

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 1 August 2019, 9.30am – 12.00pm

Seminar Rooms 2&3, Postgraduate Centre, Colchester Hospital

PRESENT:

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

Chair
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:

Mrs Rebecca Driver
Mrs Denver Greenhalgh
Ms L Fraser

Director of Communications & Engagement
Director of Governance
Senior Committee Secretary (Minutes)

Apologies:

Mr Paul Fenton

Director of Estates and Facilities

SECTION 1 – PATIENT STORY		ACTION
P43/19	<p><u>Received for information</u> and learning opportunity a patient story by Mr John Poole introduced by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Board heard from Mr and Mrs Poole who talked about Mr Poole’s experience of care at Colchester Hospital after having suffered a rare sensory stroke and being admitted to hospital in March 2019. 2. Mr Poole advised of the positive aspects of his experience which had included the outstanding care he had received from the clinical staff and the exceptional housekeeping staff, the cleanliness of the ward and the good food. However, Mr Poole also informed the Board of the areas for improvement including too many people being allowed to visit at one time and long waits for porters to transfer patients between areas. 3. Mr Poole stated that he had been asked to take part in a study to see if his stroke could be hereditary, and had bloods taken, however, he had not been informed of the results of the blood tests. 4. Mr Poole highlighted that his main challenges had been experienced in ongoing care following discharge, having to chase up appointments and the timings given for appointments not being clearly communicated or kept to. Mr Poole stated that he felt “abandoned” after discharge as whilst he had been given a programme to follow, instant recall had gone and he had been left feeling angry and frustrated as he tried to understand what had happened feeling that the hospital had only been concerned with the clinical diagnosis not the ongoing consequences for the patient. 5. Mr Poole observed that having had his wife, who was already in the A&E department, brought to him when he was admitted to A&E had been comforting and reduced anxiety. However, having been informed that specialists treating him had not seen this type of condition often before had led him to wonder if they knew how to treat it appropriately. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. The Chair thanked Mr and Mrs Poole for attending and sharing their experience of care at Colchester Hospital and the importance for the Board to be made aware of learning from patient experience in order to improve the experience for other patients in the future. 7. The Interim Chief Medical Officer stated that she had been disappointed to hear that Mr Poole had not received his follow-up appointment and had had to chase these and had been left feeling abandoned. Mr Poole advised that whilst the Stroke team had said that he could ring if he had any issues other services had not provided adequate information regarding follow-up arrangements, although he did now have an appointment to see another stroke specialist having chased this appointment. 8. The Director of Finance asked Mr Poole what would have removed the frustrations from the administrative processes. Mr Poole responded that he was proactive and had been able to chase for appointments, as he had had to do in the past, but that he would have liked things to have happened when he had been told they would. 9. Mrs Taylor-Brown stated that “survivorship” was an important issue as had been highlighted by Mr Poole and questioned with regard to the number of visitors whether this was members of staff or his own visitors. Mr Poole stated that patient visitors had been allowed to come onto the ward at any time and were not limited by set visiting hours and due to his stroke he had found it very difficult to concentrate and the number of visitors allowed at one time inappropriate. 10. The Chief Nurse observed that it had been powerful to hear about the focus on the in hospital care episode and the gap in service following discharge. 11. The Chief Executive agreed that Mr Poole’s experiences had highlighted that care delivered as a complete clinical pathway would improve the patient experience and that with Mr Poole’s permission he would take his story back to the Alliance regarding the need for a system wide service. 	
SECTION 2 – CHAIRMAN’S BUSINESS		ACTION
P44/19	WELCOME AND APOLOGIES FOR ABSENCE	
	Apologies for absence were received from: Mr Paul Fenton, Director of Estates & Facilities.	
P45/19	ESNEFT DECLARATIONS OF INTEREST	

