

**Minutes of the Trust Board Meeting in public
Held on Thursday 7 September 2023, 9.30am,
The Conference Centre, Kesgrave War Memorial Community Centre, Twelve Acre Approach,
Kesgrave IP5 1JF**

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	Deputy Chair / 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, Logistics and Operations
Ms Kate Read	Director of People and Organisational Development
Dr Angela Tillett	Chief Medical Officer/Deputy Chief Executive
Ms Emma Sweeney	Acting 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
Mr Nick Sammons	Director of Estates and Facilities
Ms Karen Sinnott	Associate Non-Executive Director
Ms Usha Sundaram	Associate Non-Executive Director
Ms L Fraser	EA to Director of Finance/Senior Committee Secretary (Minutes)

Apologies:

Ms Alison Stace	Director of Operations
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Four governors attended to observe the meeting.

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SECTION 1 – Chair’s Business		
P99/23	1.1 Welcome and Apologies for Absence	
	The Chair welcomed all attendees and members of the public to the meeting and introduced Emma Sweeney, Acting Chief Nurse, and Nick Sammons, Director of Estates and Facilities, to their first Trust Board meeting. Apologies for absence were noted.	
P100/23	1.2 Declarations of Interest	
	No further declarations of Interest were made.	
P101/23	1.3 Minutes of the meeting held on 6 July 2023	
	The minutes of the meeting as presented were approved as a correct record.	

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P102/23	1.4 Matters Arising – Action Log	
	The action log was received and updated as required. The Director of Finance provided a verbal update with regard to P59/23 ESNEFT as an Anchor Organisation.	
P103/23	1.5 Patient Experience	
	<p>Received for noting a patient experience story via video.</p> <p>The experience of a patient who had served as a police officer for over 30 years started in November 2022 following a routine mammogram, two biopsies and a further mammogram, then being diagnosed with triple negative breast cancer, stage one, grade 2 and starting chemotherapy on 9 January 2023. The patient felt that everyone was kind, caring and super supportive and the atmosphere on Woolverstone Ward was described as a place that was happy, bright and sunny. Her surgery on a day ward had also been a good experience on this very difficult journey as she was made to feel like she was a priority. The treatment at Ipswich Hospital was described as “platinum”, all staff having been sensitive and full of compassion. Although the patient did not know how her journey would progress she was more confident because of the care and compassion she had witnessed and received.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Acting Chief Nurse advised that as an oncology nurse this had been a positive story to hear and demonstrated the level of care that ESNEFT should be providing. 2. Mr Khatib commented that following previous patient stories the Chief Executive had said that patients should never feel rushed. The importance of time for compassionate care had been clearly shown in this patient’s experience. 3. Mr Millar stated that whilst it had been good to hear this positive story the challenge was to ensure that it was the experience for everyone. 4. Mr Spencer reflected that whilst the interaction between the patient and staff was important a key part of the experience was the speed of the treatment provided. 5. The Acting Chief Nurse was asked to pass the Board’s thanks to Wendy for sharing her experience via video. <p>Resolved: That the Board received and noted the report.</p>	ES
P104/23	1.6 Report from the Trust Chair	
	<p>Received for information a verbal report. The Chair updated on the following items:</p> <ul style="list-style-type: none"> • Since the last Board meeting Nick Hulme, Chief Executive, had been asked to take on the additional responsibility of interim Chief Executive of the Norfolk and Norwich University Hospitals NHS Foundation Trust for six months while a new chief executive was appointed. Nick would remain as Accountable Officer for ESNEFT and he and Dr Angela Tillet, Chief Medical Officer/Deputy Chief Executive would provide the Chief Executive’s update jointly. • At the NHS England Chief Executive and Chairs’ meeting yesterday the focus had been on the issues arising from the Lucy Letby trial verdict. The Trust’s response to the case would be considered by the Board later in the meeting. There had also been reflection that it had been a tough summer for the NHS due to the continued challenge of industrial action, access issues, reducing waiting times and RAAC planks in public buildings. • Positively ESNEFT had been awarded a coveted gold award as part of the Government’s Defence Employer Recognition Scheme 2023 for the support offered to people serving in the armed forces, veterans and their families. • Two teams had been shortlisted for national awards. The cancer information service team for a Health Service Journal (HSJ) award for their work on developing digital support for patients and the finance team for a Public Finance Award in the team of the year category. Both teams would find out if they had 	

