

**Minutes of the Trust Board Meeting in public
Held on Thursday 2 November 2023 at 9.30am
Microsoft TEAMS**

Present:

Ms Helen Taylor	Chair
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	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
Mr Darren Darby	Chief Nurse
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

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 Alison Stace	Director of Operations
Ms Emma Sweeney	Deputy Chief Nurse
Ms L Fraser	EA to Director of Finance/Senior Committee Secretary (Minutes)

Apologies:

Mr John Humpston	Non-Executive Director
Ms Usha Sundaram	Associate Non-Executive Director

Five governors observed the meeting.

		Action
SECTION 1 – Chair’s Business		
P129/23	1.1 Welcome and Apologies for Absence	
	The Chair welcomed all attendees and members of the public to the meeting and formally welcomed Darren Darby to his first meeting as Chief Nurse. Apologies for absence were noted.	
P130/23	1.2 Declarations of Interest	
	No further declarations were made. The Trust Secretary noted that Mr Millar was referred to as an Associate Non-Executive Director which would be amended for the next report.	AF
P131/23	1.3 Minutes of the meeting held on 7 September 2023	
	The minutes of the meeting were approved as a correct record following two minor wording amendments as requested by Mr Bloomfield and Mr Khatib at paragraphs P108/23 and P109/23.	AF

P132/23	1.4 Matters Arising – Action Log	
	The action log was received, and updates noted.	
P133/23	1.5 Patient Experience	
	<p>Received for noting a patient experience story via video presented by the Deputy Chief Nurse.</p> <p>Whilst working with a student at home, Sasha had a bad attack of vertigo. Sasha's husband was called, and he spoke with NHS 111 who advised that she should see a doctor. As her symptoms increased further an ambulance was called and Sasha was brought to hospital with a suspected stroke. The care received from the nurses within the Accident and Emergency Department was described. They were kind and compassionate, demonstrating patience, as she could not talk. This continued on transfer to the Stroke Ward. Sasha's husband was also treated with kindness and compassion and all staff kept him informed about what was happening throughout, considering his journey as important as her own. Despite clearly being busy all staff treated Sasha as a person and a priority. All appointments were made, and Sasha described feeling very looked after and that nothing was too much trouble.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. Mr Khatib observed that this had been a positive story and had shown the benefit of treatment being applied quickly and asked why this worked well and how it could be provided for others. The Chief Medical Officer agreed that this had been an example of a good experience with quick treatment, good communication of what was happening and why and showed the impact that every member of staff made to a patient's journey. It had also been good to hear that the follow-up requirements had been put in place. 2. Mr Spencer noted the important point that staff had involved the patient's husband in her journey. 3. Dr Gogarty stated that it would be good to know that this was the norm and how this patient story had come to the Chief Nurse's attention to become the patient story today. The Deputy Chief Nurse responded that to ensure this was normal practice clinical pathways need to be triangulated with complaints or positive feedback and she had not seen any complaints relating to the stroke pathway. The team constantly gathered feedback from patients and possible patient stories were reviewed to provide details of a wide range of experiences. 4. The Chair reflected that it had been positive that although the hospital was noted to have been busy Sasha had not felt that her care was impacted and questioned whether the positive messages regarding care were shared more widely. The Chief Executive advised that when he received any compliments, he ensured that these were shared with staff and the relevant management team. 5. The Board requested that thanks were passed to Sasha for sharing her story. <p>Resolved: That the Board received and noted the patient experience story.</p>	ES
P134/23	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"> • Darren Darby, new Chief Nurse at ESNEFT, was welcomed to his first Board meeting and thanks were expressed to Emma Sweeney, Deputy Chief Nurse, for acting as interim Chief Nurse prior to Darren joining the Trust. • The first of two long service celebrations were held yesterday, which was a great opportunity to say thank you for the amazing achievements of staff. Everyone who attended, including OCS staff and a table for veterans, had worked for the NHS for at least 20 years, six colleagues had more than 45 years of service and 10 colleagues celebrated 40 years' service. The Chair thanked Board colleagues and senior leaders who had supported these celebrations. • Black History Month had been celebrated throughout October. This year's theme was 'Celebrating our Sisters' and the EMBRace staff network led the events focussing on inspirational black female colleagues in leadership or senior roles to help inspire junior members of staff on their own career journeys. 	

