

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 2 May 2019, 9.30am – 12.00pm

Edith Cavell Room, Education Centre, Ipswich Hospital

PRESENT:

Mr David White
Mr Eddie Bloomfield
Mr Hussein Khatib
Miss Julie Parker
Mr Richard Spencer
Mrs Helen Taylor
Mrs Carole Taylor-Brown
Mr Richard Youngs

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

Mr Nick Hulme
Dr Shane Gordon
Mr Mike Meers
Mr Neill Moloney
Mrs Catherine Morgan
Mrs Dawn Scrafield
Dr Angela Tillett

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

IN ATTENDANCE:

Ms Ruth Forbes
Ms Aparna Belapurkar
Ms Tammy Diles
Mrs Rebecca Driver
Mrs Denver Greenhalgh
Ms Jo Wood
Ms L Fraser

Acting Head of Delivery and Improvement, NHS England and NHS Improvement – East of England (observer)
NHS England and NHS Improvement (observer)
Deputy Company Secretary
Director of Communications & Engagement
Director of Governance
Assistant Director of Human Resources (item P36/19)
Senior Committee Secretary (Minutes)

Apologies:

Mr Paul Fenton

Director of Estates and Facilities

SECTION 1 – PATIENT STORY		ACTION
P25/19	<p><u>Received for information</u> and learning opportunity a patient story by Mrs Vicki Lee introduced by the Chief Nurse and supported by Suffolk Family Carers.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> Mrs Lee advised the Board of her role as what had become known as a ‘sandwich carer’, caring for both her son and father and that she would like to share her experiences of the impact of this when using the Trust’s services. Mrs Lee informed the Board that she was a full time carer for both her father and for her son. Her son being on the autistic spectrum with mobility issues, which meant he required provision of daily care needs and her father who lived with schizophrenia and multiple health conditions. Mrs Lee highlighted that disabled parking was not always available on all sites she had to attend when taking her father to medical appointments which had a significant negative impact on the experience. Mrs Lee also advised of poor communications regarding admission/discharge arrangements for her father which had led to transportation issues and also gave examples of the impact of communication break downs between the GPs and hospital staff in relation to medications and past medical history. Mrs Lee pointed out that it was not always possible for her to visit her father when he was in hospital at standard visiting times due to her other caring responsibilities for her son and that some staff showed a lack of consideration and support. Mrs Lee observed that staff did not always adequately read medical notes to understand there was a full time carer and emphasised the need to ensure that staff listened to both patient and carer to understand the care needs, ensuring that the carer was part of each stage of the hospital experience and that the needs of the carer were also respected and met. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Director of Finance thanked Mrs Lee for her insight regarding the difficulties caused by set visiting hours. The Chief Nurse advised that she had supported another hospital to remove set visiting times and agreed with the Director of Finance that this was an area which could be looked at further, taking into account the needs of the wider family. Mrs Lee commented that it would be appreciated if a consistent approach was in place throughout the system. The Interim Chief Medical Officer noted that Mrs Lee had raised points regarding poor communications and questioned how doctors could improve communications. Mrs Lee advised that a joined up approach, with involvement of carers, was required to ensure the medical staff were aware of wider medical issues. The Chair thanked Mrs Lee for attending and noted that the story provided to the Board had demonstrated that the organisation needed to ensure that the care it provided was specific to the needs of both individual patients and their carers. 	
SECTION 2 – CHAIRMAN’S BUSINESS		ACTION
P26/19	WELCOME AND APOLOGIES FOR ABSENCE	
	<p>Apologies for absence were received from: Mr Paul Fenton, Director of Estates & Facilities.</p> <ol style="list-style-type: none"> Mr Hussein Khatib was welcomed to his first Board meeting in public as a newly appointed Non-Executive Director. The Chair welcomed Ms Ruth Forbes and Ms Aparna Belapurkar from NHS England and NHS Improvement, who were observing the meeting, the governors, members of the public and the Freedom to Speak up Guardian. The Chair highlighted the attendance of Mr Ron Llewellyn and Mr David Miller newly appointed public governors. 	
P27/19	ESNEFT DECLARATIONS OF INTEREST	
	No declarations of interest were received in association with the papers for discussion.	
P28/19	MINUTES OF THE MEETING HELD ON 31 JANUARY 2019	
	The minutes of the meeting held on 31 January 2019 were approved and signed by the Chair as	

