

**Joint Council of Governors and Board of Directors
(Confidential) Minutes of the Meeting held in the Edith
Cavell Meeting Room, Ipswich Hospital, Ipswich, IP4 5PD
on 4 April 2019, 11am.**

Attended

David White, Chair of ESNEFT
(Chair)

Michael Horley, Lead and
Public Governor, Colchester

Chris Hall, Public Governor,
Colchester

Ian Marsh, Public Governor,
Ipswich

Gillian Orves, Public
Governor, Ipswich

Jennifer Rivett, Public
Governor, Ipswich

Janet Brazier, Public
Governor, Rest of Essex

Elizabeth Smith, Public
Governor, Rest of Essex

Jane Young, Public Governor,
Rest of Essex

Gordon Scopes, Public
Governor, Rest of Suffolk

David Welbourn, Public
Governor, Rest of Suffolk

Donna Booton, Staff
Governor, Colchester

Isaac Ferneyhough, Staff
Governor, Colchester

Shamila Gupta, Staff
Governor, Colchester

Louise Palmer, Staff
Governor, Ipswich

Carlo Guglielmi, Stakeholder
Governor, Essex County
Council

Gordon Jones, Stakeholder
Governor, Suffolk County
Council

Vikki Jo Scott, Stakeholder
Governor, University of Essex

Tony Rollo, Stakeholder
Governor, Suffolk Health Watch

Also in Attendance

Nick Hulme, Chief Executive

Neil Moloney, Deputy Chief
Executive & Managing Director

Laurence Collins, Senior
Independent Director

Hussein Khatib, Non-
Executive Director

Julie Parker, Non-Executive
Director

Richard Spencer, Non-
Executive Director

Carole Taylor-Browne, Non-
Executive Director

Helen Taylor, Non-Executive
Director

Richard Youngs, Non-
Executive Director

Rebecca Driver, Director of
Communications and
Engagement

Shane Gordon, Director of
Strategy, Research and
Innovation

Denver Greenhaugh, Director
of Governance

Mike Meers, Director of ICT

Catherine Morgan, Director of
Nursing

Dawn Scrafield, Director of
Finance

Angela Tillet, Director of
Medicine

Ann Alderton, Company
Secretary

Tammy Diles, Deputy
Company Secretary

Lorna Frasier, Executive
Assistant

Luke Mussett, Membership
and Engagement Officer
(Scribe)

Apologies

Paul Ellis, Public Governor,
Colchester

Joanna Kirchner, Public
Governor Colchester

Susan Hayes, Public
Governor, Ipswich

Michael Loveridge, Public
Governor, Rest of Essex

John Price, Public Governor,
Rest of Essex

John Alborough, Public
Governor, Rest of Suffolk

David Sollis, Stakeholder
Governor, Essex Health Watch

Royston Dove, Stakeholder
Governor, Colchester Garrison

Eddie Bloomfield, Non-
Executive Director

Items were not necessarily discussed in order of the agenda

Chair's Business

1. Welcome and Apologies of Absence

Mr White welcomed the Governors in attendance and explained the Board would be joining them shortly after the first item of the agenda. He noted apologies for the meeting.

2. Declarations of Interest

Mr White asked if anyone had any Declarations that needed to be made in nature of the meeting. None made.

At this point Mr White handed over to Mr Horley, Lead Governor to Chair who gave the floor to Mr Collins, the Senior Independent Director (SID).

Mr White left the room.

3. Chair Appointment

Mr Collins opened by introducing himself and explaining the role of the SID. He explained this portion of the meeting would be discussing Mr White's appraisal as Chair of ESNEFT. He started with the three sections to the Chair's appraisal:

- Objectives for 2018 – 2019
- Analysing his performance
- Objectives for 2019 – 2020

He spoke on the appraisal process itself that he and Mr Horley had with Mr White. They had talked about the feedback that had been gathered from the 360-appraisal process. This led to discussions on the interactions the Chair has had and talked about these three sections of the appraisal. This included the visibility of the role and it remaining as an objective.

Mr Collins clarified that this was not just an objective for the Chair but the whole of the board would be making efforts to be more visible.