	No declarations of interest were received in association with the papers for discussion.	
P46/19	MINUTES OF THE MEETING HELD ON 2 MAY 2019 AND ACTION LOG	
	<p>The minutes of the meeting held on 2 May 2019 were approved and signed by the Chair as a correct record.</p> <p><u>Matters arising</u></p> <ol style="list-style-type: none"> Miss Parker noted that the Board meeting which had been held on 2nd May 2019 had been observed by NHSI/E and questioned when detail of their feedback would be circulated to Board members. The Director of Governance advised that the feedback had been circulated to Board members but would be resent to Miss Parker. 	DG
P47/19	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 noted that this was her first Board meeting in public as Chair and highlighted the following items to the Board:</p> <ol style="list-style-type: none"> The 1st Anniversary of ESNEFT had been celebrated on the 1st July 2019. In the spring of 2018, the organisation had been awarded £69.3m in support of the merger of Colchester and Ipswich hospital trusts to fund infrastructure improvements. Since the merger the five-year strategy and plans to use this money had been developed to provide significant benefits to patients, their families and carers. The Trust's Strategy outlined developments in both urgent and emergency care and also the reconfiguration of elective clinical services, which was where the organisation expected to spend the bulk of the £69.3m. The first stage of the programme was a proposal to build an urgent treatment centre (UTC) to transform and improve services for patients while easing pressure on the emergency department (ED) at Ipswich Hospital. All neighbours living in the 500 homes closest to the hospital had been invited to view the plans and talk to clinical and estate colleagues at an open session held on 29 July 2019. The Chair welcomed Chris Howlett, as the programme director for the Building for Better Care programme, Chris having formally been director of estates and facilities at Colchester Hospital with many years experience of running big projects. Clare Conaghan was welcomed to the Trust commencing in September as the new Director of Human Resources and Organisational Development. The Chair noted that this would be the final Board meeting in public for Dawn Scrafield, Director of Finance who was moving on to become Chief Finance Officer in mid and south Essex. The Board formally recorded its thanks to Dawn for her tremendous contribution to ESNEFT and for steering the organisation through the merger and wished her well for the future. Mr Adrian Marr, who was currently a regional director of finance, would be joining the Trust as Director of Finance at the end of August and was welcomed to the team. The Chair advised the Board that she had been out meeting staff and visiting many areas of the organisation, including Care of the Elderly wards at Ipswich, the Hospital School Room and the Sterile Services Department. The Chair commended the new ESNEFT Life Magazine which detailed stories of what was going on around the Trust. More than 350 nominations had been made for the first Team ESNFT Staff Awards and the judging panel would meet shortly to judge the 67 shortlisted nominations prior to the Awards Evening on Wednesday 25 September 2019 where around 500 colleagues would celebrate the care, compassion and innovation of people who worked throughout the Trust. Thanks were expressed to patients and staff for their understanding during the disruption caused by the works taking place at Colchester Hospital to develop the new entrance and urgent treatment centre. The latest news being that the entrance should be opened by the end of November and the urgent treatment centre was on track to be completed by 1 October 2019. The Chair noted that the League of Friends at Colchester Hospital were settling in to a new temporary shop near the main entrance whilst their new base was under construction. Finally the Chair expressed thanks to everyone within the services who had worked so hard 	

	<p>to keep patients and colleagues cool during last week's heatwave.</p> <p>The Chief Executive highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 13. The Chief Executive noted the recent national political changes with the new Prime Minister but with Matt Hancock continuing in the role of Secretary of State for Health and Social Care. Notification of additional capital investment into health was anticipated. 14. The Board was assured that work was underway within the organisation and together with partner organisations regarding the exit from the EU on 30 October 2019. A briefing paper would be provided to the board assurance committees. 15. The Chief Executive observed that whilst the building works taking place at Colchester were currently causing some disruption this would be worthwhile with the Building for Better Care programme representing a once-in-a-lifetime opportunity to make a significant investment into the health and wellbeing of the people in the area. 16. The CCG had now appointed the new leadership team across the 3 CCGs and the Chief Executive stated that he looked forward to working with them on both an Alliance and ISC level. Development of the ISCs continued, the Chief Executive commented that the Patient Story which had been heard today had clearly expressed the importance of integrated care pathways. 17. Following the recent CQC visit the final data requests were being completed. A first draft report was expected at the beginning of September; however, this would be embargoed until the end of September. 18. The Chief Executive expressed his thanks to Denver Greenhalgh, Director of Governance for her personal commitment to the planning involved in preparation for the CQC visit and the work of her team. 19. The Chief Executive noted that as had been widely reported in the press One to One Midwives had entered insolvency proceedings and had ceased operations in Essex. One to One being one of several third sector organisations which had collapsed recently raising questions concerning the lessons to be learnt regarding the commissioning and due diligence processes. The Board were assured that there had been no risk to patients who had transferred to the Trust's care. <p>Resolved: That the Board noted the update.</p>	
SECTION 3 – ASSURANCE		ACTION
P48/19	CHAIR'S KEY ISSUES REPORTS & INTEGRATED PERFORMANCE REPORT	
	<u>Received</u> the Chair's Key Issues Reports and the Integrated Performance Report (IPR).	
P49/19	QUALITY & PATIENT SAFETY COMMITTEE	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 23 July 2019 presented by Mr Hussein Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received a verbal update from the Chief Nurse, which had included an update on the queries arising from the CQC visit and the actions which had been taken. 2. The Chief Nurse had assured the members of the Committee that the Dermatology Hotline was now live and the previous issue raised with high call volumes to PALS was gradually improving and PALS could quickly signpost to a point of contact. 3. The Committee had received an update on the Quality Strategy. Following minor updates required which were discussed the final version would be forwarded to the Board for approval. 4. A pharmacy and medicines optimisation deep dive had been carried out. The Chief Pharmacist, Deputy Chief Pharmacist and Medicines Safety Officer had presented a comprehensive overview of key areas that were included in the medicines optimisation agenda. The pharmacy risk register was also discussed; the key risks relating to pharmacy being staffing and capacity and the mitigations in place were reviewed. 	
	<p><u>Integrated Performance Report – Quality</u></p> <p>The Chief Nurse highlighted the following quality issues from the Integrated Performance Report (IPR):</p> <ol style="list-style-type: none"> 5. The Board was informed that a Never Event had taken place in July, but that there had been 	

