

**Minutes of the Trust Board Meeting held in public  
on Thursday 11 January 2024 at 9.30am  
Kesgrave War Memorial Community Centre, Ipswich IP5 1JF**

**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
Ms Karen Sinnott	Non-Executive Director
Mr Richard Spencer	Non-Executive Director – Senior Independent Director
Mr John Humpston	Non-Executive Director
Ms Usha Sundaram	Associate Non-Executive Director

Mr Nick Hulme	Chief Executive
Mr Darren Darby	Chief Nurse
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 Tillet	Chief Medical Officer/Deputy Chief Executive

**In attendance:**

Mr George Chalkias	Director of Governance
Ms Karen Lough	Director of Elective Care
Mr Nick Sammons	Director of Estates and Facilities
Ms T Terry	Board & Committee Secretary (Minutes)
Ms Amanda Price-Davey	Director of Midwifery (item 3.1)
Dr Andrea Turner	Divisional Director (item 3.1)
Dr Nishigandh Deole	Clinical Director for Obstetrics (item 3.1)

**Apologies:**

Dr Shane Gordon	Director of Strategy, Research, and Innovation
Ms Ann Filby	Trust Secretary
Ms Alison Stace	Director of Operations

Three governors observed the meeting.

		Action
<b>SECTION 1 – Chair’s Business</b>		
P01/24	<b>1.1 Welcome and Apologies for Absence</b>	
	The Chair welcomed all attendees and members of the public to the meeting and apologies were noted.	
P02/24	<b>1.2 Declarations of Interest</b>	
	No further declarations were made.	
P03/24	<b>1.3 Patient Experience</b>	
	The Head of Patient Experience joined the meeting to give support and a brief background for Wendy and Russ Acton who are part of a programme at Ipswich Hospital in relation to the intensive care unit and the transition from ICU to ward. Within the Intensive Care they had a very positive and engaging experience with staff. Even though there were strict visiting times during the pandemic, they were supported to ensure their daughter from overseas could visit at any time. Wendy had various follow up appointments but felt due to the illness that support was needed to ensure her partner was also made aware of her surrounding treatment plan.	

	<p>Communication could be improved, and patient isolated in room, but staff were very patient with her questions. Wendy felt communication was very good within Intensive Care however had a different experience once transferred to the general ward as it was not the same time.</p> <p>It was also highlighted that it would have been helpful for information/communication to be shared with her partner of when Wendy would be away from the ward for tests/ treatment, as visitors can book visiting slots. They can travel some distance only to find the patient is not on the ward.</p> <p>The Chair thanked Wendy and her partner for sharing their experience with the Board.</p> <p><b>Questions and comments</b></p> <ol style="list-style-type: none"> <li>1. The Chief Medical Officer noted the good communication within Intensive Care and asked what more could have been done to support the family with communication for the transition from Intensive Care to that ward, i.e ward visiting times/treatment plan to help patients to focus. Wendy agreed this would be a great addition to the care package.</li> <li>2. Mr Humpston thanked Wendy for sharing her story and asked how the process and support was from being discharged to going home. Wendy confirmed she felt she had good support and help understanding the paperwork and medicines. The physio was very positive and supported with the facilities at home that were required. However, Wendy's partner wanted to mention a possible learning point that on one occasion, whilst standing at the nurses' station, he could clearly see Wendy's notes on an unmanned screen and felt this was inappropriate.</li> <li>3. Mr Khatib suggested holding a QI session looking at further work with front line staff and patient experience.</li> </ol> <p>The Chief Executive thank both Wendy and her partner for taking the time to share with the Board and that hearing a patient's story is important to ESNEFT. The national visiting restrictions during the COVID-19 pandemic was felt to be over and beyond what was required. This was raised both locally and nationally, it was a balance between keeping people safe and with hindsight the restrictions could have been lifted in certain circumstances. We need to be more flexible with visiting times. It's all about the personal touch, dealing with kindness and compassion.</p> <p><b>Resolved: That the Board received and noted the patient experience story.</b></p>	<b>AT</b>
P04/24	<b>1.4 Minutes of the meeting held on 2 November 2023</b>	
	The minutes of the meeting were <b>approved</b> as a correct record.	
P05/24	<b>1.5 Matters Arising – Action Log</b>	
	The action log was received, and five actions closed.	
P06/24	<b>1.6 Report from the Trust Chair</b>	
	<p>Received for information a verbal report. The Chair updated on the following items:</p> <ul style="list-style-type: none"> <li>• There are many reasons for optimism and many positive things ahead. The new year started with a very challenging time operationally in the run up to the Christmas period, with planning and preparation for the long strike experience. Everybody in the Trust was thanked for their exceptional support during the six-day period of industrial action.</li> <li>• We're embarking on the exciting next phase of our digital journey with several big projects coming to fruition this year.</li> <li>• The opening of the Dame Clare Marx building and the Urgent Treatment Centre and theatre suite at Ipswich later in the year.</li> </ul> <p>In marking the 75th year of the NHS a new series of images was taken across the Trust, which are very striking, capturing a few different aspects of our services and particularly focusing on innovation.</p>	