	a correct record.	
P29/19	CHAIR & CHIEF EXECUTIVE'S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <p>The Chair highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 1. International Day of the Midwife on the 3rd May would be celebrated throughout ESNEFT and International Nurses Day on 9 May at Colchester and 10 May at Ipswich. 2. Two ESNEFT midwives had travelled to Africa to teach new skills to Liberian medical staff recently and had featured in the national Nursing Times last week. Consultant midwife Helen Smith and colleague Ruth Keen had travelled to Liberia with the Life for African Mothers charity and had spent a week teaching new skills to medical staff in Africa and hoped the trip would play a small part in improving care for mums-to-be and their babies. 3. ESNEFT colleagues were providing extra mental health support to parents who had had a baby on the Neonatal Units (NNU) at Colchester and Ipswich hospitals. The team at Colchester had launched a weekly coffee morning for parents to discuss their worries and leaflets and a podcast, produced by BLISS UK, were being promoted by both teams. 4. Trainee doctors had voted Colchester Hospital as the number one orthopaedic training hospital in the East of England. 5. The news of the high street shops which had been confirmed for the new Colchester Hospital main entrance was shared; M&S Food to go, WH Smith, Costa Coffee and Stock Shop would be open by the end of the year as part of the multimillion pound transformation. 6. Further good news was that a shop run by the League of Friends would continue to trade, based in a new unit on the ground floor. <p>The Chief Executive highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 7. With the start of the new financial year NHSI and NHSE had commenced working as one organisation, the Chief Executive highlighted that whilst this was expected to provide opportunities in the future there were challenges during this initial implementation period. 8. The potential impact following the local council elections on the organisation was noted as the hospital was now working more closely together with district and county councils through the STP and ICS. 9. The Chief Executive noted that he had stepped down as STP lead and was currently handing over the role to Ed Garrett, CCG Chair. 10. The Board was informed that system work was progressing with the ICS having "earned autonomy" and when the work which had already been carried out by the local system was compared to the national position this presented a very positive picture, which had been built on the hard work undertaken by colleagues over a number of years. 11. The Chair agreed that the quality of the relationships which had been developed locally between the health and social care system was extremely positive. <p>Resolved: That the Board noted the update.</p>	
	SECTION 3 – ASSURANCE	ACTION
P30/19	CHAIR'S KEY ISSUES REPORTS & INTEGRATED PERFORMANCE REPORT	
	<u>Received</u> the Chair's Key Issues Reports and the Integrated Performance Report (IPR) to 31 March 2019.	
P31/19	QUALITY & PATIENT SAFETY COMMITTEE	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 23 April 2019, presented by Mrs Helen Taylor, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received a detailed update from Mr Neill Moloney, Managing Director, on the progress of the transformation programme for North East Essex and Suffolk Pathology Services (NEESPS) and had noted that the relationships with stakeholders were being strengthened and the clinical risks were being managed to give assurance to the 	

Board.

2. An update on the Premises Assurance (PAM) work had been provided by Mr James Milner, Estates and Facilities Compliance Manager, who had confirmed that the ESNEFT PAM had been completed for both sites; Ipswich (2017-2018) and Colchester (2018-2019) and explained that the PAM outcomes had been put into an action plan, and that although the overall combined score was “requires minimal improvement” there were areas of inadequate, which had been the first points of focus. The Committee was assured that there had been some progress already on the “inadequate” areas, however there was a need to assess the cost of the actions whether that be monetary or staff time.
3. The Committee had reflected on its effectiveness to create more time to focus on deep dives and this month had looked a psychiatric liaison. Ms Rebecca Pulford, Associate Director of Nursing for Integrated Pathways had shared an update regarding the psychiatric liaison service in both Ipswich and Colchester Hospitals and emergency department performance. Whilst it was noted that this was informative it had lacked content regarding clinical outcomes and how this related to key objectives of the MH QI programme and the Committed had requested a further update of the QI programme.

