

Minutes of the Trust Board Meeting in public

held on Thursday 8 September 2022, 9.30am

Aspen House, Stephenson Road, Severalls Business Park, Colchester CO4 9QR

PRESENT:

Ms Helen Taylor	Chair
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr John Humpston	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mr Mark Millar	Non-Executive Director
Dr Elaine Noske	Non-Executive Director
Mr Richard Spencer	Non-Executive Director
Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance
Mr Neill Moloney	Managing Director
Mr Mike Meers	Director of Digital and Logistics
Dr Angela Tillett	Chief Medical Officer
Dr Giles Thorpe	Chief Nurse

IN ATTENDANCE:

Mrs Rebecca Driver	Director of Communications and Engagement
Mr Paul Fenton	Director of Estates & Facilities
Mr Andy Morris	Associate Non-Executive Director
Mr Steve Parsons	Interim Director of Governance
Ms Julia Smyth	Associate Director of Organisational Development and Culture
Ms L Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

APOLOGIES:

Ms Kate Read	Director of People and Organisational Development
Ms Ann Filby	Trust Secretary

SECTION 1 – CHAIR’S BUSINESS		ACTION
P54/22	WELCOME AND APOLOGIES FOR ABSENCE	
	<ol style="list-style-type: none"> 1. The Chair welcomed all attendees to the meeting. 2. Apologies for absence were noted as above. 	
P55/22	DECLARATIONS OF INTEREST	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <ol style="list-style-type: none"> 1. The new declaration of interest, which had been made by Mr Steve Parsons, Interim Director of Governance, was noted to have been recorded on the Trust’s Electronic Staff Record system as required by the Standing Orders. 	
P56/22	MINUTES OF THE MEETING HELD ON 7 JULY 2022	
	<ol style="list-style-type: none"> 1. The minutes of the meeting held on 7 July 2022 presented were approved as a correct record. 	
P57/22	MATTERS ARISING – ACTION LOG	
	<ol style="list-style-type: none"> 1. The Action Log was received and noted. 	
P58/22	PATIENT EXPERIENCE STORY	
	<p><u>Received for noting</u> a patient experience story presented by the Chief Nurse.</p> <ol style="list-style-type: none"> 1. The Chief Nurse advised that LK wished to remain anonymous but in May 202, following a referral from her GP, had attended an appointment with the Ear, Nose and Throat Department for a lump on her neck. The appointment had not gone as she had expected, the doctor having rushed the appointment and said that her lump was due to acid reflux as he could see evidence of scarring. When LK had asked him to check the lump directly, he barely touched it and said the lump was part of her neck structure. LK was met with a dismissive attitude and was extremely disappointed in the appointment. LK had decided to ring the PALS and complaints office and explained what had occurred at the appointment. A second opinion appointment was immediately arranged which LK described as marvellous and that the original consultant should learn from this consultant’s attitude and care. The consultant said straight away that the lump was a cyst and had to be removed and LK was then fast tracked and was seen within the two-week timeframe. The cyst was surgically removed and as her thyroid gland could be left intact, LK would be followed up for the next seven years, which had given her the assurance she desired. 2. LK stated that she was thankful to the PALS and complaints office as without their support and interaction she might have just gone home after her first appointment still with her cancerous cyst. 3. The Board was asked to note and discuss the patient experience story. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. Mr Khatib asked what was being done to promote the PALS team. The Chief Nurse advised that all ward areas had contact details of the PALS team but it fell to the clinical teams in areas to address any concerns in the first instance. 5. Mr Spencer questioned what would happen to the consultant seen by the patient at the first appointment. 6. Dr Gogarty observed that there were two issues to be considered, the first regarding the attitude of the doctor and secondly his diagnostic ability. 7. The Director of Strategy, Research and Innovation stated that he shared the disappointment regarding the experience the patient had initially had and would question the opportunity for learning. 8. The Chief Medical Officer stated that the clinical team would discuss the learning and any themes being seen regarding diagnosis by individual consultants. Consultant’s appraisals also gave the opportunity to review any themes arising regarding their attitude towards patient or diagnosis. 9. The Chair requested that the Chief Nurse conveyed the Board’s thanks to LK for sharing 	

