

Minutes of the Trust Board Meeting in public

held on Thursday 12 January 2023, 9.30am

The Edith Cavell Room, Education Centre, Ipswich Hospital, Heath Road, Ipswich IP4 5PD

PRESENT:

Ms Helen Taylor	Chair
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr John Humpston	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mr Mark Millar	Non-Executive Director
Mr Richard Spencer	Non-Executive Director
Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance
Mr Neill Moloney	Managing Director
Mr Mike Meers	Director of Digital and Logistics
Dr Angela Tillett	Chief Medical Officer
Dr Giles Thorpe	Chief Nurse

IN ATTENDANCE:

Ms Rebecca Driver	Director of Communications and Engagement
Mr Paul Fenton	Director of Estates and Facilities
Ms Ann Filby	Trust Secretary
Ms Deborah O'Hara	Deputy Director of People and Organisational Development
Mr Steve Parsons	Interim Director of Governance
Ms L Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

Six governors attended to observe the meeting.

SECTION 1 – Chair’s Business		ACTION
P01/23	1.1 Welcome and Apologies for Absence	
	The Chair welcomed all attendees to the meeting. No apologies for absence were received.	
P02/23	1.2 Declarations of Interest	
	No new declarations of interest were raised.	
P03/23	1.3 Minutes of the meeting held on 3 November 2022	
	The minutes of the meeting held on 3 November 2022 as presented were approved as a correct record.	
P04/23	1.4 Matters Arising – Action Log	
	The Action Log was received and noted.	
P05/23	1.5 Patient Experience	
	<p><u>Received for noting</u> a patient experience story provided by Ellie and George accompanied by Ali Brett, Bereavement Midwife. This related to their experience of the loss of their baby and the discussions with clinicians. Whilst they felt supported, there were some discussions that they felt could have been delayed allowing them both time for the awful news to be digested. On their return to the hospital, Ellie and George had a designated midwife and student and they were both happy with this process as it stopped changing staff through what was a very upsetting experience. The family were all allowed to spend the next three days with their daughter and were on a different floor from maternity so did not have the additional stress of hearing other babies. They also had a naming ceremony, which was undertaken by the Chaplains. The mortuary staff and Ipswich Baby Bereavement Group had been a huge support to them and had made the whole experience much easier as they had weekly support meetings, as well as being part of the community of bereaved parents. Bereavement midwives helped with organising and paying for Olive’s funeral and close contact continued with the Chaplains. The memory boxes provided were lovely enabling lasting memories of their daughter. On a less positive note, there was learning for the receptionist who they felt was quite rude.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chief Medical Officer thanked Ellie and George for sharing their difficult story and noted that it had been heart-warming to hear the support that was received. Ellie advised that the immediate family having unlimited visiting access and the naming ceremony had meant a lot to the whole family. 2. The Chief Executive thanked Ellie and George for sharing their experience with the Board and noted that the advice given at the time around visitors or accompanying partners would come out in the COVID-19 investigation. 3. The Chair observed that she had started her career in the NHS as a midwife and dealing with parents in this situation was always very challenging but it appeared that things had moved on and more support was now provided. 4. Mr Spencer thanked Ellie and George for sharing their story and noted that George was a family friend, a reminder that every patient could also be a family member or friend. 5. The Chief Nurse thanked Ellie and George for their continued work with the maternity bereavement team. <p>Resolved: That the Board received and noted the report.</p>	
P06/23	1.6 Report from the Trust Chair	
	<p><u>Received for information</u> a verbal report.</p> <p>The Chair welcomed attendees to the first Board meeting of 2023 and provided a number of updates:</p> <ul style="list-style-type: none"> • Messages from herself and the Chief Executive to staff over the last weeks thanked all colleagues for their hard work and dedication in managing the current significant pressures. 	