	<ul style="list-style-type: none"> • A visit to the new Urgent Emergency Care Centre and theatre suite at Ipswich Hospital which would be up and running by June 2024, seeing the great progress that was being made. • An award winning ESNEFT initiative to improve the care of patients with diabetes who were undergoing surgery was being rolled out to 26 hospitals in the UK. The Improving the Perioperative Pathway of People with Diabetes (IP3D) programme, designed by the team at Ipswich Hospital's Diabetes Centre, had been named as the global winner in the 2022 UNIVANTS of Healthcare Excellence Awards. • Nine ESNEFT colleagues had started their funded Innovation Fellowships, an opportunity to develop an idea with time away from an individual's role backfilled for one day a week. The Innovation Fellowship Programme was being run in partnership with BT and the University of Suffolk, with BT specialists offering technical expertise and the University delivering a training programme. • A cancer well-being centre open day hosted at Ipswich Hospital and a similar event would take place at Colchester Hospital. The open days showed the help and support available for patients and their families. The ESNEFT Cancer Information Centre team had also been shortlisted for a national HSJ Award for personalising care for patients, with the ceremony being held later this month. <p>Resolved: That the Board noted the verbal update.</p>	
P135/23	<p>1.7 Report from the Chief Executive</p> <ul style="list-style-type: none"> • Integrated Care Board/Integrated Care Partnership briefing 	
	<p>Received for information a verbal report presented by the Chief Executive and Chief Medical Officer/Deputy Chief Executive. A report on the meeting of the Suffolk & North East Essex Integrated Care Partnership (ICP) held on 13 October 2023 was provided for information. The Chief Executive noted the many positive things that the Chair had reported at ESNEFT and briefed on the following issues:</p> <ul style="list-style-type: none"> • Looking at the national challenges there was a lot of work underway to prepare for Quarter 3/Quarter 4 with more investment in technology and virtual wards being seen at a national level to keep people out of acute hospitals. • A focus on the NHS in the lead up to a general election, in particular waiting times and delays for care. There seemed to be an inability to remove delays to care, whilst it was recognised that the numbers of patients being seen was lower in some areas than pre pandemic. • Reference was made to the open letter from Mr Steve Barclay, Secretary of State for Health, regarding equality, diversity and inclusion (EDI). The Chief Executive felt this was an ill-judged letter and reiterated the ESNEFT focus on equity and investment in areas where access to healthcare was more difficult and outcomes worse, working with system partners. • His return full time as ESNEFT Chief Executive from 4 March 2024 at the end of his secondment in Norfolk. <p>The Chief Medical Officer/Deputy Chief Executive provided an additional briefing:</p> <ul style="list-style-type: none"> • Seasonal variation planning was underway. There were challenges but a lot of good work was going on. In August, 130 ambulances did not need to be dispatched due to the work done by community teams, a whole system approach which had been subjected to wider discussion at the Performance and Finance Committee meeting last week. Elective recovery continued to be progressed, with the ambition that no patients would wait over 65 weeks by the end of March 2024. • With regards to industrial action, talks were taking place between the government and the British Medical Association and notification had been received that SAS doctors might go to ballot. It was hoped that these talks would result in continued suspension of industrial action. • There had been good interest in the vaccination programme and the national message was for staff to be vaccinated. • Staff were being encouraged to complete the staff survey with an ambitious target of a 65% response rate. • A number of consultant appointments had been made and support was being offered to clinical placements for refugee doctors and professionals. 	

