

**Minutes of the Trust Board Meeting in public  
Held on Thursday 6 July 2023, 9.30am  
Joshua / Genesis Room, Kingsland Church Community Centre, 86 London Road,  
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
Mrs 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 Mike Meers	Director of Digital and Logistics
Ms Kate Read	Director of People and Organisational Development
Dr Angela Tillet	Chief Medical Officer/Deputy Chief Executive/Deputy Chief Executive
Dr Giles Thorpe	Chief Nurse

**IN ATTENDANCE:**

Mr George Chalkias	Director of Governance
Ms Rebecca Driver	Director of Communications and Engagement
Ms Ann Filby	Trust Secretary
Ms Karen Lough	Director of Elective Care
Ms Karen Sinnott	Associate Non-Executive Director
Ms Alison Stace	Director of Operations
Ms Usha Sundaram	Associate Non-Executive Director
Ms Amanda Pryce-Davey	Director of Midwifery – Items P83/23 and P84/23
Ms L Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

**APOLOGIES:**

Mr Hussein Khatib	Non-Executive Director
Mr Mark Millar	Deputy Chair / Non-Executive Director

Two governors attended to observe the meeting.

<b>SECTION 1 – Chair’s Business</b>		<b>ACTION</b>
P74/23	<b>1.1 Welcome and Apologies for Absence</b>	
	The Chair welcomed all attendees and members of the public to the meeting. Apologies for absence were noted.	
P75/23	<b>1.2 Declarations of Interest</b>	
	Mr Humpston made a declaration that he was a trustee of Emmaus Cambridge with links to Colchester.	<b>JH/AF</b>
P76/23	<b>1.3 Minutes of the meeting held on 4 May 2023</b>	
	The minutes of the meeting as presented were <b>approved</b> as a correct record.	
P77/23	<b>1.4 Matters Arising – Action Log</b>	
	The action log was received and updated as required.	

P78/23	<p><b>1.5 Patient Experience</b></p>	
	<p>Received for noting a patient experience story provided via video.</p> <p>Following a son being informed that his 88 year old mother was at the end of her life, he was asked by staff if they wanted a chaplain to visit. As his mother had such a strong faith it was agreed that although the chaplain was at Ipswich they would be there within the hour. The son reported that the chaplain was jovial, excellent at explaining the circumstances and made him and his mother comfortable at what was a very difficult time. The son explained that although he felt his mother was aware that he was there it was not until the chaplain made contact that she made any sign of moving and acknowledging the presence of the chaplain. The son conveyed his thanks to the chaplain and all staff, doctors and nurses for their care, compassion and empathy making the entire experience something he would never forget, knowing that his mother had received the best possible care at the end of her life.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. The Chair noted that end of life care broadly had been a focus for the Trust, and it had been good to hear of this positive experience.</li> <li>2. The Director of Strategy, Research and Innovation stated that it was encouraging to hear of the support provided by the chaplain, but it was disappointing that the language used by the medical staff had not been clear. The Chief Medical Officer/ Deputy Chief Executive advised that the Trust was working to improve the communication skills training for medical staff to recognise that patients and their families were not familiar with the medical terminology used.</li> <li>3. Mrs Ryder questioned access to the chaplaincy and whether the chaplains undertook compassion communication training with doctors. The Chief Nurse advised that the Trust had a 24/7 on call service, volunteer chaplains for various faiths and the Butterfly service. The Chief Medical Officer/Deputy Chief Executive added that there was a good working relationship between the clinical teams and chaplaincy, but perhaps more focus was needed on the ongoing conversations and training that could be provided and this would be considered.</li> <li>4. The Chief Executive noted that the chaplain had explained what was happening to the family and he felt that more needed to be done to prepare people for what could happen physically at end of life. The importance of the chaplaincy team for members of staff who had been involved in traumatic events was also highlighted.</li> <li>5. Mr Spencer agreed that the chaplaincy team played an important role in supporting staff as well as patients and their families.</li> <li>6. The Chair stated that the comments regarding the value of the work carried out by the chaplaincy team from the patient story video would be fed back to Linda Peall, Head of Chaplaincy.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	<p>AT</p> <p>HT</p>
P79/23	<p><b>1.6 Report from the Trust Chair</b></p>	
	<p>Received for information a verbal report. The Chair updated on the following items:</p> <ul style="list-style-type: none"> <li>• This would be Giles Thorpe, Chief Nurse's, last meeting as he was leaving next month to become Executive Chief Nurse for NHS Mid and South Essex Integrated Care Board. Thanks were expressed to Giles for his work on behalf of ESNEFT patients and nursing staff and his advocacy of innovation.</li> <li>• Yesterday the Trust had celebrated the 75th birthday of the NHS although in fact celebrations had been taking place throughout the year, including the hospital hike and attendance at the Suffolk Show and the forthcoming Tendring Show. The Trust had held a Big Tea for older patients kindly funded by the Colchester and Ipswich Hospitals Charity. Five Trust colleagues had attended the national special service at Westminster Abbey. The Trust had also been working closely with the media, national BBC, ITV Anglia and BBC Look East yesterday who had featured ESNEFT staff. The Chair observed that the theme was looking to the future whilst celebrating the past, which had opened debate about the future of the NHS.</li> <li>• It was noted that ESNEFT was five years old this week and the Chair had been</li> </ul>	

