, advising that it was positive that the provision of this funding allowed flexibility for local systems to decide on the most appropriate care for their areas without being too prescriptive, although it was somewhat disappointing not to see more integration with social care mentioned in this NHS document.</li> <li>The ICS governance arrangements were being finalised later in the week and commissioning would shift to a more strategic direction. It was highlighted that the Alliances in Ipswich and East Suffolk were well established for this model of working.</li> </ol> <p><b>Resolved: That the Board noted the update.</b></p>	
	<b>SECTION 3 – ASSURANCE</b>	<b>ACTION</b>
P07/19	<b>CHAIR'S KEY ISSUES REPORTS &amp; INTEGRATED PERFORMANCE REPORT</b>	
	<u>Received</u> the Chair's Key Issues Reports and the Integrated Performance Report to 31 December 2018 (IPR).	

P08/19	<b>QUALITY &amp; PATIENT SAFETY COMMITTEE</b>	
	<p><u>Received for assurance</u> the Chair's Key Issues reports from the meetings held on 18 December 2018 and the 22 January 2019, presented by Helen Taylor, Non-Executive Director.</p> <p><u>Noted</u></p> <p><u>18 December 2018</u></p> <ol style="list-style-type: none"> <li>1. The Committee had received an update on the Transportation of Specimen Handling Internal Audit Recommendations and an update on remedial actions against identified deficiencies and subsequent recommendations relating to the transportation and receipt of specimen handling in the Pathology laboratories on the Colchester site. The Committee had received assurance that most remedial actions had been completed or were on track to complete within the stated deadlines with the exception of one action relating to the timescale for the continued roll-out of OrderComms for which the Site Medical Director – Colchester had taken an action to provide a position update.</li> <li>2. The Committee had noted the Pathology services update with the overview of key high risks which could affect the ability to deliver the accredited services within Pathology.</li> <li>3. One never event had been reported in November relating to wrong route administration of medication for which an investigation was on-going. The Chief Nurse had presented a summary pack from the Never Events Summit which was held to review a recent cluster of 5 never events that had occurred on both sites and the subsequent progress to date, learnings identified and actions going forward. The Committee had been assured that never events were processed as a Serious Incident and closely monitored by the Serious Incident Panel.</li> </ol> <p><u>22 January 2019</u></p> <ol style="list-style-type: none"> <li>4. A progress update on NEESPS had been received by the Committee who noted the legacy position from TPP; the Committee had agreed to receive an update on progress in April.</li> <li>5. The Committee had received an update from the Chief Nurse regarding the overdue serious incidents.</li> <li>6. The Committee was informed that the Premises Assurance Model (PAM) assessment had been completed on both sites and progress on actions compiled from the prompt questions which had scored 'inadequate' was noted.</li> </ol>	
	<p><u>Integrated Performance Report – Quality</u></p> <p>The Medical Director – Colchester highlighted the following quality issues:</p> <ol style="list-style-type: none"> <li>7. A reduction in delays in coding especially on the Colchester site had been seen.</li> <li>8. The Board was informed that the national programme which was being undertaken to provide an in depth review of deaths of patients with learning disabilities had struggled to perform the appropriate reviews, ESNEFT was, therefore, undertaking the reviews internally to maintain the focus.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>9. Richard Spencer questioned the coding issue around mortality rates and when this would be fixed. The Medical Director – Colchester, advised that where deaths were recorded through palliative care a report had been received from the GIRFT team with recommendations which were being put into practice, due to the challenge the work was ongoing with no fixed date for completion. The Director of Finance advised that the technology issues at Ipswich were being worked on.</li> </ol> <p>The Director of Nursing highlighted the following quality issues from the Integrated Performance Report (IPR):</p> <ol style="list-style-type: none"> <li>10. The progress of the backlog of SIRIs with a trajectory for completion had been discussed by the QPS Committee.</li> <li>11. The information relating to MRSA bacteraemia reported was highlighted to the Board (page 16). The conclusions of the panel which had been set up to consider improvement of the MRSA bacteraemia position had been widely shared with the teams.</li> <li>12. At Colchester site there had been 79 inpatient falls reported during December, the same</li> </ol>	

