

Minutes of the Trust Board Meeting in public

Held on Thursday 2 March 2023, 9.30am

**Joshua/Genesis Room, Kingsland Church Community Centre, 86 London Road, Lexden,
Colchester CO3 9DW**

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
Ms Fiona Ryder	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
Dr Angela Tillett	Chief Medical Officer
Dr Giles Thorpe	Chief Nurse

IN ATTENDANCE:

Ms Rebecca Driver	Director of Communications and Engagement
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)

APOLOGIES:

Mr Paul Fenton	Director of Estates and Facilities
Mr Mike Meers	Director of Digital and Logistics

3 governors attended to observe the meeting

SECTION 1 – Chair’s Business		ACTION
P26/23	1.1 Welcome and Apologies for Absence	
	The Chair welcomed all attendees to the meeting, particularly welcoming Ms Fiona Ryder to her first Board meeting as a Non-Executive Director. Apologies for absence were noted.	
P27/23	1.2 Declarations of Interest	
	No new declarations of interest were raised.	
P28/23	1.3 Minutes of the meeting held on 12 January 2023	
	The minutes of the meeting as presented were approved as a correct record.	
P29/23	1.4 Matters Arising – Action Log	
	The action log was received and noted.	
P30/23	1.5 Patient Experience	
	<p><u>Received for noting</u> a patient experience story provided by trans couple Casper and Kyle via video presented by the Chief Nurse relating to maternity care at the Trust.</p> <p>The Chief Nurse advised that work had been taken forward in maternity services and the wider organisation to improve inclusivity and that the Trust was separating the trans care policies for patients and staff working with The OutHouse at Colchester as a critical partner.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Dr Gogarty queried whether staff could be provided with name badges showing their preferred pronouns. The Chief Nurse advised that the team was working to amend staff badges. 2. Mr Bloomfield questioned how far the process of inclusivity still had to go at the Trust. The Chief Nurse observed that societally there was still a long way to go but with increased normalisation and education he felt that the position would improve and there was determination to achieve this at ESNEFT. 3. The Chief Medical Officer commented that the video would help staff to understand the best way to approach people particularly noting the message from Casper and Kyle that it was okay for professionals to ask if they were unsure about the preferred pronouns. 4. The Director of Strategy, Research and Innovation noted that the impact on staff of watching the video related to all patients and the personalisation of care. 5. The Chief Nurse advised the Board that there were a few case studies that were being reviewed for the leadership programmes and the work moving forward with the Electronic Patient Record would consider preferred pronouns. 6. Dr Gogarty felt this needed to be taken wider. The Chief Nurse agreed that this work needed to be taken through the networks for the wider organisation. 7. The Chief Executive confirmed that the Trust was being sensitive around posters and communications, viewing these through the lens of inclusivity for all services. 8. Mr Khatib stated that to promote wider awareness a Schwartz round would be useful. 9. The Chair asked that the Board’s thanks were passed to Kyle and Casper for sharing their birth experience at the Trust. This would be actioned by the Chief Nurse. <p>Resolved: That the Board received and noted the report.</p>	
P31/23	1.6 Report from the Trust Chair	
	<p><u>Received for information</u> a verbal report.</p> <p>The Chair observed that this would have been the Director of Estates and Facilities’ last Board meeting in public and she would like to publically recognise the work that Paul Fenton had undertaken on behalf of the Trust and nationally and wish him well for his retirement. The Chair noted Paul and his teams’ essential role, particularly during the pandemic, and that Paul would leave the Trust with a transformed and improved estate.</p> <p>The Chair updated on the following items:</p>	