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	<p>won at award ceremonies taking place in November.</p> <ul style="list-style-type: none"> • Consultant orthopaedic surgeon Mahbub Alam had been presented with The Murray Matthewson East of England Trainer of the Year Award. • Attendance at the opening of the Butterfly Centre which provided a calming environment to offer support to the families and carers of patients who were in the last 12 months of life. • Next week she would be spending a day with community services and one of the services she would be meeting was an award-winning initiative, Access to Stack programme, where community teams work with the ambulance service to provide care closer to home. The service had accepted more than 1100 patients since it began in November. • Innovations in patient care with ESNEFT part of a ground breaking pilot to improve early diagnosis for people at risk of lung cancer in Clacton. The Targeted Lung Health Check programme saw colleagues working with primary care groups to invite people for a free lung health check, followed by a low-dose CT scan if they were at high risk of the disease. • Gynaecology patients at Colchester Hospital could now get faster care to rule out cancer thanks to the development of two new treatment rooms and three newly appointed nurses. This had reduced the wait for a face-to-face appointment after a GP referral to a maximum of five days. • While patients with heart failure could now have lifesaving surgery at Ipswich Hospital, instead of having to travel to specialist centres in the region, the cardiac team could now fit biventricular pacemakers, something that previously could only be done at The Royal Papworth Hospital in Cambridge and Essex Cardiothoracic Centre in Basildon. <p>Resolved: That the Board noted the verbal update.</p>	
P105/23	<p>1.7 Report from the Chief Executive</p>	
	<p>Received for information a verbal report presented by the Chief Executive and Chief Medical Officer/Deputy Chief Executive.</p> <ul style="list-style-type: none"> • A report on the Integrated Care Partnership (ICP) meetings held on 7 July 2023 and 11 August 2023 and the meeting of the Suffolk and North East Essex Integrated Care Board (ICB) held on 25 July 2023 was provided for information. • The Chief Executive thanked the Board for its support for him taking on the interim Chief Executive role at the Norfolk and Norwich Hospital, observing that this was an opportunity for both organisations to take learning from each other. • The Chief Executive agreed with the Chair's comments that the NHS England meeting yesterday had been interesting, however, he left with a feeling that leadership would come under significant scrutiny. He hoped the responses were as measured as they should be following the recent verdict. • The massive disruption from industrial action was noted and the Chief Executive advised that he continued to seek to influence the need for discussion and compromise in order to address the adverse impact on patients. The Chief Executive expressed his thanks to leaders of the organisation dealing with the industrial action and the often unsung heroes in the administration teams who were having conversations with patients regarding cancellation of appointments. • The Chief Medical Officer/Deputy Chief Executive agreed that it was a huge team effort to manage industrial action and the focus was on keeping patients safe. Whilst no overt patient safety issues had occurred, the adverse impact on patients from delays in treatment was recognised. During July there had been 400 less admissions and over 3500 outpatient appointments cancelled and it was likely that there would be a similar impact in August. Plans were being progressed for the upcoming industrial action by both consultant and junior doctors. • There was some good news to report. The teams in cancer and diagnostics were maintaining treatment standards which would be discussed later on the agenda. • The uptake of the COVID-19 booster vaccination was encouraged. 	