	<p>Whilst it was recognised that every NHS organisation was facing similar challenges the Chair was very proud of the way that the Trust was continuing to manage. Senior leaders had seen particular pressure over the past three years during the height of the pandemic and she would be writing to these staff to acknowledge this.</p> <ul style="list-style-type: none"> • Dr Elaine Noske had finished her term of office as a Non-Executive Director at the end of December 2022 and the recruitment process had commenced. A good response had been received and interviews would be held at the end of the month. • The Charity had been particularly active over the past few weeks and thanks were expressed to all of the 400 staff and members of the community who had taken part in the Santa Run in early December raising £22,000 for ESNEFT wards and departments. • The New Year had started off well with the Trust securing the silver award for the Armed Forces Covenant Pledge. The team was now working towards the Gold award. • In the last few days, the Trust had been welcoming breast screening patients to the new breast care centre at Ipswich Hospital. The imaging and clinic rooms would move in over the next few weeks bringing all breast care services together under one roof. The investment of £5.3m for the new centre had been a partnership of NHS funding from ESNEFT and The Blossom Appeal run by Colchester and Ipswich Hospitals Charity. Thanks were expressed to all the fundraisers who had helped make it happen. • The importance of art in hospitals was highlighted. In partnership with national arts charity Paintings in Hospitals a new exhibition at Ipswich Hospital had been set up thanks to funding from Colchester and Ipswich Hospitals Charity. The artwork at Ipswich was in the south end of the hospital and had been selected after a vote by patients, visitors and staff. If the project was successful in Ipswich the team would look to introduce more artwork at other ESNEFT sites. • There had been national recognition for two ESNEFT consultants, spinal consultant David Cumming having become National Clinical Director for Neurosurgery and Spine Surgery with NHS England, while consultant histopathologist Jason Wong had been elected as President of the British Association of Gynaecological Pathologists (BAGP). <p>Resolved: That the Board noted the verbal update.</p>	
P07/23	<p>1.7 Report from the Chief Executive</p>	
	<p><u>Received for information</u> a verbal report presented by the Chief Executive and a written update provided on the Integrated Care Partnership (ICP) meeting held on 9 December 2022.</p> <p>The Chief Executive had been reflecting on his 43rd anniversary working in the NHS and he felt that 2023 would be a significant year with the scale of the challenges to be faced both for health and social care. From the papers presented to the Board today he was reminded of the importance of treating every patient with compassion in a safe environment. He shared his concern regarding the amount of risk the Trust was carrying because of current pressures, and he paid tribute to the clinicians who were facing difficult personal decisions as they cared for patients. He believed that ESNEFT was providing the safest and best care possible in the circumstances although some difficult compromises were having to be made. Additional capacity had been set up at Colchester, Clacton and Ipswich hospitals to care for patients. The Board recognised and thanked staff for their work.</p> <p>The Board was advised that the ICB/P were currently meeting and building the governance arrangements and the ambitions for the system going forward. A written update was provided regarding the ICP meeting held on 9 December 2022.</p> <p>The Chief Executive ended his report by advising that Mr Paul Fenton, Director of Estates and Facilities, had made the decision to retire at the end of March this year and the appointment process would commence shortly.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chair had escalated current challenges at the recent ICP Chairs meeting and a summit would be arranged to discuss this further. 2. Mr Millar thanked the Chief Executive for the balanced summary of the position. It was important that the Board should acknowledge and have heard the compromises that were 	