	<p>reflecting on some of the achievements since the merger and ambitions for the future. The Trust's multi-million-pound investment programme in new services continues at pace, building work on the new theatre suite at Ipswich beginning on 17 July 2023 with the new elective orthopaedic centre at Colchester Hospital on schedule to open in August 2024. The trauma and orthopaedic team had recently moved into the new urgent treatment centre at Ipswich and the second stage of the new children's department was well underway. The landscape of the hospital sites was changing every day and the Chair thanked staff, patients, volunteers and the community for bearing with the inevitable disruption.</p> <ul style="list-style-type: none"> <li>• Tomorrow, Friday 7 July 2023, the Suffolk and North Essex Integrated Care and Partnership Board were showcasing many of the innovations in care that had been introduced over the past year, at Wherstead Park in Ipswich. ESNEFT contributions focused on innovative robotic surgery and inventory management using smart technology to track medical equipment. The work on the elective orthopaedic centre would also be shared with a photographic exhibition about the building programme.</li> <li>• Congratulations were extended to Louie Horne who had been honoured in the King's first Birthday Honours List. Louie, the chair of the Trust's staff network EMBRace (Equality in Moving Beyond Race) was awarded a British Empire Medal for her services to nursing. Louie had been an outstanding champion of international nurses throughout her career and was now making a big impact nationally on secondment as a clinical fellow to the NHS national team.</li> </ul> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. Mr Bloomfield stated that as a member of the Board and resident of Colchester it had been pleasing to see the positive coverage that ESNEFT had received yesterday, and he would particularly thank the executive team for their interviews.</li> <li>2. Mr Spencer concurred and noted that it had also been good that the 5-year anniversary of ESNEFT had been marked.</li> <li>3. The Director of Operations observed that talking to staff this morning the publicity received yesterday had been a morale boost and there was learning regarding sharing positive stories.</li> </ol> <p><b>Resolved: That the Board noted the verbal update.</b></p>	
P80/23	<b>1.7 Report from the Chief Executive</b>	
	<p>Received for information a verbal report presented by the Chief Executive.</p> <ul style="list-style-type: none"> <li>• A paper was provided to update the Board on changes to the executive structure.</li> <li>• A report on the Integrated Care Partnership (ICP) meeting held on 9 June 2023 and the extraordinary meeting of the Suffolk and North East Essex Integrated Care Board (ICB) held on 20 June 2023 was provided for information.</li> <li>• A summary briefing of the NHS Long Term Workforce Plan was presented, as published on 30 June 2023.</li> <li>• There was much to celebrate around the 75<sup>th</sup> anniversary of the NHS and this had been a time of reflection noting the changes that had taken place in health care. The challenge would be how the NHS moved forward and he felt that an apolitical review of healthcare was needed to consider the model of delivery. The launch of the NHS workforce plan had been significant and was encouraging regarding increased flexibility for apprenticeships and opportunities for people to care.</li> <li>• The Chief Executive paid tribute to clinical and non-clinical managers for the way they had managed the recent episodes of industrial action, but he highlighted the significant impact for patients from delayed treatment.</li> <li>• On Tuesday he had taken part in the opening ceremony of the new Butterfly service volunteer hub at Ipswich Hospital.</li> <li>• A taskforce had been launched to look at the ongoing issues around car parking on the acute sites and a questionnaire had been circulated to staff for comments/suggestions.</li> </ul>	