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	<ul style="list-style-type: none"> The pivotal role of the Dame Clare Marx orthopaedic centre in bringing forward recovery for patients waiting for orthopaedic surgery from summer 2024. The Chief Executive advised that discussions were underway at divisional meetings to ensure services were efficient and financially sustainable. <p>Questions and comments</p> <ol style="list-style-type: none"> Mr Bloomfield questioned the proportion of consultants and junior doctors supporting the industrial action and whether this was changing over time. The Chief Medical Officer responded that previously some reduction had been seen in the numbers of junior doctors on strike, however, during the most recent strike the number was up to 50%. This was felt to be partly because the dates closely followed rotation. The numbers of consultant staff taking part had been less. The Director of Elective Care advised that due to the complexity of some services there might be a greater impact seen in certain areas. Mr Spencer referred to the ICB briefing and asked how the draft Clinical Strategy had been received. The Director of Strategy, Research and Innovation advised that the Strategy had been received well with some comments for addition. The Clinical Strategy would be presented to Board next month. <p>Resolved: That the Board received and noted the verbal and written reports.</p>	
SECTION 2 – Quality and Performance		
P106/23	2.1 Key Issues report - Quality and Patient Safety Committee	
	<p>Received for assurance report from the meeting held on 22 August 2023 presented by Dr Gogarty, Non-Executive Director. The alerts were highlighted.</p> <p>Questions and comments</p> <p>The Director of Estates and Facilities advised that the team planned to increase the number of Health and Safety inspections with the aim of bringing these back to target with immediate effect. The choice of sites for national inspection was not based on evidence that there were any specific issues but the Trust had been chosen by the Health and Safety Executive as one of the 20 Trusts being inspected this year.</p> <p>Resolved: That the Board received and noted the report.</p>	
P107/23	2.2 Integrated Performance Report: Quality and Patient Safety	
	<p>Update provided for assurance presented by the Acting Chief Nurse and Chief Medical Officer/Deputy Chief Executive.</p> <p>The Chief Medical Officer/Deputy Chief Executive advised that learning from deaths had been thoroughly reviewed by the Quality and Patient Safety Committee and a more detailed quarterly report would be presented to the Board. There were noted to be some continuing coding and data capture issues in the community. The Board was informed that for transparency the ONS data was still showing excess deaths. The focus on ensuring that patients did not spend longer than needed in ED continued. The effects of COVID-19 were still being mapped and detailed reviews of perinatal mortality were undertaken.</p> <p>The Acting Chief Nurse advised of good progress being made to reduce the number of falls and the teams were working on provision of the enhanced support required for vulnerable patients. Cross divisional learning sessions had been set up in relation to pressure ulcers.</p>	
P108/23	2.3 Verdict in the trial of Lucy Letby	
	<p>A verbal update was provided by the Chief Executive, Chief Medical Officer/Deputy Chief Executive and the Director of People and Organisational Development following the verdict in the trial of Lucy Letby.</p>	

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	<p>The Chief Executive stated that for him as the accountable officer. and the Board, the first question was whether it could happen at ESNEFT. In order to assure maximum safety of patients there were three components; what was the data telling us; the interrogation of the data and how “flags” were being identified and the culture of openness for people to raise concerns and know that action would be taken. There was a risk that the outcome from this case might cause a rift between clinical and non-clinical leaders, and he felt it would be a catalyst for regulation of leaders. However, much information was not yet in the public domain and the Trust would need to await the outcome of the enquiry, whilst giving assurance through the Board that the organisation was taking this issue extremely seriously.</p> <p>The Chief Medical Officer advised that the Trust collected a lot of data, but the soft intelligence and cultural aspect was pivotal. How the data concerning deaths was dealt with at ESNEFT was outlined to the Board, noting the well embedded medical examiner process in place and use of the national perinatal tool which could enable benchmark against other organisations.</p> <p>The Director of People and Organisational Development focussed specifically about Freedom to Speak Up and advised that the work being undertaken would be presented to the next People and Organisational Development Committee. The national Freedom to Speak Up Guardian was due to attend a Trust Board Seminar in October.</p> <p>The Chief Executive noted the clear responsibility as a Board and as leaders to use fresh eyes to look at what was happening within the organisation.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. Mr Bloomfield commented that in reading the reporting he would ask where the Non-Executive Directors (NEDs) had been, as speaking up had been happening but people were not listening. Whilst in this organisation issues of culture tended to be brought to the NEDs but he would question the role. The Chief Executive responded that there was much to come out through the enquiry, but there was a cultural issue that some of the executives kept information to themselves and it never became an executive discussion. The Chief Executive gave assurances that ESNEFT executives had open conversations and serious issues would be escalated to the Board. 2. The Director of Strategy, Research and Innovation advised that whilst he appreciated that there was an enquiry, failure to act stood out as the main feature of the case and aberrant behaviour could not be allowed to become normalised. 3. Mr Khatib agreed that a measured approach needed to be taken to provide assurance at ESNEFT but Datix could be reviewed to see if there were any common themes. With regards to culture, equality, diversity and inclusion needs to be considered. Mr Spencer broadened this point to the human factors that influenced decision making. 4. Mr Humpston stated that he had been shocked by the media coverage, hearing from executives and clinicians’ different versions of events. He felt that it was important to consider the triggers and the message was that anyone could raise an issue if something did not feel right. 5. The Chair concluded that the Board was taking this matter very seriously but in a measured way. <p>Resolved: That the Board received and noted the verbal update.</p>	
P109/23	2.4 Every Birth Every Day Programme Report	
	Received for assurance report relating to the meeting held on 25 July 2023 presented by the Acting Chief Nurse. The CQC visit to Clacton Hospital was highlighted with no immediate concerns raised and the formal report was awaited.	