Questions and Comments

4. The Chief Nurse advised the Board that whilst the mental health presentation given to QPS had taken a narrow view there were other pieces of work being carried out.
5. Miss Parker observed that the PAM mentioned Ipswich and Colchester but did not mention the other buildings used by the organisation. Mrs Taylor stated that ESNEFT did not have oversight of community premises in the same way as the buildings on the two sites. The Managing Director advised that work was currently being undertaken with NHSProperty services to consider whether the community buildings would be brought in house.
6. The Chief Executive stated that the Secretary of State had advised that business cases where a trust was seeking to take ownership of buildings previously managed by NHSProperty would be looked at favourably and the ICS were looking at this from the wider perspective and the potential opportunities this could give for the use of the overall estate.
7. Mr Spencer questioned whether the issues being seen at QPS were similar to those seen at POD in relation to the NEESPS staffing. The Managing Director stated that leadership at NEESPS had been recognised as an issue but that the leadership team had now been strengthened.

Integrated Performance Report – Quality

The Interim Chief Medical Officer highlighted the following quality issues:

8. HSMR mortality data was being carefully monitored. The Board was advised that the 12 month figures reported included the winter of 17/18 when there had been a high number of mortalities at Colchester which had been in line with the national trends. In context the figures were affected by the Tendring mortality rate which was above the national average. The focus was now on the Tendring population with the planned introduction of a medical examiner role who would supervise and oversee mortality at Colchester, with this role being rolled at Ipswich later in the year.
9. The Board was informed that mandatory learning from deaths reviews were undertaken which highlighted that the divisional teams were working to improve the position.

Questions and Comments

10. The Chief Nurse stated that it was pleasing to see recognition of the issues in Tendring and questioned the areas of key focus arising from the reviews. The Interim Chief Medical Officer advised that the key issues were around patients approaching end of life and the deteriorating patient.
11. The Chief Executive highlighted the urgent need to address the “public health crisis” in Tendring at the ICS level in terms of both care provision and ill health prevention and noted that some of this work had commenced.
12. Mrs Taylor commented that there had been many attempts at regeneration in Tendring over the years and a way forward needed to be found and welcomed the robust focus at the ICS level.

	<p>13. Mr Bloomfield questioned the reliability of the data noting that 27% of the data was missing. The Interim Chief Medical Officer advised that the data was being looked at closely and this figure was felt to be nearer 5%. The Director of Finance stated that in that month there had been an issue in the IT interface, which had led to the 27% reported, which had now been addressed.</p> <p>The Chief Nurse highlighted the following quality issues from the Integrated Performance Report (IPR):</p> <p>14. There had been 5 C difficile cases in March – 3 at Colchester and 2 at Ipswich. A total of 11 cases were deemed as avoidable and applicable against a trajectory of 34 for the financial year. A different way of working had been implemented going forward.</p> <p>15. In maternity improvement in key areas around the Caesarean section rates was starting to be seen with 21.95% for Colchester and 27.1% for Ipswich (March data) both of which represented reductions from February's data, which had helped bring the ESNEFT rate down significantly to 24.5%, below the NMPA target of 25%.</p> <p><u>Questions and Comments</u></p> <p>16. The Director of Information, Communication & Technology stated that he had undertaken a “walk around” in the community this week and that currently no coding of data was being carried out for the community and the organisation would need to agree how the community coding model could be implemented.</p> <p>17. The Chair requested assurance regarding the disparity between the number of falls at Ipswich Hospital and in the Community. The Chief Nurse stated that this was multi factorial, performance in some areas had been enhanced but it was recognised that the community needed to be improved with a focused approach being undertaken. The deep dives into this issue would continue at the QPS Committee. Mrs Taylor-Brown noted that POD had focused on the number of falls and potential links with agency staffing and fill rates but that it was important to realise that there was a time lag in the information provided and this issue required cultural change.</p> <p>18. Mr Spencer questioned the use of user groups to improve governance and the efforts to share best practice. The Chief Nurse stated that the team were taking opportunities to look to implement best practice working with the feedback received from the user groups.</p> <p>19. The Chair noted that the compliance with serious incident reporting was improving. The Chief Nurse advised that weekly reporting was taking place which was shared with the executives.</p>	
P32/19	FINANCE & PERFORMANCE COMMITTEE CHAIR'S KEY ISSUES REPORT	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the Finance & Performance Committee held on 25 April 2019 presented by Miss Julie Parker, Non-Executive Director.</p> <p><u>Operational Performance</u></p> <p>1. In relation to outpatients the Committee had been informed that the development in the use of robotics had reduced the number of 'Do Not attends' for outpatients and released administrative resource in managing e-referrals received.</p> <p>2. ED performance had been 93.5% for March, which was above the expected trajectory. Current performance had been challenging, particularly during April and the post bank holiday period.</p> <p>3. The number of patients waiting over 104 days for cancer treatment was continuing to reduce.</p> <p>4. Referral to treatment performance was steady; however, full recovery was affected by the ongoing use of surgery capacity due to increased emergency demand.</p>	
	<p>The Managing Director highlighted the following operational performance issues:</p> <p>5. Improvement had been seen in delivery of treating 95% of patients within 4 hours despite the significant increase in the number of attendances. Conversations had been held with commissioning colleagues to consider a multi-agency approach to the concern caused by the increased growth in demand.</p>	