	<p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. Mr Bloomfield queried the degree of risk being carried by the Trust relating to the upcoming junior doctor and consultant industrial action. The Chief Medical Officer/ Deputy Chief Executive stated that the Trust was facing this further industrial action in July, and it was taking a toll on staff. Doctors had expressed concern about the longer-term impact on patients who were waiting for treatment. Consultant industrial action was new and whilst the Trust would support staff in their choice, consultants had been asked to advise whether they would be taking action to assist with planning. Assurance was provided to the Board that safety would be maintained, and the risk of immediate patient harm was low.</li> <li>2. The Director of People and Organisational Development had been encouraged by the NHS Long Term Workforce Plan, the first comprehensive workforce plan for the NHS that focused on apprenticeship opportunities to encourage people into the health and care workforce, wider training opportunities and using existing staff in different ways. ESNEFT was in a good place to take advantage of this. The Chief Executive queried if anything was felt to be missing. The Director of People and Organisational Development responded that there were some unexpected elements in the plan, and it could have gone further regarding preventative medicine and working in communities. Overall, there was a lot of opportunity.</li> <li>3. The Chair observed that the 75<sup>th</sup> anniversary of the NHS was also the anniversary of the National Assistance Act which set up social care provision.</li> <li>4. Mr Humpston noted that the NHS Long Term Workforce Plan had been awaited for some time and he would agree that ESNEFT was in a good place to take advantage of this.</li> <li>5. Mr Spencer referred to a workshop on the role of the voluntary sector within the care system and asked for further detail. The Chief Executive advised that SNEE was one of the more mature systems and was proud to involve the third sector with a push for longer contracts for voluntary organisations as significant partners who could provide appropriate care. However, this was work in progress and the Chair agreed that it was a continuing issue.</li> <li>6. The Chief Nurse noted that ESNEFT was accredited and recognised for consultant level multi practitioners. Social care advisory boards to the ICBs had been set up and would look at alignment of the workforce.</li> <li>7. The Chief Nurse informed the Board that an issue of concern had been raised from chief nurses relating to the change to “generalist training” and this was being highlighted through regional to national teams to encourage a different way of addressing this with special interest training.</li> </ol> <p><b>Resolved: That the Board received and noted the verbal and written reports.</b></p>	
<b>SECTION 2 – Quality and Performance</b>		
P81/23	<b>2.1 Key Issues report - Quality and Patient Safety Committee</b>	
	<p>Received for assurance report from the meeting held on 21 June 2023 presented by Dr Gogarty, Non-Executive Director.</p> <p>Dr Gogarty expressed his thanks to Giles Thorpe, Chief Nurse, for his contributions to the Committee and for the major improvements that had been seen in most areas of care during his time at the Trust. He focussed on the alerts regarding inequalities sustainable funding, the Patient Experience, Carers and Co-Production Strategy which had been approved, the maternity update and revised compliance position for year 4 of the maternity incentive scheme, and the deep dive undertaken into mental health.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. Mr Bloomfield requested further detail around inequalities. The Director of Finance advised that the ICB had allocated recurrent resource for health inequalities, £2.4m for this year, with a process for business case review introduced. The ICB Committee, which the Chief Medical Officer/Deputy Chief Executive attended, would have to decide what was to be allocated on a recurrent/non-recurrent basis. The Chief Medical Officer/Deputy Chief Executive added that a second meeting</li> </ol>	

	<p>had been held when the Terms of Reference were reviewed. She had offered to be part of the operational group and was keen to link with community services. Work was ongoing with the ICB Director of Finance and Chief Medical Officer/ Deputy Chief Executive. Dr Gogarty recognised the issues for community services and that one-year funding was not helpful as these organisations needed a longer-term financial commitment.</p> <p>2. The Chair had seen the slides and received feedback from Mr Khatib following the mental health deep dive when the Senior Lead for Safeguarding and Complex Health had given a detailed presentation of the challenges over the past three years. The Board was informed that EPUT was piloting provision of mental health services at Basildon Hospital. The Chief Executive had discussed this with the Chief Executive of EPUT and the services that should be provided by a mental health organisation.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P82/23	<p><b>2.2 Integrated Performance Report: Quality and Patient Safety</b></p>	
	<p>Update provided for assurance presented by the Chief Nurse and Chief Medical Officer/Deputy Chief Executive.</p> <p>The Chief Nurse highlighted the improvement in overdue action plans and Duty of Candour. It was noted that there had been two Never Events and the Board was assured that robust actions had already been taken and the investigations were ongoing. The team continued to focus on harm free care looking particularly at falls and tissue viability with a long discussion held at the Quality and Patient Safety Committee.</p> <p>The Chief Medical Officer/Deputy Chief Executive advised that with regards to mortality the team was looking again at HSMR and SHMI data as it had been noticed that whilst the palliative care coding rate was high, this was not as high as would be expected. A deep dive was being undertaken into perinatal mortality at the next Quality and Patient Safety Committee.</p> <p><b>Questions and comments</b></p> <p>Mrs Ryder queried whether the coding change had resulted in a change in the Trust's rating for mortality. The Chief Medical Officer/Deputy Chief Executive responded that it had been recognised several years ago that the Trust was under-coding for patients with palliative care needs. A review had been undertaken, linked with the regional team, and it was recognised that palliative care patients were not being recorded appropriately.</p>	
P83/23	<p><b>2.3 Maternity Services: Leadership team / Maternity Incentive Scheme (MIS) Year 5 (CNST) / Midwifery workforce review</b></p>	
	<p>Received for assurance reports to provide the Board with an update on perinatal services transformation as required by the NHS England three-year delivery plan for Maternity and Neonatal Services and as part of the Maternity Improvement Scheme (MIS) led by NHS Resolution, presented by the Chief Nurse and Amanda Pryce-Davey, Director of Midwifery.</p> <p>On 31 May 2023, NHS Resolution released the technical details for the MIS Year 5. The MIS supports the delivery of safer maternity care by incentivising an element of Trust contributions to the Clinical Negligence Scheme for Trusts (CNST). MIS rewards Trusts that meet 10 safety actions designed to improve the delivery of best practice in maternity and neonatal services. There were specific requirements to ensure compliance and to be eligible for payment under the scheme and Trusts must submit their completed Board declaration form by 12 noon on 1 February 2024. The requirement for Board to discuss this in January to enable submission had already been incorporated into the Board work programme.</p> <p>The three-year delivery plan confirmed that it is the responsibility of Trusts to invite</p>	