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	<p>Questions and comments</p> <p>Mr Spencer observed that the second most common reason for incidents was staffing, and he would question when the Trust would get to appropriate levels. The Director of People and Organisational Development responded that work was taking place regarding the recruitment process, and it was her understanding that 2.6wte vacancies for band 6 midwives remained. There was separate work was being undertaken regarding Birth Rate Plus. The Acting Chief Nurse advised that maternity was included within the daily review of staffing. Mr Khatib reported on his visit to Clacton Hospital yesterday and, talking to the midwives, they had advised that they could not always provide the service due to staffing levels and patients were moved to Colchester Hospital.</p> <p>Resolved: That the Board received and noted the report.</p>	
P110/23	<p>2.5 Research and Innovation Annual Report 2022/23</p>	
	<p>Received for assurance report presented by the Director of Strategy, Research and Innovation.</p> <p>The report provided assurance on research and innovation activity in the Trust, to provide better outcomes for patients in line with statutory duties. The Board was informed that whilst ESNEFT was not a teaching hospital much teaching was undertaken and there were strong links with local universities. The report summarised a vibrant and energetic year, including record numbers of patients involved in research, new academic collaborations, joint appointments and development of non-medical researchers and record levels of research income including new grant funding streams. For innovation there was a broad and exciting programme including artificial intelligence (AI), robotic surgery, genomics and workforce development including apprenticeships, school and further education student engagement and innovative training academies.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Chief Executive thanked the Director of Strategy, Research and Innovation for his leadership, drive and commitment and noted that the size and scale of ESNEFT made this possible. Whilst ESNEFT was not a teaching hospital that allowed choice of academic or commercial partners. Mr Millar agreed that this would not have happened without the leadership or the merger. 2. Mr Millar noted that whilst the report detailed the improvement of services for patients, it was worth reflecting on this as a mechanism for the recruitment of high quality staff and the opportunities for a wider range of projects as a non-teaching hospital. 3. The Director of Finance observed that he had attended the second-year robotic surgery review event yesterday and there were a lot more benefits shown than were included within the original business case. A range of specialities had presented. The use of robotic surgery was assisting productivity improvements, and this would be translated into the business planning process. 4. Mr Humpston stated that the case for innovation was very high level and a longer-term strategy for ESNEFT might be needed. The model of not being a teaching hospital he felt was positive and the Board could consider further opportunities. <p>Resolved: That the Board received and noted the report.</p>	
P111/23	<p>2.6 Premises Assurance Model (PAM) Assessment</p>	
	<p>Received for approval presented by the Director of Estates and Facilities.</p> <p>The PAM was a Trust improvement and Board assurance tool developed by the Department of Health in 2013 to provide a nationally consistent approach to evaluate NHS performance. The inspection criteria related to the estate and environment and essentially constituted an internal audit of the elements that would be inspected by</p>	