	<p>her experience and to the PALS team.</p> <p>Resolved: That the Board received and noted the report.</p>	GT
P59/22	REPORT FROM THE TRUST CHAIR	
	<p><u>Received for information</u> a verbal report by the Chair.</p> <ol style="list-style-type: none"> 1. The Chair advised that focusing on items within the Trust earlier this week she had with the Chief Executive and Chief Nurse been able to thank some of ESNEFT's international nurses who were this year celebrating their 20th anniversary of joining the Trust and was also able to thank some of the newest international nurses. 2. The Board was informed that ESNEFT had received national recognition for the practical and emotional support offered to new international nurses and midwives and were the first NHS Trust in the East of England to be awarded the NHS Pastoral Care Quality Award. 3. In mid-August the traditional building ceremony of 'topping out' took place on the new Breast Care Centre under construction at Ipswich Hospital. Teams had laid the final roof tile which marked a major milestone in the building project for the specialist centre due to open for patients this winter. 4. The Chair expressed thanks to everyone who had taken part in fundraising by abseiling from the Ipswich Hospital's 130ft maternity block which had raised £95,000 for the Blossom Appeal. 220 local people had taken part in the abseil last month, amongst them being Nick Hulme, our Chief Executive. 5. The Chair congratulated Giles Thorpe, our Chief Nurse who had recently been awarded his professional doctorate in health service management. Giles had also been delighted to be invited by Vicky Joffe, Dean of the School of Health and Social Care at the University of Essex, to become an honorary professor at the university. A role which would include mentorship and teaching on aspects of nursing leadership as well as offering strategic support to the Dean in developing nursing, midwifery and AHP careers in partnership with colleagues at the university. 6. Work had been taking place to make sure that everything was in place for the COVID-19 booster and flu vaccine for this autumn. Staff and volunteers would shortly be offered a COVID-19 booster and flu vaccine. 7. The ESNEFT community teams would be leaving their Sandy Hill Lane offices in Ipswich, as the lease was expiring, over the next weeks moving to new locations at Constantine House in Ipswich town centre. The move would create an opportunity for more of the Suffolk community teams to work closely with each other and also alongside local social care teams. 8. The Chair noted that the nominations for the governor elections had now closed and voting would commence shortly. The Chair informed the Board that some governors had decided not to re-stand and others had come to the end of their terms of office and she would like to publically thank Dave Gronland, Sharmila Gupta, Laurence Collins, Margaret Llewellyn and Philip Davey for their service and support to the Trust. 9. The Chair recorded that the Board had approved the Workforce Race Equality Standard and Workforce Disability Equality Standard data submission prior to the Board meeting in order to meet the submission deadline. <p>Resolved: That the Board noted the verbal update.</p>	
P60/22	REPORT FROM THE CHIEF EXECUTIVE	
	<p><u>Received for information</u> a verbal report by the Chief Executive.</p> <ol style="list-style-type: none"> 1. The Chief Executive welcomed members of the public who were observing the meeting. 2. The Chief Executive noted the recent appointment of the new Prime Minister and the appointment of local MP, Therese Coffey, as Secretary of State and Will Quince from Colchester joining the ministerial team for health. The Chief Executive noted that he felt that health would be a key political issue over the next two years prior to the next general election and it would be important for the Board and Trust not to become involved in this, particularly noting the close relationships which had been built up by The Trust previously with Therese Coffey and Will Quince. 3. Reflecting on the national narrative the Chief Executive noted that there had been much 	

	<p>negativity and it was important to recognise the positive performance that ESNEFT was currently providing. Funding for 11 surgical hubs had been announced and two were within ESNEFT, one at Ipswich and the Dame Clare Marx building at Colchester, which was a real vote of confidence for the Trust and recognition of the relationship which had been developed with partner organisations. However, the effectiveness of the partnerships within the ICB would be tested over the next 2-3 years by the impact on patient experience.</p> <p>4. The Chief Executive concluded by noting the issue of the rising cost of living and the importance of recognising how this might affect members of the community and staff over the coming months.</p> <p><u>Questions and Comments</u></p> <p>5. Mr Bloomfield sought clarity on the ICB priorities and how these might impact on ESNEFT. The Chief Executive stated that the real focus was currently on elective recovery and reducing pressure on the acute beds. The ICB operating framework publication was still awaited. From a personal view point the Chief Executive stated that he would ask the ICBs to concentrate on the work that only they could undertake, including provision and access to services, and to step away from direct performance matters.</p> <p>6. The Chair observed that future Trust Board agendas would need to reflect the ICB issues.</p> <p>7. Dr Noske stated that she was interested in how the ICS was developing and how as a Board the chances of success could be optimised.</p> <p>8. The Chief Executive agreed that the ICB needed to be on the Trust's agenda to enable the Trust to feed into the ICBs discussions and to continue to reflect at executive level to influence the discussions. The Chief Executive stated that this issue would be considered at the upcoming Board Development day on 20 September 2022.</p> <p>9. Mr Millar noted that he felt that the objectives set out by the Secretary of State were positive and the main issue was one of workforce and he would question the international recruitment national position and finance for staffing. The Chief Executive stated that recruitment had been positive and since the merger ESNEFT had been able to offer better opportunities to staff. The need was to concentrate on workforce transformation as much as traditional recruitment and retention numbers. The system would be able to play a role and take a consistent position.</p> <p>10. The Chief Nurse noted that as had been noted by the Chair, ESNEFT had been the first organisation in the East of England to be awarded the NHS Pastoral Care Quality Award. As an organisation 120 international nurses had been recruited within 2022, but nationally and for ESNEFT this needed to be ethical recruitment. International recruitment formed only part of the solution for workforce and there were clear workforce transformation programmes.</p> <p>11. Mr Khatib noted the work with the GMC to bring people back into practice and that transformation had been being looked at for many years and he would question how this was being considered by the People and Organisational Development Committee. Mr Spencer advised that the People and Organisational Development Committee had looked at workforce development at the last meeting in more detail but that he would agree that transformation of skills and "reskilling" needed further consideration by the Committee. The Associate Director of Organisational Development and Culture advised that apprenticeships were being expanded within ESNEFT and the team were going out to schools to inform students about the many opportunities.</p> <p>Resolved: That the Board noted the verbal update.</p>	SP
SECTION 2 – QUALITY AND PERFORMANCE		
P61/22	QUALITY AND PATIENT SAFETY COMMITTEE - COMMITTEE KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> CKI report from the meeting held on 1 September 2022 presented by Mr Khatib, Non-Executive Director.</p> <p>1. Mr Khatib advised that an issue with regard to controlled drug cabinets had been escalated, storage having been raised previously. It had been agreed that feedback</p>	