	<p>maternity and neonatal leads to participate directly in Board discussion. A six-monthly staffing report would be presented to the Board to ensure a safe staffing structure going forward. The Board was informed that further work would be undertaken to review the workforce needs and approval of changes was not sought at this time. The papers that had been considered in detail by the Board's Quality and Patient Safety Committee on 21 June 2023 were presented in full. The Committee had confirmed assurance on the findings and the approach to CNST year 5, there was a clear vision of the work required and plans were in place in relation to workforce planning following the initial review (as per requirements). Work programmes for Committee and the Board were currently being updated to ensure that all reporting requirements were met.</p> <p>The Director of Midwifery advised that she had attended her first Quality and Patient Safety Committee and presented the detail of the MIS/CNST. For year 4 the final position was compliance against eight rather than seven standards as discussed at the Board, following external oversight of Standards 1 and 2 and confirmation of compliance. Across the region only five trusts were fully compliant, a marked change which demonstrated the challenges and complexity of the process. Learning from year 4 was being taken into account in the processes being implemented for year 5 to meet the requirements. The 10 safety actions were presented to the Committee with programme management support being sought. Members had questioned the predicted level of compliance and the key lessons learned from year 4 were discussed. The Board was informed of the short time frame, the complexities of meeting requirements, reporting periods and of several recent changes in safety actions. A review was being undertaken on a bi-weekly basis at CNST meetings and regular updates would be provided to the Quality and Patient Safety Committee regarding the governance arrangements and collation of evidence.</p> <p>The Director of Midwifery advised that a twice-yearly review of the midwifery workforce was required in order to meet action 5 with presentation to the Board to ensure there was Board oversight. Following initial review, it was felt that the position was not equal across sites and the Division was to undertake a full review as well as looking at Birth Rate Plus. Where Trusts were not compliant with Birth Rate Plus there was a requirement for a clear action plan. The Director of Midwifery stated that once the review had been completed, she would look to present a business case to Board if appropriate and would be working with the ICB throughout the year to assess evidence.</p> <p>The Chief Nurse advised that the Trust was now robust in its review and consideration of the workforce whilst discussions were needed at regional and national levels regarding funding streams. The ICBs would be holding the funding for workforce and organisations would be required to provide an accurate estimate of any deficit.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1 Mr Spencer noted that the Trust often received short notice of changes in format/processes, and he would suggest that consideration be given to taking a six-monthly report to the People and Organisational Development Committee as well as Quality and Patient Safety Committee. The Chief Nurse advised that reporting requirements would be discussed with the Director of Governance.</li> <li>2 Mr Humpston felt there was considerable grip but questioned the gaps in data and whether services were being covered but not recorded. The Director of Midwifery advised that acuity was recorded on a four hourly basis, but the red flag report had not been reported as robustly on one site, and needed to be improved.</li> </ol> <p><b>Resolved: That the Board received and noted the reports presented for assurance.</b></p>	
P84/23	<b>2.4 Care Quality Commission: Maternity Inspection Report and action plan, Colchester</b>	
	Received for approval report presented by the Chief Nurse.	