	<p>number as November. At Ipswich, including the community hospitals, there had been 140 falls in total, two falls resulted in harm. Whilst Colchester continued to report fewer numbers of falls, there was concern at the number of falls with moderate or serious harm which had both increased in November and December. The QPS Committee would be provided with an update regarding falls prevention measures in the community.</p> <p><u>Questions and Comments</u></p> <p>13. The Chair noted the difference between the number of falls at Colchester and Ipswich and questioned what was being done to improve the position. The Chief Nurse advised that support to staff had been provided by the Falls Practitioner and other trusts had been contacted to consider best practice and how they had made improvements, particularly relating to their community hospitals. Carole Taylor-Brown commented that the need to benchmark and look at exemplar sites had been discussed by the QPS Committee.</p> <p>14. Julie Parker highlighted the statement in the report “Hospital Passports not being used for patients with a diagnosed learning disability” (page 11), noting that the Board had been informed previously that the use of Hospital Passports was key for patients.</p> <p>15. The Chief Medical Officer advised that to be effective the Hospital Passport, which belonged to the individual, had to be used proactively by the whole system; including the patient and carers, and when these were in place they were useful to the Trust.</p> <p>16. The Medical Director – Colchester advised that feedback had been given to the CCG regarding the need to encourage the use of the health passports.</p> <p>17. Laurence Collins questioned the difference between Ipswich and Colchester regarding the number of pressure ulcers (page 15). The Chief Nurse advised that the figures for Ipswich included the community beds which in part led to the higher numbers whilst at Colchester this had been an area of priority with an intensive programme into improvements, this approach now being shared with the team at Ipswich with a relaunch of the resources for staff around pressure ulcers. The Board was advised that whilst the cohorts of patients were not fundamentally different some variability was to be expected but following the measures being put in place a steady improvement in the number of pressure ulcers was anticipated.</p>	
P09/19	<b>FINANCE &amp; PERFORMANCE COMMITTEE CHAIR’S KEY ISSUES REPORT</b>	
	<p><u>Received for assurance</u> the Chair’s Key Issues report from the Finance &amp; Performance Committee held on 24 January 2019 presented by Julie Parker, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. The Board were informed that the CKI from the Finance &amp; Performance meeting held on 20 December 2018 had been submitted to Board members via e-mail.</p> <p>The following performance items were highlighted to the Board from the meeting held on 24 January 2019:</p> <p>2. Performance against the A &amp; E standard was 92.13% with the Trust experiencing pressures as expected. The external review of the emergency department in Ipswich had concluded and progress against actions assessed as part of the recovery programme. The Committee had been informed that whilst performance was below target the Trust was in a good position compared to other organisations in the region.</p> <p>3. Cancer performance remained a concern for which an improvement trajectory was being developed to address performance.</p> <p>4. The diagnostics standard had marginally improved in December, with an expectation that there would be a compliant standard in January.</p> <p>5. The Committee was now receiving data on the average patient waiting time and had suggested that this was something that QPS might want to look at.</p>	QPS
	<p><u>Integrated Performance Report – Operational Performance</u></p> <p>The Managing Director highlighted the following operational performance issues:</p> <p>6. The organisation had been experiencing increased pressures over the past few months but the teams were responding well to the increased activity.</p>	