Coming back to the Chair's appraisal, he confirmed that the Appointments and Performance Committee had unanimously agreed to recommend the approval of the objectives and supported elements such as the Governors having freedom to speak up in meetings with him.

Mr Collins stated that this had been a strong appraisal process and they had a strong candidate in the role of the Chair. He felt it important to note that Mr White was very self-aware and that this was important to the role. He felt Mr White saw the importance of what was said and wanted to encourage committees to feel free to raise issues. Mr White felt it important to have a close relationship with those he works with.

He noted the Appointments and Performance Committee had accepted the appraisal and the appointment of Mr White to the role of Chair. Mr Collins then handed the floor over to Mr Horley to give his feedback on the process as Lead Governor.

Mr Horley described the process as a gritty system. By this, he explained that he meant they did not hold back in going through all of the feedback gathered during the appraisal process. He noted there was an emphasis to be more integrating with the Governors and the Non-Executive Directors (NED's). He felt Mr White had already taken this feedback onboard. He



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North Essex
NHS Foundation Trust**

noted Mr White was already acting on this as NED's had been invited and attending the Council of Governor meetings along with the informal meetings with the Chair.

Mr Welbourn, Public Governor for Rest of Suffolk, explained that he had worked with many Chairs over the course of his career. Looking at what had been presented he was not seeing measurable objectives. He wanted to make clear this was only a comment and not a complaint. His concern was that this could be a challenge for all in a years' time when reviewing if targets had been met. Mr Collins explained that there were objectives that were both qualitative and quantitative included in the appraisal. Mr Welbourn agreed but also encouraged the idea that there should be a baseline.

Action: The Council of Governors approved the recommendation to approve the appraisal and appointment of Mr White as Chair of ESNEFT

Mr Horley then thanked Mr Collins and wished him all the best, as this was his last day in the role as the SID.

Ms Diles, Deputy Company Secretary, was then asked to call the Chair and the rest of the Board back into the room.

4. End of Life Care briefing

Mr White introduced Dr Julia Thompson, Consultant for Palliative Care and Ms Sally Cornish the Transformational Lead who would lead this section of the meeting.

Dr Thompson opened with a complaint the Trust had received earlier in the year. The details involved a daughter's experience of her father's End of Life Care in the Trust. The content described a lack of consistency in care that the patient received in his final days, which visibly upset some in the room.

Following this Dr Thompson explained the national and local situation of End of Life Care. She clarified definitions that would be used in the rest of her presentation. She explained what the national and local priorities were and what was meant by Atlas of Variation.

Ms Cornish detailed the Governance Structure, which included the Quality Improvement Programme. Dr Thompson explained how because of this there was now an ESNEFT End of Life (EOL) steering board. The purpose of this was to pull various streams together and work with alliances from both main sites. There was also new volunteers introduced to advocate and sit with patients who were called Butterfly Volunteers.

She explained that they were reviewing policies and procedures. Whilst raising areas of concern. This was all leading to a drafting of a new education strategy and reviewing the risks. In terms of patient experiences, there was the introduction of the Time Garden at Colchester and the Rosemary room at Ipswich. Volunteers were also knitting fresh blankets for patients.

More long term over the next six months Dr Thompson outlined plans that were taking place included:

- Dying matters week
- More palliative care nurses being employed (Two band 7 and a band 6)
- An electronic palliative care system being set up
- Recognising dying: a new scheme to change the culture of dying

She concluded that they would be looking to manage uncertainties and reduce admissions.

Mr White thanked them both for their time and opened the floor to questions.

Ms Rivett, Public Governor for Ipswich, thanked them for the presentation and commented on how her aunt's EOL plan was ignored which was the reason for her drive to be a Public Governor. Dr Thompson hoped that the electronic system would reduce cases such as this happening in the future.

Mr Ferneyhough, Staff Governor for Colchester, asked about the challenges the Palliative Care team encountered in the Hospitals and in the community. Dr Thompson explained there had been challenges on Care of the Elderly wards with acute cancer admissions. However, this had been recognised and things were being done in regards to this. Mr Hulme, Chief Executive, noted he had previously had conversations about the matter of moving some patients from an open ward to a side room and this practice was not always preferable to families of patients.

