

Minutes of the Trust Board Meeting in public

Held on Thursday 4 May 2023, 9.30am

The Edith Cavell Room, Education Centre, Ipswich Hospital, Heath Road, Ipswich IP4 5PD

PRESENT:

Mr Mark Millar	Deputy Chair / Non-Executive Director
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr John Humpston	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mrs Fiona Ryder	Non-Executive Director
Mr Richard Spencer	Non-Executive Director
Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance
Mr Mike Meers	Director of Digital and Logistics
Dr Angela Tillet	Chief Medical Officer
Dr Giles Thorpe	Chief Nurse

IN ATTENDANCE:

Mr George Chalkias	Director of Governance
Ms Rebecca Driver	Director of Communications and Engagement
Ms Ann Filby	Trust Secretary
Ms Kate Read	Director of People and Organisational Development
Ms Karen Sinnott	Associate Non-Executive Director
Ms Usha Sundaram	Associate Non-Executive Director
Ms L Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

APOLOGIES:

Ms Helen Taylor	Chair
Mr Neill Moloney	Managing Director

Four governors attended to observe the meeting.

SECTION 1 – Chair’s Business		ACTION
P47/23	1.1 Welcome and Apologies for Absence	
	The Deputy Chair welcomed all attendees and members of the public to the meeting. New Associate Non-Executive Directors Ms Karen Sinnott and Ms Usha Sundaram and Mr George Chalkias, Director of Governance, were welcomed to their first Board meeting. Apologies for absence were noted.	
P48/23	1.2 Declarations of Interest	
	No new declarations of interest were raised.	
P49/23	1.3 Minutes of the meeting held on 2 March 2023	
	The minutes of the meeting as presented were approved as a correct record.	
P50/23	1.4 Matters Arising – Action Log	
	The action log was received and updated as required.	
P51/23	1.5 Patient Experience	
	<p>Received for noting a patient experience story provided via video introduced by the Chief Nurse.</p> <p>Sameer had written to the Chief Medical Officer and Chief Executive to send his appreciation to Dr Desai and the Paediatric Cardiology Department for the support they had given when treating his 14 year old son at Ipswich Hospital. This included discovering the reason behind the symptoms, rigorously following up all test results, sharing details with the parents at each stage, providing reassurance to the parents to allay any worries they had for their son. The patient explained the positive impact that this had on him and the continued support and regular follow-ups while they waited for the surgical procedure to be conducted at another hospital. Sameer had wanted to share their experience and express their gratitude for the valuable support and advice provided by nursing staff and Dr Desai.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chief Executive noted the important message that patients sometimes had to travel to a specialist centre to receive the most appropriate treatment. 2. Mr Spencer questioned what feedback was given to the doctors who had discharged the patient previously. The Chief Medical Officer advised that the teams were asked to provide feedback to GPs but it should be noted that there would always be some rare conditions that not all doctors were aware of. 3. The Chief Nurse advised that this story had shown the importance of listening to the families and working with other partners to provide the best care. The ambition was that this would be the normal approach. 4. Dr Gogarty observed that there were probably a lot of young people who had issues that hadn’t been identified and working with GPs was crucial. 5. Mr Khatib asked whether the move was towards more centralised tertiary care centres. The Chief Executive responded that a local where possible and specialist centre where required approach was needed, and the Trust’s Clinical Strategy had been looking at services that could be repatriated. Any change would have to go through a formal process and workforce was an important factor and would always drive services offered in the area. 6. The Director of Strategy, Research and Innovation advised of the new review of clinical service integration and that it was hoped this would drive the movement of services. The Chief Medical Officer agreed that developing the local model of care was very powerful with tertiary centres only used where required. <p>Resolved: That the Board received and noted the report.</p>	