	<p>7. The current focus was on what was needed within the A&amp;E department. The results of the skill mix review would be taken back to the Finance &amp; Performance Committee. Work on the future model of care for the A&amp;E department was being supported by external consultants Deardens. Enhanced support would be given to the clinical teams over the next few months, the operations directors working to remove constraints to allow focus on the 3 key priorities.</p> <p>8. Four key cancer areas were being focused on with plans in place at a tumour site level for Urology, Gynaecology, Lower and Upper GI, which had received good engagement from the clinical teams.</p> <p>9. Going forward the requirement would be for the divisions to ensure that the requisite plans were in place in advance for the next year.</p> <p><u>Questions and Comments</u></p> <p>10. The Chair advised the Board that every 6 weeks a performance meeting was held with NHSI which he attended with the executives and that at the meeting held on 30 January 2019 the regional representative had said that they recognised that ESNEFT was aware of the current performance issues and was engaged and implementing plans to improve the position. The Chair noted that the conversation with NHSI had been helpful to endorse the approach being taken by ESNEFT.</p> <p>11. Julie Parker commented that it was interesting that NHSI had provided such positive feedback and noted that where the organisation had had success in the past this had been when it had stuck to the agreed plans.</p>	
	<p>The following CKI finance items were highlighted to the Board from the meeting held on 24 January 2019:</p> <p>12. A £6.1m deficit had been incurred in December, an adverse variance to plan of £3.6m, however, it was noted that the position had improved from November. The issues remained the same, overspending on pay mainly due to medical staffing and nursing, loss of Provider Sustainability Fund (PSF) and non-delivery of CIP and it was recognised that there were still issues to be addressed to reduce the amount spent.</p> <p>13. The cost improvement programme (CIP) forecast had been maintained at £26.6m. The Committee was keen to ensure that CIP identified during 2018/19 should be made recurrently unless there were extenuating circumstances.</p> <p>14. The Committee had asked that for 2019/20 milestones were set for CIP delivery and were agreed as part of the budget setting process, given the benefits of doing this for 2018/19 post merger period and proposed that this approach was endorsed by the Board.</p> <p>15. The timetable for agreement of the 19/20 Annual Delivery Plan was highlighted.</p> <p>16. The Committee had considered an update regarding the Ipswich and East Suffolk Alliance, noting the structure and the strategy for improving delivery across the footprint.</p>	
	<p><u>Integrated Performance Report – Finance</u></p> <p>The Director of Finance highlighted the following finance issues from the Integrated Performance Report:</p> <p>17. The level of risk for delivering the control total was now relating to two areas, the CCG support and the delivery of recovery plans. The likely variance to the control total delivery (excluding PSF) was £5.4m which was an improvement compared to month 8 (£7m). The Finance &amp; Performance Committee had reflected on the actions that had progressed over the last month, particularly with regard to communication, ownership of the recovery plan operationally and expectations of budget holders.</p> <p>18. There remained a gap in the finance position for delivery of the control total, however, additional plans had been put in place for Q4; working with the operational teams to ensure there was understanding and ownership of the budgets for the last quarter. The finance team were also working closely with commissioners regarding additional support.</p> <p>19. The Director of Finance stated that it was important for the Board to note that one of the ongoing challenges was the continued high use of agency staffing, particularly for medical staffing; although an actual reduction in overall agency spending had been seen, this being £2.9m lower than the same period last year, this remained above the agency ceiling. The benefit of having substantive staff in place was noted both financially and for patient care.</p> <p>20. Planning guidance and information regarding NHS funding had now been received during</p>	

	<p>January for the 2019/20 Annual Delivery Plan. The Trust was working on the development of the operational plan, a draft of which was due for submission on the 12th February. It was highlighted that the timing of the Board meeting in April co-incided with the final submission date of the Annual Delivery Plan. It was agreed that the timing issue would be considered by the Board during its consideration of the Annual Delivery Plan.</p> <p>21. The Board was informed that the financial framework had changed, which was creating some complexity in the assessment of the impact on the Trust's financial position for 2019/20. The control total had been issued for the Trust and the expectation was for the Trust to deliver no more than an £8.6m deficit after the receipt of Provider Sustainability Funding and a share of the Financial Recovery Fund (FRF), to achieve this it was critical that the Trust had a robust, realistic cost improvement plan.</p>	
P10/19	<p><b>PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE</b></p> <p><u>Received for assurance</u> a verbal update provided from the meeting held on 24 January 2019, presented by Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. No new or risks for escalating to the Board having been identified at the meeting held on 24 January 2019 a form CKI report had not been provided. However, the Board was informed that the direction of the People and Organisational Development Committee (POD) was being reshaped to take a more strategic view ahead whilst continuing to monitor performance.</p> <p><u>Questions and Comments</u></p> <p>2. The Chair agreed with the proposed change of direction for the POD Committee noting that this would change the reporting requirements and fit in with the aim to provide the assurance committees with more timely information.</p>	
	<p><u>Integrated Performance Report – Workforce</u></p> <p>The Chief Nurse highlighted on behalf of the Director of Human Resources the following workforce issues:</p> <p>3. POD had received the OD plan with the comprehensive set of actions; the plan for the plan would be presented to POD at the February meeting.</p> <p>4. Progress was being made with appointments in some hard to recruit areas.</p>	
P11/19	<p><b>NORTH EAST ESSEX AND SUFFOLK PATHOLOGY SERVICES (NEESPS) UPDATE</b></p> <p><u>Received for assurance</u> a North East Essex and Suffolk Pathology Services (NEESPS) update report presented by Neill Moloney, Managing Director.</p> <p><u>Noted</u></p> <p>1. The Board was informed as background that NEESPS had inherited a number of significant difficulties from its predecessor TPP network which now formed the backbone of a programme of improvement work streams. These were overseen by the NEESPS Transformation Delivery Group, chaired by the Director of Operations and including representation from West Suffolk Foundation Trust (WSFT) as standing members.</p> <p>2. A programme of works had been outlined at the NEESPS Strategy Board meeting to develop a strategy over the next 3 months and an engagement plan for all 3 sites and large customers on how the service would be provided going forward. The Managing Director had been invited to attend the Scrutiny Committee meetings at WSFT to provide further assurance around the partnership.</p> <p>3. In order to provide sufficient assurance to the Board regular updates would be provided to the QPS Committee from the NEESPS Strategy Board.</p> <p>4. The Managing Director stated that the requirement for a clear strategy across the three sites and the community served needed to be addressed as a priority and it was anticipated that the Strategy would be brought back to Board in June.</p> <p>5. Governance arrangements had been agreed with WSFT.</p> <p><u>Questions and Comments</u></p>	