	<ul style="list-style-type: none"> Discussions held at the national Medical Director meeting earlier this week and the links with what was already being developed by the ESNEFT inequalities programme. <p>Questions and comments</p> <p>Dr Gogarty was impressed by the approach to equity and tackling inequalities. With regards to the Board briefing from the ICP meeting and the police “right care right person approach” Dr Gogarty questioned how it would be ensured that those people were not disadvantaged. The Chief Executive responded that this approach had been trialled in Hull and in other areas of the system. At a local level the Deputy Chief Nurse had been working closely with police colleagues, having already worked with Suffolk Constabulary. ESNEFT had representation on the Essex working group, which was not as advanced as the Suffolk discussions.</p> <p>Resolved: That the Board received and noted the verbal and written reports.</p>	
SECTION 2 – Integrated Performance		
P136/23	2.1 Key Issues report - Quality and Patient Safety (QPS) Committee	
	<p>Received for assurance report from the meeting held on 26 October 2023 presented by Mr Khatib, Non-Executive Director. The alerts and following items were highlighted:</p> <ul style="list-style-type: none"> Alison Stace, Director of Operations, had been welcomed as a new member. Improvements had been noted in many of the reports received. Discussion had taken place around ligature points and two items for alert regarding and the appropriate action to be taken were noted. The learning from deaths report had been noted, the annual report had been received and was included on today’s Board agenda as a separate item. The Committee had a robust discussion regarding maternity transformation. The format of meetings had been considered with a potential move to monthly meetings and further discussion around the options was planned. <p>The Deputy Chief Nurse advised that consideration of ligature points was being taken forward as a matter of urgency and work was being carried out with the Health and Safety team around public ligature points to ensure regular risk assessments were undertaken. With regards to patient property audits, complaints and negative feedback had been received on the impact for patients and families and it was recognised that the audits were not where they should be. There had been agreement from the clinical teams to focus on this and patient property boxes were being trialled in the Colchester Emergency Department.</p> <p>The Chief Medical Officer/Deputy Chief Executive reported that the HMSR data related to May as June data had not been uploaded. This was tracked monthly and there would be a better reflection when the Dr Foster data was refreshed. The Medical Examiner programme has been very positive, although the national roll out for GPs had been delayed to April 2024, whilst joint working had begun. Further conversations were being held in relation to the critical care outreach service which provided access to support.</p> <p>Resolved: That the Board received and noted the report.</p>	
P137/23	2.2 Key Issues report - Performance and Finance Committee	
	<p>Received for assurance reports from the meetings held on 27 September 2023 and 25 October 2023 presented by Mr Bloomfield, Non-Executive Director.</p> <p>Mr Bloomfield advised that there were two reports, and he would focus on the report from the 25 October 2023 meeting as the September report had been previously reviewed at the Board meeting held in private in October. The following issues were highlighted:</p> <ul style="list-style-type: none"> The elective recovery checklist continued to be positive, and the Committee had taken a paper on the 65 week target presented by the Director of Elective Care. 	