	<p>would be provided to members after the meeting and at the next Committee to provide assurance that this issue was being addressed.</p> <ol style="list-style-type: none"> 2. There had been one alert relating to radiology staffing issues in comparison to national recommendations. Mitigation was in place and this was being reviewed through Divisional Accountability (DAM) meetings. Assurance was sought on the effect on patients and it had been confirmed that there was no impact. Nationally this was noted to be an area of workforce pressure. 3. The pharmacy workforce situation had been noted and the new Chief Pharmacist would focus on addressing the key challenges. 4. Three points of escalation were presented to the Committee by the Director of Infection Prevention and Control in relation to standards of cleanliness post COVID, the importance of medical contributions to the antimicrobial stewardship audits and the rise in MRSA infections. Assurance was provided on the plans in place to resolve these areas. 5. The challenges related to patients presenting to the hospital with enduring mental health conditions and social care placement issues was discussed with an agreement to escalate this concern to the ICB Quality Committee. 6. The Committee had been advised that in relation to tissue viability an action plan would be shared in October as part of a deep dive in response to an increase in hospital acquired pressure ulcers. Falls had also seen a deterioration and the trajectory for improvement would also be shared in October. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Chief Medical Officer informed the Board that a multidisciplinary meeting had been held as planned on 1 September 2022 regarding the controlled drug cupboards and had looked at standardising these for new build areas. Work on the issues continued and an update would be taken back to the next Quality and Patient Safety Committee meeting. Supply disruption had been seen over the last two years, however, it was noted that the Trust had an excellent procurement team who sought alternative options to mitigate any risk. In order to give a higher priority the Board was informed that this would be a standing item for future Clinical Reference Group meetings. 8. Dr Gogarty asked for confirmation of when the controlled drug cabinet issue would be resolved. The Director of Estates and Facilities advised that new cabinets were on order and that these would be fitted as soon as received which was expected to be within the next 4-5 weeks and this issue would then be removed from the action plan. 9. Dr Noske questioned the workforce challenges in pharmacy and what was being done to manage these. The Chief Medical Officer advised that the pharmacy workforce challenges have been discussed at the People and Organisational Development Committee and was due to recruitment issues. <p>Resolved: That the Board received and noted the CKI report.</p>	
P62/22	INTEGRATED PERFORMANCE REPORT: QUALITY AND PATIENT SAFETY	
	<p><u>Quality & Patient Safety:</u> The Chief Medical Officer and Chief Nurse.</p> <ol style="list-style-type: none"> 1. The Chief Nurse highlighted that there had been an increase in MRSA numbers and the Infection Control team were working with Estates and Facilities team around the environment in the clinical areas. 2. The Director of Estates and Facilities advised that the facilities team worked closely with the Infection Prevention and Control team in relation to standards of cleanliness in order to return to the routine that had been in place pre COVID-19 and the responsibilities of the nursing and facilities teams were being strengthened. 3. The Chief Nurse advised that mental health patients remained an area of focus and further work was underway with regards to the assessment process for these patients. 4. The Chief Nurse informed the Board that with regards to the compliance to the Clinical Negligence Scheme for Trusts (CNST) ESNEFT had a plan in place to address the national data submission issues. 5. The Chief Medical Officer advised that mortality data had returned to more seasonal norms following the height of the pandemic. Following analysis of the data whilst this was higher than expected it was now reducing and further work was being undertaken with regards to palliative care coding. 	