	<p>6. The Chief Executive questioned whether there was clarity regarding the additional resource required and the future direction, noting that the WSFT Board had identified NEESPS as a risk for them, and he would emphasise the need to ensure that WSFT were included in the development of the strategy paper and signed up to the plan which was scheduled to be presented to the Board in June.</p> <p>7. The Chair agreed that NEESPS was a partnership and stated that he would agree with the partnership approach suggested by the Chief Executive and would request that this was built into the work.</p> <p>8. The Managing Director clarified ESNEFTs position within NEESPS as a joint owner and also host of the service. The Board was informed that a good engagement plan had been agreed, the plan would be developed with pathology and then taken out for clinical engagement in all areas covered by NEESPS. The requirement for additional resource had been discussed with WSFT.</p> <p>9. Julie Parker emphasised the importance of building in engagement to ensure that the problems with TPP were not encountered again.</p> <p><b>Resolved: That the Board noted the update.</b></p>	
P12/19	<b>EXECUTIVE MANAGEMENT COMMITTEE</b>	
	<p><u>Received for assurance</u> a CKI report provided from the meetings held on 17 December 2018 and 17 January 2019.</p> <p><b>Resolved: That the Board noted the update.</b></p>	
<b>SECTION 4 – STRATEGY AND PLANNING</b>		ACTION
P13/19	<b>THE NHS 10 YEAR PLAN</b>	
	<p><u>Received for information</u> the NHS 10 Year Plan presented by the Director of Strategy, Research and Innovation.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. NHS England had published The NHS Long Term Plan (LTP) which set the direction for service development over the next 10 years on the 9th January 2019. The NHS LTP responded to the new funding settlement for the NHS by setting out how improvements in outcomes and performance would be achieved using the growth in funding.</li> <li>2. Alignment of Trust plans to this would be a critical success factor. The briefing identified a number of themes where close alignment would be required, either in the Trust strategy or in delivery plans.</li> <li>3. The Director of Strategy, Research and Innovation advised that there were some notable areas where the NHS LTP lacked clarity; workforce, investment in digital solutions and diagnostic capacity.</li> <li>4. The Board was requested to consider the key themes of the NHS LTP as it reviewed the draft Trust strategy, subsequent delivery plans and investment decisions and to note that supporting strategies, particularly workforce and ICT would also require close alignment.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>5. The Chief Executive noted that the workforce implications were his biggest concern and whilst welcoming the investment, the ICS would need to work in partnership with others to create the required posts and exercise caution that they did not deplete staffing in other areas.</li> <li>6. Julie Parker agreed that there was a danger that the workforce and associated implications would not be fully considered.</li> <li>7. Richard Spencer questioned whether the 10 year strategy contained deadlines or represented a direction of travel. The Director of Strategy, Research and Innovation advised that there were a number of deadlines within the document with specific years for completion.</li> <li>8. The Director of Information, Communications &amp; Technology noted that the digital services work would have to be carried out as a system which would provide new opportunities to introduce systems without regard to the limitation of organisational boundaries.</li> <li>9. The Chair noted that whilst the aspiration was positive he felt that the delivery would be</li> </ol>	