Questions and Comments

6. The Chief Executive agreed that the services would need to be redesigned to deal with the level of demand which was now at crisis point and informed the Board that he had called a Summit of all leaders within North East Essex to look at the management of emergency care.
7. The Director of Strategy, Research & Innovation stated that GP recruitment was known to be particularly challenging in Tendring and questioned whether there were any early thoughts regarding how ESNEFT could work with colleagues in primary care. The Managing Director advised that the reasons driving the increase in demand related to a number of issues, but that an increase in referrals from particular GP practices had been seen, particularly those struggling with recruitment, which had led to access issues to primary care services for patients. A combined response would be required across the NEE Alliance.
8. The Interim Chief Medical Officer commented that Health Education were being supportive of the recruitment of GPs with the increased use of other staff groups within GP practices being considered to support the GPs.
9. The Managing Director informed the Board that some improvement in the length of wait for treatment had been seen and it was expected that by the end of May the 62 day RTT would be back on track. Additional resource had been brought in to ensure that the 2ww appointments for breast were brought back on track.
10. Mrs Taylor-Brown questioned whether there was a pattern driving the demand for breast referrals. The Managing Director stated that the increased demand was largely coming from some individual GP practices and the referral criteria were being looked at with the CCG.
11. Mrs Taylor-Brown questioned whether this aligned with any other changes to referral practices. The Managing Director replied that whilst an increase in the number of referrals had been seen in some other areas these services had been able to accommodate the growth in demand.
12. The Chair observed that there had been a significant increase in the diagnostic referral numbers and highlighted the need for demand to be looked at in the round at the Summit which had been called by the Chief Executive.
13. Mr Spencer questioned whether the 5 year strategy was at risk as this had been based on the level of demand. The Director of Strategy, Research & Innovation responded that the national view of demand was averaged across the country and it was not clear at this stage whether this was a local or national issue, more understanding for the reasons behind the sharp increase in demand being required.
14. Mrs Taylor highlighted the triangulation between the Board assurance committees noting that the Quality and Patient Safety Committee (QPS) looked at the impact on patients if there had been delay in providing treatment.
15. The Managing Director assured the Board that treatment of patients within the 62 days had been sustained despite any initial appointment delays.

Finance performance

The Director of Finance highlighted the following finance issues:

16. The year-end position for ESNEFT had been broadly consistent with the forecast with a small favourable improvement (£16.6m v £17m forecast). This position had attracted £12.5m additional Provider Sustainability Funding (PSF), resulting in a deficit for ESNEFT of £4.1m and over the twelve-month period of £8.4m.
17. The Board was informed that it was a technical requirement for the accounts to absorb the rolled forward assets and liabilities from the cessation of Ipswich, which would result in the accounts reporting a surplus of £33m for the year-end. The absorption of the Ipswich position would not attract PSF.
18. £33.8m of CIP delivery had been achieved over the 12-month period with £13.1m of this achieved non-recurrently.
19. There had been some improvement in the CIP plan for 2019/20, with £15.4m identified of the £31.9m target, compared to £11.4m in March. Actions taken since the last Finance Committee provided some assurance on addressing the CIP gap, which also included consideration of how additional support might assist in some key cost driver areas. Further work would progress in May to conclude the plan and ensure capacity was available to address the gap. The Committee had noted concern that there was still a considerable amount of work required to manage the risk of non-delivery of CIP and provide assurance of delivery to the Board.

20. The Committee had received a summary of the merger benefits to date for consideration which had pulled together in one report performance improvements, financial benefits (£4.7m in year one) and the progress against the Post Transaction Implementation Plan. It was proposed that a Board discussion would assist in considering the risk management approach for the continued delivery of the expected merger benefits.