	<p>The Care Quality Commission (CQC) had conducted an unannounced statutory inspection of services at Colchester General Hospital on 7 March 2023, focused on Maternity services. The formal report of that inspection was published by the CQC on 5 May 2023. The ratings awarded for the service were:</p> <ul style="list-style-type: none"> <li>• Are services safe? Requires Improvement</li> <li>• Are services well-led? Requires Improvement</li> <li>• Overall Rating for this service Requires Improvement</li> </ul> <p>As per usual process following an inspection, an action plan had been prepared and was attached for approval by the Board. Once approved this would be submitted to the CQC and progress would be monitored at the Quality and Patient Safety Committee, supported by the Patient Safety Group and Clinical Reference Group. Whilst the inspection in March 2023 related to maternity services at Colchester Hospital, all actions arising would also be replicated at the Ipswich Hospital site to ensure shared learning and consistency of service provision.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1 The Chair noted that the CQC report could not be reported at the last public Board meeting due to the election purdah period.</li> <li>2 The Chief Nurse advised that at the point of assurance the action plan would be signed off by the new Chief Nurse with final approval through the Quality and Patient Safety Committee and Board.</li> <li>3 Mr Spencer observed that with regards to action 5, senior leadership visibility, the walk rounds had not yet started. The Director of Midwifery advised that these had begun last week, after the report had been written, and she attended the daily huddles.</li> <li>4 Mr Bloomfield noted the timescale for the must do actions in February and March 2024 and felt it would be useful for the Board to understand the degree of risk being carried. The Director of Midwifery noted that mandatory training was now above the Trust's target and a trajectory was in place. The Chief Nurse advised that regular monthly meetings were held with the regulators when the evidence of progress was presented.</li> <li>5 Mrs Ryder referred to the requirement for additional time for training. The Director of Midwifery advised that safeguarding was the current focus, was a priority and part of the job planning process for consultants. However, this was a new ask for CNST this year and would be prioritised.</li> </ol> <p><b>Resolved: That the Board received and noted the report of the outcomes of the CQC inspection of Colchester General Hospital published 5 May 2023 and approved the proposed action plan in response to that inspection.</b></p>	
P85/23	<p><b>2.5 Complaints Annual Report 2022/23</b></p>	
	<p>Received for approval report presented by the Chief Nurse.</p> <p>The Complaints Service and Patient Advice and Liaison Service (PALS) annual report provided information on the activity of the service. ESNEFT was committed to providing a complaints service that was fair, effective and accessible to all, aligned with the NHSE Complaints Regulations 2009. The Board was informed that the number of complaints received had increased by 17% when compared with 2021/22. However, there had been a positive reduction in the number of complaints reopened.</p> <p>ESNEFT received a total of 20 contacts from the Parliamentary and Health Service Ombudsman (PHSO). Seven of these contacts were an enquiry only, seven cases were assessed but not taken further into an investigation, two cases were fully investigated yet not upheld and four cases remained open and under investigation. During the COVID-19 pandemic, the PHSO did not contact acute hospitals regarding complaint investigations, which meant that a backlog had built up and the cases that were coming through were historic. The Trust was working with the Ombudsman to resolve these as quickly as possible. The Chief Nurse advised that many meetings were held by the Chief Executive and members of the team to try to resolve issues in a timely manner.</p>	

	<p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. The Director of Finance queried why there were more complaints at Colchester than Ipswich and whether this related to the Emergency Department. The Chief Nurse advised that there had been some areas of concern, but the team was undertaking focused work at the front door looking at the emergency pathway.</li> <li>2. The Chief Executive advised Board members that the executive team was looking at how the Trust could offer a more robust immediate response as there was still a reluctance to raise care issues with the immediate care givers. The Chief Executive was surprised that the Trust did not deal with more complaints due to the numbers of patients being treated.</li> <li>3. Mr Spencer noted the opportunities to draw out learning and asked whether there was anything that could be done to give patients and their families more confidence to raise issues. The Chief Nurse advised that the team had undertaken a workshop to look at responses but noted that at the time of the incident, people often could not deal with progressing a complaint. The team had been looking at ways to improve the process and recognise the need to have meaningful conversations with human interaction.</li> <li>4. The Chief Medical Officer/Deputy Chief Executive agreed that there were some good elements but also areas that needed improvement.</li> </ol> <p><b>Resolved: That the Board received and approved the report.</b></p>	
P86/23	<p><b>2.6 Health and Safety Annual Report 2022/23</b></p>	
	<p>Received for assurance presented by the Director of Strategy, Research and Innovation.</p> <p>The report provided assurance on compliance with legislation and ESNEFT policies to the Health and Safety Committee and the ESNEFT Trust Board. It reflected the Trust's compliance with the Board of Directors' approved 'Statement of Intent' and Health and Safety Policy Statement to ensure that the health and safety agenda was not only embedded but embraced throughout the Trust using a variety of monitoring methods. The Board's attention was drawn to the increase in reporting of violent and aggressive behaviour and that a new Violence and Aggression Reduction Group (VARG) chaired by the Chief Nurse had been set up. The Director of Strategy, Research and Innovation commended the report to the Board and proposed that thanks were expressed to the outgoing Head of Health and Safety, Mark Benbow, who was leaving the Trust, and Penny Ellis-Nunn was congratulated on securing this role.</p> <p><b>Questions and comments</b></p> <p>The Director of Communications and Engagement commended the report for its clarity and relevance.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	SG
P87/23	<p><b>2.7 Annual Organ Donation Committee Report</b></p>	
	<p>Received for assurance presented by the Chief Medical Officer/Deputy Chief Executive.</p> <p>The annual summary report from NHS Blood and Transplant detailed the Organ Donation information for ESNEFT for 2022/23. For the first time this was a single report based on activity for Colchester and Ipswich hospitals combined. The Trust continued to see improvements in the number of donors and proceeding transplants but had not returned to pre-pandemic levels, although numbers of donors did vary significantly from year to year. There had been a marked increase in donation activity in the second half of the year. From 13 consented patients (donors) there were eight proceeding solid organ donors resulting in 23 lifesaving or life-changing organ transplants. This did not include corneal and heart valve donations, which five of the eight proceeding donors also generously donated.</p>	