	<p>no harm to the patient and the issue had been resolved promptly; however, this had met the guidelines for reporting as a Never Event.</p> <p>6. The Chief Nurse informed the Board that the traction or progress which would be expected to reduce the number of serious harm falls had not been achieved. This issue had been discussed at QPS with a deep dive to be carried out which would be reported back to Board.</p> <p><u>Questions and Comments</u></p> <p>7. Mrs Taylor-Brown emphasised the urgent need to progress the focus on falls as this had been an ongoing issue for some time now.</p> <p>8. Mr Spencer noted the caesarean section rate which was above the NMPA target rate and questioned whether there was a connection between staffing and the number of caesarean sections performed. The Chief Nurse advised that this was a complex issue which needed to be considered on a case by case basis and noted that nationally rates were increasing. The Chief Nurse suggested that a Board Seminar on maternity would be beneficial, which was agreed by the Board members.</p> <p>9. Mr Bloomfield questioned whether as a benefit following the merger the best practice regarding falls reduction was being shared across sites. The Chief Nurse advised that there were differences between the sites, however, there had been a high rate of falls at Colchester which had been improved following mitigations and the lessons learnt had been shared with Ipswich.</p> <p>The Interim Chief Medical Officer highlighted the following quality issues:</p> <p>6. HSMR - The 12-month rolling HSMR figure for ESNEFT was 107.3 as at March 2019 and was slowly reducing. A number of ESNEFT records (approximately 1,525) missed the Dr Foster deadline, which meant that these figures were to be used with caution. A level of missing coded activity persisted (9%), and this was impacting on mortality reporting. The roll out of the Evolve system at Colchester was expected to improve the situation. However, crude mortality rates particularly at Colchester were still significantly higher.</p> <p>7. The Interim Chief Medical Officer advised that a detailed review of bronchitis patients had been undertaken and no gaps in the clinical care provided had been found. Work with the GPs and community colleagues would be progressed and the Medical Examiner role which had been introduced at Colchester added in a further level of scrutiny.</p> <p><u>Questions and Comments</u></p> <p>8. Mr Khatib questioned whether the learning from death themes mentioned on slide 10 were embedded into a plan. The Interim Medical Officer advised that every service would undertake a review and would record mitigating actions which would be triangulated across services.</p> <p>9. The Chair noted that staff at Bluebird Lodge had raised the importance of managing falls across the community.</p>	CM / DG
P50/19	<p>FINANCE & PERFORMANCE COMMITTEE CHAIR'S KEY ISSUES REPORT</p>	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the Finance & Performance Committee held on 24 July 2019 presented by Miss Julie Parker, Non-Executive Director.</p> <p><u>Noted</u></p> <p><u>Finance</u></p> <p>1. The Committee had been informed that during June the Trust had reported a deficit of £13.1m which was adverse to plan by £9.6m and adverse to budget by £9.8m. The cumulative position was a deficit of £18.0m, which was adverse to plan by £10.5m and adverse to budget by £13.2m. This included the impairment and in addition the loss of £3.9m Provider Sustainability Funding (PSF) and Financial Recovery Funding (FRF) for the first quarter, as the Trust had not achieved the financial control total for the period. It was noted that it was possible for the Trust to earn this back through financial recovery.</p> <p>2. Drivers of the variation for the quarter included shortfall on specialist income (£1.9m) significant overspending on junior medical staffing (£1.7m) and under delivery of cost</p>	

improvement programme (£4.5m), offset to some extent by release of one off benefits (£3.8m). Divisions had completed a forecast using month 2 and month 3 information.