Questions and Comments

- 21. The Managing Director noted that CIP had been through a process with each of the divisions but that it was recognised that a step change increase in CIP was required and the opportunities for transformational change would be explored.
- 22. The Chair expressed his thanks to members of staff and the members of the Board for achievement of the control total and requested that the Board's thanks was fed back to staff for their work carried out during a time of great change.
- 23. Mr Youngs stated that he would echo the view of the Chair and was keen for the lessons which had been learnt to be applied for the 19/20 year.
- 24. Mr Spencer commended the consideration of the use of external resource to consider further opportunities.
- 25. Mr Bloomfield highlighted that in his opinion the quality of the relationships which had been developed with the CCGs augured well for the future of ESNEFT and the ICS.
- 26. Mrs Taylor-Brown stated that the Board needed assurance that the traction on the CIP requirement would come earlier this year, and if external resource was proposed this was brought in early. The Director of Finance advised that the need for early traction on CIP had been recognised and a workshop had already been held with the divisions and an update paper would be taken to the May Finance & Performance Committee meeting.

P33/19

PEOPLE AND ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE

Received for assurance a verbal update provided from the meeting held on 25 April 2019, presented by Mrs Carole Taylor-Brown, Non-Executive Director.

Noted

- 1. The POD agenda had been under review with the decision taken to hold a formal meeting followed on alternate months by a thematic styled workshop meeting; the idea behind the approach being to recognise that some data did not change frequently and needed time to embed so did not need to be reviewed monthly. Mrs Taylor-Brown stated that much of the information which had been provided to POD had been felt to be too operational and detailed and that a stronger focus on evidence led process, outcomes and impact was required.
- 2. Mrs Taylor-Brown noted that she had escalated to the Board the infrastructure within the HR and OD teams and the need for more customer orientated services; with the need for assurance that the experience and depth of knowledge required for a major employer were in place.

Questions and Comments

- 3. Mr Bloomfield stated that he understood why POD was moving to this new approach, noting the need for assurance around the HR function in view of the lack of an HR Director and the staff survey results. Mrs Taylor-Brown stated that the workshop approach would give a better depth of analysis.
- 4. The Managing Director advised that the post of HR Director was currently out to recruitment and extra support was being provided to the HR team in the interim. The resource needed to support the changes which the organisation wanted to make regarding the staff survey results was being considered whilst ensuring that the appropriate governance arrangements were in place.
- 5. Miss Parker observed that a forward plan of the themes POD was going to look at would be helpful to the other assurance committees. Mrs Taylor-Brown advised that the forward plan was currently being updated looking at cross referencing the items across the assurance committees.
- 6. The Chair questioned whether Tom Fleetwood, Freedom to Speak up Guardian welcomed the new approach. Mr Fleetwood responded that he welcomed the approach and felt this was the most appropriate way forward for POD.

	<p>7. The Chief Executive stated that while he welcomed the new approach he would draw the Board's attention to the numbers in the report, these having improved over the past 12 months, despite the challenges, now standing at the lowest vacancy and sickness rates.</p>	
	<p><u>Integrated Performance Report – Workforce</u></p> <p>The Managing Director highlighted the following workforce issues:</p> <p>8. There had been issues with recording of mandatory training on the workforce system. Trajectories had now been agreed with the divisions for completion by the end of May.</p>	
P34/19	<p>AUDIT & RISK COMMITTEE</p> <p><u>Received for assurance</u> the Chair's Key Issues Report from the meeting held on 23 April 2019 presented by Mr Richard Youngs, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee were informed that the completion of the Annual Report, Annual Accounts and Quality Report was on track for Board sign off on 28 May 2019 prior to submission to be laid before parliament. The Auditors had informed that no major concerns had been identified. 2. The Committee had been informed of the challenge of aligning the governance processes and the overdue policies following the merger and the significant work which was being undertaken to ensure these were harmonised as agreed for 1 July 2019. The Director of Governance was working with the divisions to ensure support was provided, which included additional administrative support, to ensure delivery. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. The Director of Governance noted that it should be remembered that an active decision had been taken at the time of the merger not to change all of the procedures to ensure clinical care was not affected. Some of the policies/ procedures would not be harmonised across the whole of the ESNEFT portfolio and would remain site specific due to the nature of the documents. <p>Resolved: That the Board noted the Audit Committee CKI.</p>	
P35/19	<p>EXECUTIVE MANAGEMENT COMMITTEE</p> <p><u>Received for assurance</u> the Chair's Key Issues Report from the meeting held on 18 April 2019 presented by the Managing Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received a presentation by the clinical team on the new operational model for urgent and emergency care which demonstrated good clinical engagement from all teams. The EMC had agreed the model. 2. The Mobile Stroke Unit would go live on the 6 May 2019; the pilot would enable quicker assessment and treatment triage for patients resulting in better outcomes for patients. 3. The Committee had discussed the pending CQC inspection cycle and been informed that the Trust had received notification of the date for the Use of Resource assessment which would take place on the 27 June 2019. 	
P36/19	<p>NHS STAFF SURVEY RESULTS</p> <p><u>Received for information</u> a report presented by the Chief Executive and Jo Wood, Assistant Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The purpose of the summary report was to provide Board members with a high level overview of the key results of ESNEFT's first national NHS Staff Survey and provide assurance regarding the immediate actions being taken. The results of the 2018 National NHS Staff Survey had been published on 26 February 2019. 2. The Chief Executive advised the Board that one of his major personal objectives for the 	