	<p>The Organ Donation Committee now included the Emergency Department, Critical Care and Theatre Link-nurses which improved inter-departmental relationships and communication with the specific aim of increasing organ donation opportunities and knowledge generally. The installation of commemorative artwork outside the Intensive Care Unit at Ipswich as a memorial to those patients who had given the potential gift of life to others and in recognition of donor families' efforts was noted.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. The Chair noted the current shortage of corneal grafts which was impacting on elective surgery recovery. The Director of Elective Care advised that this had become a national issue with less grafts available for the number of patients waiting. The teams were actively looking at the longest waiting patients and at the end of June the Trust had five patients waiting.</li> <li>2. Mr Spencer questioned why if members of the public had signed up to organ donation this did not make the conversation easier. The Chief Medical Officer/ Deputy Chief Executive advised that patients may have multiple conditions that could limit donation and the conversation was complex regarding the way donation would be pursued, but the team was keen to encourage awareness. The Chief Nurse observed that the issue was not about registration, as this was presumed in England, but it was around the conversation with families who might not be aware of the patient's choice.</li> <li>3. Mrs Ryder questioned how organ donation might be dealt with in terms of virtual wards. The Chief Executive stated that this would be treated in the same way as any death in the community. However, the Chief Nurse noted that the ability to donate was rare due to timescales and, therefore, was limited to certain locations of death. Tissue donation could be done in other locations, was available under the registration and was carried out in liaison with the family and funeral directors.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	
<p><b>SECTION 3 – Strategy and Transformation – No items for consideration.</b></p>		
<p><b>SECTION 4 – Finance and Performance</b></p>		
<p>P88/23</p>	<p><b>4.1 Key Issues report - Performance and Finance Assurance Committee</b></p>	
	<p>Received for assurance from the Committee meetings held on 24 May 2023 and 28 June 2023 presented by Mr Bloomfield, Non-Executive Director.</p> <p>Mr Bloomfield advised that as the Key Issues Report from the meeting held on 24 May 2023 had been previously presented to the Confidential Board meeting on 8 June 2023, he would highlight the alerts and escalations arising from the report of the 28 June 2023 Committee meeting:</p> <ul style="list-style-type: none"> <li>• A deep dive had been held with all Non-Executive Directors invited and the Trust Chair was in attendance to consider elective recovery following recent Board debate. A full set of papers had been circulated and an update was provided on that morning's national Tier 1 meeting, when the Trust was congratulated on its approach since March, the assurance and grip which was evident, and the significant progress made. The national team had suggested discussing de-escalation at the next meeting.</li> <li>• An update had been provided on Referral to Treatment (RTT) trajectory scenarios for 2023/24 to reflect national information and reports, the expectation being that the number of patients waiting would rise over the year.</li> <li>• The Committee received a detailed presentation regarding waiting list growth, the monthly total number of patients waiting and the trend, with a significant decrease in May as this was not impacted by industrial action. The figures demonstrated why the Trust was in Tier 1 for 78+ weeks. Committee members had questioned the impact of industrial action and projections into 2024/25 and thanked the team for the impressive modelling.</li> <li>• A full position statement and a RAG rating for each element of the Board elective recovery checklist was considered in response to the letter received in May. The</li> </ul>	