3. Based on the current behaviours and actions the Trust was predicting a £25m variance to the plan. A financial recovery plan was in development and divisions had been requested to establish financial recovery arrangements within their divisions to ensure that ownership of the recovery reflected the expectations of the accountability framework. Currently the financial recovery actions valued £8.6m, leaving a shortfall currently of £16.4m. The consequence of not recovering by the end of the financial year would also be the loss of PSF and FRF of £26.2m. The Board was informed that financial recovery was a key risk to consider as the Finance Committee was not assured particularly in the absence of a robust recovery plan.
4. Following the review of the capital programme to consider what schemes could slip into 2020/21, a revised capital programme had now been developed that would reduce spending by £5.8m. This was a risk for the Trust as it would constrain capital developments beyond those contractually committed. The revised capital programme was shared in Appendix A of the CKI for approval by the Board.
5. The Committee had been informed that the Building for Better Care programme was awaiting final sign off for the initial 'Strategic Outline Case' (SOC) before the 'Outline Business Case' (OBC) could be submitted. Planning applications had been progressed and public communications and engagements had commenced.
6. The Committee had noted that the New Business Group had now been established for discussing commercial changes and opportunities affecting the Trust business. The Board would be informed as opportunities and actions arose requiring Board approval.
7. The Director of Finance stated that she would agree that the financial position was challenging and the team would be working with an external provider together with the transformation team. The major challenge was ensuring that there was good management of budgets and good housekeeping arrangements in place within the divisions.

Questions and Comments

8. The Chief Executive stated that whilst he would support the approval of the revised ESNEFT capital programme he would want it recorded in the minutes that the impact of making a 20% reduction in the capital programme, whilst maintaining provision of services to patients, had been formally recognised by the Board.
9. Mr Spencer questioned the size of the gap this year compared to last year. The Director of Finance advised that there had been a £14.2m gap at the end of M6 last year which had been managed centrally, this year the divisional managers were leading on the recovery at an earlier stage in the year.
10. The Chief Executive observed that from August, for the first time, all of the junior doctor F1 and F2 posts were filled and there would consequently be less reliance on agency staff and a corresponding reduction in costs. The Interim Chief Medical Officer stated that the full complement of junior doctors was positive for quality and the expectation was that costs would reduce for agency staff.
11. The Chair commented that it was positive that recovery of the financial position was being picked up this year earlier.

Resolved: That the Board formally approved the revised ESNEFT capital programme.

Operational Performance

12. Miss Parker informed the Board that the Committee had discussed the requirements and expectations of RTT delivery and had noted that the Commissioners had written to the Trust regarding performance. The Trust was currently behind where the plan expected, due to factors inside and outside the Trust control.
13. The Committee had been informed that cancer performance had deteriorated in June. A formal correspondence had been shared with divisions setting out the expectations and operational discussions had progressed regarding recovery. It was also expected that there would be a further deterioration in July. Support services were being reviewed to ensure that the cancer recovery plan was effective.
14. A deep dive review of ESNEFT risk 08 - with regards to growth exceeding capacity had highlighted that the level of risk in this areas was considered to be increasing, which correlated with the financial and performance delivery deterioration. A paper would be