	6. The Chief Medical Officer stated that from the report there was clearly learning and a detailed report had been received by the Quality and Patient Safety Committee regarding perinatal mortality which tied into the ongoing maternity work.	
P63/22	RESEARCH AND INNOVATION ANNUAL REPORT 2021/22	
	<p><u>Received for assurance</u> presented by the Director of Strategy, Research and Innovation. Executive.</p> <ol style="list-style-type: none"> 1. The Annual Report for Research and Innovation was presented detailing how the Trust continued to expand a vigorous programme of work which involved a wide range of departments. 2. Research activity had grown over the last year, particularly in commercial research, in-house research and collaborative academic research working with local university partners and the research programme had a strong financial position for the future. 3. Innovation activity had included significant developments in training, education, Artificial Intelligence (AI), pathology, robotic surgery and support to innovators. However, the Board was informed that for innovation the report gave only a small snapshot of the work taking place across the Trust and the ambition for the next 3 years was being refreshed due to the overachievement of the targets which had been set 2 years ago. 4. A presentation on research and innovation would be included on the agenda for the Annual Members Meeting in November. 5. The Board was recommended to receive the annual report <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Mr Bloomfield asked for more detail on the return on investments. The Director of Strategy, Research and Innovation advised that there had been a significant amount of capital investment and the benefit of this was shown in productivity of services and improved models of care. The Director of Finance advised that the individual projects were subject to continuous review of the financial and clinical return but that some of the return was based on social value. 7. Mr Khatib sought clarification on where the Quality and Patient Safety Committee fitted within research governance and looking at qualitative research. 8. Mr Spencer noted the importance of this work to attract and retain staff and whether the work was being showcased enough externally. 9. The Director of Strategy, Research and Innovation advised that a lot of the work done was qualitative. Reports were provided through the clinical patient safety group which would demonstrate how this benefitted patients. The Trust had recently invested in a dedicated communications lead supporting research and ICT who worked on showcasing the work taking place. 10. The Chief Medical Officer advised that there was clearly always a large amount of clinical interest in research and innovation but involving the whole team would be key going forward. 11. The Chair recognised the scale of the work being undertaken and stated that she looked forward to hearing more about this at the Annual Members Meeting. <p>Resolved: That the Board received and noted the report.</p>	
	SECTION 3 – STRATEGY AND TRANSFORMATION	
P64/22	ESNEFT AS AN ANCHOR ORGANISATION: QUARTERLY UPDATE	
	<p><u>Received for assurance</u> presented by the Director of Finance.</p> <ol style="list-style-type: none"> 1. ENSEFT as an Anchor Organisation had been progressing with activities over the past year, following the Integrated Care System (ICS) producing an anchor dashboard the Trust was asked to implement an ESNEFT version. ESNEFT had followed the same template and the version updated from the previous dashboard presented to the April Board included a full update for all qualitative sections and for the quantitative sections. The Trust was working with both the ICP (Integrated Care Partnership) and the region to arrive at a standard set of metrics for future dashboards. 2. The Director of Finance highlighted that the Trust was working closely with Colchester 	

	<p>Institute, and in procurement had introduced a “social value” measure and were looking to collaborate with local councils regarding land and assets.</p> <p>3. The Board was requested to receive the update, discuss the implications and highlight any areas for further development.</p> <p><u>Questions and Comments</u></p> <p>4. Mr Spencer noted that the report gave an encouraging position but questioned how high the measure around spending with local suppliers could get to. The Director of Finance advised that data from Companies House was analysed with regards to local suppliers but further work was required as to how local was defined.</p> <p>5. Dr Noske queried whether there was more that ESNEFT could do as an employer to support those staff in lower salary groups with the current cost of living pressures. The Director of Finance advised that the Trust was governed by national terms and conditions. The Associate Director of Organisational Development and Culture advised that the Trust was working with regional colleagues regarding supporting staff and were also working with third sector colleagues.</p> <p>6. Mr Bloomfield sought clarification as to the meaning of the 10% social value factor. The Director of Finance advised that tenders were reviewed for financial and quality criteria but the Trust had now introduced a social value factor. Further detail would be provided in future quarterly reports.</p> <p>7. Dr Gogarty asked about engagement taking place with adult education and the progress on measuring levels of employment in areas of social deprivation. The Director of Finance confirmed that the work related to the Suffolk and North East Essex (SNEE) area and advised that regarding areas of social deprivation data was being progressed and there was engagement with a wide range of providers regarding adult education. The Director of Strategy, Research and Innovation advised that the community academy was funded by Essex County Council in partnership with Colchester Institute.</p> <p>8. The Chair noted that as an anchor organisation ESNEFT was looking at opportunities to support those in the wider community.</p> <p>9. Dr Gogarty congratulated Board colleagues for the very positive work which had been undertaken and continued to develop ESNEFT as an anchor organisation.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 4 – FINANCE AND PERFORMANCE		
P65/22	PERFORMANCE ASSURANCE COMMITTEE - COMMITTEE KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> CKI report from the meeting held on 27 July 2022 and 24 August 2022 presented by Mr Bloomfield, Non-Executive Director.</p> <p>1. Mr Bloomfield advised that the 24 August 2022 Committee had received alerts relating to the turnover of HCAs and mental health patients.</p> <p>2. Acute performance remained a challenge, whilst ESNEFT compared well with others, performance remained below national standards.</p> <p>3. Mr Bloomfield highlighted that financially the Trust’s revenue was in a steady position but a close key was being kept on the capital budget.</p> <p>4. The Committee had undertaken a deep dive on winter bed planning and the arrangements that were being put in place.</p> <p><u>Questions and Comments</u></p> <p>5. The Chair noted that an update report regarding the Trust’s winter plans would be included on the next Council of Governors meeting agenda.</p> <p>Resolved: That the Board received and noted the CKI reports.</p>	
P66/22	INTEGRATED PERFORMANCE REPORT: PERFORMANCE	
	<p><u>Update provided for assurance</u> by the Managing Director.</p> <p>1. The Managing Director noted the HSJ article which had highlighted how SNEE was</p>	