	assurance arrangements had been reviewed and it was confirmed that this would be presented as a standing item to the Committee until assurance was received, with reporting through the Key Issues Report to Board.	
P89/23	<b>4.2 Integrated Performance Report: Performance</b>	
	Performance was reported in the Key Issues Reports from the Performance and Finance Committee meetings for assurance. There was no additional discussion.	
P90/23	<b>4.3 Integrated Performance Report: Finance</b>	
	The Finance Report Month 2 2023/24 had been received and discussed at the Performance and Finance Committee meeting held on 28 June 2023 and was detailed in the Key Issues Report for assurance. The Trust was £100k ahead of the financial plan, with a predicted break-even position at year end. Agency spend was £1.3m lower than historical spend, the divisional budget position had been presented and peer review of cost improvement programmes (CIP) was underway for consideration through the Executive Management Committee (EMC). The Elective Recovery Fund and cash position had been set out with changes in practice underway to deliver improved better payment practice code performance. A break-even capital position was now predicted, which was a positive change. The system and regional adverse variance positions were detailed, which were raising significant concerns. An update had been provided on the ICB Finance Committee meeting held in June and the key areas of discussion.	
<b>SECTION 5 – People and Organisational Development</b>		
P91/23	<b>5.1 Key Issues report - People and Organisational Development Committee</b>	
	<p>Received for assurance report from the meeting held on 9 May 2023 presented by Mr Humpston, Non-Executive Director, who highlighted the alerts and escalations to the Board:</p> <ul style="list-style-type: none"> <li>• The Trust had one of the lowest vacancy rates in the country which could be reduced further. National statistics and applications by role demonstrated that people wanted to work at ESNEFT.</li> <li>• Whilst maintaining the sense that more could be done, particularly noting equality, diversity and inclusion, there was no sense of complacency.</li> <li>• The Committee had undertaken a deep dive on workforce planning/staff experience with a detailed presentation received to support Committee understanding of how services were delivered through as effective and efficient a workforce as possible, aligned to the Trust's strategic objectives and the four pillars of the People Strategy.</li> </ul> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P92/23	<b>5.2 Integrated Performance Report: Workforce and Organisational Development</b>	
	<p>Update provided for assurance by the Director of People and Organisational Development:</p> <ul style="list-style-type: none"> <li>• 4.6% vacancy rate. Nationally the vacancy rate was over 14% with a wide range within the region.</li> <li>• Feedback from conversations were ahead of the plan for predicted leavers, but slightly behind for other groups.</li> <li>• The focus would be on retention and wellbeing over the summer months and national trainers would be on site to provide bite sized training for leaders.</li> </ul> <p><b>Questions and comments</b></p> <p>The Director of Strategy, Research and Innovation noted the good progress on substantive vacancies but questioned what was driving the differences in nursing. The Director of People and Organisational Development advised that some of this related to the elective recovery plan or wards remaining open. Further work was required regarding rostering and the use of bank and less agency staff, and the team was reviewing the associated costs.</p>	

P93/23	<b>5.3 Medical Workforce Race Equality Standard (MWRES) and Bank Workforce Race Equality Standard (BWRES)</b>	
	<p>Received for assurance reports presented by the Director of People and Organisational Development.</p> <p><b>MWRES:</b> This was launched in 2020 to analyse national race equality for the medical and dental workforce. This year all Trusts were required to submit their MWRES data by 30 June 2023. There were 12 MWRES indicators as part of the data submission, collated from a combination of Trust and external sources shown in Appendix 1, and the 2022-23 data set provided by ESNEFT shown in Appendix 2. The national MWRES team would undertake data validation and analysis from July to November 2023 and the data comparator report was likely to be published in February 2024. The Trust would then be required to summarise key areas of focus for Board consideration.</p> <p><b>Resolved: That the Board received and noted the findings from the MWRES 2020 report; approved the submission under Board Standing Order 6.2 and that an ESNEFT MWRES action plan would be drafted post receipt of the national comparator report c. February 2024.</b></p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. Mr Spencer noted that whilst the action plans would be provided around February 2024 the Board should be aware that the Trust already had an equality, diversity and inclusion action plan in place and much work was underway.</li> <li>2. The Chief Medical Officer/Deputy Chief Executive noted the key action and importance of providing international medical staff and other staff groups with support.</li> </ol> <p><b>BWRES:</b> There are an estimated 150,000 bank-only workers in NHS Trusts and to support NHS England's (NHSE) strategic aim of improving the quality of bank provision as a flexible option for staff, it had been decided that the scope of the NHS Workforce Race Equality Standard (WRES) would be expanded to cover bank-only workers for the first time. The WRES team had, therefore, developed a set of indicators for NHS bank only workers designed to explore the experiences of this group and aligned to the People Promise and People Plan. There were three BWRES indicators as part of the data submission collated from a combination of the Trust (Medical Bank staff) and NHSP as shown in Appendix 1. The BWRES data submission deadline was 30 June 2023 after which the data would be analysed by the national team and presented in a report for NHS Trusts later in the year.</p> <p><b>Resolved: That the Board received and noted the findings from the MWRES 2020 report; approved the submission under Board Standing Order 6.2 and noted that an ESNEFT BWRES comparator report would be drafted post receipt of the national report later this year.</b></p>	
P94/23	<b>5.4 Workforce Safeguards Report</b>	
	<p>Received for approval. In October 2018 NHS Improvement (now NHSE) launched a Workforce Safeguards toolkit to direct Trusts to ensure that there were appropriate safeguards in place that supported NHS boards to make informed, safe and sustainable workforce decisions. As assessment had been undertaken of the Trust's compliance against the toolkit which had demonstrated that the Trust continued to progress the work required to triangulate all of the data available, supporting a clearer view on determining whether all aspects of the workforce were achieving maximum productivity and efficiency. In line with the toolkit, the Chief Medical Officer/Deputy Chief Executive, Chief Nurse and Director of People and Organisational Development were satisfied with the outcome of the assessment that staffing was safe, effective and sustainable for 2023/24. The Board was asked to review and approve the Executive Team's assessment of assurance against the workforce safeguard indicators and continue the delegation of ongoing monitoring of workforce safeguards to the quarterly People and Organisational Development Committee.</p>	