	bought back in September to the Finance & Performance Committee.	
	<p><u>Operational Performance</u></p> <p>The Managing Director highlighted the following operational performance issues:</p> <ol style="list-style-type: none"> 15. Diagnostic performance had achieved recovery in June as predicted due to the substantial effort which had been made in this area. 16. ED as mentioned previously had seen substantial increase in activity, and the Trust had been working with partners in the community. The recent hot weather had affected demand and had given emphasis to what needed to be focused on now. 17. The Managing Director stated that whilst ED was not delivering for national standards this was not as concerning as the cancer position which was his area of highest disappointment. 18. The Board was informed that there was considerable concern in the divisions regarding the impact of the pension liability impact on individuals wishing to do additional hours and that this should not be underestimated. 19. RTT growth had come about due to a number of issues, including increase in dermatology activity and the contract with the Oaks. Work had been undertaken with the divisions to determine how this would be brought back in line with the expectation that some improvement would be seen this year. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 20. Mr Spencer observed that the <i>Divisional Aggregate AF scores</i> (slide 6) showed the performance against Cancer and Diagnostics to be “green”. The Managing Director advised that Cancer and Diagnostics incorporated oncology services; however, other divisions delivered the treatment for cancer patients. 	
P51/19	PEOPLE AND ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE	
	<p><u>Received for assurance</u> a verbal update provided from the meeting held on 25 July 2019, presented by Mrs Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Terms of Reference had been revised to include the groups supporting POD which were: <ul style="list-style-type: none"> • Speaking up Safely (which includes the Guardian of Safe Working) • Multi Professional Education Committee • Equality, Diversity and Inclusion Group • Workforce Supply and Sustainability Group • OD Delivery Group • Health & Wellbeing Group. 2. The Committee had received an update on the work underway to address the national pension issue. Four options along with the risks were discussed ahead of a paper to be presented to the Board on this. Monitoring of the impact would form part of the Committee performance report and was recorded on the Trust risk register. 3. The Committee had received the performance report which continued to improve in terms of data triangulation and benchmarking the Trust to peers. 4. A key risk had been identified with the mandatory training of our internal bank doctors whose current achievement rate sits at 30% which is significantly lower than any other staff group. The risk was reported as low given many of the locums had recently transferred from agencies where they were compliant, work was underway to match this to the Trust training. The target was to bring this up to the Trust level by October 19 given that some of the locums worked infrequently. 5. A report on the Flu Plan for 2019 was received; the achievement rate for this year was 80% of staff and the trust had achieved 51% last year (target 75%). The plan was comprehensive and much improved from last year, including learning from best practice and Trusts who achieved the target last year. The campaign would be fronted by the Chief Nurse and Medical Directors. 6. The Committee received the final versions of the new Appraisal Framework and highlighted that this was an excellent piece of work which was to be rolled out in September. 7. The Board was informed that a “staff speak and share” item was being added to the 	

	<p>beginning of the agenda to increase connectivity with staff groups.</p> <p><u>Integrated Performance Report – Workforce</u></p> <p>The Managing Director highlighted the following workforce issues:</p> <ol style="list-style-type: none"> 8. Much effort had been put into improving mandatory training compliance which had improved to 89.2% in June and appraisal compliance had improved to 79.2% in June from 78.9% in May, new appraisal documentation was being piloted. 9. Significant transformation work was going on to improve the recruitment process and timeframe with the next area of focus being medical recruitment. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 10. Miss Parker observed that the Terms of Reference would require approval by the Board. The Director of Governance stated that these had been recommended by the Committee for approval by the Board and would come through at the end of September as part of the corporate review. 11. Miss Parker questioned how the Board received assurance that staff were compliant with training when working through an agency. The Interim Chief Medical Officer advised that there was an agreement in place with agencies that mandatory training would be completed as a requirement for working at the Trust. 12. Miss Parker challenged whether there was actual evidence available that the agencies were adhering to this requirement. The Interim Chief Medical Officer advised that the main agencies had a clear list of what was required in their contract. Mrs Taylor-Brown stated that POD had requested that a piece of work was undertaken to ensure that the training had actually been undertaken. 13. The Chief Executive questioned the flu vaccination plan for this year and questioned whether the Board would be making a clear statement that staff were expected to protect themselves and their patients by being vaccinated, especially in areas with high risk patients. The Chief Nurse responded that there would be a significant number of peer vaccinators and improved access to vaccination sessions this year and that the, peer vaccinators would be able to hold conversations around the implications with staff. The Interim Chief Medical Officer advised the Board that there would be more engagement with the doctors and consultants this year. 14. Mrs Taylor-Brown stated that she would endorse a clear statement of expectation being made by the Board as this would underpin the timeline and the need for consultant engagement. 15. The Chief Executive questioned whether staff could be asked to sign a “declaration” if they declined vaccination. Mrs Taylor-Brown agreed that a more assertive approach would be required this year and this would be taken forward by POD. 	
P52/19	<p>AUDIT & RISK COMMITTEE</p>	
	<p><u>Received for assurance</u> the Chair’s Key Issues Report from the meeting held on 23 July 2019 presented by Mr Richard Youngs, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received and reviewed the final Annual Audit Letter from BDO, external auditors, and noted that no new limited assurance issues had been raised. 2. The Internal Auditors had advised that their focus was on clearing the outstanding recommendations from the previous auditors. 3. The Committee noted that good practice was to publish the Annual Audit Letter on the Website and had agreed that this would be co-ordinated with the Annual Report and Accounts being made public through the Annual General Meeting. 4. The Committee had encouraged the early preparation of the report for year end through the February Audit Committee meeting. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. The Chair commented that the public governor who observed the Audit Committee meetings had noted the positive working relationship which had been developed between the Non-Executives, Executives and auditors. 	