	<ul style="list-style-type: none"> • This had been a landmark week for the new £64 million elective orthopaedic centre at Colchester Hospital. On Monday a large crane arrived to lift the first building blocks into place. During this week, the crane would move the first 37 of 289 pre-built modules which would make up the centre into position. • Patients were now receiving pinpoint treatment for some complex tumours closer to home after ESNEFT became one of only six centres in the UK to begin using the latest microwave ablation technology. This allowed clinicians to use an image taken during a CT scan to place a needle into the centre of a liver or kidney tumour and destroy the cancer cells using heat from microwave energy. ESNEFT was now able to treat patients who would previously have travelled to Addenbrooke’s Hospital in Cambridge. • The Chair had been very pleased to spend time with the Butterfly Volunteers and was delighted to share the news of a successful appeal for calm, compassionate people with excellent listening skills to join a team of specialist volunteers who offer vital support to end of life patients at Colchester Hospital with at least 20 potential new recruits. • An idea from three junior doctors to make a difference and encourage their colleagues, that was initially trialled in some of the Ipswich and Colchester wards, was now available to all staff from this month. It had been called GREATix and let colleagues nominate others for their great work. The Trust’s incident reporting system was called Datix so the name GREATix would resonate with many colleagues. • It had been good to talk to those at different levels of their careers at an apprenticeship event and also to attend a lunch for colleagues who were retiring. • The Colchester and Ipswich Hospitals Charity was working in partnership with the RHS (Royal Horticultural Society) to bring resources and expertise to the design and build of a much needed Wellbeing Garden at Colchester Hospital. High profile garden designer and RHS ambassador Adam Frost would be leading the co-design of the garden. Colleagues from the RHS would facilitate a discussion around how the space could be used to which colleagues and representatives from the local community had been invited. • A successful fundraising campaign for the new breast care centre was the production of sculptured blooms handmade within Suffolk, Blooms for Blossom. This had been restarted this spring and the sponsored blooms would be “planted” in the new Breast Care Centre garden. Amanda Pritchard, Chief Executive of NHS England, who was visiting in late March would be asked to plant the final bloom in the garden outside the new centre. <p>Resolved: That the Board noted the verbal update.</p>	
P32/23	1.7 Report from the Chief Executive	
	<p><u>Received for information</u> a verbal report presented by the Chief Executive and a written update provided on the Integrated Care Board and Partnership (ICP) meetings in January and February 2023:</p> <ul style="list-style-type: none"> • Looking at the internal position there were significant challenges arising from the ongoing industrial action. While the Government’s talks with the Royal College of Nursing were welcomed, the most worrying development was the planned three day BMA strike of junior doctors. This would represent a significant risk to patient safety during the strike days and beyond to the planned treatment for patients and make the 78 week waiting time target more challenging. The Board was assured that detailed planning continued to prepare for this strike, with all clinical and operational teams working to minimise clinical risk. The Chief Executive had been very clear that whatever personal decision was made by staff they would be supported. • The Integrated Care Board had met on 23 January 2023 and the Integrated Care Partnership met on 10 February 2023 and a briefing was provided in the papers. An update on the progress of discussions around prioritisation was provided and how important it was that ESNEFT was part of this. • The Hewitt Review was likely to be published on 10 March 2023. This would be a very important report with regard to how the NHS worked. • The Chief Executive ended his report by adding his personal thanks to Paul Fenton, Director of Estates and Facilities, and to Deborah O’Hara, Deputy Director of People and Organisational Development, for her support during the Director of People and Organisational Development’s absence on maternity leave. 	