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	<p>the Care Quality Commission to ensure regulatory and legislative compliance and safety. The completion of the current version of the NHS PAM was now a mandated exercise as the model was included within the NHS Standard Contract. The self-assessment questions (SAQ) were split into six domains. The Trust had achieved an overall score of 'Requires Minimal' due to all domains still having SAQs that required minimal or moderate improvement. Whilst the percentage attainment had dropped from 71% in 2022 to 61% in 2023, this was not due to a general decline, but because of the introduction of a new Helipad domain reducing the overall average. Every other individual domain had an overall increase compared to the previous year. Further action would be picked up in specific subject matter expert groups and reported on collectively at the Estates and Facilities Divisional Management Team.</p> <p>The Director of Estates and Facilities observed that the Trust was in a fortunate position not to have RAAC planking. If any further property was brought within the Trust this would be considered as part of due diligence.</p> <p>Resolved: That the Board received and noted the content of the report and approved submission to NHS England on 8 September 2023.</p>	
SECTION 3 – Strategy and Transformation		
P112/23	3.1 Strategic Update Quarter 1	
	<p>Report presented for assurance by the Director of Strategy, Research and Innovation.</p> <p>The report, which was the first in the transition from Time Matters Board reporting, provided members with assurance that measures were in place for schemes contributing to the strategic plan, and that these were being monitored. A proposal for ongoing reporting, on a quarterly cycle, was recommended.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. Mr Bloomfield requested further detail regarding the top risk on the Ipswich site. The Director of Strategy, Research and Innovation advised that this related to the completion of the new emergency department urgent treatment centre. The risk had been set at 20, and remains at this level, as the construction itself was disruptive to surgery and theatres teams. The mitigated risk of 20 was likely to reduce as the project neared completion and if the programme remained on track there would be no additional financial risk. 2. Mr Millar noted that there was a lot of detailed information provided in this report but expressed some concern regarding the power cable problem and whether this would have a major impact on the Trust. The Director of Estates and Facilities advised that this did not impact continuous power to the building and, whilst it was a significant piece of work, it was separate from each of the other electrical programmes. The Director of Strategy, Research and Innovation added that this was not connected to project Thor and as long as it was planned and managed in a careful way it would not be an issue. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and noted the reported position for all schemes in this initial reporting round. • The Board requested that the format of reporting was considered outside of the meeting. 	SG
P113/23	3.2 Provider Collaboration	
	<p>Report presented for information by the Director of Strategy, Research and Innovation.</p> <p>The report summarised the current collaboration between ESNEFT and West Suffolk Foundation Trust (WSFT), prepared for the WSFT Board and shared as part of this collaboration. The next steps would be the establishment of the</p>	

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	<p>Collaborative Oversight Group for Board level oversight and recruitment to the collaborative transformation and PMO team.</p> <p>Resolved: That the Board received and noted the report.</p>	
P114/23	3.3 Digital, Data and Technology Strategy	
	<p>Presented for approval by the Director of Digital, Logistics and Operations.</p> <p>It was noted that the strategy had been previously reviewed at Board in private and was now brought for consideration in public. It focused on the period 2023 to 2026 and would be a reference point for activity, with review on an annual basis, as well as by exception where major initiatives reached key review milestones. The strategy was accompanied by a simple summary 'Strategy on a Page', as well as an action plan that which would be developed further. The Director of Digital, Logistics and Operations advised that the focus was on "digital first but not digital only".</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Chair noted that this was an important strategy for the organisation. 2. Mr Spencer asked how the Board would be kept informed of the detail behind the projects. The Director of Digital, Logistics and Operations responded that information would be provided via the Board Assurance Framework (BAF) with some other programmes being presented to Board and regular review of the Electronic Patient Record (EPR) programme. It was noted that the Audit and Risk Committee had oversight of cyber security and a key controls report would be presented in future. 3. The Director of Strategy, Research and Innovation commended the work done to develop this very mature, broadly based strategy that supported the mission of the organisation. 4. The Chief Medical Officer commended the document and noted the patient facing aspects which would give people control of their data. The clinical teams were excited for the next stages and the team was thanked for taking on board the comments which had been made on Digital First. 5. The Chief Executive observed that a disclaimer should be added relating to the photographs used, as some of these had been taken when masks were mandatory, and some when not. <p>Resolved: That the Board received and approved the Digital, Data and Technology Strategy.</p>	MM
SECTION 4 – Finance and Performance		
P115/23	4.1 Key Issues report - Performance and Finance Committee	
	<p>Received for assurance from the meetings held on 26 July 2023 and 23 August 2023 presented by Mr Bloomfield, Non-Executive Director.</p> <p>Mr Bloomfield advised that the elective recovery checklist was being monitored and that this overlapped slightly with work regarding protecting and expanding elective capacity, which was on the agenda. The letter received from NHS England (NHSE) had not been seen by the Performance and Finance Committee but was presented to Board. Mr Bloomfield advised that the alerts and escalations arising from the two reports were with regards to elective recovery and finance.</p> <p>The Chair noted that it had been very positive to see that ESNEFT had de-escalated out of Tier 1.</p> <p>Protecting and expanding elective capacity Board self-certification The Director of Elective Care presented a Board self-certification, an NHSE requirement to support elective recovery/outpatient transformation. With the majority (c80%) of patient waits ending with an outpatient appointment, the Trust would need</p>	