	<p>returning its elective activity.</p> <ol style="list-style-type: none"> 2. The Managing Director noted that the report was based on June and July data and improved performance had been seen in August. There had been an incremental improvement in cancer performance. The executive led Cancer Care Recovery Programme had been launched and was focussed on reducing the backlog. New primary care referral guidance for colorectal had been circulated and made a positive impact on reducing the number of colorectal referrals received. 3. The Board was informed that there had been a slight improvement in performance for the Emergency Departments across both sites as the recovery work continued and the Trust was working closely with the ambulance service and community teams. A Kaizen approach to focus on actions to improve patient emergency care and flow was currently underway at the Ipswich site. Both sites were focussing on improving flow initiatives working on interactions with site operations teams to support early discharge. Additional funding was being received to support the work over the winter period. 4. The Managing Director advised that all comparative indicators were green in relation to national benchmarks and the Urgent Crisis Response (UCR) performance had further increased to 94%, which avoided people coming to Accident and Emergency. 5. The Managing Director stated that the Trust continued to see an increase in the number of mental health patients, both adults and children, coming into the hospitals, who were generally staying for longer. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Dr Gogarty stated that it had been good to hear the progress being made. 7. Mr Khatib asked where the main blocks were in the total patient journey. The Chief Nurse advised that good work was being undertaken to improve the patient pathway within the organisation and ESNEFT was taking the lead on the issues to engage with system partners. 8. Mr Morris stated that he had been encouraged by the impact of the community teams and would question how much more could be done as the ICB developed. 9. Mr Humpston complimented the team on setting high targets for care. The Managing Director observed that a deterioration in access standards had been seen and the highest priority was to continue to address this. 10. Mr Humpston questioned the level of confidence regarding system resilience over the next few months. The Managing Director stated that much of the patient pathway was within the gift of ESNEFT working in the community and this was a key area of the focus. This was a national concern which had led to additional investment. 	
P67/22	INTEGRATED PERFORMANCE REPORT: FINANCE	
	<p><u>Update provided for assurance</u> by the Director of Finance.</p> <ol style="list-style-type: none"> 1. In July (Month 4), the Trust delivered a surplus of £0.1m with a year to date favourable variance of £0.2m against control total. 2. The capital position was noted to be a concern with a spend of £6.4m in month against a year to date plan of £20m. Additional capital for the Dame Clare Marx scheme and the surgical theatres above Ipswich UTC had been secured, however, this would be required to be spent within this financial year, which was unlikely, so the team were working with regional colleagues to look at brokering some of the resource into the 23/24 financial year. 3. The cash position was stable at £71m. 4. At month 4 all organisation within the system were reporting being on plan although with some areas of risk noted. 5. The CIP performance in month had improved with £1.8m delivered and the team were aiming to navigate the organisation to become recurrently stable and were working with the divisions, however, increases in costs had made this more difficult. 6. The full amount of Elective Recovery Fund (ERF) had been received for the first half of the year but had not been confirmed for the second half of the year. This was currently held in reserves but clarity was required. 7. The finance team would be working over the autumn to look at the assumptions for funding for the next 3 year plan. 	