	<ul style="list-style-type: none"> <li>• External recognition of the Trust and the chair of our LGBTQ plus network. Jaypee Palis has been recognised as one of the 75 ethnic minority leaders at the National BAME health and care awards, with a particular project on colour-blindness.</li> <li>• 650 people have signed up to the 20 January recruitment open day.</li> <li>• The next phase of the redevelopment of the children's department had opened, and the third phase is underway and will be complete by the summer. The second phase has got the treatment room and the new high dependency bay.</li> <li>• The first endoscopy patient was treated with the new x-ray machine in the diagnostic centre in Clacton resulting in saving an estimated 250,000 inpatient journeys, with thanks to the League of Friends.</li> <li>• Success with the rehabilitation scheme in the Cancer Care Awards, helping people and patients to optimise their health before treatment, and being recognised as a partnership of the year in the HTA digital awards.</li> </ul> <p><b>Resolved: That the Board noted the verbal update.</b></p>	
P07/24	<p><b>1.7 Report from the Chief Executive</b></p> <ul style="list-style-type: none"> <li>• <b>Integrated Care Board/Integrated Care Partnership briefing</b></li> </ul>	
	<p>Received for information a verbal report presented by the Chief Executive</p> <ul style="list-style-type: none"> <li>• A huge change is coming over the next 12 months. We know globally that 75% of the world will be in an election year and the world is going to look very different in 12 months. Because of the nature of the NHS, the political landscape affects us. The NHS and the public sector more generally will be under huge scrutiny in terms of scrutiny of governance and accountability.</li> <li>• Locally, a lot of work has been undertaken in terms of estate since the merger.</li> <li>• The fundamentals of care is what really matters to people in terms of their care and as a Board considering how to manage the regulatory expectation against the things that really matter to patients and those we serve.</li> <li>• The financial challenges and the extraordinary waiting lists that we face, exacerbated by industrial action which may continue to run and not be resolved within this parliament.</li> </ul> <p>The Chief Medical Officer provided an additional briefing:</p> <ul style="list-style-type: none"> <li>• Regarding the longest period of junior doctors' industrial action which finished at 7am on Tuesday. The priority was on patient safety, with a huge amount of planning and flexibility for all clinical teams, adding daily meetings to ensure a sense check.</li> <li>• Further delays in our emergency department and urgent care, particularly after the New Year's break with a peak in activity and patients seeking care. A thank you letter had been sent to all staff.</li> <li>• In terms of morale, people are uncertain where this industrial action is leading, and the impact on patients is recognised and the impact on staff of having to have these conversations with patients and their families.</li> <li>• The focus on clinical priority with a system approach, working very closely with our ambulance services. There are good relationships, and we are doing our best to support them in ambulance offload and making sure patients are seen in clinical priority order and in a timely way.</li> <li>• Fundamentals of care, the shared decision and clinical decisions with the patients working with our community providers so that advanced care planning is a key focus.</li> </ul>	

- Outpatient work is going from strength to strength.
- The additional mental health support, general advice, housing advice which has been taken up by approximately 20% of patients.