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	<p>to increase the pace in transforming outpatient services to release capacity for patients awaiting first contact and diagnosis. This would be particularly important ahead of and during the winter. To further support elective recovery NHSE had set out the detail on three key actions with assurance required against a set of activities that would drive outpatient recovery at pace, and appropriate discussion at Board.</p> <p>Resolved: That the Board received and reviewed the NHSE self-certification and approved sign off for submission by 30 September 2023.</p>	
P116/23	4.2 Integrated Performance Report: Performance	
	<p>Performance was reported in the Key Issues Reports from the Performance and Finance Committee for assurance.</p> <p>The Director of Elective Care advised that there had been a significant impact from the industrial action and with the continuation of action there was a risk to delivery of 65 weeks' requirements. Other options were being considered.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Chief Medical Officer assured the Board that any patient who had come to clinical harm would be reported. 2. The Chair noted the changes in cancer metrics being introduced. The Director of Elective Care advised that these were seen as a positive change with 10 metrics reducing to three from October. The Trust had undertaken a lot of work towards the 28 days faster diagnosis pathway. 	
P117/23	4.3 Integrated Performance Report: Finance	
	<p>The Director of Finance advised that the Month 4 finance report had been received and discussed at the Performance and Finance Committee and highlighted the following:</p> <ul style="list-style-type: none"> • Revenue forecasted for breakeven as per the plan and working on Month 5 figures. However, there were key risks around the Elective Recovery Fund (ERF) although over the last couple of weeks more policy information had been received. Positively ESNEFT had been carrying out more activity during difficult times. • Cost improvement plan (CIP) - Current outcome is £14m and the forecast outturn needs to improve. The position for Month 4 was slightly better at £1.7m against a plan of £1.4m in month. There had been significant discussions at the Executive Management Committee (EMC) and a financial sustainability group was now in place to progress CIP. • Capital - Forecasting breakeven plan against CDEL although at Month 4 and underspend is reported, with the expectation that this will be recovered. • Cash was stable at £71m, a good position compared to others in the region, although there was some risk. <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Director of Estates and Facilities stated that capital had originally been based on a linear spend and he would expect the position to recover quickly. The team was undertaking monthly reviews and updating the forecast. 2. The Chief Medical Officer noted that at a recent regional Medical Directors' meeting there had been debate around a possible review of ERF. The Director of Finance responded that policy was emerging, some advice had been received in relation to April's industrial action and a 2% reduction, however, there was ongoing discussion in relation to adjustments for later months. Mr Millar advised that he had discussed this with the Director of Finance and the finance team. 3. The Chief Executive understood that several organisations across the country were relying on ERF to bail them out from other day to day controls and it was important for ESNEFT to maintain its controls. 	

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SECTION 5 – People and Organisational Development		
P118/23	5.1 Key Issues report - People and Organisational Development Committee	
	<p>Received for assurance report from the meeting held on 19 July 2023 presented by Mr Humpston, Non-Executive Director, who highlighted the alerts and escalations to the Board.</p> <p>Resolved: That the Board received and noted the report.</p>	
P119/23	5.2 Integrated Performance Report: Workforce and Organisational Development	
	<p>Update provided for assurance by the Director of People and Organisational Development:</p> <ul style="list-style-type: none"> • Currently the vacancy rate was 5% which was ahead of the workforce plan. • Appraisal compliance was good with new leadership appraisal introduced. • Mandatory training compliance had increased. • The leadership programmes continued to be promoted and currently 994 leaders were moving through these. • The Staff Survey and COVID-19/flu booster vaccinations would launch on 18 September. • Workforce planning would focus on transformation and talent and succession planning was commencing based on the procedure reviewed last month. <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Chief Executive questioned whether retention could look at departments where staff were leaving. The Director of People and Organisational Development advised that a review had been carried out last week to investigate retention/exit and a couple of areas would be considered further. 2. The Board requested that detail of the positive messages regarding recruitment and training was communicated next week. 3. Mr Bloomfield questioned whether the OFSTED report had been received. The Director of People and Organisational Development advised that within the initial report there were some areas for improvement noted but generally she was pleased with the assurance received. The Director of Strategy, Research and Innovation advised that this had been the first year of operational review by OFSTED and had been well handled by the team and generally positive. Ms Sundaram observed that the inspection of non-school settings was also a learning experience for OFSTED. 4. Mr Spencer referred to the positive progression of the leadership development programmes and the detail of the figures for training and the ambition would be picked up by the People and Organisational Development Committee. 5. The Chair noted that a national leadership competency and framework was being released. The Director of People and Organisational Development advised that initial work had been published and was incorporated but her understanding was that there would be a further framework, although no significant changes were expected. 6. Mr Khatib questioned the timetable for transformation of non-medical clinical staff. The Director of People and Organisational Development advised that the team took opportunities when these arose but were methodically going through each staff group to set targets for workforce transformation. This would be discussed further at the People and Organisational Development Committee. 7. Ms Sundaram questioned whether response rates for exit surveys could be increased by incentivising this and linking it to the exit process. The Director of People and Organisational Development stated that the team was addressing this. 	KR/ RD
P120/23	5.3 Medical Appraisal and Revalidation Annual Report 2022/23	
	Received report presented by the Chief Medical Officer.	