	<ul style="list-style-type: none"> • Workforce metrics remained strong. • The Committee had received the welcome news that the financial forecast remained for break even at year end. • A seasonal variation deep dive had provided good assurance. • The potential for clinical risk from the BMA rate card issue had been noted and the Quality and Patient Safety Committee had been asked to consider this. <p>The Director of Operations noted that the Committee had discussed planning. The focus with community teams was on keeping people out of hospital and maintaining hospital beds for the sickest patients.</p> <p>The Director of Finance updated on the Month 5 finance position which had been discussed in detail by the Committee. The forecast remained for break even in line with the approved plan. Capital was currently £17.7m underspent whilst recovery was forecasted by year-end. The cash position was stable at £70m. The system was reporting an adverse plan at M6, with a £3.9m West Suffolk Hospital deficit. A financial recovery plan would be put in place for West Suffolk Hospital and work to improve the position was ongoing. The East of England region was reported to be £98m off plan.</p> <p>Questions and comments The Chair observed the excellent work being undertaken by the unscheduled care co-ordination hub which had avoided the conveyance of 700 ambulances.</p> <p>Resolved: That the Board received and noted the report.</p>	
P138/23	<p>2.3 Key Issues report - People and Organisational Development Committee</p>	
	<p>Received for assurance report from the meeting held on 20 September 2023 presented by Mr Spencer, Non-Executive Director, who noted that the report had been previously considered at the Board meeting held in private in October.</p> <p>The Board was informed that Mr Humpston, Chair of the Committee, had requested that in his absence the Board was advised that thought was being given to the format of meetings going forward.</p> <p>The Director of People and Organisational Development highlighted the discussion taking place around EDI with 450 staff having received training and further sessions booked. The Trust had gone beyond national requirements and was looking at training for all leadership levels band 7 and above. The mentorship programme was in place and unconscious bias training was mandatory for any interview panel member. The Trust's vacancy rate was noted to be 3% with an 8% retention rate.</p> <p>Resolved: That the Board received and noted the report.</p>	
P139/23	<p>2.4 Integrated Performance Report</p>	
	<p>The Integrated Performance report for Month 6 (September) outlined the performance of the Trust and was presented for assurance.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. Mr Khatib thanked the Director of People and Organisational Development for setting up the EDI Strategic Group which would look at cultural shift. Mr Khatib advised that QPS was also looking at EDI from the patient perspective. Mr Bloomfield noted the comments made about the positive EDI work taking place at ESNEFT and the recent open letter by the Secretary of State. The Director of People and Organisational Development advised that the Trust was continuing reverse mentoring and the talk and transform programme with the target of more participation. 2. Ms Sinnott noted that there had been some good communication sent out regarding the position in Israel and Gaza and she would applaud the vacancy and retention rates and the work being done to progress this. 	

	<p>3. Mr Millar queried what messages the report provided to members of the public. Although there was a lot of justified positive news which gave a degree of assurance that by and large ESNEFT was in a better position than organisations in some other areas of the country, red indicators were also evident in the NHS oversight framework and the Trust was not where it wanted to be. The Chief Executive responded that people who received care at ESNEFT generally received this in a timely way and at a higher standard than other areas, however, the NHS had lowered the targets which, for the resource that was received, was less than should be expected. The Board was informed that the Chief Executive would be progressing with the Executive Team what could be done to raise the bar at ESNEFT, and he gave assurance that there was no complacency and staff were actively engaging with patients who were waiting for long periods of time. The Chief Medical Officer agreed that there was more to do and there was a need to review meaningful clinical outcomes and focus on how patients were being kept safe. The Trust had some good systems and processes in place if it delivered on fundamental aspects of care.</p> <p>4. Mr Spencer observed the number of patients waiting on open pathways had previously been increasing but that this month the number had declined.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 3 – Quality and Patient Safety		
P140/23	3.1 Maternity transformation	
	<p>Received for approval the following reports presented by the Chief Nurse and Ms Amanda Price-Davey, Director of Midwifery.</p> <ul style="list-style-type: none"> • CNST safety action report • Workforce • PMRT report • ATAIN report • Care Quality Commission (CQC) report: Maternity Services, Clacton. <p>The papers provided the Board with the highlights of the transformation work underway in the service, along with reports that the Board was required to have oversight of in order to meet the safety standards for the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS). The reports had been reviewed in detail by the QPS. The Director of Midwifery advised of the following:</p> <ul style="list-style-type: none"> • The CNST reporting period runs into December and evidence continued to be collated. Clarification was being sought from the LMNS (Local Maternity and Neonatal System) around specific detail being included in ATAIN reports and this report may be represented to QPS for approval in December. • The Board was asked to note the update against the CQC action plan following the visit to Colchester services and to receive the report following the visit to the Clacton Midwifery Led Birth Unit in July 2023, which had been rated good in both domains. • Progress with the CNST year 5 MIS and approve the evidence that had been submitted via the national tool for implementation of the Saving Babies Lives Care bundle v3. • Note that roles were appointed to, and leads were in post in relation to Safety Action 6. • Approve the implementation plan for delivery of the Core Competency Framework v2 training for Maternity teams. • The Board was asked to approve the PMRT Quarterly Report and the ATAIN Quarterly Report. <p>Questions and comments</p> <ol style="list-style-type: none"> 1. Regarding the CNST safety action report Mr Khatib stated that the work for this year’s submission was being done earlier and that detailed discussion had been held at QPS regarding the reports. 2. The Director of Finance questioned whether the team was on course to deliver the premium and that there would be no financial risk. The Director of Midwifery 	