	<p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Millar understood that the COVID-19 funding was ceasing but he highlighted that the organisation had continued to work hard to manage financial control during the pandemic. The Chief Executive noted that there was a wider cultural shift needed beyond the NHS and also to recognise that the Trust were stewards of large amounts of public money. 2. Mr Khatib commented that whilst the ICB update was helpful most was around strategy and he questioned whether there was discussion around quality and safety. The Chief Executive had been keen that the ICB did not become another layer of assurance with their role to be assured of the internal processes in place within organisations, otherwise there was a danger of duplication. He agreed that this needed to be thought through with the ICB looking at higher levels of performance and leading on gaps in quality and safety. The Chief Nurse advised that there was an ICB quality committee and system group with deep dives into emerging risks but the mechanisms below the ICB were to be developed. 3. The Chief Medical Officer advised that she was unable to give assurance at this point in time that patients would not come to harm as a result of the junior doctors' industrial action. The consultant and operational teams were doing everything they could to reduce the risk to patient safety but it was likely that a significant number of appointments and procedures would be cancelled. The risk of potential harm had been raised at a regional level. 4. Mr Spencer observed that when he had visited the picket lines during the Royal College of Nursing strike that staff were clear that this was not just about pay but concern about staffing levels. The Chief Executive advised that there the need for a long term people plan for the NHS was recognised. The NHS People Plan was now due for publication around April. 5. Mr Humpston noted the financial uncertainty and expressed concern regarding the risk of any agreement reached with the nurses not being fully funded. The Chief Executive advised that the demographic of staff, the growth and demand was recognised nationally. <p>Resolved: That the Board noted the report.</p>	
SECTION 2 – Quality and Performance		
P33/23	2.1 Key Issues report - Quality and Patient Safety Committee	
	<p><u>Received for assurance</u> report from the meeting held on 15 February 2023 presented by Mr Khatib, Non-Executive Director, who highlighted the alerts and escalations.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Bloomfield was glad to see that the Committee was reviewing ways to reduce violence and aggression. Mr Khatib advised that a task force was covering both patients and staff. 2. Mr Millar noted that with regards to the infection control issues the Audit and Risk Committee had asked for detail of the timetable for completion of the actions. 3. The Chief Nurse advised the Board of new National Standards of Cleanliness with associated increased costs. The Committee had questioned costs, priority and the plans in place, and assurance was provided that the team were ensuring the environment was cleaned to required standards, however, the new standard did have an impact on costs which would affect all providers. The Director of Finance added that through the process of business planning £1.4m costs for cleaning were in discussion. Dr Gogarty stated that the Committee view was that not meeting the national targets could not be accepted. 4. Dr Gogarty questioned how the health inequalities funding from the ICB was being used as ESNEFT could have a role in this work. The Chief Executive agreed to take this forward with the ICB. <p>Resolved: That the Board received and noted the report.</p>	NH
P34/23	2.2 Integrated Performance Report: Quality and Patient Safety	
	<p><u>Update provided for assurance</u> presented by the Chief Nurse and Chief Medical Officer:</p> <ul style="list-style-type: none"> • The Chief Nurse advised that PPH >1500ml were the lowest recorded since February 2021 with Colchester being below the national target of 2.5% and Ipswich being marginally over. Indications were that this position would continue. • The challenges around tissue viability were being managed. • Duty of candour compliance, partly due to strike action. However, it was expected that an 	