	<p><u>Questions and Comments</u></p> <p>8. Mr Millar stated that he would endorse the key messages and note that whilst revenue in itself would not be a problem this year the Trust needed to be in a stable position for the next few years. The appointment of a new Prime Minister and ministerial team might lead to changes in the view of priorities.</p> <p>9. Mr Khatib noted that the bank and agency spend percentage had increased and queried the confidence on CIP recovery during the second half of the year.</p> <p>10. The Director of Finance advised that the Divisional Accountability Meetings held earlier this week had focused in the workforce section on bank and agency and a deep dive on medical staffing would be undertaken, although it was recognised that it would be difficult to achieve the 10% reduction. It was noted that there was a financial benefit of staff moving to substantive positions. The Director of Finance advised that some progress was being made in CIP for the current year and the recurrent target and some additional inflation resource would be distributed. Taking a system wide view a session had been held with West Suffolk Hospital regarding benchmarking and this was being broadened out to a divisional basis looking at sharing of services and wider than ESNEFT.</p> <p>11. Mr Humpston asked what would be considered a good outcome from the brokering. The Director of Finance advised that some positive conversations had been held with regional colleagues and these would be continued as the Trust required the capital resource next year.</p>	
<p>SECTION 5 – PEOPLE AND ORGANISATIONAL DEVELOPMENT</p>		
P68/22	<p>PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE - COMMITTEE KEY ISSUES (CKI) REPORT</p>	
	<p><u>Received for assurance</u> CKI report from the meeting held on 28 July 2022 presented by Mr Spencer, Non-Executive Director.</p> <ol style="list-style-type: none"> Mr Spencer highlighted that the Committee had discussed in depth leadership development in the light of the recent Messenger Report, which had highlighted the need to strengthen clinical and non-clinical leadership skills across the NHS. The Committee had received a presentation from the Faculty of Education, noting that considerable progress had been made in establishing a fully integrated approach to staff education and learning. The Committee received a presentation on the actions taken and plans to ensure ESNEFT meet and exceeded the 90% compliance target for mandatory training. Overall compliance was 89.2% in July. The Committee had been encouraged in particular by the recovery plans for Adult Basic Life Support and Conflict Resolution Level 2 by year end or earlier. The Committee had received a presentation regarding volunteering services and noted that as a result of COVID the number of committed volunteers across the Trust had decreased significantly. A new recruitment campaign was planned in the autumn which would also seek to broaden the diversity of our volunteer base. Mr Spencer stated that he would stress the importance of the volunteers to the Trust and would ask colleagues to encourage others to volunteer. <p>Resolved: That the Board received and noted the CKI report.</p>	
P69/22	<p>INTEGRATED PERFORMANCE REPORT: WORKFORCE AND ORGANISATIONAL DEVELOPMENT</p>	
	<p><u>Update provided for assurance</u> by the Associate Director of Organisational Development and Culture.</p> <ol style="list-style-type: none"> The vacancy rate across the Trust had fallen from 5.0% to 4.1%. Voluntary turnover, rolling 12 months, was at 9.1% in July for ESNEFT, a slight increase from 9.0% in June. Retention partners were continuing their work around exit interviews. Sickness in July had increased to 5.4% from 4.5% in June and remained above the target of 3.5%. The sickness rise due to COVID in July was now reducing. The team were looking at the issues within the HCAs workforce and planning “appreciation days” and looking at staff development opportunities. Each division had plans in place. 	

Questions and Comments

4. Mr Bloomfield noted that there had been some risk around the vaccination programme at the time of the meeting. The Director of Digital and Logistics advised that the Trust was scheduled to receive initial vaccine supplies on 17 September 2022 and these would be offered for health care staff in the first instance. The flu vaccine was due to arrive on the 10 October 2022.
5. The Associate Director of Organisational Development and Culture advised on the difference between visible and engaging in relation to the leadership programme in reply to a question raised by Mr Bloomfield.
6. The Chief Nurse advised that there was system work taking place regarding HCAs with West Suffolk Hospital regarding the changes to the band 2 and 3 roles and would also be looking at career progression and transformation of the HCA role.
7. Mr Millar stated that he had been concerned about the number of consultant vacancies and was pleased to note the improvement reported.
8. The Director of Estates and Facilities noted with regards to staff health and wellbeing that staff were often referred on by the service to NSFT, and in view of the issues what assurances were being sought regarding the service which would be received. The Associate Director of Organisational Development and Culture advised that staff were being fast tracked and no issues were being reported with regards to the speed of referral or appointment.
9. Dr Gogarty observed that the report was very “acronym heavy” and sought clarification of what “SAS” referred to. The Chief Medical Officer apologised for the use of acronyms and explained that SAS referred to staff grade and associate doctor posts.

P70/22

2021/22 MEDICAL APPRAISAL AND REVALIDATION ANNUAL REPORT

Received for approval report presented by the Chief Medical Officer.

1. This Annual Report 2021/22 informed the Board of the year end compliance for medical appraisal and revalidation across ESNEFT.
2. The role of Responsible Officer (RO) was required to make revalidation recommendations to the General Medical Council (GMC) about each doctor once every 5 years. The cornerstone upon which the RO's recommendation was made was the doctor's appraisal history over the past 5 years, and it was, therefore, critical that the appraisal process itself was robust and fit for purpose.
3. Between 1 April 2021 and 31 March 2022, 173 recommendations were made to the GMC; 110 were for positive recommendations to revalidate and 63 were requesting a deferral of the revalidation date. No non-engagement notices were filed with the GMC during the reporting period.
4. On 31 March 2022, ESNEFT was the Designated Body for 744 doctors and for the appraisal year 2021/22 the Trust reported 711 completed appraisals, giving the Trust an overall compliance rate of 95.5% for medical appraisal.
5. The Chief Medical Officer advised the Board that there was now a well embedded governance process and that the wellbeing questions would continue to be embedded. Additional funding for appraisers had been received.
6. The Board was asked to accept the report for assurance and information purposes and approve the statement of compliance at appendix A.

Questions and Comments

7. The Director of Finance referred to the 63 deferrals and enquired how the two doctors who had left would be followed up and whether those who had not had an appraisal had now been completed. The Chief Medical Officer advised that there was a process to closely monitor appraisals for those doctors who had left the Trust and the GMC were alerted to those who did not move to another NHS organisation. At any time a few doctors might not have had their appraisal due to a variety of reasons including sickness or maternity leave but this was delineated in the report and the Trust was unlikely to achieve 100% compliance.