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<p>Year end compliance for medical appraisal across ESNEFT was presented prior to signature of the statement of compliance by the Chief Executive, due by 29 September 2023. It had been considered by EMC but due to the submission date, would be presented for information to the People and Organisational Development Committee in September due to the submission timeline.</p> <p>Between 1 April 2022 and 31 March 2023, 124 recommendations were made to the General Medical Council, 87 were to revalidate and 37 were requesting a deferral of the revalidation date. No non-engagement notices were filed during the reporting period. On 31 March 2023, ESNEFT was the Designated Body for 817 doctors and for the appraisal year 2022/23 the Trust reported 778 completed appraisals, giving an overall compliance rate of 95%. The Chief Medical Officer stated that overall this was a positive report, and she extended her thanks to Martin Mansfield, Deputy Chief Medical Officer/Responsible Officer and Jane Clarke, Revalidation Manager.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. Mr Spencer commended the report and questioned the support provided. The Chief Medical Officer advised that appraisal was a conversation and support was provided as required. 2. Mr Khatib noted that corporate services was not compliant. The Chief Medical Officer responded that there were a number of doctors with very specific roles, but revalidation was a mandated process. 3. Mr Millar queried the doctors who had deferred and requested an update on the numbers needed to carry out the work. The Chief Medical Officer advised of a clear process for non-engagement with an escalation process through to the GMC. An appointment had been made to the lead appraiser role, there was a good support system for appraisers but it was a continuous process to recruit. 4. The Chief Executive queried whether there might be a change in the process as revalidation had been introduced because of the Shipman enquiry. The Chief Medical Officer agreed that processes were evolving all the time and individual consultant data was due to become available. <p>Resolved: That the Board received and noted the report and approved the Statement of Compliance ahead of submission to NHSE on 28 September 2023.</p>	
SECTION 6 – Governance	
P121/23	6.1 Key Issues report – Audit and Risk Committee
<p>Received for assurance report presented by Mr Millar, Non-Executive Director, from the meeting held on 26 July 2023.</p> <p>The final Annual Internal Audit Report and opinion 2022/23 was received, remaining as previously reported with the addition of the three reports discussed. The team was thanked for the timely production of their work. A verbal update had been provided by BDO on the difficulties in meeting the 30 June submission and external audit requirements having been unable to resolve the resourcing challenges to meet that date or the rearranged Committee on 14 July. Regular meetings continued with the finance team to discuss progress. The Committee had requested more detail regarding the delay as this was the third occasion that deadlines had been missed principally due to BDO not delivering to the agreed timetable. It was confirmed that this was primarily due to BDO resourcing and it was confirmed that the finance team had been very supportive and the delay was not the result of any action/inaction by Trust teams. Mr Millar advised that he had escalated this matter to the highest level in BDO and NHS England due to its seriousness and the Trust being an outlier. BDO continued to give assurance that they would complete the work to enable the Board to consider and approve the report at the October meeting. A further meeting was planned next week, and it was proposed that this issue would be considered at the Council of Governors on 19 September 2023.</p>	