P53/19	2018/19 ANNUAL REPORT FOR MEDICAL APPRAISAL AND REVALIDATION	
	<p><u>Received for assurance</u> the 2018/19 Annual Report for Medical Appraisal and Revalidation presented by the Interim Chief Medical Officer.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Responsible Officer (RO) was required to make revalidation recommendations to the GMC about each doctor once every 5 years. The cornerstone upon which the RO's recommendation was made was the doctor's appraisal history over the past 5 years and it was therefore critical that the appraisal process itself was robust and fit for purpose. 2. Between 1st April 2018 and 31st March 2019, 148 recommendations had been made to the GMC, 122 were for positive recommendations to revalidate and 26 were requesting a deferral of the revalidation date. No non-engagement notices were filed with the GMC during the reporting period. 3. On 31st March 2019, ESNEFT was the Designated Body for 673 doctors and for the appraisal year 2018/19 the Trust reported 607 completed appraisals, giving the Trust an overall compliance rate of 90% for medical appraisal. 4. The Trust Board was requested to accept this report and to consider potential resource implications. The report would be shared, along with the Annual Organisational Audit, with the higher level Responsible Officer at NHSE to confirm that the Trust, as a designated body, was in compliance with the regulations. This statement of compliance, on completion by the Managing Director, would then be submitted to the Regional Medical Director, NHS England – Midlands and East by 30th September 2019. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. Miss Parker questioned whether the Trust would receive feedback following the submission. The Interim Chief Medical Officer advised that if there were any concerns feedback would be provided by the higher level RO. Any systematic feedback would be provided to the People and Organisational Develop Committee (POD) and peer review was ongoing as well. 6. The Chair questioned the future resourcing challenges at Ipswich. The Interim Chief Medical Officer advised that there was a need for more appraisers and allocation of time had reduced the number, feedback being received that there was now insufficient time for appraisers to carry out the required appraisals. The team were working with consultants to monitor this situation and were committed to appraisals being undertaken and being of good quality. <p>Resolved:</p> <ul style="list-style-type: none"> • That the Trust Board approved the Statement of Compliance: <i>East Suffolk and North Essex NHS Trust Board had reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) for completion by the Managing Director and submission to the Regional Medical Director, NHS England – Midlands and East by 30th September 2019.</i> • The Trust Board accepted the report and agreed for this to be shared, along with the Annual Organisational Audit, with the higher level Responsible Officer at NHSE. 	
SECTION 4 – STRATEGY		
P54/19	ESNEFT STRATEGY	
	<p><u>Received for approval</u> the ESNEFT Strategy presented by the Director of Strategy, Research & Innovation.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Board had considered the draft Trust strategy in April 2019 and this now required approval in a public Board meeting. Approval had been deferred from the May meeting due to purdah for local government elections. 2. A wide range of stakeholders had been involved throughout the development of the Strategy and over 170 engagement events had been held over the past years. Feedback had been incorporated into the Trust Strategy and would also be used to shape supporting strategies and business cases which would be presented in due course. 3. The Strategy was nested in national, STP and local alliance strategies with recognition of the 	