P52/23	1.6 Report from the Trust Chair	
	<p>Received for information a verbal report.</p> <p>The Deputy Chair updated on the following items:</p> <ul style="list-style-type: none"> • ESNEFT had been delighted to welcome Ms Amanda Pritchard, Chief Executive of NHS England, to Ipswich Hospital in March. Ms Pritchard had formally opened the Breast Care Centre, was shown round the new children’s outpatients department, advised of the pioneering glaucoma treatment in ophthalmology and the introduction of state of the art radiology treatment. During the leadership discussion the work on Time Matters, health inequalities and leadership development was considered. The feedback from Ms Pritchard had been highly positive and she felt that ESNEFT was the result of a remarkable and highly successful merger which was extremely rare in the NHS. The day had coincided with the retirement of Miss Caroline Mortimer, consultant breast surgeon, who had championed the new centre. • 175 colleagues had taken part in the Hospital Hero Hike on Sunday, walking 21 miles between Colchester and Ipswich Hospital. Staff along with supporters, 311 people in total, had raised £39,500 for the ESNEFT charity. • ESNEFT colleague James Archard, Associate Director – Programme Management, had recently been presented with a personal award by Nick Alston, High Sherriff of Essex, at Clacton Community Diagnostic Centre. The High Sheriff’s personal award was a certificate issued as a token of appreciation of the hard work and service that had made a valuable contribution to the life of the community and to the county of Essex. The Board requested that a message of congratulations was sent to James. • The cancer clinical nurse specialist (CNS) day was celebrated on 26 April with a social media campaign and recognition for the cancer clinical nurse specialist teams. • In recent weeks the Trust had been focusing on its Green Plan and the work being done around sustainability initiatives, examples of which would be seen in the report by the Director of Finance regarding ESNEFT’s role as an anchor organisation. • The Care Co-ordination Centre (CCC) team would shortly be celebrating its 10th anniversary. The centre, based at Constantine House in Ipswich, provided 24/7 support for patients and referrers across Suffolk and some parts of north east Essex. Last year the team recorded 376,390 interactions, an average of more than 7,000 each week and more than 30,000 a month. • A long serving ESNEFT colleague, Stephen Gee, biomedical scientist from the pathology team at Ipswich Hospital, had been invited to attend the coronation service of King Charles III at Westminster Abbey on Saturday 6 May 2023. In 2020 Stephen had been awarded a British Empire Medal in the New Year’s Honours List for the role he played in the COVID-19 response, helping to set up 24/7 testing and a new lab. <p>Resolved: That the Board noted the verbal update.</p>	HT
P53/23	1.7 Report from the Chief Executive	
	<p>Received for information a verbal report presented by the Chief Executive and a written update provided on the Integrated Care Partnership (ICP) meeting held on 14 April 2023:</p> <ul style="list-style-type: none"> • The Suffolk mental health collaborative development to look at the needs of patients • The Integrated Care Board (ICB) continues to develop its governance structures. An ICB awayday was planned for next month to look at the lessons from the winter period. • The whole organisation was thanked for managing patient safety and addressing any concerns during the industrial action that had impacted the Trust from November 2022. The work of the executive team, in particular the Director of Digital and Logistics for his role as SRO, and clinical and other leads within divisions was commended. • The executive team would be looking at the business plan ambition for the year to address the significant risk in emergency care and to consider the opportunities of being an integrated acute and community trust. • Subsequent to her visit Ms Amanda Pritchard had expressed her very positive view of the Trust on a number of occasions. 	