Mr Moloney, Deputy Chief Executive and Medical Director, asked about the challenges of having data available to improve data collection. Dr Thompson said that they had collected useful data from bereavement surveys. They also got a combination of compliments and complaints to extract information from though she noted there were inherent difficulties. Ms Cornish added that there had been a focus on how care records were used and in their completion by staff.

Mr Welbourn asked when the Medical examiner programme would be starting. Mr Hulme observed it had already started that week. Dr Tillett clarified for others in the room that the programme had started that week and was an opportunity for families to communicate more directly with the medical examiners. Mr White summed up that there was a risk of desensitisation with topics such as this and it was important to rebuild the process. This would enable staff to think of the patients first which was very important to end EOL care.

He thanked Dr Thompson and Ms Cornish for their presentation.

5. Trust Budget 2019/20 and Operational Plan

Mr White invited Ms Scrafield to the floor to discuss the Budget and the Operational plan for the Trust with the Governors for 2019/20.

Ms Scrafield opened by explaining that she had to submit the plan to NHSI as well as present it to the Council of Governors. She explained that when the regulators would review each of the components of her presentation they would all triangulate.

The Trust was expected to submit these plans each year. The Trust had a control target to meet which was an £8,615,000 deficit. There were significant incomes and a level of cost improvement that has to be considered for this target. Therefore, activity plans were agreed and aligned to help achieve this. There also had to be delivery of constitutional access standards. For instance, an example of this was Cancer 62 Day targets would have a 65% standard by May. She noted that all numbers were higher than last year. This meant that the budget and plan had to include room for this growth. She noted there would also be seasonal fluctuations that would need to be accounted for.

Ms Scrafield explained the shared transformational programme with CCGs. Followed by what was meant by capital development. She talked about the philosophy Get It Right First Time as a major programme the Trust to manage better experiences.

This process would include:

- Quality Improvement
- Mortality and learning from deaths
- Seven day services
- E-rostering and e-job plans
- Redesigning the recruitment programme
- Organisational development focus based on the staff survey
- Utilising new clinical roles
- Commitment to deliver the agency trajectory
- Creating an integrated faculty for education

At the close of her presentation, Mr White thanked her and opened the floor to questions. Dr Rollo, Stakeholder Governor for Suffolk Health Watch asked if they were to abolish the four-hour A&E wait times how would this affect the planning. Ms Scrafield said that a new standard had yet to be revealed so the data they had used was based on numbers on who attended A&E.

Dr Hall, Public Governor for Colchester asked had the use of technology been considered. Dr Gordon, Director of Strategy, Research and Innovation said that Radiology AI was where they would see developments being made in the next three to five years. Though real world use had to be considered first for these breakthroughs when they occur.

6. CQC Overview

Ms Greenhalgh, Director of Governance, opened with a guide to the CQC framework. She started with a high-level explanation of Trust and the CQC's relationship in the next six months. She then broke down the inspection programme into its main components.

Part one of this programme would be the Provider Information Report. She described the scale of this report that included 118 documents and 89 information submissions. In terms of the scope of information, there would be just one book for ESNEFT. In the absence of any ESNEFT documents then the previous CHUFT organisation documents would be used as substitutes.

There would then be an internal regulators meeting which would review previous ratings alongside a review of the current information available. Mr White reminded the Council that IHT was not a Foundation Trust so when they merged with CHUFT their previous rating was not recognised.

Ms Greenhalgh explained the types of a CQC inspection that the Trust could experience:

- Focused
- Comprehensive: meaning they looked at everything
- Well led and a core service: This was the 'normal' inspection

She then explained the components that made up an inspection that included the core service, how resources were used and looking at if the Trust was well led.

The areas that they can expect an inspection on include:

- ESNEFT: The consequences of the acquisition
- Colchester: Expect a core inspection
- Maternity at Clacton: Never been inspected
- Diagnostics

She continued that the reporting process is based on a rating system. It starts at a good grade and works up and down from there. She explained that the Trusts ambition was to be a Good grade for safe across all services and for well led. They would also look for an outstanding in EOL and outstanding care. There was also the possibility that the section 1.06 would be lifted at the May board meeting.