	<p>importance of working as part of a system of health and care.</p> <p>4. The Trust had confirmed its mission as that of the NHS: <i>to provide health care and services that meet the needs of everyone, free at the point of delivery and based on clinical need</i> and the Strategy now set an ambition to offer the best care and experience which would be achieved through the ESNEFT philosophy that time matters and the five strategic objectives:</p> <ul style="list-style-type: none"> • Keep people in control of their health • Lead the integration of care • Develop our centres of excellence • Support and develop our staff • Drive technology enabled care <p>5. The Board was recommended to approve the Trust Strategy 2019- 24.</p> <p><u>Questions and. Comments</u></p> <p>6. Miss Parker stated that the Strategy needed to have an address and contact details included for the final version. The Director of Strategy, Research & Innovation stated that he would ensure that contact information was included in the final version.</p> <p>7. The Chair questioned the key aspects of the Strategy. The Director of Strategy, Research & Innovation advised that the Strategy had been based on analysis of the challenges being faced by the Trust and pointed the way to addressing the growth in need of the population.</p> <p>8. The Chief Executive observed that what had been heard in the patient story highlighted why the Strategy was so important and the need to remove the unnecessary stress of ill health and challenge to ensure that best clinical outcome and patient experience was provided.</p> <p>9. The Chief Executive advised that the highest number of complaints he received related to process rather than care and this came back to the “time matters” philosophy and he would endorse the work which had gone into developing the Strategy and the Strategy itself. Engagement meetings would continue to take place to circulate the message regarding better access or clinical outcome driving changes to service provision.</p> <p>10. Mr Khatib stated that the wording on slide 16 was not clear and needed to be reviewed and amended. The Director of Strategy, Research & Innovation stated that the wording on this slide would be corrected.</p> <p>11. Mrs Taylor-Brown noted that the principles which had been outlined by the Chief Executive regarding change to service were important and needed to have integrity of the Board when making decisions.</p> <p>12. Miss Parker questioned whether it would be worth reviewing other documentation in the organisation to ensure it was consistent with the Trust Strategy.</p> <p>13. The Director of Strategy, Research & Innovation stated that in relation to the principles regarding change to service these had been seen in the business case for the UTC and OBC.</p> <p>14. The Chair stated that it was powerful that the Trust was working closely with partners and had held 170 engagement meetings.</p> <p>Resolved: That the Trust Board approved the Trust Strategy 2019- 24.</p>	<p>SG</p> <p>SG</p>
P55/19	ESNEFT QUALITY STRATEGY	
	<p><u>Received for approval</u> the ESNEFT Quality Strategy presented by the Chief Nurse.</p> <p><u>Noted</u></p> <p>1. The Quality and Patient Safety Committee had considered the draft Quality Strategy in May 2019 which was an enabling strategy aligning with the overall Trust Strategy and was recommended to the Board for approval.</p> <p>2. The Quality Strategy set out the Trust’s commitment to improving the quality of care for our patient; and how we would make this a reality in terms of equipping our staff with the skills and knowledge to deliver quality patient care. The Quality Strategy was closely aligned with ESNEFT’s ambition to offer the best care and experience, its strategic objectives, and the Trust’s Time Matters philosophy which would guide the approach to delivery between 2019 and 2021.</p> <p>3. The purpose of the Quality Strategy was to articulate the Trust’s ambitions for quality in a way that was meaningful and served as a statement of intent that patients, carers, staff, commissioners and other stakeholders could use to hold the Trust Board to account for the</p>	

	<p>delivery of high quality services.</p> <p>4. The Board were recommended to approve the Quality Strategy 2019- 21.</p> <p><u>Questions and Comments</u></p> <p>5. The Interim Chief Medical Officer highlighted that in terms of clinical effectiveness and improving clinical outcomes GIRFT would be a key element.</p> <p>6. Mr Spencer noted that a 3 year strategy plan would go alongside the Trust Strategy and questioned whether a similar document would be in place for the Quality Strategy. The Chief Nurse advised that there would be a similar strategic plan document and many areas already had plans which would be monitored by the Quality & Patient Safety Committee (QPS).</p> <p>Resolved: That the Trust Board approved the Quality Strategy 2019- 21.</p>	
SECTION 5 – CHARITABLE FUNDS		ACTION
P56/19	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 July 2019 presented by Mr Richard Spencer, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. The Committee noted that the fundraising campaign for the Collingwood Centre and Wellbeing Centre was nearing the original target set. Since the beginning of the project, user groups had requested some enhancements to the original specification. The Committee's preliminary view was that most, if not all of the additional costs resulting could be met by continuing to hold open the fundraising campaign during the build phase and through use of existing aligned charitable funds which would benefit from the projects. A plan to underpin this was now being developed in conjunction with the Estates team.</p> <p>2. The Committee had received a report with the proposed options to deliver the feasibility study which would explore the potential for a new major fundraising campaign to support the Building for Better Care programme. The Committee had supported the recommendation to use in-house resources as opposed to external consultants as this would allow the work to be more closely aligned with the strategy review underway.</p> <p><u>Questions and Comments</u></p> <p>3. The Chief Executive expressed the Trust's thanks to the local communities and the charity team for their fantastic fundraising effort for the new Collingwood Cancer Centre on the Colchester site in a relatively short time scale, which was reiterated by the Chair and Mr Spencer.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 6 – RECEIPT OF REPORTS BY CONSENT		ACTION
P57/19	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 Director of Governance.</p> <p><u>Noted</u></p> <p>The Trust Board was notified in accordance with Standing Orders that the seal of the Trust had been used on one occasion between May 2019 and July 2019.</p> <p>On 2 May 2019 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to:</p> <ul style="list-style-type: none"> Intermediate Building Contract with Contractor's design 2016 relating to the refurbishment of mortuary department, Ipswich Hospital between ESNEFT of Ipswich Hospital, Heath Road, Ipswich IP4 5PD (the Employer) and Turners Carpentry & Joinery Limited, 283 Ferry Road, Felixstowe, Suffolk IP11 9RX (the Contractor). <p>Resolved: That the Board received and noted the update.</p>	
SECTION 7 – ANY OTHER BUSINESS		ACTION