	<p>challenging.</p> <p>10. Carole Taylor-Brown emphasised the importance of system working and agreed that there was a gap which the organisation would need to fill regarding the workforce pipeline.</p> <p>11. The Chief Executive stated that there was a responsibility to work differently and initial conversations had already been held with other organisations including universities to try to improve on the previous NHS workforce planning.</p> <p><b>Resolved: That the Board noted the update.</b></p>	
P14/19	<b>2019/20 BUSINESS PLAN – STATUS UPDATE</b>	
	<p><u>Received for approval</u> the 2019/20 Business Plan status update presented by the Director of Finance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>Following the publication of the NHS Long Term plan in early January, detailed guidance for 2019/20 operational plans, plus technical annexes, had been published last week. The report provided summarised for the Board's approval the required content of the Trust's operational plan to be submitted to NHSI with detail of the timelines.</li> <li>The Autumn Budget 2018 confirmed additional funding for the NHS of £20.5 billion more a year in real terms by 2023/24.</li> <li>A new 'blended payment' model would cover non-elective admissions, A&amp;E attendances and ambulatory/same day emergency care for contract values &gt;£10m. This would comprise of two elements: <ul style="list-style-type: none"> <li>a fixed element based on locally agreed planned activity levels; and</li> <li>a variable element, set at 20% of tariff prices.</li> </ul> </li> <li>It had been confirmed that where systems were operating under a 'Guaranteed Income Contract' it was not expected that this contracting arrangement would revert to the national minimum requirements.</li> <li>The Director of Finance highlighted that the challenge for ESNEFT would be to ensure that where contracts have been agreed with commissioners the Trust was not disadvantaged by the new payment model.</li> <li>A national financial recovery fund (FRF) was being introduced which would be available to all trusts in deficit.</li> <li>There was a clear expectation that the Trust would plan to deliver its control total, which had been rebased for providers in 19/20 based on the new financial framework, however, plans would continue to be stretching from a financial perspective. The ambition being that the introduction of the FRF would mean the end of the control total regime and PSF for all trusts from 2020/21.</li> <li>The Director of Finance advised that as had been previously noted the timing of the Board meeting in April co-incided with the final submission date for the Annual Delivery Plan on the 4<sup>th</sup> April which would not allow changes to be made to the plan, should the Board wish to, the Board's view on this was requested.</li> <li>The Director of Finance stated that it was planned for the Board to receive a further paper at its meeting in March.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>The Chair stated that he felt that this was a welcome change of approach.</li> <li>The Director of Finance agreed that it was helpful to have a clear structure and expected standard. Where the submission of a system plan was required it would be helpful to have the plans set out in the guidance.</li> <li>The Chair suggested that in order to avoid a change of date for the Board meeting scheduled for 4<sup>th</sup> April 2019 Board members considered attending the Finance &amp; Performance Assurance Committee the week before on 28 March 2019 to participate in the discussion. It was agreed that the Board meeting on 4<sup>th</sup> April 2019 would commence at 9.30 am to allow the NHSI submission deadline to be met, with the Joint Council of Governors meeting following.</li> </ol> <p><b>Resolved: That the Board noted and approved the 2019/20 Business Plan update.</b></p>	
	<b>SECTION 5 – WORKFORCE &amp; ORGANISATIONAL DEVELOPMENT</b>	<b>ACTION</b>
P15/19	<b>REPORT OF THE FREEDOM TO SPEAK UP GUARDIAN</b>	

Received for information a report from Tom Fleetwood, Freedom to Speak up Guardian (FTSUG).

Noted

1. The briefing incorporated an update on concerns raised in Q1, 2 & 3, the Terms of Reference (TORs) for the Raising Concerns Steering Group (RCSG) and a copy of the National Guardian's second Annual Report within which was a summary of the 2018 Freedom to Speak Up Guardian Survey.
2. Each concern raised had been taken to the appropriate member of staff who was best placed to resolve the matter. In many cases this had been at Executive Team level and on each occasion that the Freedom to Speak up Guardian (FTSUG) had done so he had been fully supported by the Executive.
3. It had been agreed that the RCSG would be resurrected to offer guidance and support to the FTSUG, with a reformed membership that more accurately reflected the needs of the Trust. One of the first tasks of the RCSG would be the review of National Guardian Case Reviews and where applicable recommendations from those case reviews that should be implemented within ESNEFT.
4. The FTSUG advised that the National Guardians report was worthy of review as it gave a feel for the current situation across the NHS with regard to Speaking Up. ESNEFT data had been submitted as required and the Trust Self Review Tool had been seen by the main Board and approved. The FTSUG advised that the Self-Review Tool belonged to the Board and not the FTSUG and it was important that ownership of this document was acknowledged going forward and with this in mind Board endorsement of the new Freedom to Speak Up vision was requested.