	<p>having to be made but that the position was being managed appropriately to provide as safe an environment as possible.</p> <ol style="list-style-type: none"> 3. Mr Millar queried the plans in place for the Royal College of Nursing (RCN) industrial action. The Chief Executive noted that this was a situation that no one wanted to be in. The Trust had not been directly impacted by strikes so far but would be affected by those taking place on 18/19 January 2023 and the Director of Digital and Logistics had been appointed as the Senior Responsible Officer. This was known to be difficult for staff, both professionally and personally, however, the Trust had put in place well prepared plans and would respect the individual decisions made. It would be important for all parties to come together nationally to find an appropriate and affordable solution which did not negatively impact on patient care. There was general recognition amongst senior politicians of the challenges and the need to think differently to ensure real and lasting change. Some investment had been made into care homes with additional capital for discharge lounges. Whilst this additional resource into health and care was welcomed there would be a lead in time for a return on investment and the impact would need to be awaited. The Chief Executive advised that there would have to be an expectation of change. Mr Millar agreed that he did not see the additional resource as having an immediate impact. The Board was advised that there had been a slight decrease in the acute pressures over the last days. 4. Mr Spencer had noted in the latest staff briefing that staff had been encouraged to take annual leave despite the pressures. The Chief Executive responded that the Trust's message had been clear that breaks were needed and use of the health and wellbeing support was being encouraged. 5. Dr Gogarty commented that senior managers were critical to the running of the Trust. 6. Mr Humpston endorsed the non-judgemental approach being taken to the industrial action. <p>Resolved: That the Board noted the report.</p>	
SECTION 2 – Quality and Performance		
P08/23	2.1 Key Issues report - Quality and Patient Safety Committee	
	<p><u>Received for assurance</u> report from the meeting held on 20 December 2022 presented by Mr Khatib, Non-Executive Director, who highlighted the alerts and escalations and the following issues:</p> <ul style="list-style-type: none"> • A report was received from the Patient Experience Group, with one alert regarding loss of property and the complexity of this issue was detailed. • One alert related to the deteriorating antimicrobial audit position due to the significant vacancies within pharmacy raised from the Infection Control Committee. The Director of Infection Prevention and Control now had responsibility for antimicrobial stewardship and an update would be provided to a future meeting. • It had been noted that patients were being cared for in corridors and this remained a significant risk due to operational pressures. A question regarding Discharge to Assess would be raised at the Performance Assurance Committee. • The Quarter 2 Safeguarding report was received and the Committee welcomed the positive developments. • A close eye was being kept on perinatal mortality and the issues and timescales were provided. The Committee had noted that good input from the Learning Disabilities nurse at the Learning from Deaths Group. <p>Resolved: That the Board received and noted the report.</p>	
P09/23	2.2 Integrated Performance Report: Quality and Patient Safety	
	<p>The Chief Medical Officer advised that mortality data continued to be closely managed. The Trust was seeing higher acuity patients presenting to the front door in line with the national picture and deaths in the Emergency Department (ED) were higher than expected as a result. There had been a reduction in the number of patients dying from nosocomial COVID-19 but work was ongoing to reduce this further. Perinatal mortality had seen some increase during the winter months but the Trust had good governance in place in relation to the perinatal mortality tool. Good learning had been received from the learning from deaths report.</p>	