P58/19	No Board briefings were received.	
SECTION 8 - PUBLIC QUESTIONS		ACTION
P59/19	<ol style="list-style-type: none"> 1. Ms Helen Hodkinson from the High Observation Unit in EAU at Colchester Hospital questioned which deaths were reviewed by the medical examiners. The Interim Chief Medical Officer stated that all patient deaths, both expected and unexpected, would be reviewed and whilst this was not nationally mandated had been implemented at Colchester and was separate to the structured review. 2. Ms Hodkinson observed that it had been found that the nursing appraisal did not meet what was needed for advanced nursing. The Chief Nurse stated that the Trust was aware that there was further work to do to make appraisals meaningful and that from a nursing perspective the possibility of using a team approach was being considered. 3. Mr John Price noted that falls prevention was a complicated process involving a number of organisations and that Essex Council had withdrawn funding. The Chief Nurse responded that there were two elements in the plan, the first to prevent people from falling in the hospital setting and the second to prevent falls outside the hospital setting where there was greater risk and complexity. The Chief Nurse noted that there was still some service provided but conversation had been held with the commissioners on how this could be strengthened. The plan for reducing falls at Ipswich had been shared with QPS and would be taken back to the September meeting. 4. Ms Katie Palmer from the Colchester Gazette newspaper noted that with reference to the Collingwood Centre the Gazette would be interested to find out more about the enhancements mentioned to the Centre and to support fundraising. Mr Spencer thanked Ms Palmer for this offer of help which would be followed up after the meeting. 5. Ms Palmer questioned how with regards to the One to One midwife service staffing at the Trust would be affected by the intake of additional patients. The Chief Nurse advised that One to One had employed midwives and support staff and the Trust had met with staff this morning and were having individual conversations with them. Whilst the Trust had capacity to take on staff, perhaps in slightly different roles, this would be the individuals own decision. The Trust had undertaken a detailed review of staffing levels which had looked at staffing requirements and were confident of being able to absorb the number of births from One to One and this would be factored into future staff planning. 6. Mr Kartik Taneja questioned whether the taxpayers money was being well spent at the Trust and requested the Board reflected on the purpose of the hospital and brought back the focus on to issues with regard to timeliness and care. The Chief Executive stated that he would be happy to meet with Mr Taneja to discuss any specific issues personally rather than in a public meeting if required but advised that the Trust had recently undergone a full review by the CQC which had also looked at the Use of Resources. The CQC being the nationally recognised reviewing body of all aspects of care. The Use of Resources review having looked at many documents and interviewed staff regarding Use of Resources and whether the organisation was Well Led. The CQC Report on the result of the assessment was expected before the end of year. In addition the Chief Executive informed the meeting that the Trust was monitored on a monthly basis by NHSI and NHSE and he felt that the organisation was well regulated both regionally and nationally and there was consistency of review across the country which allowed benchmarking against peers. 7. Mr Taneja stated that he felt the Trust needed to be more focused on outcome. The Chief Executive responded that the organisation now had Getting it Right First Time (GIRFT) which gave the best clinical benchmarking and was recognised by clinicians, variance of clinical outcomes for clinicians and teams being regularly reviewed. 8. Mr Michael Horley, Lead Governor, stated that the primary role of the governors was to observe the Non-Executive Directors and ensure that they held the executive to account. The governors sitting on the Board assurance committees where the executives were then in turn held to account by the Non-Executives. Mr Horley stated that he felt that robust and searching questions had been asked during this meeting. 	
SECTION 9 – DATE OF NEXT MEETING		
P60/19	Thursday, 29 August 2019 Annual Members Meeting, 1.30 pm, Edith Cavell Meeting Room, Ipswich Hospital	

Signed Date

Helen Taylor
Chair

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

DRAFT