**Questions and comments**

- Mr Bloomfield asked about the level of junior doctor support for the industrial action and whether it has remained consistent. This is monitored and the percentage of junior doctors taking industrial action has varied between from day to day from 15% to 44%. Senior doctors are required to cover the night shifts rather than working during the day.
- Mr Spencer stated it was good to hear about the importance of the patient and family voice and he questioned if this was being captured appropriately and whether there were any big opportunities in 2024 to improve. The Chief Executive confirmed how important it is to complete the loop following complaints and near misses, and to embed the patient experience into the learning. There are some areas of very good practice and the Board heard from our cancer patient and maternity services.
- Mr Khatib referred to the point to be remembered, compassion in care, and most patient experiences talk about individuals they remember. A scheme is required to support staff to become that person. Safety partners would add value however there is only one funded across the Trust.
- Mr Millar highlighted the significant increase of verbal abuse to front line staff and questioned should this be flagged. The Chair advised of a recent walk around in Colchester with the Chief Nurse discussing this matter and his suggestion that an increase in security is required. The Quality and Patient Safety (QPS) and People and Organisational Development (POD) Committees have also recognised an increase in mental health and general violence. The Chief Executive advised of a noted increase in violence and aggression, including to the telephone rebooking team. A security review is due to ensure that there are the right security provisions. Ms Sundaram suggested that a security review should include more remote sites, i.e., Felixstowe, including the evening and night hours.
- Mr Humpston queried the King's Fund report, as referred to by the BBC, stating that the NHS has missed most of its performance targets over the last seven years and whether there was a possibility they might be reframed more towards a patient focus. The Chief Executive suggested that now the political landscape may change, the right elements for measurement should be considered, with quite a significant shift in cancer waits away from just counting the big numbers to things that really matter. If you wait for more than 62 days, it has an impact on your prognosis, and yet we measure all tumour groups instead of those at 30 days and the 100 days, for example. Now is the time to influence over the next 18-months to really affect change.
- Mr Gogarty felt there were some important points about public sentiment and general levels of satisfaction with the cancer rates for example, which perhaps is indicative of why we are witnessing the increasing levels of abuse and violence. The media focusing on the performance of the public sector in general and overall patient satisfaction has dipped below 30%. Mr Gogarty also supported the security review to include remote locations.