	<p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chief Executive observed that with regards to mortality in ED it was important to differentiate those patients who were at the end of their lives and the choices that had been made in the community to take the patient to the ED and those patients who had died as a result of a more traumatic event. The Chief Medical Officer advised that the ED teams had a robust process regarding data presented to the learning from deaths group. 2. The Chief Executive queried the reference to meetings having been cancelled due to operational pressures and the process to ensure that meetings that needed to go ahead were not cancelled. The Chief Medical Officer advised that the medical examiners would report weekly and would raise any concerns. <p>The Chief Nurse highlighted the need for fundamental standards of care to continue despite the pressures and that the Trust had seen an increase in the number of falls. The infection prevention and control challenge at the end of last year had been in relation to the higher numbers of COVID-19 patients, however, this had not increased. It was important to note the ongoing challenge from flu and other respiratory disease. Guidance had been received that the peak for flu numbers should be reached in the next few weeks followed by a decrease. From a patient experience perspective the main cause of complaints related to poor communications.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 3. Mr Spencer noted the higher prevalence of flu in Suffolk than North East Essex and questioned whether there was any correlation with vaccination rates. The Chief Nurse confirmed that there was no correlation. 	
P10/23	<p>2.3 Care Quality Commission (CQC): response to inspection letter 2022</p>	
	<p><u>Received for assurance</u> report regarding the response taken by the Trust following the CQC inspection of medical care (Older People's Services) in November 2022 in relation to any immediate issues of note presented by the Chief Nurse.</p> <p>An unannounced inspection was undertaken on 3 November 2022 and informal verbal feedback was received on the day. Formal feedback was received on 8 November 2022 and a written response was submitted to the CQC thereafter, providing an update and assurance on the key items identified during the inspection. The draft report from the CQC had been received and was currently being reviewed as part of the factual accuracy process.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chief Executive noted that there had been some interest in the press yesterday. He would be writing to the CQC and NHS England regarding the level of pragmatism needed during the current challenges particularly in relation to staffing levels, whilst recognising that there were issues raised which the Trust could improve. 2. Mr Bloomfield queried whether the wards inspected were part of the 15 steps programme and whether the doctor who was not complying with infection prevention had been identified and spoken to. The Chief Nurse confirmed that the doctor had been dealt with appropriately and that whilst the 15 steps visits were helpful, it was not helpful if many visits were taking place to the same areas and he would be working with the patient experience team on this. 3. Mr Spencer had been pleased to hear that reviews of staffing were taking place three times a day but questioned the net result and learning for those areas that are regularly challenged, and whether a monthly update to the Board would be useful for understanding. The Chief Nurse confirmed that a formal process was in place but this was an incredibly dynamic situation and a cross divisional staffing group looked forward and backwards. He would pick this up with Mr Spencer regarding a presentation to the People and Organisational Development Committee. 4. Dr Gogarty stated that it was important not to lose sight of the fact that staffing was not at the levels required. It was important not to lower standards and correct for the CQC to highlight this. The Chief Executive agreed but stated that the Trust always set the bar very high for staffing and safety but pragmatism was needed from the CQC during the current challenges being seen across the health and care sector. 	GT

	<p>5. Mr Khatib questioned what was being done about the individuals identified in the report. The Chief Nurse advised that the safeguarding team were providing support including in relation to deprivation of liberty.</p> <p>6. The Deputy Director of People and Organisational Development advised that the workforce dashboard detailed the staffing levels which were monitored daily. Staff moving roles would not be shown in the figures.</p> <p>7. The Chief Nurse confirmed that the action plan would be taken forward by the Quality and Patient Safety Committee but the final report would be brought to Board for assurance.</p> <p>Resolved: That the Board received and noted the report.</p>	GT
P11/23	<p>2.4 East Kent Maternity Report: “Reading the Signs”</p>	
	<p><u>Received for assurance</u> report regarding the response taken by the Trust following the investigation report into maternity and neonatal services at East Kent Hospitals NHS Trust in October 2022 presented by the Chief Nurse.</p> <p>The report of the investigation into Maternity and Neonatal services was published on 19 October 2022. A full action plan with recommendations was pending from the investigation and would be provided to all Trusts for implementation in due course by NHSE. It was a requirement for all provider organisations to consider the report in detail, its recommendations and provide an initial overview of the actions being taken in response. This report provided a more detailed review following the initial report to the Board. At present four main areas for action had been identified based on the report findings and the actions taken within the Division and across ESNEFT were presented to provide assurance to the Board that the concerns were being mitigated despite further guidance being awaited.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Khatib found it disappointing that many of the recommendations had been made many years ago and these remained. Time had been scheduled at the Quality and Patient Safety Committee for detailed consideration but it was recognised that improvements still needed to be made. 2. The Chief Nurse advised that the Trust had received colleagues from the ICB who had reviewed the preparation for the next CQC inspection. 3. The Chief Medical Officer noted that this required wider teamwork. The division was focusing on culture and the need for any concerns to be raised through the maternity neonatal forum. 4. Mr Spencer advised that this connected with the conversation at the People and Organisational Development Committee and whether there was enough support available for practice education staff. The Chief Nurse advised that the support available had been increased. Mr Khatib observed that when he had visited the wards staff had been pleased with the support available. The Chief Medical Officer advised that the system Medical Director recognised the need to extend the medical support available. 5. The Chief Nurse advised that when received the East Kent Report had been sent to all divisions and would be picked up operationally through the Patient Safety Group. 6. Mr Humpston commented that the tone of the East Kent report was “angry” and queried whether this was usual. The Chief Executive felt that this was an interesting reflection and might be linked to the growing frustration towards the NHS from the public and politicians. <p>Resolved: That the Board received and noted the report.</p>	
P12/23	<p>2.5 CNST (Clinical Negligence Scheme for Trusts) Maternity Incentive Scheme safety standards</p>	
	<p><u>Received for approval</u> introduced by the Chief Nurse and Dr Andrea Turner, Divisional Director.</p> <p>In August 2021, NHS Resolution launched year 4 of CNST to continue to support the delivery of safer maternity care. Owing to the COVID-19 pandemic, the scheme was paused from December 2021 – 6 May 2022 and since the relaunch in May 2022 there had been several iterations of the set of 10 safety standards. The latest and final version of the scheme was</p>	