Questions and Comments

5. The Chair stated that he would strongly agree that the Raising Concerns Steering Group (RCSG) should be reinstated as proposed by the FTSUG.
6. Eddie Bloomfield questioned how the number of incidents should be judged with regard to the size of the organisation. Tom Fleetwood advised that the Annual Report was made up from quarterly submissions of trusts throughout the country, these organisations having different reporting criteria, which made comparison against other organisations difficult. At ESNEFT a large number of incidents had been raised which, as FTSUG, he had not felt required reporting but acknowledged that this was based on a subjective decision.
7. Tom Fleetwood advised that he only saw a small proportion of the issues raised within the organisation, these being mainly by staff who did not feel confident to raise issues through any other route.
8. The Chief Executive questioned how a culture where staff felt confident to raise concerns would be embedded into the organisation, triangulating the results from the staff surveys with the work undertaken by the FTSUG.
9. Helen Taylor noted the issue raised in the National Guardians Report relating to staff experiencing detrimental treatment following raising a concern. Tom Fleetwood advised that he had found that he was approached by many staff as a last resort when issues had not been dealt with in other forums, but was reassured that most staff were confident to raise issues.
10. Carole Taylor-Brown advised that POD had supported the statement and the re-establishment of the Raising Concerns Steering Group (RCSG) and agreed that triangulation was important to bring information together from across the organisation.
11. Laurence Collins, as Senior Independent Non-Executive, stated that he supported the report but would note the issue of visibility.
12. The Chair flagged to the Communications team that the Board endorsed the work of the Freedom to Speak Up Guardian and noted that Tom Fleetwood had offered to provide a briefing session to the Non-Executive team if this was felt to be beneficial.

AA

**Resolved: That the Board acknowledged the FTSU report and endorsed the ESNEFT Raising Concerns Vision and supported the re-establishment of the Raising Concerns Steering Group.**

**SECTION 6 – CORPORATE GOVERNANCE**

ACTION

**P16/19 BOARD ASSURANCE FRAMEWORK (BAF) & CORPORATE RISK REGISTER**

	<p><u>Received for approval</u> the BAF &amp; Corporate Risk Register report presented by the Company Secretary.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Board was informed that the BAF narrative had been updated to reflect the most recent assurance activity and to reflect Board Assurance committee discussions as appropriate. There were 17 risks in the BAF, of which 8 were red.</li> <li>2. There were 14 risks in the Corporate Risk Register with a current score of 12 and above, of which three were red.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>3. Julie Parker highlighted that the assurance committees were required to carry out deep dives into those risks allocated to them and questioned whether the Board should carry out a similar review of the risk allocated to the Board, with EMC carrying out a deep dive on the risks allocated to the Executive Management Team. It was agreed that this would be considered by the Company Secretary.</li> </ol> <p><b>Resolved: That the Board noted and approved the report.</b></p>	AA
P17/19	<b>BOARD AGENDA FORWARD PLANNER</b>	
	<p><u>Received for approval</u> the Board Agenda Forward Planner to inform the Board members of proposed agenda items presented by the Company Secretary.</p> <p><b>Resolved: That the Board noted and approved the report.</b></p>	
<b>SECTION 7 – CHARITABLE FUNDS</b>		ACTION
P18/19	<b>CHARITABLE FUNDS COMMITTEE CKI</b>	
	<p><u>Received for assurance</u> the Chair's Key Issues Reports from the Charitable Funds Committee meetings held on 18 December 2018 and 23 January 2019, presented by Richard Spencer, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Committee had received and approved an ESNEFT Investment Policy to supersede the previous Ipswich and Colchester policies.</li> <li>2. A proposed timeline to review the ESNEFT Charity Strategy with alignment of this to the Trust's Strategy, overseen by the creation of a Charity Strategy Steering sub group had been agreed.</li> <li>3. The Committee had discussed the suggestion that a Charity AGM should be held or the Charity be represented at the ESNEFT AGM.</li> <li>4. A proposal to sign up to the "Make a Smile Lottery" to replace the existing Colchester lottery, with a recruitment drive to take place across both sites to increase income over a five year period, had been approved.</li> <li>5. The Committee had also received and approved a request from the Icen Centre to launch an appeal to raise funds for Laparoscopic Advanced VR Training equipment.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>6. The Chair stated that he would not support a separate AGM being held for the Charity but would propose that the Charity was represented as an integral part of the ESNEFT AGM.</li> </ol> <p><b>Resolved: That the Board noted the report.</b></p>	
P19/19	<b>CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE</b>	
	<u>Received for approval</u> the Terms of Reference of the Charitable Funds Committee, presented by	