**Resolved: That the Board received and noted the verbal and written reports.**

<b>SECTION 2 – Integrated Performance</b>		
P08/24	<b>2.1 Key Issues report - Quality and Patient Safety Committee</b>	
	<p>Received for assurance report from the meetings held on 14 and 20 December 2023 presented by Mr Khatib, Non-Executive Director. The following items were highlighted:</p> <ul style="list-style-type: none"> <li>• Good improvements seen including quality improvement, and the patient experience within that is good.</li> <li>• Improvement on sepsis.</li> <li>• Learning from deaths report issues that can be linked to fundamentals of care.</li> <li>• Electronic patient records</li> <li>• A review of complaints post discharge.</li> <li>• Increase in alcohol dependence with three deaths in children.</li> <li>• No overdue Care Quality Commission items</li> <li>• A request from the Performance and Finance Committee to look at the quality impact from strikes. Numbers are low and the long-term impact won't be known until patients present.</li> <li>• Maternity - no overdue actions outstanding. The new subgroup reviewed the evidence to meet the requirements of the Clinical Negligence Scheme for Trusts (CNST) 10 safety actions.</li> <li>• Cancer care, survey undertaken with the highest response from 60% of patients and a rating of care average if 8.9/10 scored.</li> </ul> <p><b>Questions and comments</b></p> <p>The Chief Nurse highlighted the fundamentals of care essentials and the link from front door to discharge. The Committee will be undertaking monthly deep dives to see more clearly how we measure the fundamentals and how this supports getting it right for the first time.</p> <p>The Chief Medical Officer provided a brief overview of the low mortality data and learning from deaths and really listening to our staff in terms of their perception of the care provided at the time, input through our medical examiner process in listening to families and the medical examiners work closely with the Learning from Deaths Group. Medical examines will roll out to all communities from April. The Chief Medical Officer referred to the prevalence of flu as well as COVID-19 infections and provided some assurance around the focus particularly on perinatal mortality data, which is still being investigated. All cases are being looked at in detail. Ethnicity is reviewed and all are receiving the same care, whilst more data is required.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P09/24	<b>2.2 Key Issues report - Performance and Finance Committee</b>	
	<p>Received for assurance reports from the meetings held on 29 November and 20 December 2023</p> <p>Mr Bloomfield advised of two reports, with a focus on the December 2023 meeting as the November report had been previously reviewed at the Board meeting held in private in November. The following issues were highlighted:</p> <ul style="list-style-type: none"> <li>• On course to deliver revenue and capital plans, and strong workforce performance based on November data with a vacancy rate of just over 3% and turnover of 8%. Mandatory training has been over 90% for seven months.</li> <li>• There had been two rounds of industrial action.</li> <li>• NHS England (NHSE) allocated £8m to the Integrated Care System for lease accounting, but forecasted costs of £37m, resulting in a £25m variance, and NHSE faces criticism for implementing IFRS16 without proper planning or communication.</li> </ul> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>• Mr Spencer questioned expectations in relation to elective recovery 65 weeks, cancer, urgent and emergency care, and diagnostics. The Director of Elective</li> </ul>	



	<p>Care advised of the focus on the most urgent patients, cancer and emergency so for some of our specialties there are pressures, particularly around orthopaedic recovery and some of our general surgery. 40,640 patients were required to be seen by the end of March in relation to 65 weeks, 2,318 patients remain with a forecast of around 200 patients who would not have been treated at the end of March. 12 days have been lost due to industrial action or Bank Holidays.</p> <ul style="list-style-type: none"> <li>The Chief Executive thanked the teams, whilst recognising that further work was required.</li> </ul> <p>The Board <b>agreed</b> to ask the Performance and Finance Committee to consider incorporating a deep dive on national targets and standards into its programme of work for the next 12 months, as these were likely to become more patient-focused and outcome-based and it was a good time to review its level of ambition.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	EB/AM
P10/24	<b>2.3 Key Issues report - People and Organisational Development Committee</b>	
	<p>Received for assurance report from the meeting held on 15 November 2023.</p> <p>The Director of People and Organisational Development highlighted the positive staff data including recruitment and retention and mentioned upcoming programs for schoolchildren and medical students starting in September 2024. ESNEFT prioritises employee engagement and well-being through various initiatives including the Equality, Diversity and Inclusion group relaunch. The significant response to the recent staff survey of 52% was reported and improvements had been made in all eight areas of the People Promise, whilst acknowledging the ongoing challenge of staff sickness absence and violence towards them.</p> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>The Chair reported on a good conversation regrading freedom to speak up in recent months and commended the National Guardian's report.</li> <li>Mr Bloomfield reported good data and work from the Integrated Performance Report which has been improved with performance trends and hotspots summarised in a helpful way.</li> <li>Mr Spencer discussed the possibility of a new norm for sickness and its impact on business planning with steady levels of 5% and how that compares nationally.</li> <li>The Chief Executive referred to the Trust's focus on civility and respect, including training and promoting a culture where staff feel comfortable in raising concerns.</li> <li>Mr Khatib highlighted the work with the cultural ambassadors.</li> </ul> <p>The Board <b>agreed</b> for the People and Organisational Development Committee to have a discussion on the impact of cultural ambassadors but also on sickness absence, how we compare nationally and how to incorporate into business planning.</p> <p>It was <b>agreed</b> that a review of security arrangements across the site, including on community sites, would be carried out and reported back to board.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	JH NS
P11/24	<b>2.4 Integrated Performance Report</b> <ul style="list-style-type: none"> <li><b>Learning from Deaths</b></li> </ul>	
	<p>The Director of Finance presented the trends and hotspots, along with commentary on areas that have shown improvement in the reported month and those that require further focus and attention. Divisional Accountability Meetings to discuss October's performance were held at the beginning of December. The key performance headlines, for divisions and corporate CDGs as reflected in the Trust's Accountability Framework, are detailed in the report.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	