	<p>issued in October 2022, additionally revising the submission date to 12 noon on Thursday 2 February 2023. This applied to all acute trusts that deliver maternity services and are members of the scheme. Members have contributed an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. Trusts that can demonstrate achievement of all 10 standards will recover the element of their contribution relating and will also receive a share of any unallocated funds. Should the Trust not achieve all 10 maternity safety actions, the Board is required to 'declare and submit an action plan for those actions not achieved.</p> <p>Detailed evidence is available to support each of the standards and reporting on maternity services is included within the Integrated Performance Report and Every Birth Every Day updates to Board. The Quality and Patient Safety Committee considered detailed reports and received a clear presentation against each standard at its meeting held on 20 December 2022. This and the evidence had been reviewed by the Chief Nurse and compliance was confirmed in nine of the 10 standards. The Committee recognised that mitigating action would be presented to the Board regarding safety action 1 to form part of the submission as this was presented as non-compliant for one element. The governance processes implemented to avoid a recurrence of late reporting had been reviewed by the Director of Governance to provide additional assurance to the Board. A Standard Operating Procedure was now in place, which included a failsafe escalation plan for any element within four weeks of the deadline to ensure this was not missed again. In addition, at the time of the Committee meeting, the evidence had not been fully compiled for standards 4 and 8, these had now been completed and both had been found to be compliant. Following Board approval, the Chief Executive would discuss with the Integrated Care System Accountable Officer, and both would sign to enable submission.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Khatib advised that the Quality and Patient Safety Committee had approved the submission as presented at that meeting and had been assured that the Trust had strong mitigations in place to ensure that mothers and babies were safe. 2. Mr Spencer queried whether the financial implications were changeable if standards were not met. The Director of Finance advised that the Trust's core bill for CNST was c£26m with an additional £1m charge which could be recovered if the standards were met. A prudent assumption had been made that the Trust would not be able to do so. 3. Mr Millar noted that this was a "marginal fail" and the Audit and Risk Committee looked at actions which had not been completed and recognised the work done by the Women and Children's division. Mr Millar questioned the impact if the mitigations were not effective 4. The Director of Strategy, Research and Innovation noted that whilst the division were working to comply, the failure was at handover of responsibilities and he would question whether the lessons had been learnt. 5. Dr Gogarty asked when the Trust would meet the requirements for the neonatal medical workforce. The Chief Medical Officer advised that following the action plan last year two additional members of staff had been added which was thought to be adequate. However, now a further person was required on the rota. The team was looking ahead to what was likely to be required for all standards next year. 6. The Managing Director noted the potential financial implications and asked whether there were elements which could have been strengthened as the expectation was that every year this would become more challenging. 7. The Chief Executive stated that there was always learning but the wider learning needed to be explored. He would take an action to take this forward with his executive colleagues. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and approved the submission of non-compliance and the mitigating action. • Delegate to the Chief Executive the appropriate discussion with the Integrated Care System Accountable Officer and sign off to enable submission by 2 February 2023. 	NH
P13/23	2.6 Quality Strategy 2022/27	
	<u>Received for approval</u> presented by the Chief Nurse.	