Resolved: That the Board received and accepted the report and approved the statement of compliance at appendix A.

SECTION 6 – GOVERNANCE		
P71/22	BOARD COMMITTEE TERMS OF REFERENCE	
	<p><u>Received for approval</u> presented by the Interim Director of Governance.</p> <ol style="list-style-type: none"> The Board was supported in its work by a number of Committees, which had been constituted by the Board under the Trust’s Constitution and the Standing Orders. To comply with the provisions of the NHS England (formerly the NHS Improvement) Provider Licence, the Committees must be formally established with written terms of reference. Work by the internal audit service had identified that the Terms of Reference approved by the Board in October 2021 had an expiry date of 31 March 2022; and that terms of reference had not formally been in place since then. The Board was, therefore, invited to approve terms of reference for the Committees to ensure full compliance in this area. No substantive changes to the roles of the various Committees were being sought at this stage, although a number of areas were being standardised through the introduction of General Orders for Committees. A wider consideration of the roles and responsibilities of the various Committees was expected to be undertaken over the coming nine to 12 months. Following discussions, it had been agreed that the work of the Innovation Committee could more effectively be undertaken through Executive led action, with oversight being maintained by the Board and, where required, other Board Committees. The Board was requested to agree the dissolution of the Innovation Committee; approve the General Orders for Committees; approve the specific Terms of Reference for the Audit and Risk Committee, Performance Assurance Committee, People and Organisational Development Committee, Quality and Patient Safety Committee and Remuneration and Nomination Committee and as the Corporate Trustee approve the Terms of Reference for the Charitable Funds Committee. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> Mr Bloomfield enquired what would happen regarding the BAF risks which were covered by the Innovation Committee following its dissolution and whether the Board would then be informed of where these risks had been reallocated. The Interim Director of Governance confirmed that the BAF risks would be reallocated and the Board informed. Mr Spencer noted that there might be scope to review this whilst going through the Well Led Review. The Chair advised that this could be discussed at the Board Development Day on the 20 September 2022. The Interim Director of Governance agreed that the conversation would start at the Board Development Day and the Board would need to consider the outcome of the Well Led Review. The Chair thanked Dr Noske for chairing the Innovation Committee over the past year. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> Agreed the dissolution of the Innovation Committee. Approved the General Orders for Committees. Approved the specific Terms of Reference for the Audit and Risk Committee, Performance Assurance Committee, People and Organisational Development Committee, Quality and Patient Safety Committee and Remuneration and Nomination Committee. As the Corporate Trustee approved the Terms of Reference for the Charitable Funds Committee. Noted that the Board would be informed of the reallocation of the BAF risks formerly under the Innovation Committee. 	SP
P72/22	TRUST SEAL: QUARTERLY REPORT	
	<p><u>Received for assurance</u> presented by the Interim Director of Governance.</p> <ol style="list-style-type: none"> Standing Order 8 requires that the Board of Directors receive a report on the sealing of all documents under the seal of The East Suffolk and North Essex NHS Foundation Trust (ESNEFT). 	

2. The Board of Directors was notified that the seal of the Trust had been used on 11 occasions:
- On 17 May 2022 the seal was affixed to –
 - Lease of 14 bedrooms at Pearson Square, Ipswich IP3 8NW between VIC Investment Holdings Limited and OCASA Residential Limited and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Managing Director and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 84.
 - On 30 May 2022 the seal was affixed to –
 - Short form appointment for the provision of professional services. Deed. Between ESNEFT and Castons (Partnership).
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 85.
 - Sub-contractor's collateral warranty relating to sub-contractor works at Ipswich Hospital, Heath Road, Ipswich, Suffolk. Between A.C.Bacon Engineering Limits and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 86.
 - Sub-contractor's collateral warranty relating to sub-contractor works at Ipswich Hospital, Heath Road, Ipswich, Suffolk. Between Ceetech and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 87.
 - Collateral warranty relating to Architect consultancy services at Ipswich Hospital, Heath Road, Ipswich, Suffolk. Between KLH Architects Limited and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 88.
 - Collateral warranty relating to Structural Engineering consultancy services at Ipswich Hospital, Heath Road, Ipswich, Suffolk. Between SWECO Consulting Engineers Limited and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 89.
 - Collateral warranty relating to Principal Design consultancy services at Ipswich Hospital, Heath Road, Ipswich, Suffolk. Between CCAS Limited and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 90.
 - Collateral warranty relating to Mechanical and Electrical consultancy services at Ipswich Hospital, Heath Road, Ipswich, Suffolk. Between Johns Slater and Haward Limited and ESNEFT.
 - In accordance with the Standing Order, the above was signed by the Director of Strategy, Research and Innovation and Director of Digital and Logistics.
 - The Register for the Use of the Trust Seal was updated and the Register Number for