	<p>improved position would be seen.</p> <ul style="list-style-type: none"> • The violence and aggression group had commenced and were working closely with the communications team. There was clear action around the checklist which was commonly used in mental health settings. • There had been increased activity for patients presenting with mental health conditions and the Trust was working closely with partners regarding the ongoing challenge. • The Chief Medical Officer reported on mortality data. HMSR remained higher than expected and the focus was on the learning. Mortality data for January was within seasonal norms as more respiratory illnesses would be expected. During December and January there had been a focus on deaths in the Emergency Department (ED) which were higher than expected, however, exceptional pressures had been seen during those months. It was again recognised that there was learning and the team was working with the system regarding attendances at ED. • The introduction of the ReSPECT tool across the system from March would allow better forward planning by asking patients about their wishes, particularly towards the end of their life. • With regards to perinatal mortality, data fluctuations had been noted during the pandemic. Every case had a detailed review and numbers were low. A higher level of preterm births was being seen than expected. • Much quality improvement work was taking place within maternity services. The national programme regarding learning from deaths was not yet quite complete, however, the local teams would be soft launching this from April. <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Millar commented that as a former hospice CEO he welcomed the work being carried out on end of life care. Patients brought to ED, if they did not want to be there, was a system failure which the ICB needed to be working on. 2. The Managing Director advised of the work underway to look at establishing a community hub that might help to keep patients in the community and provide access to appropriate support. 3. The Chief Nurse advised that ReSPECT was a very positive tool which allowed collegiate working across care professionals and put the patient at the centre. 4. Mr Spencer questioned the trend for increased length of stay in ED which could increase the risk for patients. The Managing Director advised that flow throughout the system was the focus as staying longer in ED could increase negative outcomes. 5. Dr Gogarty's understanding was that more people had died in ED because they were in ED longer, not that they received a poorer level of care, and many people had a complication that could not be managed in the community. The Director of Strategy, Research and Innovation stated that it was important to recognise that length of stay beyond 4 hours in ED linearly increased risk of death and the 4 hour standard was in place for a good reason. 6. Dr Gogarty asked for clarification around the term "unstageable" in relation to pressure ulcers. The Chief Nurse responded that this related to blistering which meant the level of damage could not be managed. Mr Khatib advised caution when looking at the data as this was not always cleansed as much as it should be. 	
P35/23	<p>2.3 Care Quality Commission (CQC) final report</p>	
	<p><u>Received for approval</u> final report following the CQC inspection of medical care (Older People's Services) in November 2022.</p> <p>The Care Quality Commission (CQC) conducted an unannounced statutory inspection of services at Colchester General Hospital on 3 November 2022, focused on medical care and older people's services; and published the formal report of that inspection on 2 February 2023. A copy of the report was appended to the paper. As was usual following such an inspection, an action plan had been prepared in response to the matters identified for improvement and was attached, for the approval of the Board. Once approved this would be submitted to the CQC and progress would be regularly reviewed through the Quality and Patient Safety Committee, supported by the Patient Safety Group and Clinical Reference Group, in association with the wider action plan from the previous full inspection for the Trust, which was published in 2020.</p>	

	<p>Questions and Comments</p> <p>1. The Chair questioned whether the Board could be assured that the immediate actions had been taken. The Chief Nurse gave assurance that the immediate actions had been taken and this would continue to be monitored through the Board Assurance Committees.</p> <p>Resolved: That the Board received and noted the report and approved the action plan.</p>	
P36/23	<p>2.4 Every Birth Every Day Programme Report</p>	
	<p><u>Received for assurance</u> report presented by the Chief Nurse.</p> <p>The Board was informed that the use of Nitrous Oxide had been restarted as remedial ventilation works had been completed and ongoing testing was in place. A new director of midwifery had been appointed and would join ESNEFT soon.</p> <p>Questions and Comments</p> <p>1. Mr Bloomfield noted the alert in the CKI around the Rapid Quality Review. The Chief Nurse advised that due to some concerns being raised externally a Rapid Quality Review meeting had been requested by the Trust, led by the ICB with appropriate stakeholders, to ensure that all parties were aware of the concerns and actions that were being taken to address them. The Chief Nurse assured the Board that nothing had been raised that the Trust was not already aware of, and this was covered by the Every Birth Every Day programme.</p> <p>Resolved: That the Board received and noted the report.</p>	
<p>SECTION 3 – Strategy and Transformation</p>		
P37/23	<p>3.1 Strategic Plan Monitoring – Quarter 3 Report</p>	
	<p><u>Received for assurance</u> paper setting out an updated position on delivery of the Time Maters Board (TMB)/Strategic plan and programme success measures as at the end of Q3 2022/23 presented by the Director of Strategy, Research and Innovation.</p> <p>Two of the 9 ‘late’ projects had requested a revised completion date to March 2023, Estate Strategy - Use and development of St Clements land and acquisition of next cohort of community sites (Clacton). The acquisition of Clacton community hospital was being delayed due to Secretary of State Review.</p> <p>Questions and Comments</p> <p>1. The Chief Executive reflected that despite the challenges of the last three years the organisation had kept an eye on the longer term, for buildings, transformation and innovation. The challenge would be how the trajectory towards improvement recognised what was reasonable to expect.</p> <p>2. Mr Millar agreed and noted the catalogue of progress but questioned why six of the 25 projects which were currently categorised as being at risk had requested a revised target completion date and whether these were mission critical as drivers of efficiency gain. The Director of Strategy, Research and Innovation advised that all the projects on the plan were felt to be important. In a complex programme not everything would run on track and there were only 25 schemes out of 129 categorised as being at risk, some having a clear route to delivery, whilst others were less clear.</p> <p>3. The Managing Director highlighted the good progress being made in this hugely challenging programme and the high ambition of the Trust.</p> <p>4. Mr Khatib asked whether the Trust would be able to deliver the clinical strategy. The Director of Strategy, Research and Innovation advised that the schemes were continually under review by the TMB and whilst outcomes to deliver the strategy were needed there might be some substitutions.</p> <p>Resolved: That the Board received and noted the report.</p>	