	<p>The ESNEFT Quality Strategy provided the overarching framework for the delivery of quality care at ESNEFT. The document had been shared with stakeholders and their feedback had been incorporated. The Chief Nurse thanked those involved with developing the Strategy. The Board was asked to ratify the draft Quality Strategy as approved by the Quality and Patient Safety Committee and Executive Management Committee.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Millar queried whether there would be an ICB strategy. The Chief Nurse advised that the Trust was mandated to have a Quality Strategy but this was aligned to the ICB strategy. <p>Resolved: That the Board received and approved the Quality Strategy 2022/27.</p>	
P14/23	<p>2.7 Addressing Health Inequalities Strategy 2022/26</p> <p><u>Received for approval</u> presented by the Chief Medical Officer.</p> <p>To support the Trust's focus on inequalities a strategy and underpinning work plan had been developed, with two key areas of focus: Risk Factor Management including obesity and smoking and the nationally recognised CORE20Plus 5 approach (most deprived 20%, core ICS groups with poorer health outcomes plus 5 clinical areas of health inequalities). There would be a focus on ensuring access to treatment was equitable for all patients. The strategy was a collaborative document and had been developed with key stakeholders. The Quality and Patient Safety Committee had recommended the strategy to the Board for approval prior to it being socialised and launched both internally and externally.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Dr Gogarty supported the strategy but would encourage this to be rolled out at scale and as soon as possible. 2. The Director of Strategy, Research and Innovation commented that it was good to see the level of ambition but also the processes to measures success. 3. The Chief Executive commended the work and agreed the need to progress at pace and highlighted the importance of the making every contact count. The Chief Medical Officer agreed that this approach had to be woven into all groups within the Trust and the wider communities. <p>Resolved: That the Board received and approved the Addressing Health Inequalities Strategy 2022/26.</p>	
SECTION 3 – Strategy and Transformation		
P15/23	<p>3.1 ESNEFT as an Anchor Organisation</p> <p><u>Received for noting</u> presented by the Director of Finance.</p> <p>ENSEFT as an Anchor Organisation had a wide-ranging role within the community including provision of local employment, use of local suppliers and support to improve the environment and over the past year had been progressing with activities. The recent careers fair to encourage local students to work in the NHS had been a real success with over 500 students attending and the intention was for this to become a regular event. The Trust was also progressing its environmental plan.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Director of Communications and Engagement observed that it was important for colleagues to hear about the work being undertaken and noted that the ongoing work with the Armed Forces Covenant could also look at progressing this. 2. Dr Gogarty questioned commissioning from local voluntary groups. The Director of Finance advised that the ICB did this and the Trust had a weighting on local companies when going out to tender. 3. The Chair noted that relationships with community groups was an aspect of this work as it developed. 4. Mr Spencer had been encouraged by the real life examples, particularly the work with local 	