	<p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. The Chief Medical Officer/Deputy Chief Executive noted that this was a large piece of work and there was more to do in relation to reviewing job plans across the divisions and the medical teams were looking at how productivity could be improved. Any future acuity tools would have to better reflect multi-disciplinary working.</li> <li>2. The Trust Secretary stated that Board approval of the Workforce Safeguards toolkit was a mandatory requirement for inclusion within the Annual Governance Statement with reporting to Board providing good assurance.</li> </ol> <p><b>Resolved: That the Board received and approved the Workforce Safeguards toolkit report.</b></p>	
<b>SECTION 6 – Governance</b>		
P95/23	<b>6.1 Key Issues report – Audit and Risk Committee</b>	
	<p>Received for assurance report presented by Mr Bloomfield, Non-Executive Director, who noted that the Board had received the Key Issues report at the confidential meeting held in June, but he would highlight the concern that had been raised regarding the ability of the external auditors to meet the national timetable.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. The Director of Finance advised that the Trust had submitted the 2022/23 accounts on time. However, following a meeting with the BDO partner last week, further slippage had been identified due to staffing issues and other resource requirements. Another 40 days of field work was required prior to partner review, and it now appeared that approval was likely to be required at the Board meeting on 7 September 2023 with an Audit and Risk Committee being convened a few days prior. The only issue highlighted to date was regarding valuation of estate. This was frustrating for the team when they had completed the accounts on time. The Chair agreed that it was a matter of professional concern to submit the accounts to the timetable.</li> <li>2. The Chair noted that the Council of Governors has a key role in appointing the external auditors and would be receiving a presentation on the role of audit.</li> <li>3. Mr Humpston questioned whether ESNEFT was the only Trust with such issues with BDO or if there were others experiencing similar problems. The Director of Finance advised that BDO was prevalent in the east of England and whilst there were other Trusts having issues, by and large, the main challenge was within BDO. However, the Board was informed that some Trusts had not been able to appoint external auditors due to the difficult national position.</li> <li>4. The Chair confirmed that the annual report and accounts required to be signed off by the auditors prior to being laid before Parliament.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	
<b>SECTION 7 – Questions from the public</b>		
P96/23	<b>7.1 Public Questions</b>	
	<ol style="list-style-type: none"> <li>1 Councillor Lockington asked whether there were particular areas where assaults on staff were more prevalent and noted the importance of understanding the reasons behind these assaults. It was confirmed that assaults were considered by the Trust's Violence and Aggression Group.</li> <li>2 Alison Ruffell, Public Governor, referred to the good response received to the comments that had been raised on a recent site visit and noted that she had worked with Giles Thorpe, Chief Nurse, over many years and would like to wish him well for his future role.</li> </ol>	
<b>SECTION 8 – Other Urgent Business</b>		
P97/23	<b>8.1 Any Other Urgent Business</b>	
	No further items of business were raised.	

P98/23	<p><b>8.2 Date of next meeting</b>  The next meeting in public would be held on Thursday 7 September 2023, Kesgrave War Memorial Community Centre, Twelve Acre Approach, Kesgrave, Suffolk, IP5 1JF.</p>	

Signed ..... Date .....

Helen Taylor  
Chair

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