	<p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Bloomfield asked what the general sense of staff morale was currently. The Chief Executive responded that there were felt to be pockets of staff who felt that they had not quite recovered from the pandemic but there seemed now to be a general sense of optimism shown by the recent staff briefing. The national administration day, 20 April 2023, had been used to recognise and highlight the role and contribution of administration staff at the Trust. The national message was generally positive in that there had been a national reduction by 98% of the number of patients waiting 78 weeks for treatment. However, the staff survey results confirmed that there was further work to do, and the Trust was working to change the narrative. The 75th anniversary of the NHS would be an opportunity to highlight the work done but also presented an opportunity to look forward. The Director of People and Organisational Development supported what had been said and optimism could be measured by staff engagement with the programmes taking place. Currently 900 staff were engaged with the leadership programme, retention rates for student nurses had improved and there had been an increase in the number of apprentices. However, the team was aware there were still staff groups who required further support. 2. Mr Humpston expressed his thanks to the leadership and executive team for their work throughout the industrial action and he thanked the Chief Executive for his measured approach. 3. Mr Humpston queried the reference to the “Break the Mould” course for leading system change mentioned in the ICP report. The Chief Executive responded that change was being discussed but there was currently a lack of clarity about what this would look like in a new model. He would confirm the meaning and content of the “Break the Mould” course to clarify how this would support system change. 4. Mr Spencer supported the narrative of the message to staff through the staff wellbeing team but it was important to link this to operational performance. 5. Mr Millar concluded that the NHS was under pressure without the industrial action and he would also like to thank the leadership team for their work during this time on behalf of the Board, and patients. <p>Resolved: That the Board received and noted the verbal and ICB report.</p>	NH
SECTION 2 – Quality and Performance		
P54/23	2.1 Key Issues report - Quality and Patient Safety Committee	
	<p>Received for assurance report from the meeting held on 27 April 2023 presented by Mr Khatib, Non-Executive Director:</p> <ul style="list-style-type: none"> • Industrial action remained a serious concern in ensuring the safety of patients and staff wellbeing. Significant risks had been identified and raised externally and a full update had been provided on the action underway. Members had reflected on the challenges and extensive planning required and the executive team was thanked for this. • Two issues had been referred from other Board Committees and a verbal update was provided on the processes in place regarding daily care delivery and rostering and the Committee was informed that there had been no incidents of patient harm due to mandatory refresher training not being completed by the date required. The importance of mandatory training was reiterated. The Committee confirmed that sufficient assurance had been provided and no further action was required; relevant Committee action logs would be updated to enable closure of this action. • Members of the Divisional Management Team had attended to present the recently published three-year delivery plan for maternity and neonatal services. • An action plan update was provided on the Care Quality Commission inspection that took place in adult and older people’s services at Colchester Hospital in November 2022. Actions were being progressed at pace and learning had been shared with the Ipswich Hospital team. The final plan would be circulated to Committee members prior to receipt by the Board. <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Bloomfield asked about the particular pressure points where patient safety had been felt to be at risk during the industrial action. The Chief Medical Officer advised 	

	<p>of the detailed planning and enhanced surveillance to ensure that patient safety was the priority.</p> <p>2. The Chief Executive informed the Board that a clinical incident had been called due to reduced capacity at Colchester Critical Care Unit, but appropriate mitigating action had been taken.</p> <p>Resolved: That the Board received and noted the report.</p>	
P55/23	<p>2.2 Integrated Performance Report: Quality and Patient Safety</p>	
	<p>Update provided for assurance presented by the Chief Nurse and Chief Medical Officer:</p> <ul style="list-style-type: none"> • The Board was informed by the Chief Nurse that there had been one never event reported in March as a near miss. There had been no harm to the patient. • There were nine falls resulting in serious harm in March and 53 reportable pressure related injuries in relation to ESNEFT hospital beds. • The lowest levels of COVID-19 at less than 20 had been seen on both sites. The testing regime had been amended in line with national guidance. • The maternity dashboard was provided as required by CNST. The year 5 requirements were unclear for the submission to NHS Resolution. <p>Learning from Deaths</p> <ul style="list-style-type: none"> • The Chief Medical Officer advised that HSMR had increased, particularly for the Colchester site, and this would be an area of focus as HSMR looked at admission diagnosis. It was recognised that there had been some delays in the provision of care due to the throughput issues. • Mortality data for March was at expected norms. • Perinatal mortality was also at expected levels. A review of all paediatric mortality had been commissioned to look at the learning regarding care. • Emergency discharges had been high and played into the higher levels of mortality seen. Virtual wards had been set up and the impact was expected in future data. • The national medical examiner programme was still being rolled out and the Chief Medical Officer had been working closely with the regional lead. <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Director of Finance advised that detail of the requirements for the financial treatment of CNST had been received. 2. The Chief Executive questioned whether there was additional action to take to regarding the issue of people dying in hospital when their preference was another location. The Chief Medical Officer was concerned about the capacity in care homes to support this, but it was an area to be focused on. 3. The Chief Executive asked whether there were differences in demographics caused by inequalities. The Chief Medical Officer stated that there could be disproportionate numbers of patients who came into hospital from disadvantaged areas. 4. Mr Millar observed that as a former hospice Chief Executive he felt it was important to hold conversations around end of life care. 5. Mr Millar asked if his impression that the Trust was “in the pack for deaths and quality” but at the adverse end was accurate, which was lower than a high performing organisation would want to be. The Chief Medical Officer advised that for mortality the Trust was in the upper third of trusts across the country but that it was important to look at this across the system with partners. There was more to do to understand the patient population. 6. Mrs Ryder questioned the position regarding sepsis. The Chief Medical Officer advised of better performance but this was not as good during the winter and there was more that could be done. 7. Dr Gogarty was assured by the work of the Chief Nurse and Chief Medical Officer and that it did not take much to shift the figures. 8. The Chief Nurse advised that the organisation had an open and honest culture regarding patient safety but as a large, complex organisation there was a continued focus on improvement. 9. Mr Khatib had been reassured by discussions at the Quality and Patient Safety Committee regarding infection control and safeguarding but these needed to be 	