	<p>coming year was to see an improvement in the staff survey results.</p> <ol style="list-style-type: none"> 3. Jo Wood noted that the organisation benefited from the commitment and prioritisation across the executive and leadership teams to the improvement of the staff survey results and thanked the Board for the opportunity to present the Staff Survey results report. 4. Jo Wood advised that a summary of the survey findings had been shared with members of the senior leadership team during February 2019, prior to the embargo being lifted. A high level programme of work had been proposed, which was shared with the senior leadership team at the 'Time Matters' conference held on Friday 12 April 2019. 5. Following breakout sessions held during the conference, divisional leadership teams had committed to a number of key priorities. These priorities, which would be communicated to the workforce over the coming 2-3 weeks, would be worked up into detailed plans and monitored by members of the OD Delivery Group. 6. Jo Wood advised the Board that as part of the ongoing work to address the survey results the organisation had commissioned a number of training sessions for staff with Suffolk Mind and had launched the Leadership Climate Indicator. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Chair stated that it was well recognised that good engagement from staff led to improved care for patients and that this should be a primary area of focus for the organisation and he had met with the Council of Governors to update them on this issue. 8. The Director of Strategy, Research & Innovation agreed that this was a top priority issue for the organisation and questioned what additional resources would be required to move forward at pace. The Managing Director advised that an exercise to engage with the divisions had been undertaken which would identify areas which required enhanced support. The Director of Communications & Engagement advised that she had attended the Council of Governors meeting and noted that the Trust was actively recruiting for an internal head of engagement role which would promote practical steps to improve the results including the use of the intranet, social media and the reintroduction of the staff forums. A more detailed plan would be taken back to the Staff and Engagement Group. 9. The Director of Communications & Engagement advised the Board that the team were also looking to promote the good news stories and had introduced a new ESNEFT magazine and would be re-establishing the staff awards ceremony and celebrating the 1st birthday of ESNEFT in July. 10. Mrs Taylor commented that there was much literature regarding the importance of middle managers in driving transformation. Jo Wood agreed with this comment and advised that the organisation already held events aimed at the middle level of management which would continue. 11. Mr Bloomfield observed that within the RAG status table there were 5 "Good" scores for Division 3 and questioned whether this good practice was being shared with other areas. Jo Wood thanked Mr Bloomfield for raising this and advised that this was an area which would be looked at with the teams to see if this could be shared more widely. 12. Mr Spencer commented that he felt the report contained good information regarding the tactical plan to improve the results of the staff survey, however, he did not feel that this should be viewed as a project or campaign but needed to be embedded as the culture of the organisation. 13. The Director of Finance stated that she felt that the use of the Leadership Climate Indicator would provide the required objectivity. Jo Wood responded that the facilitator would be in place to provide feedback and this had been very positively received at the leadership day. 14. Mrs Taylor-Brown noted the enthusiasm going forward and that the People, Organisation & Development (POD) Committee would be looking to see what assurance was required by the Board and how this could be provided, noting that the Leadership Climate Indicator was a powerful tool which could open up detailed conversations. 	
SECTION 4 – CHARITABLE FUNDS		ACTION
P37/19	CHARITABLE FUNDS COMMITTEE CKI	
	<p><u>Received for assurance</u> the Chair's Key Issues Report from the Charitable Funds Committee meetings held on 23 April 2019 presented by Mr Richard Spencer, Non-Executive Director.</p> <p><u>Noted</u></p>	