	<p>the transaction was No. 91.</p> <ul style="list-style-type: none"> • On 27 June 2022 the seal was affixed to – <ul style="list-style-type: none"> • Deed of Variation of Agreement relating to various properties at Petronius Way and Tiberius Close, Colchester. Between ESNEFT and Swan Housing Association Limited. • In accordance with the Standing Order, the above was signed by the Chief Executive and Director of Digital and Logistics. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 92. • On 13 July 2022 the seal was affixed to – <ul style="list-style-type: none"> • Lease Counterpart relating to Block A, County Buildings, Street Farm Road, Saxmundham, Suffolk IP17 1AL. Between Suffolk County Council and ESNEFT. • In accordance with the Standing Order, the above was signed by the Managing Director and Director of Digital and Logistics. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 93. • On 31 August 2022 the seal was affixed to – <ul style="list-style-type: none"> • HM Land Registry Transfer of whole of registered title (TR1). Title number of the property: EX464554. Property: Essex County Hospital, Lexden Road, Colchester (CO3 3NB). Transferor: ESNEFT. Transferee: Essex County Council, County Hall, Market Road, Chelmsford, Essex CM1 1QH. • In accordance with the Standing Order, the above was signed by the Chief Executive and Director of Digital and Logistics. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 94. <p>3. The Board of Directors was asked to receive and note the contents of the report.</p> <p>Resolved: That the Board received and noted the report.</p>	
P73/22	TRUST RISK APPETITE STATEMENT	
	<p><u>Received for approval</u> presented by the Interim Director of Governance.</p> <ol style="list-style-type: none"> 1. The Trust’s risk appetite statement articulates what risks the Board was willing or unwilling to take in pursuit of its strategic objectives. The risk appetite was required to be set at least annually or at times of uncertainty. A risk seminar had been held on 29 July 2022 and a draft risk appetite statement had been compiled based on those discussions. The discussions at the seminar covered: 2. Reviewing the 2022-23 risk appetite prior to formal Board approval. 3. Agree to the introduction of the concept of risk tolerance across ESNEFT. 4. There was a division of opinion regarding the appropriate appetite for Reputation; this paper proposes adopting the view with the preponderance of support, namely an ‘Open’ appetite. Appendix 1 gave detail of the formal statements for approval. 5. When the Board had approved the formal risk appetite statements, work would be undertaken to revise the Risk Management Strategy and the BAF risks, with a view to these being provided to Board for approval. 6. The Board was invited to review and approve the 2022-23 risk appetite. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Interim Director of Governance advised in answer to a question raised that the review was expected to be completed by the next Board meeting in public in November. 8. Mr Morris questioned the clarity of the narrative relating to value for money. The Director of Finance advised that this had been discussed at the seminar it was noted that these were national paragraphs rather than from ESNEFT. The Interim Director of Governance concurred that the statements were from national proformas and value for money was wider than purely monetary. The Interim Director of Governance, with the Director of Finance, agreed to pick up the wording outside of the meeting to add a statement to clarify this. 	SP

	Resolved: That the Board reviewed and approved the 2022-23 risk appetite.	
SECTION 7 - ANY OTHER BUSINESS / PUBLIC QUESTIONS		
P74/22	PUBLIC QUESTIONS	
	<ol style="list-style-type: none"> 1. Helen Rose, Lead Governor, asked whether there were plans to bring the plans out into the wider community. The Director of Strategy, Research and Innovation advised that he would be pleased to work with the governors outside of the meeting to discuss this further. 2. Alison Ruffle, public governor Colchester, requested an update on the progress of the virtual ward initiative. The Director of Strategy, Research and Innovation stated that whilst this did not come under his portfolio there was work underway within the Trust. The Managing Director advised that the first patient had moved into the virtual ward and this project was a major part of the winter plans. 3. Councillor Lockington enquired whether the Pilipino nurses had to work at ESNEFT for a certain number of years. The Chief Nurse advised that the Trust followed Home Office rules around visa applications and had colleagues who had remained with the Trust for 20 years but if they wished to move to other organisations there were opportunities although ESNEFT had a good retention rate. 4. Councillor Lockington requested an update regarding the support available from the mental health trust for patients with mental health issues who attended the hospital with no specific medical problems. The Chief Nurse advised that the Trust were not a place of safety as a mental health trust would be, but worked very closely with colleagues in the mental health trust, however, day to day care of the patient remained with ESNEFT colleagues. 5. John Alborough, public governor Rest of Suffolk, asked about confidence in the Trust's winter resilience of fuel supplies, particularly at outlying sites. The Director of Estates and Facilities advised that both acute sites were covered by full power generation and there was generator provision at 3 community sites for essential services. A programme was currently looking at the other sites which were transferring from NHS Property, however, the hospital sites were categorised as priority sites and the team worked closely with UK Power Networks and business continuity plans were being reviewed. 	
P75/22	ANY OTHER BUSINESS	
	<ol style="list-style-type: none"> 1. No further items of business were raised. 	
DATE OF NEXT MEETING: The next ESNEFT Trust Board meeting in public would be held on Thursday 3 November 2022.		

Signed Date

Helen Taylor
Chair

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