<b>SECTION 3 – Quality and Patient Safety</b>		
P12/24	<b>3.1 Maternity transformation: Leadership team presentation</b>	
	<p>Received for approval the report presented by Ms Amanda Price-Davey, Director of Midwifery, Dr Andrea Turner, Divisional Director and Dr Nishigandh Deole, Clinical Director for Obstetrics.</p> <p>The purpose of the report is to assure the Trust Board of our position in relation to the year 5 Maternity incentive Scheme as part of the Clinical Negligence Scheme for Trusts (CNST) and to seek that the Declaration Form for the year 5 MIS to be approved by Board and signed by the CEO. The presentation discussed all of the safety actions and compliance with each. The Board also received a recommendation from the Chair, QPS to approve the CNST submission.</p> <ul style="list-style-type: none"> <li>• Maternity Incentive Scheme/Clinical Negligence Scheme for Trust submission</li> <li>• Maternity Assurance Report</li> <li>• ATAIN quarter 2 report</li> <li>• Maternity &amp; Neonatal Safety Champions/surveillance</li> <li>• Clinical workforce update</li> <li>• Midwifery workforce report, including compliance with recent Birth rate plus staffing review.</li> </ul> <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 to meet the safety standards for the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS). The Director of Midwifery highlighted the following:</p> <ul style="list-style-type: none"> <li>• Review of perinatal index and neonatal deaths using a standardised tool</li> <li>• Transitioning to a new system for data submission, with at least two people able to submit data and seven additional backup submitters.</li> <li>• Transition of care – three standards for all babies after 37 weeks care, reviewed at 34-36 weeks transition care pathway.</li> <li>• Further improvements are required in respiratory admissions.</li> <li>• Compliance with the SBLCBv3 Board report</li> <li>• Training CCF had been approved at a previous Board but highlighted that NLS going forward would be undertaken by RC qualified facilitators</li> <li>• The maternity update report was used as an example of what would be coming to each Trust Board going forward to ensure continued compliance with SA9</li> </ul> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>• Mr Khatib highlighted the establishment of a new CNST Subgroup of QPS which performed the detailed scrutiny and made a recommendation to QPS to approve.</li> <li>• The Chief Medical Officer questioned the transitional care timeline and was advised that the action plan deadline is April 2025 with the focus on space requirements and preventable admissions. The organisation has implemented a Standard Operating Procedure for long-term locum induction and supervision, with ongoing monitoring to meet requirements.</li> <li>• Mr Khatib highlighted the challenges with compliance in the obstetric and anaesthetic medical workforces, including gaps in registrar workforce. Action plans are in place to address these challenges, including improving rotas.</li> <li>• Mr Millar commented that CNST is in a different place to last year, thanks to recruitment progress and doing all the right things, with the positive progress through transformation of leadership recognised.</li> <li>• Mr Bloomfield queried whether there would be any financial benefits from meeting the targets/standards. The Director of Finance confirmed that this is significant positive impact of £1.1m but this would not enable the position to</li> </ul>	