SECTION 4 – Finance and Performance	
P38/23	<p>4.1 Key Issues report - Performance Assurance Committee</p> <p><u>Received for assurance</u> from the meetings held on 25 January 2023 and 22 February 2023 presented by Mr Bloomfield, Non-Executive Director.</p> <p>Mr Bloomfield advised that there had been no alerts to the Board from the January meeting. The alerts and escalations from the meeting held on 22 February 2023 were highlighted. The Board was informed that the capital brokerage of £30m into 2023/24 had been confirmed, which was a significant achievement for the Trust led by the Director of Finance and team.</p> <p>Resolved: That the Board received and noted the reports.</p>
P39/23	<p>4.2 Integrated Performance Report: Performance</p> <p><u>Update provided for assurance</u> by the Managing Director:</p> <ul style="list-style-type: none"> • Cancer performance had seen some significant progress since November and was expected to deliver the trajectory for 68 days wait. The national target set for next year was less ambitious but the Trust was looking to maintain the progress made. • For emergency performance some key developments were taking place, learning from the planning for seasonal pressures. • There was a continued focus on discharge and the Trust was leading the way on short lengths of stay in the region, however, there was an issue around patients waiting for planned care for no longer than 78 weeks. Whilst the Trust had made good progress, there was a risk from any further industrial action and discussion was taking place regionally and nationally. A new Director role would be advertised to help deliver the elective recovery programme following approval of the post by the Trust's Remuneration and Nomination Committee.
P40/23	<p>4.3 Integrated Performance Report: Finance</p> <p><u>Update provided for assurance</u> by the Director of Finance:</p> <ul style="list-style-type: none"> • The Trust's year end forecast remained break even. • The cost improvement programmes were currently under delivering. • The application to the Department of Health and Social Care for 'brokerage' of £30m capital had been secured which meant that this capital could be carried over to the next financial year, which was significant in terms of the ambitious work programme and meant that breakeven was now forecast for capital. • For the 2023/24 financial year progress was being made by the divisions and corporate departments on the business plan which would be presented to the 30 March 2023 Board meeting for final approval following consideration by the Non-Executive Directors and Performance Assurance Committee. The aim was to come to a break-even business plan although there would be some risk and tough choices to be made to achieve this. • The system was currently reporting a deficit. <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Millar observed that the overall message was that 2023/24 would be difficult and the conversation was around what could be done for patients within the money available. 2. The Director of Finance advised that with regard to pay it was important to note that this would be funded nationally but might be taken from development money. The assumption was a 2% rise for 2023/24 with a further 1% held by NHS England (NHSE). If the pay award was above this level, there would be further discussion between NHSE and the Treasury. 3. Dr Gogarty noted additional beds in the community. The Managing Director advised of the need for flow through the hospital but that sufficient staffed capacity in the community was required. The Chair commented that Aldeburgh Hospital now had 29 beds compared to 20 beds previously and were facing the same challenges due to lack of community placements. 4. Mr Humpston recognised the work being undertaken and noted the implications that there would be difficult decisions required and asked what the Board would be faced with. The Director of Finance responded on the intention to commit to a fully funded bed model, however, £15m was available for bed capacity with current plans for £23m. A process