	<p>advised that there were only two risks, these were on track, and she was confident that the requirements would be met. The Board was informed that the clinical workforce paper, safety action 4, would be presented in January 2024.</p> <p>3. Mr Spencer requested clarification regarding compensatory rest. The Director of Midwifery advised that this was not a requirement for the wider workforce. The Chief Medical Officer advised that there were different patterns of work between the professional groups but that she felt more confident having seen the level of detail in this review of neonatal staffing. Mr Khatib noted that given the situation with neonatologists QPS received reassurance that there was a backup plan in place.</p> <p>4. The Chair thanked Mr Khatib on behalf of the Board for his work as maternity champion.</p> <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and noted the update against the CQC action plan following the visit to Colchester services and received the report following the visit Clacton Midwifery Led Birth Unit July 2023 • Noted the progress with the CNST year 5 MIS; approved the evidence that had been submitted via the national tool for the implementation of the Saving Babies Lives Care bundle v3; noted that roles were appointed to and leads in post in relation to Safety Action 6 and approved the implementation plan for the delivery of Core Competency Framework v2 training for Maternity teams. • Approved the PMRT Quarterly Report and the ATAIN Quarterly Report. 	
P141/23	<p>3.2 Annual Learning from Deaths Report</p>	
	<p>Received for assurance report presented by the Chief Medical Officer to update the Board regarding mortality benchmarks/trends and shared learning from deaths.</p> <p>Questions and comments</p> <p>1. The Chief Executive expressed his thanks for the clear report and asked whether there was now scope to look at the impact of waiting for ambulances or care on mortality outcomes and suggested that further work was required led by the Integrated Care Board. The Chief Medical Officer advised that work was undertaken 18 months ago when it was found that long waiting times increased mortality. However, this would be a good thematic review to undertake with system partners.</p> <p>2. Mr Khatib observed that the medical examiner work had made a real impact since implementation but questioned their role with regards to deaths in primary care. The Chief Medical Officer advised that these deaths did fall within the medical examiner review and processes were well embedded. Acute trusts were expected to host the national roll out and some practices were trialling this. It was noted that there had been initial concerns from GPs regarding remuneration.</p> <p>3. Dr Gogarty commented that this was an important report, and he commended the medical examiner work to others. Dr Gogarty did question what was happening with deaths in hospital ED. The Chief Medical Officer responded that this highlighted the importance of the work with deprived areas and as an anchor organisation.</p> <p>Resolved: That the Board received and noted the report.</p>	
<p>SECTION 4 – Strategy and Transformation</p>		
P142/23	<p>4.1 Clinical Strategy</p>	
	<p>Presented for assurance by the Director of Strategy, Research and Innovation the Trust Clinical Strategy which had been approved by the Board in October.</p> <p>The Strategy had been developed over the last nine months with extensive engagement of staff and stakeholders. The document presented was the final version and key points were highlighted.</p>	