	considered in context and how services were being maintained.	
P56/23	2.3 Every Birth Every Day Programme Report	
	Received for assurance report presented by the Chief Nurse who highlighted the appointment of a maternity improvement adviser. Resolved: That the Board received and noted the report.	
P57/23	2.4 Three year delivery plan for maternity and neonatal services	
	Received for assurance report presented by the Chief Nurse: <ul style="list-style-type: none"> On 30 March 2023 NHS England published the Three-Year Delivery Plan for Maternity and Neonatal Services. This was a combination of reports that had been discussed at Board meetings over the last two years and this would reshape Every Birth Every Day (EBED) programme. The focus remained on listening to and working with women and families, growing, retaining and supporting the workforce, developing and sustaining a culture of safety, learning, supporting standards and structures that underpinned safer and more personalised and equitable care. The Board was asked to note the expectations of the delivery plan, that the Every Birth Every Day programme board would include a standing agenda item that would link with all expectations outlined within the plan, that the Quality and Patient Safety Committee would receive a regular update regarding actions for assurance as part of the standing maternity transformation agenda item and that the Board would receive updates regarding as part of the CKI process from Committee. Information would also be shared via the Trust's Integrated Performance Report. Questions and Comments <ol style="list-style-type: none"> Mr Spencer noted the different commitments between the Trust and ICB and queried the resource implications for the support and training of staff in workforce planning and what was available nationally. The Chief Nurse could not comment on the national position but with regards to ESNEFT, regular workforce planning was undertaken with a robust practice education team. Funding would come from the national team to the ICB. Mrs Ryder questioned the allowance for ad hoc additional training within the year. The Chief Nurse advised that funding was provided through continuing professional development and there was ring fenced funding for safety requirements. Mr Humpston asked whether clinically and professionally this met the targets. The Chief Medical Officer responded that there were a great number of maternity reports, and this pulled these together, so it was welcomed. A risk-based approach had to be taken. The Chief Nurse added that from a maternity perspective the report was welcomed as a unified approach that included community care. The metrics would be considered when these became available. The Director of Finance reported that £1.2m was held by the ICB for maternity services, which had not yet been allocated. There would be competing priorities and risk analysis required. The Chief Executive observed that the biggest risk for maternity at ESNEFT was the maternity tower block at Ipswich and the absence of any capital funding was a concern. He would be writing to the centre to highlight this. Resolved: That the Board received and noted the report.	
SECTION 3 – Strategy and Transformation		
P58/23	3.1 Strategic Plan Monitoring – Quarter 4 Report	
	Received for assurance an updated position on delivery of the Time Meters Board (TMB)/Strategic plan and programme success measures as at the end of Q4 2022/23 presented by the Director of Strategy, Research and Innovation. The Board was informed that there were 179 projects within plan, delivered via 12 core programmes, 133 were complete or on track. The majority of the remainder had been	