Mr White then opened the floor for questions. Mr Horley started by asking if the CQC would get feedback from the Governors. Ms Greenhalgh said that they do not have control over who inspectors talk to but they may ask for focus groups. Ms Booton, Staff Governor for Colchester, expressed to the Council of Governors that they needed to appreciate how much time and energy is given for a CQC inspection. Ms Greenhalgh added that even when an organisation gains an outstanding grade they would still receive objectives.

Cllr Guglielmi, Stakeholder Governor for Essex County Council asked would the Trust get a chance to respond to the feedback they receive. Ms Greenhalgh confirmed feedback could be given up to ten days after the report is released. Mr Welbourn asked what Governors could do to help with the inspection. Ms Greenhalgh said the best thing to do was carry on with what they were doing in their role. However, being involved in activities such as the Walkabouts with the NED's was always good practice.

7. Use of Resources Framework

Mr White explained the plan was for Ms Scrafield to go through the PowerPoint but they were running short on time. Ms Scrafield said she would have gone through the use of resources but the slides could be distributed. She explained that the key point was that every pound had to be accounted for within the Trust. Mr White linked this to the previous topic by saying use of resources was imbedded in any inspection.

Action: Governors to request from Mr Mussett if they want a PowerPoint pack

8. Strategy and Engagement Update

Dr Gordon was invited to the floor for his presentation. He opened that they had just had a key moment from earlier in the morning with the Board approving the strategy. The next stage would be public engagement. However, purdah for the local elections in May would be a factor. They would also be publishing the strategy for staff and stakeholders. Dr Gordon described how so far there had been a rich engagement with various groups and they had taken away several key points:

- Mitigating travel and the impact for patients this could potentially have
- Development the staff going forward
- Use of technology: Making sure no one is left behind as a result of this

Though he described they were now working on a firmer platform. Dr Gordon talked about plans to meet with the Time Matters board. Then he talked on how meeting with the HOSCs had led to a positive response on how they were engaging with the strategy. Mr White also noted the work that had been done with the Strategy and Engagement group.

Ms Scott, Stakeholder Governor for University of Essex asked when the strategy, with any changes would be shared. Ms Driver, Director of Communications and Engagement, explained it should be within the next week or so. Mr White stepped in to clarify that it would be best to describe the wording as enhancements rather than changing, in relation to the strategy. Dr Gupta, Staff Governor for Colchester, asked if there was confidence of approval in the strategy by the public and staff. Dr Gordon felt it was never guaranteed but felt they were set up for a meaningful response. Mr Hulme reminded the Council of Governors that when it comes to unlocking improvements of care it could become a political issue so they had to be careful.

Cllr Jones, Stakeholder Governor for Suffolk County Council, said he had sat on a HOSC and how well it had been received. He reminded the Council that normally you would not get a response in engagement activities with those that agree with you.

9. Question and Answer Session

Mr White opened the session to the Governors to ask any questions they may have.

Mr Horley started by asking that all the PowerPoints be distributed to the Governors.

Action: Mr Mussett will oversee the PowerPoints are distributed

Ms Booton asked what the response had been to the outcomes of the staff survey. Mr Hulme said that it had been taken seriously and there was evidence of a disconnect between staff and leadership. This would be discussed a week on Friday from the meeting at a whole leadership team event. Mr Welbourn asked if at the next Joint COG and Board a section be given to focus on the staff survey. Mr White agreed. Ms Scott asked for more information on what had been described by staff. Mr Hulme expressed his concern in the language that had been used. He gave an example of how the survey used the term 'senior management'. There was no description to this term so it could have different interpretations to different members of staff that were feeding back concerns.

Mr Ferneyhough asked if there was any progress with appointing a Director of HR. Mr Hulme confirmed that the start of the process would begin in May.

10. Any other business

Mr White closed the meeting with thanks to Mr Collins in his role as Senior Independent Director and Dr Alderton as Company Secretary and hoped they would both enjoy their retirement.

He introduced Ms Driver as the new Director of Communications and Engagement and invited her to the next Informal meeting with the Chair. He also welcomed Mr Khatib, the new Non-Executive Director for the Trust, which meant our NED team was now complete.

No other business.

Meeting ended at 12:48