	<p>students, and the need to consider the bigger picture.</p> <p>5. Mr Khatib questioned the inclusion of diversity as part of the anchor organisation work.</p> <p>6. The Board requested that the areas which had been raised for development were progressed and incorporated into a future report.</p> <p>Resolved: That the Board received and noted the report.</p>	AM
SECTION 4 – Finance and Performance		
P16/23	4.1 Key Issues report - Performance Assurance Committee	
	<p><u>Received for assurance</u> from the meetings held on 23 November 2022 and 21 December 2022 presented by Mr Bloomfield, Non-Executive Director.</p> <p>Mr Bloomfield highlighted the following items from the December meeting, noting that the report from November had been considered by the Board in private session in December.</p> <ul style="list-style-type: none"> Operational Performance Report (Acute) – The Committee had been informed that the main concern continued to be around patient flow and the level of demand for emergency care. The current position had been considered including impact on ambulance offload delays and delivery of care within 78 weeks. The financial position was largely aligned with the previously agreed plan. The challenges discussed were delivery of the Cost Improvement Plan (CIP) trajectory and the risk of spending capital funds if national agreement could not be obtained for proposed brokerage. <p>Resolved: That the Board received and noted the reports.</p>	
P17/23	4.2 Integrated Performance Report: Performance	
	<p><u>Update provided for assurance</u> by the Managing Director.</p> <p>Since the last meeting ED had seen a 23% increase in activity which had impacted on flow through the Trust. Additional capacity had been opened on the acute sites and an additional ward had been opened at Clacton Hospital. The Trust was starting to see a reduction in flu and the support received from partner organisations was starting to have an impact. Mitigation plans for upcoming industrial action had been strengthened; an insourced company had been brought in to address the 18 weeks position in general surgery and gastroenterology; capacity in diagnostics had been increased and the Managing Director stated that he was confident that the internal ambition would be achieved.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> Dr Gogarty asked for clarity about the flow scheme. The Managing Director advised that this had impact had now been demonstrated and a review of all the winter schemes and their effectiveness would be undertaken in a few months' time. 	
P18/23	4.3 Integrated Performance Report: Finance	
	<p><u>Update provided for assurance</u> by the Director of Finance.</p> <p>The Board was informed that revenue was reporting a £276k year to date surplus with month 9 showing a similar situation forecasting break even at the end of year. CIP was currently £5m adrift of the target, which had been ambitious. The impact of inflationary pressures had been discussed at the Performance Assurance Committee. Business planning meetings had been held with divisions this week and they would need to look at productivity for both operational and financial benefit. Discussions continued regarding brokering of £30m capital into 2023/24 which was supported by region, however, national agreement was awaited.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> The Director of Digital and Logistics observed that the responsiveness of staff and teams in outpatient services should be recognised having continued to see patients despite their areas being used to support ED. The Chief Executive questioned whether a return to payment by results was considered as a risk or opportunity. The Director of Finance advised that there was a commitment 	

	<p>nationally to pay for any treatment delivered alongside a clear message that if targets were not achieved funding would be removed. The Chair queried whether the reintroduction of payment by results would operate at a system level. The Director of Finance advised that this had not yet been confirmed, but it was likely and would then need organisational discussion and agreement within the local system.</p> <p>3. The Managing Director advised that the Trust was working closely with West Suffolk Hospital regarding the opportunities and the national team was encouraging organisations to work together. The Director of Strategy, Research and Innovation added that the working group looking at collaboration between the two trusts was now developing the governance arrangements. The Director of Digital and Logistics observed that business planning meetings had raised the issue of wider collaboration which needed to be progressed at pace by the system.</p>	
SECTION 5 – People and Organisational Development		
P19/23	5.1 Key Issues report - People and Organisational Development Committee	
	<p><u>Received for assurance</u> report from the meeting held on 24 November 2022 presented by Mr Spencer, Non-Executive Director, raising the following issues:</p> <ul style="list-style-type: none"> • A deep dive on staff experience was undertaken and the annual report from the Freedom to Speak Up Guardian was received. He had thanked leaders for the support. To meet new guidance, a revised policy had been prepared for publication early next year; a link to the Board self-assessment tool was included and the requirements for its completion including development of an improvement plan. All Board members were recommended to read the new guidance from the National Guardian’s Office. The Non-Executive and Executive leads would work with the guardian to refine the report prior to presentation to Board in public. • The Guardian of Safe Working Annual Report was received relating to issues affecting Junior Doctors who exception report when they work extra hours. • The General Medical Council (GMC) Annual Survey results had been presented. These had been considered in detail by the Executive Management Committee with the work of both Guardians feeding into the outcome and action planning. • The significant work taking place regarding retention including the recruitment of retention partners to focus on why staff were leaving and to enhance induction and support. Multiple methods had been deployed to support Healthcare Assistants (HCAs) and this was discussed in detail, recognising that retention rates had not yet improved. <p>Resolved: That the Board received and noted the report.</p>	
P20/23	5.2 Integrated Performance Report: Workforce and Organisational Development	
	<p><u>Update provided for assurance</u> by the Deputy Director of People and Organisational Development who highlighted that over the last weeks the team had been focused on industrial action mitigation.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Millar observed that the Freedom to Speak Up Guardian and Safe Working Guardian had expressed concern about the mechanisms that would highlight any issues. The Chief Executive agreed that this area could be improved but the Trust had to maintain a degree of optimism whilst recognising the challenges. He believed that the Trust was listening but needed to ensure that leaders felt supported and enabled to hold conversations with staff. 2. Mr Bloomfield was interested to understand the confidence of other groups in proportion to numbers in the workforce. The Chief Nurse recognised that there was a lot of unofficial support being provided within the organisation which would not be formally recorded. 3. The Director of Estates and Facilities noted the importance of recognising the success of the two weeks “reset” and some of the discussions that had taken place during this intense time, when staff had welcomed the input and support provided. 4. Mr Spencer noted the conversation at the People and Organisational Development Committee when the importance of staff feeling heard had been raised. 	