	<p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Chair noted that keeping the Trust’s Clinical Strategy to the forefront of the Board’s attention had served ESNEFT very well. 2. Mr Spencer supported the Strategy and was particularly pleased about the continuity of themes but would question whether the focus on centres of excellence was for all areas or specific areas of care. The Director of Strategy, Research and Innovation advised that there were key highlights in the Strategy and divisional priorities including orthopaedics, robotic surgery, inequalities of care and anchor work, however, there was the opportunity for divisions and services to consider areas of future focus. 3. The Chief Executive reflected an interesting debate around reconfiguration of services across the region, but an organisation could only have the licence to be a centre of excellence if it was delivering appropriate basic care. 4. Mr Khatib was impressed by the Strategy but questioned how the main messages would be shared with the public. The Director of Strategy, Research and Innovation advised that there was an engagement plan being developed with representatives from partners and the community. This was an evolution of the previous strategy. It was confirmed that the Trust’s ambition was the starting point and that tacking health inequalities had now been incorporated. <p>Resolved: That the Board received the Trust Clinical Strategy and noted that this would be published on the ESNEFT website.</p>	
<p>SECTION 5 – Finance and Performance – There were no items for consideration.</p>		
<p>SECTION 6 – People and Organisational Development</p>		
<p>P143/23</p>	<p>6.1 Freedom to Speak Up</p> <ul style="list-style-type: none"> • Self-reflection tool 	
	<p>Report received presented by Mr Tom Fleetwood, Freedom to Speak Up (FTSU) Guardian, to provide members with an update on the activities progressed by the Guardian during the period March 2023 to September 2023.</p> <p>The report summarised the concerns that had been raised with the FTSU Guardian and outlined the other programmes of work that were underway. A link to the National Guardian Reflection and Planning tool was included within the brief as was the recently endorsed ESNEFT Freedom to Speak Up Policy which was aligned with the revised national policy.</p> <p>Questions and comments</p> <ol style="list-style-type: none"> 1. The Director of People and Organisational Development advised that with regards to the self-reflection tool ESNEFT was behind other similar organisations in relation to staff raising concerns and feeling that they would face detriment. There was a need to balance the feedback received, recognising that the Trust was not where it needed to be in terms of confidence to speak up. The next steps were described including the work being undertaken by the Director of Governance with the national guardian’s office and launch of the civility and respect toolkit. 2. Mr Spencer thanked Mr Fleetwood and the Assistant FTSU guardians for their work and noted that the formal process was only part of the issue that the Board needed to address. The planning tool was helpful to consider those areas for review and he commended its annual use and the need to maintain engagement. 3. Mr Khatib agreed that this work built on previous successes, but he questioned how confidence could be given to those staff that are silent that raising concerns was encouraged. The Director of People and Organisational Development advised that there was further work to be done regarding power imbalance, which had not yet been considered, and staff had to be encouraged to speak up on all issues, whether good or bad. Work with the communications team was ongoing in relation to the messaging and with managers regarding acceptance and management of the feedback received. 4. Mr Bloomfield thanked the team for the report and the work that this represented but observed that in the most recent national annual (2021/22) report 19.1% of 	