	<p>was being undertaken to prioritise and choices would have to be made, some of which related to ERF discussions and the methodology to be used to allocate this funding. Part of the discussion around beds was that there was a significant amount of funding being provided to social care and the impact on the Trust. The Managing Director added that business planning was not an unfamiliar process with the divisions, and it was known that not all aspirations could be supported, but a good process had been established to make the decisions.</p> <p>5. The Chief Medical Officer commented on the system approach and concerns related to outpatient waits and follow-up appointments. The totality of the picture needed to be considered. At the GP Forum some GPs were being asked to do more for hospital follow-up and did not feel they had capacity, which was leading to a growing tension. The Managing Director advised that the Trust was in discussion with regional colleagues regarding follow-up appointments and the importance of having sufficient capacity.</p> <p>6. Ms Ryder questioned the development of virtual wards and the impact on the bed model next year. The Managing Director believed that virtual wards would contribute to the capacity plan and the team was now looking at uptake and capacity available in the community.</p> <p>7. Mr Khatib noted that the Trust was unlikely to achieve the CIP target this year and asked what would be done next year to contribute to the position. The Managing Director advised that CIP delivery was being considered as part of the business planning sessions and the divisions were looking at opportunities. Trust wide schemes which would bring divisions together were also being considered. The Director of Finance added that the current assumptions on CIP were that any under delivery would be carried forward plus 1.5% CIP cash releasing and 1.5% productivity ambition. Moving forward to a PBR environment consideration was being given to reducing the cash releasing CIP to 1% and increasing productivity to 2%. It was noted that some organisations were looking at even higher CIP targets.</p>	
SECTION 5 – People and Organisational Development		
P41/23	5.1 Key Issues report - People and Organisational Development Committee	
	<p><u>Received for assurance</u> report from the meeting held on 17 January 2023 presented by Mr Spencer, Non-Executive Director who highlighted the alerts and escalations to the Board.</p> <p>Resolved: That the Board received and noted the report.</p>	
P42/23	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.</p> <p>The Trust continued to benchmark across the national average for vacancy and retention. Funding had been secured from the ICB for a recruitment and retention hub from April.</p> <p>Questions and Comments</p> <p>1. Dr Gogarty observed that the work of ESNEFT as an anchor organisation was positive, especially for deprived areas. The Deputy Director of People and Organisational Development noted that the ICB wide “recruitment bus” had identified 81 potential candidates, with the on-boarding process underway for 50 candidates.</p> <p>2. The Chief Nurse reported that the Trust was working on introducing an award scheme which would involve touch points with students. The ICP would be only the second system in the region to pilot this.</p>	
P43/23	5.3 Freedom to Speak Up Guardian Report	
	<p><u>Received for assurance</u> report presented by Tom Fleetwood, Freedom to Speak Up (FTSU) Guardian.</p> <p>The report provided members of the Board with an update on the activities progressed by the Freedom to Speak Up Guardian during the period October 2021 to October 2022, the concerns that had been raised with the Guardian and the programmes of work that were underway.</p>	