SECTION 6 – Governance		
P21/23	6.1 Key Issues report - Audit and Risk Committee	
	<p><u>Received for assurance</u> report from the meeting held on 14 December 2023 presented by Mr Millar, Non-Executive Director:</p> <ul style="list-style-type: none"> • Medical Devices Management action: A position statement was presented on the work undertaken in the last six weeks to track equipment and ensure that all staff had the appropriate training. The Deputy Chief Medical Officer attended, and the Committee received assurance on progress of this long-term project. This issue was being formally picked up through the Quality and Patient Safety Committee. • Procedural Document Register Update: A reduction in outstanding policies had been seen within the Women’s and Children’s Division and the Chair would be meeting with their Divisional Director to provide the Committee’s thanks for the significant progress. • The final Audit Completion report for the Charitable Funds audit 2021/22 had been received for assurance. • Internal Audit and Counter Fraud Services: A meeting had been held without the auditors in attendance to consider the joint procurement exercise for ESNEFT and the Suffolk and Norfolk East Essex Integrated Care Board to appoint internal auditors for three years from 1 April 2023. The recommendation was accepted. • Appointment of Charity External Auditors: The process and timeline to appoint auditors to undertake the charity’s audit for 2022/23 was agreed and the approval process for the preferred appointment was being confirmed. <p>Mr Millar advised that just prior to the Committee private meetings had been held with the external and internal auditors. Neither had raised any concerns about their relationship with the Trust.</p> <p>Resolved: That the Board received and noted the report.</p>	
P22/23	6.2 Trust Seal Quarterly Report	
	<p><u>Received for assurance</u> presented by the Trust Secretary.</p> <p>Standing Order 8 requires that the Board of Directors receive a report on the sealing of all documents under the seal of ESNEFT. The Board of Directors was notified that the seal of the Trust had been used on 10 occasions since the last report.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 7 – Questions from the Public		
P23/23	7.1 Public Questions	
	<ol style="list-style-type: none"> 1. Tim Newton, public governor, advised that he had been asked by Helen Rose, lead governor, to make the following comments in her absence: <ul style="list-style-type: none"> • Governors were accountable to their communities and it was important to recognise the unprecedented pressures that the Trust was currently under, thank staff for their ongoing efforts to improve care wherever possible and highlight positive progress and the additional work carried out over the recent weeks and months. • Whilst reference was made to governors in the minutes, the question of inclusion on the minute was raised. The Trust Secretary noted that whilst the Trust was clear of the importance of the role of the governors other attendees to the public board meetings were not listed on the minutes and this conversation had been held previously. However, governor attendance would be noted in the Trust’s Annual Report. This was supported by the Director of Communications and Engagement with regard to attendees who would not necessarily wish for their presence to be included. 2. The Board was asked what governors could do in the present circumstances. The Chair advised that within the networks and organisations that governors were involved with it would be helpful to share the messages from today’s meeting. The Director of Communications and Engagement would provide a briefing about the actions being taken regarding current operational pressures and the planned industrial action next week. 	RD/AF

SECTION 8 – Other Urgent Business		
P24/23	8.1 Any Other Urgent Business	
	No further items of business were raised.	
P25/23	8.2 Date of next meeting The next ESNEFT Trust Board meeting in public would be held on Thursday 2 March 2023, venue to be confirmed.	

Signed Date

Helen Taylor
Chair

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