	<p>1. The Committee had received a verbal update on the Charity Strategy work which was being carried out and discussed the next steps, including the plan to improve supporter and fund holder experience, and would plan to bring back a report to Board during the summer.</p> <p>2. The Committee had received a report from the Director of Strategy, Research & Innovation detailing proposals to utilise the Innovations Fund and fulfil the purpose of the original bequest. Seven options had been presented for discussion following which the Committee had requested that the Director of Strategy, Research & Innovation worked up a further paper for the May meeting for 3 options. The Committee would assure the Board that it was looking at the development of the Innovation Fund going forward.</p> <p><u>Questions and Comments</u></p> <p>3. The Chair stated that he felt that the Charity would become increasingly integrated into the organisation going forward.</p> <p>Resolved: That the Board noted the report.</p>	
SECTION 5 – RECEIPT OF REPORTS BY CONSENT		ACTION
P38/19	<p>Minutes from the following Assurance Committees were received for information by consent:</p> <ul style="list-style-type: none"> • Quality and Patient Safety Committee • Finance and Performance Committee • Executive Management Committee 	
P39/19	REPORT ON THE USE OF THE TRUST SEAL	
	<p><u>Received for information</u> a report on the Use of the Trust Seal presented by the Company Secretary.</p> <p><u>Noted</u></p> <p>In accordance with Standing Orders the Trust Board was notified that the seal of the Trust had been used on 15 occasions between 28 January 2019 and 18 April 2019:</p> <p>Resolved: That the Board received and noted the update.</p>	
SECTION 6 – ANY OTHER BUSINESS		ACTION
P40/19	<p>1. No Board briefings were received for this meeting.</p> <p>2. The Chief Executive expressed his thanks to members of the public and governors for attending the meeting.</p> <p>3. The Chief Executive noted that this would be David White's final Board meeting in public as Chair of ESNEFT following his appointment as the Chair of Norfolk & Norwich University NHS Foundation Trust and expressed his thanks to David for his personal support over the past 4 years and his leadership of Ipswich Hospital and oversight through the successful merger of Ipswich and Colchester hospital trusts last year. David thanked the Chief Executive for his comments and stated that he had felt privileged to lead ESNEFT and be part of the positive merger of the two organisations for the populations of East Suffolk and North Essex.</p>	
SECTION 7 - PUBLIC QUESTIONS		ACTION
P41/19	<p>1. Mr Llewellyn congratulated the Board and the staff for the achievement of the goals which had been reached by ESNEFT and informed the Board that he had heard from members of the community that the merger was felt to have been generally successful.</p> <p>2. Mr Llewellyn emphasised his view of the importance of providing independent development training for middle management staff.</p> <p>3. Mr Brazier thanked the Board for the clarity of the proceedings and advised that the installation of the hearing loop system had worked well.</p> <p>4. Mr Brazier highlighted the issue of patients continuing to smoke on site whilst the hospital was meant to be Smoke Free and stated that he felt that this was not acceptable and should not be allowed. The Managing Director responded that the governors would know that this was a perennial issue and that the message was reiterated regularly to staff, patients and visitors that this was a non-smoking site and the detrimental impact smoking could have on other visitors to the Trust. It was noted that inpatients were being provided with support to either quit smoking or turn to alternatives.</p>	

	<p>5. Mrs Brazier questioned how the developing engagement with the user groups would mesh with the work undertaken by the governors. The Chief Nurse responded that following the merger there were opportunities for greater engagement with the user groups but this would need clarity of the roles of these groups in order to avoid duplication of the work already carried out by the governors and ideas were being considered.</p> <p>6. Mr Horley, Lead Governor, advised that he had met with the Director of Communications & Engagement and the Governor Strategy and Engagement Group was looking at how it could engage with the user groups on both sites and work together moving forward.</p>	
SECTION 8 – DATE OF NEXT MEETING		
P42/19	Thursday, 1 August 2019, 9.30 am, PGME Rooms 2&3, Colchester Hospital.	

Signed Date

Helen Taylor
Chair

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

DRAFT