	<p>remain cost neutral.</p> <ul style="list-style-type: none"> <li>Ms Sinnott suggested a simple communication plan for service users to be advised that we are meeting standards.</li> </ul> <p>The Chair acknowledged the team’s hard work and progress in transforming the service, particularly in the areas of CNST and smoking cessation during pregnancy and in recruiting and training staff, despite facing challenges such as midwifery vacancies. The Chief Executive emphasised the importance of understanding the national narrative and counter-narrative regarding midwives and suggested sharing a positive message to boost confidence in local services.</p> <p><b>Resolved: That the Board received and approved:</b></p> <ul style="list-style-type: none"> <li><b>The Q2 ATAIN report,</b></li> <li><b>The Mat Neo surveillance report</b></li> <li><b>The updated clinical workforce paper following completion of the required audits</b></li> <li><b>Sign off the Saving Babies Lives Care Bundle</b></li> <li><b>And the signing of the MIS declaration form by the Chief Executive.</b></li> </ul>	NH
<b>SECTION 4 – Strategy and Transformation</b>		
P13/24	<b>4.1 ESNEFT as an Anchor Organisation</b>	
	<p>The Director of Finance presented the updated dashboard. It includes a full update for all qualitative sections in line with the metrics agreed with the Integrated Care Board, based upon the output from the UCL Partners Anchors toolkit published in July.</p> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>Ms Sundaram reflected how enjoyable the report was to read and highlighted the link between the anchor organisation, managing our land, infrastructure and existing building and ageing estate.</li> </ul> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P14/24	<b>4.2 Green Plan</b>	
	<p>Presented for approval by the Director of Estates and Facilities on the holistic approach and to consider sustainability through social, economic, and environmental aspects, with a focus on net zero emissions by 2050. Considering sustainability in business planning with a focus on electric vehicles, and the importance of focusing on scope three emissions in healthcare, particularly in medical procurement and travel.</p> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>The Chair emphasised the importance of sustainability in the Trust’s strategy, focusing on more than just reducing carbon emissions.</li> <li>Mr Spencer supported the holistic approach, suggesting prioritisation of a few big items to align with the wider Trust strategy and to secure financial benefits.</li> <li>Mr Khatib highlighted the importance of linking business planning with the quality workstreams, such as inequalities and medicines management. He queried if the transport policy is for electric/hybrid. The Director of Estates and Facilities advised that the travel plan is leaning towards electric/hybrid parking areas.</li> <li>The Chief Executive questioned how other work streams feed into this to ensure that Making Time Matter principles are delivered i.e., travelling for appointments.</li> </ul> <p><b>Resolved: That the Board received and approved the plan and note the plans for further development of a wider sustainability strategy over the next 12 months.</b></p>	
<b>SECTION 5 – Finance and Performance – There were no items for consideration.</b>		