	Richard Spencer, Non-Executive Director.  <u>Noted</u>  1. The Board was requested to approve the proposed amendment to the Charitable Funds Committee Terms of Reference to add the Director of Strategy, Research & Innovation to the membership, in order to reinforce the alignment of the Charity with the Trust's Strategy and improve resilience of quoracy.  <b>Resolved: That the Board approved the proposed amendment to the Charitable Funds Committee Terms of Reference.</b>	
<b>SECTION 8 – RECEIPT OF REPORTS BY CONSENT</b>		<b>ACTION</b>
P20/19	Minutes from the following Assurance Committees were received for information by consent: <ul style="list-style-type: none"> <li>• Quality and Patient Safety Committee</li> <li>• Finance and Performance Committee</li> <li>• Executive Management Committee</li> </ul>	
P21/19	<b>REPORT ON THE USE OF THE TRUST SEAL</b>	
	<u>Received for information</u> a report on the Use of the Trust Seal presented by the Company Secretary.  <u>Noted</u>  The Trust Board was notified that the seal of the Trust was used on four occasions between October 2018 and January 2019: <ol style="list-style-type: none"> <li>1. On 22nd October 2018 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: Underlease between East Suffolk and North Essex NHS Foundation Trust and Community Health Partnerships Ltd relating to part of the Colchester Primary Care Centre in Turner Road, Colchester, Essex, CO4 5JR.</li> <li>2. On 22nd October 2018 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: Deed of Covenant between the successors in title to the land pursuant to a Transfer of Part dated 17th June 2004 and East Suffolk and North Essex NHS Foundation Trust.</li> <li>3. On 29th November 2018 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: Refurbishment of Somersham Ward Sub-contractor Collateral Warranty Agreement between DDL Group Ltd and Turners Carpentry &amp; Joinery Ltd and East Suffolk and North Essex NHS Foundation Trust.</li> <li>4. On 14th January 2019 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: Lease of Land (Ground Lease) between East Suffolk and North Essex NHS Foundation Trust (Landlord) and Novinti Colchester Ltd (Tenant).</li> </ol> <b>Resolved: That the Board noted the update.</b>	
<b>SECTION 9 – ANY OTHER BUSINESS</b>		<b>ACTION</b>
P22/19	1. No questions or comments were raised relating to any of the Board briefings.	
<b>SECTION 10 - PUBLIC QUESTIONS</b>		<b>ACTION</b>
P23/19	<ol style="list-style-type: none"> <li>1. Mr Michael Horley, on behalf of the Council of Governors, expressed thanks to Barbara Buckley, Chief Medical Officer for her work and support for the organisation.</li> <li>2. Ms Jane Young highlighted that although it had been mentioned at every meeting she had attended that members of the public could not hear the meeting properly and it had been requested that something be done to improve the sound quality at the meeting venues this had not occurred.</li> <li>3. The Chair apologised for the difficulties with the sound levels advising that the Boards expectation was that the appropriate technology was in place and for the next Board meeting in public on 2<sup>nd</sup> May the use of microphones would be considered.</li> <li>4. Mr Chris Brazier agreed with the difficulties of hearing the meeting which had been raised and stated that despite a previous request, and assurance received, paper copies of the minutes of the last meeting had not been made available at the meeting for members of the public.</li> <li>5. The Company Secretary advised that all papers and minutes were available on the website with only the Agenda provided in paper format at the meeting, ESNEFTs policy being to</li> </ol>	AA

	<p>move to paperless meetings.</p> <p>6. Mr Brazier stated that he been assured that he would be provided with a paper copy of the papers at the meeting following his previous request. The Chair stated that whilst ESNEFTs aim was to move to paperless meetings, in view of this specific request he would request that the Company Secretary considered the provision of a token paper copy of the minutes and papers were provided at the meeting.</p>	AA
<b>SECTION 11 – DATE OF NEXT MEETING</b>		
P24/19	Thursday, 2 May 2019, 9.30 am, The Edith Cavell Room, Ipswich Hospital.	

Signed ..... Date .....

David White  
Chair

Disclaimer: The minutes do not necessarily reflect the order of business as it was considered.

DRAFT