		Action
	<p>Questions and comments The Chair confirmed that considerable discussion had been held with BDO to preempt this position.</p> <p>Resolved: That the Board received and noted the report.</p>	
P122/23	<p>Board Assurance Framework (BAF)</p>	
	<p>Received for approval presented by the Director of Governance.</p> <p>The report provided an update on changes to the BAF, based on recommendations made within the Deloitte Well-led Review and best practice. The Board was invited to note the Executive Lead and Assurance Committee responsible for each risk; review and provide feedback on the process for maintaining the BAF, the revised format of the BAF and approve the BAF report; note the removal of risk BAF6B regarding timely cancer diagnosis and treatment and consider whether, during the course of the meeting, any additional significant strategic risks which might impact on the delivery of the Trust's strategic objectives had been identified.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Chief Executive observed that this was the clearest BAF he had seen and was very helpful for the organisation. 2. Mr Millar agreed that the BAF was clear and had engaged staff in the formatting. He particularly welcomed the slide that showed the process. 3. Mr Bloomfield echoed the comments but questioned the role of committees. The Director of Governance advised that work was underway regarding the format for the deep dives. 4. Ms Sundaram asked how the risk rating was calculated. The Director of Governance advised that this was a national NHS methodology, detail of which would be provided offline. The Chief Executive asked Ms Sundaram whether from her previous experience there was something further that could be done in addition to the mandated national NHS guidance. Ms Sundaram stated that she could provide training materials and the Chief Executive suggested that this was picked up prior to the Board risk seminar when any learning could be shared. <p>Resolved: That the Board received and approved the report.</p>	GC
P123/23	<p>Self-Certification</p>	
	<p>Received for final Board approval presented by the Director of Governance.</p> <p>The NHS provider licence forms part of the oversight arrangements for the NHS, setting out conditions that providers of NHS funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future. All NHS foundation trusts and NHS trusts are required to hold a licence which had been modified following a statutory consultation to bring it up to date to reflect current statutory and policy requirements. These modifications also merged the NHS provider licence and the NHS controlled provider licence. The new licence was published in March 2023.</p> <p>On behalf of the Board, the Audit and Risk Committee, the Quality and Patient Safety Committee and Performance and Finance Committee had reviewed the evidence provided against the statements. Additional amendments had been made to reflect Committee discussion in August, publication of the NHS England Fit and Proper Person Test Framework and the requirements for Non-Executive Director recruitment to fill the current vacancy. There was no longer a requirement to submit, although there was the potential for NHS England spot checks.</p> <p>Resolved: That the Board received and approved the self-certification.</p>	

		Action
P124/23	Board Committee Terms of Reference	
	<p>Received for approval presented by the Director of Governance.</p> <p>The annual review of Committee Terms of Reference had taken place to include General Orders which applied equally to all Board Committees and constituted operative parts of their Terms of Reference. The Trust Secretary had been added as an attendee at each Committee.</p> <p>Resolved: That the Board received and approved the Terms of Reference and General Orders.</p>	
P125/23	Use of Trust Seal Quarterly Report	
	<p>Received for assurance presented by the Trust Secretary.</p> <p>Standing Order 8 requires that the Board of Directors receives a report on the sealing of all documents under the seal of The East Suffolk and North Essex NHS Foundation Trust. The Board was advised that the seal was used on nine occasions since the last report.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 7 – Questions from the public		
P126/23	7.1 Public Questions	
	<p>1 Helen Rose, Lead Governor, thanked the Board for the time spent considering the verdict from the recent trial and questioned how the Trust's Freedom to Speak Up Guardian worked. The Director of People and Organisational Development advised that Tom Fleetwood was supported by a team of associate guardians. Work had been done over the summer to extend the associate guardians across the protected characteristics. Guardians had access to any member of the Board and would liaise with line managers as required. Helen Rose suggested that it would be useful for this information to be shared with the Council of Governors. The Chair noted that the Freedom to Speak Up Guardian was a backstop in allowing people to raise concerns.</p> <p>2 Councillor Ninnmey thanked the Board for the informative meeting, however, noted that as the East Suffolk and North Essex Hospital, ESNEFT did not cover Lowestoft. Councillor Ninnmey questioned whether ESNEFT was involved in the planning for increased need for community hospital and GP surgery provision due to the growing population caused by house building in the area. The Chief Executive advised that ESNEFT worked through the system in relation to planning for expansion of services and it was not something that ESNEFT could deliver alone. However, ESNEFT was committed to working with partners to reduce the reliance on acute care and increase care in the community. The Chair stated that the Board recognised the importance of integrated care and ESNEFT's role as an anchor organisation.</p>	
SECTION 8 – Other Urgent Business		
P127/23	8.1 Any Other Urgent Business	
	No further items of business were raised.	
P128/23	8.2 Date of next meeting	
	The next meeting in public would be held on Thursday 2 November 2023.	

Signed Date

Helen Taylor
Chair

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