<b>SECTION 6 – People and Organisational Development</b>		
P15/24	<p><b>6.1 Workforce Safeguards Report</b> Presented for approval by the Chief Medical Officer, Chief Nurse and Director of People and Organisational Development.</p> <p>The report was run during the industrial action period, and the team is working on triangulating data to better understand patient acuity and staffing needs. The aim is to improve the matron's ability to make staffing decisions on a day-to-day basis and there are recommendations for the next board meeting on Aquadex.</p> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>• The Chief Nurse confirmed that work continues with local leads but there is currently no national standard for Allied Health Professional (AHP) and medical staffing.</li> <li>• The Chief Medical Officer reported that medical software rostering is being implemented to improve patient safety and staffing levels. With clinical leaders learning to use data more effectively and move forward with ideas of improvement, ongoing delegation into POD was proposed. The report is undertaken every six months and reviewed by that Committee.</li> </ul> <p><b>Resolved: That the Board</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the Executive Team's assessment of assurance against the workforce safeguard indicators.</b></li> <li>• <b>Confirmed the continued delegation of ongoing monitoring of workforce safeguards to the quarterly People and Organisational Development Committee, with relevant items being escalated to the Trust Board of Directors as required.</b></li> <li>• <b>Noted the appropriate operational oversight of delivery against actions through Executive-led corporate groups.</b></li> </ul>	
<b>SECTION 7 – Governance</b>		
P16/24	<p><b>7.1 Key Issues Report – Audit and Risk Committee</b></p> <p>Received for assurance, presented by Mr Millar, Committee Chair.</p> <p>Mr Millar apologised for the last-minute meeting cancellations and provided an update on the external audit and termination of relationship by mutual consent, with potential approval of the 2022/23 annual report and accounts following the Audit and Risk Committee meeting and Trust Board on Tuesday 16 January, with the detail to be confirmed. A short virtual annual members meeting would be scheduled before the end of the year to reflect the delay in approval and publication.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	<b>AM/MM</b>
P17/24	<p><b>7.2 Trust Constitution</b></p> <p>Received for approval, presented by the Director of Governance</p> <p>The Council of Governors had endorsed the four proposals relating to composition of the Council of Governors and the electoral system used to elect governors, including changes to staff and stakeholder constituencies. The following elements were highlighted:</p> <ul style="list-style-type: none"> <li>• The term of office for lead governor increased from 12 months to a 3-year term, with a limit of 6-years, to align with Non-Executive Director requirements.</li> <li>• Governor election voting system changed from First Past the Post to Single Transferable Vote. Implementation can lead to more diverse elections, and this means that all votes count. It will also ensure the Trust was not an outlier in using its current voting system.</li> <li>• Staff constituency sub classes for Colchester and Ipswich to be replaced with a single ESNEFT constituency and an increase from five to six staff governors.</li> <li>• Appointed governor increase from nine to 10 with the inclusion of representatives from the system voluntary assembly and an organisation to be confirmed that</li> </ul>	

	<p>represents community diversity.</p> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>Mr Spencer praised the risk register as a live tool that draws them in and encourages questions.</li> </ul> <p><b>Resolved: That the Board received and approved the constitution as presented.</b></p>	
P18/24	<p><b>7.3 Board Assurance Framework (BAF)</b> Presented for assurance by the Director of Governance with additional input from relevant Executive risk owners. The following was highlighted:</p> <ul style="list-style-type: none"> <li>This was last received at the Board in September 2023.</li> <li>A Board workshop was delivered.</li> <li>Risk trend added.</li> <li>The re-introduction of cancer performance</li> <li>Staff survey engagement this year</li> <li>Approval of clinical strategy</li> </ul> <p><b>Questions and comments</b></p> <ul style="list-style-type: none"> <li>The Chair confirmed that the BAF was presented in a clearer format and queried if there was anything further to be added at this stage.</li> <li>Mr Humpston echoed these comments and described it as a good document and an engaging, live tool.</li> </ul> <p><b>Resolved: That the Board approved the current version of the BAF, received and noted the report and confirmed that there were no additional risks to add to the risk register this month.</b></p>	
P19/24	<p><b>7.4 Trust Seal</b></p> <p>Presented for noting by the Director of Governance</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	
<b>SECTION 8 – Questions from the public</b>		
P20/24	<p><b>8.1 Public Questions</b></p> <p>Helen Rose, Lead Governor, thanked the Board for the strong thread regarding patient experience, and questioned whether patients attend their meeting and work in partnership with the healthcare professional, and how will that be picked up. The Chief Executive gave an example of a cancer patient whereby we have a specific illness for specific groups, and where people come in under general medicine, i.e., not specific nor long term. More work is to be done and not just learning from complaints and will continue to work with patient groups. There will be an increased focus on this into the next financial year. The Chair suggested that the Council of Governors receives an update on patient experience work.</p>	<b>HT/AF</b>
<b>SECTION 9 – Other Urgent Business</b>		
P21/43	<p><b>9.1 Any Other Urgent Business</b></p> <p>No further items of business were raised</p>	
P22/24	<p><b>9.2 Date of next meeting</b> The next meeting in public would be held on Thursday 7 March 2024 at 9.30am, Joshua/Genesis Room, Kingsland Church, Community Centre, CO3 9DW.</p>	

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

Helen Taylor  
Chair

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