	<p>Mr Fleetwood advised that future reports would be provided to the Board on a six-monthly basis. The report had been written in accordance with the eight principles and none of the recommendations should be too difficult to achieve for a mature organisation. Mr Fleetwood thanked members of the executive team for their help and support when he had cause to approach them regarding issues in their areas. However, Mr Fleetwood noted that there were some areas of management that did not recognise that people who raised issues should be listened to and supported.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chief Executive noted the specific recommendation around training and asked whether sufficient weight was being given to the issue of freedom to speak up and raising concerns. The Deputy Director of People and Organisational Development advised that more focus could be given and made part of the induction for leaders. A new training programme for all staff was being developed and she would work with Mr Fleetwood on this. The Board was advised that she met with Mr Fleetwood each month to discuss issues for discussion with managers if required. 2. Mr Bloomfield observed that the Trust wanted a system that every member of staff felt confident to use and the report did not include much breakdown of staff who used the scheme. Mr Fleetwood advised that details from the records could be provided. He had received issues from all levels of the organisation. 3. Mr Spencer advised that as the Trust’s Staff Wellbeing Guardian he also met with Mr Fleetwood monthly and reflected that there was a stronger focus on having a culture where anyone could raise issues. Learning and culture was part of this and sharing experiences would be positive for others. 4. Mr Millar observed that at the Audit and Risk Committee the number of cases of fraud spoke to the culture of the organisation and he would question how freedom to speak up was progressing in terms of the culture rather than numbers. Mr Fleetwood noted that the position could always be improved but the general perception was of a system in place to raise a concern and he was now invited to attend many more staff forums. 5. Mr Khatib noted that Mr Fleetwood was part of the EDI steering group and observed that some cultures would not raise issues. He also noted that he had found the reverse mentoring useful. The Deputy Director of People and Organisational Development advised that there would be two new cohorts in the next few months, with up to 400 people by the end of December who had been through reverse mentoring or talk to transform. 6. The Board asked that the Director of People and Organisational Development led on the revised self-assessment; six monthly reporting and working with the Guardian to build his experience into the revised leadership training requirements. 7. The Trust Secretary informed the Board that a 6 monthly freedom to speak up report to Board was included in the Board work programme and the recently implemented Board induction programme would be reviewed to consider whether additional FTSU information was required. <p>Resolved: That the Board noted the report and supported the recommendations.</p>	DOH
SECTION 6 – Governance – No items received for consideration.		
SECTION 7 – Questions from the Public		
P44/23	7.1 Public Questions	
	<ol style="list-style-type: none"> 1. Helen Rose, Lead Governor, noted the patient story and the message that it was okay to ask regarding preferred pronouns and questioned whether patients and relatives were included in this. The Chief Nurse advised that the Trust promoted patients and relatives being able to ask to ensure they received the information they needed. The Director of Communications and Engagement added that there was more to do to promote “OK to Ask” and the team would be looking at the content of letters to patients over the coming year with support from governors and patient groups. 2. Helen Rose, Lead Governor, noted the community hubs with reference to end of life and asked whether it was planned to expand these. The Managing Director advised that the ambition was to articulate patient wishes at end of life and from April/May the community hubs were aiming to give clinical expertise to support this. 	

	<p>3. Trevor Arnold, Siemens Healthcare Limited, questioned the skills and expertise within ICBs regarding decision making for specialist healthcare provision with the advent of CDCs. The Chief Executive advised that staff skills were not being lost when services were hosted by the ICB rather than region as it was expected that staff would transfer. The aim was to provide the best outcome as close as possible to the patient.</p> <p>4. Councillor Lockington asked where the recruitment buses had visited in Ipswich. The Deputy Director of People and Organisational Development advised that the bus had visited Cromwell Square in Ipswich and would be visiting other areas next month.</p> <p>5. Councillor Lockington noted that only 2% had been allocated for staff pay increases and she felt that requests were likely to be higher. The Director of Finance advised that 2% had been allocated to ESNEFT with a further 1% held back nationally. A commitment had been given that agreed pay increases would be funded centrally, however, further discussion would be required regarding where the additional funding would come from. 5.5% had been allocated for non-pay to cover utilities and inflation on contracts.</p> <p>6. Councillor Lockington questioned where the staff for community hubs would be found. The Managing Director advised that initially 6-7 individuals would be brought together in the same room, but the team was sighted on the potential need for this number of staff to increase. This linked to the virtual wards which would initially be staffed by a relatively small team using those who were already out in the community. The Chief Executive advised that ESNEFT was maximising the opportunities from being an integrated trust which enabled the move of staff between acute sites and the community.</p>	
SECTION 8 – Other Urgent Business		
P45/23	8.1 Any Other Urgent Business	
	No further items of business were raised.	
P46/23	8.2 Date of next meeting The next ESNEFT Trust Board meeting in public would be held on Thursday 4 May 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.