	<p>cases raised included an element of patient safety whilst within ESNEFT this was 35.4% in 2022/23. Mr Fleetwood advised that previously there had been a requirement to categorise issues, but these now had to be shown as “elements”. It was difficult to categorise any one particular area so there may be over reporting. Recording of concerns was discussed regularly at the national forum.</p> <p>5. Mr Bloomfield noted the good Board session that had been held with the national guardian and that this linked with visits made by Non-Executive Directors. He questioned whether there was an opportunity to be more proactive. The Chief Executive observed that when looking at the feedback received on FTSU there appeared to be the feeling that either nothing would happen, or the member of staff would be vilified. He would take this away for further thought with the team regarding the action being taken to address the issues raised. The Chief Medical Officer agreed the need to close the feedback loop.</p> <p>6. Mr Fleetwood thanked the Executive Directors for their support when issues had been raised but advised the Board that there was not always the same response from all elements of the Trust. A cultural shift was required.</p> <p>7. The Chair noted that the self-reflection tool had to be submitted by the end of January 2024 and from the process undertaken through the Board this could be approved for submission at the appropriate time. The Board would receive a further report from the Guardian in six months’ time.</p> <p>Resolved: That the Board received and noted the report, supported the recommendations as presented and endorsed the self-reflection tool for submission.</p>	KR
SECTION 7 – Governance		
P144/23	7.1 Fit and Proper Person Test Framework	
	<p>Received for assurance an update on the process and timetable to implement the new Fit and Proper Person framework published in August 2023 and taking effect from 30 September 2023, presented by the Trust Secretary. The Board was asked to note the timetable for delivery of the framework requirements.</p> <p>Questions and comments</p> <p>1. The Chief Executive felt that the framework would be the forerunner for Board/ senior management regulation and the principles and national regulation would warrant further conversation at a Board seminar.</p> <p>2. Mr Khatib noted the need to be clear about members of the Board but questioned whether a similar process could be undertaken for those reporting to Board members. The Trust Secretary advised that completion of the framework was a requirement for Board voting and non-voting members and all members of the executive team. The Director of People and Organisational Development advised that pre-employment checks were carried out prior to appointment and many staff were regulated through professional bodies. At present she did not feel that the Trust would be able to extend pre-appointment checks, but this could be considered at a later date. The Chair noted that the requirements might be impacted by future regulation.</p> <p>Resolved: That the Board received and noted the report.</p>	AF
P145/23	7.2 Well-led governance development review: six-month progress update	
	<p>Received for discussion an update identifying the progress made on implementation of the review recommendations presented by the Director of Governance.</p> <p>As part of regulatory expectations to ensure that NHS provider organisations are appropriately governed, NHS England had for several years required NHS Foundation Trusts to undertake a developmental Well-Led review every three to five years. The review was carried out by an independent third-party organisation with the aim of reviewing governance processes and identifying areas of good practice that could be shared with other organisations for learning and areas where the practice of the Trust could be improved. The final report prepared by Deloitte LLP and the implementation</p>	

	<p>plan was considered by the Board on 4 May 2023. The report presented demonstrated significant progress and closure of a range of actions. Those actions awaiting final approval or changes in process would be completed by the end of 2023. Learning was also being embedded into business as usual to support continued improvement.</p> <p>Questions and comments The Chief Executive noted that there had been a good focus on the report actions, and he would commend the work done by the Director of Governance.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 8 – Questions from the public		
P146/23	8.1 Public Questions	
	<ol style="list-style-type: none"> 1. Councillor Lockington queried the implications for staff in the Accident and Emergency departments from introduction of the new approach by the police to their attendance at mental health incidents. The Chair thanked Councillor Lockington for highlighting the new policing model, the implications of which were being considered by the Trust working with the police and other partner organisations. 2. Councillor Lockington noted that the Trust had worked with Essex County Council regarding refugee doctors and questioned why it was not working with Suffolk County Council as Ipswich had been a receiver of refugees for many years. The Director of People and Organisational Development advised that the Trust had been working with Essex County Council and had been invited to speak at an event last week about the work that ESNEFT had done in supporting refugee staff working with the refugee council across both Essex and Suffolk. With regards to sponsorship of refugee doctors there were some challenges with the Home Office, but the Trust was able to sponsor visas and move people into employment as quickly as possible. There were two excellent induction programmes for internationally recruited staff, which were held up as exemplars across the region. 3. Councillor Lockington noted that work being undertaken with Colchester Institute had been mentioned and questioned what was happening in Ipswich. The Director of People and Organisational Development advised that the first Memorandum of Understanding had been signed with Colchester Institute. The Trust had the same relationship with Suffolk New College and had just undertaken two career fairs with each organisation. 4. Alison Ruffell, public governor, stated that it had been good to hear that the Trust was trying to exceed national standards but questioned how this was being done. The Chief Executive advised that ESNEFT was working to get the 65 weeks wait back to 18 weeks and for breast cancer patients the GP element was being removed from the pathway. The Executive Team would be discussing further how this would be taken forward. The Chief Medical Officer advised that the team would be looking at the whole care pathway for the patient and the ambition was to be in the top performing organisations. 	
SECTION 9 – Other Urgent Business		
P147/23	9.1 Any Other Urgent Business	
	No further items of business were raised.	
P148/23	9.2 Date of next meeting The next meeting in public would be held on Thursday 11 January 2024 at Kesgrave War Memorial Community Centre.	

Signed Date

Helen Taylor
Chair

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