	<p>impacted by external factors, with additional funding affecting timescales, and operational performance.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Spencer queried which of the 179 projects were the most important and the process for prioritising those that would have the most impact. The Director of Strategy, Research and Innovation advised that the SROs were being asked to consider feasibility and relevance of projects. The programme had continued despite the impact of the pandemic. 2. Mr Bloomfield questioned bed occupancy and flow and the bed optimiser platform that was in development with BT. The Director of Strategy, Research and Innovation advised that the Trust had joined the BT health vanguard programme last year and this was to see how BT could support flow with handheld digital tools at the bedside. The IT and bed site teams had been involved. 3. Mr Khatib questioned theatre utilisation and how this could be brought up the prioritisation list. The Director of Strategy, Research and Innovation advised that this project was on the list because it was recognised that theatres were not being used effectively. Some progress had been made but it did not fully mitigate current challenges. The Chief Executive advised that the position had shifted since COVID-19 and he would ask the Director of Elective Care to lead a discussion with the Board on elective recovery to include the entire pathway. 4. Dr Gogarty noted the complexity of the organisation. 5. The Director of Digital and Logistics advised that a care co-ordination solution was being developed by the Trust led by the Director of Elective Care and a Memorandum of Understanding had recently been signed, with regional support. <p>Resolved: That the Board received and noted the progress on delivery of the TMB/ Strategic plan and success measures at end Q4 2022-23 and noted the process in place to review and refresh the TMB portfolio and that this would be shared in the June report.</p>	NH
P59/23	<p>3.2 ESNEFT as an Anchor Organisation</p>	
	<p>Received for assurance report presented by the Director of Finance.</p> <p>The Board was advised of the progress with an extensive range of activities, including hosting events for local students, expansion of the apprenticeship programme, engagement with the armed forces and environmental projects. The team was working to promote this work within divisions and collating activity, but some of this was difficult to measure. The Anchor dashboard had been updated from the previous presentation in January 2023 and included all qualitative sections and for the quantitative sections the employer and procurement sections had been updated. ESNEFT was working with both the ICB, the East of England Measuring Impact of Anchors Working Group and University College London (UCL) Partners to secure a standard set of metrics for future measurement. The Board was asked to receive the presentation, discuss the implications and highlight any areas for further development.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Spencer felt that there were some measures that could be considered such as local recruitment and it might be better if there was a longer term aim to achieve. The Director of Finance agreed but observed that with areas like sustainability this could end up with token gestures for the environment. The team wanted to have a clear view on the benefits but the longer term plan would be taken forward. 2. The Director of Communications and Engagement suggested that a development session on the environmental issues could be undertaken and questioned whether there was a timeframe for reporting on the national aspects. The Director of Finance advised that the team had tried to develop a dashboard, however, nationally some work had been paused although local groups like UCL were trying to gather data. There was no formal timeframe. 3. The Director of People and Organisational Development commented that recruitment of local people was worthy of a longer discussion. ESNEFT had a responsibility as a local employer but also to train and progress current employees. We are attracting 	

	<p>staff from a wider geography as we are recognised as a good place to work.</p> <p>4. Mr Humpston noted the relationship between Anchor organisations and Place but that this seemed to be nationally paused at the moment.</p> <p>5. The Chief Executive observed that ESNEFT was a recognised brand that had been able to invest in this initiative due to its size.</p> <p>6. Mrs Ryder advised that the tendering process for local companies could be complex and questioned whether more national support could be provided. The Director of Finance responded that tender documentation was issued to potential local suppliers and the strength of local value in the submission was improving.</p> <p>Resolved: That the Board received and noted the report with measurement and longer term plans to be reconsidered.</p>	AM
SECTION 4 – Finance and Performance		
P60/23	4.1 Key Issues report - Performance Assurance Committee	
	<p>Received for assurance from the meetings held on 22 March 2023 and 26 April 2023 presented by Mr Bloomfield, Non-Executive Director:</p> <ul style="list-style-type: none"> • The report from the March meeting had been shared with the Board at the meeting held on 30 March 2023 so he would concentrate on the report from the 26 April 2023 meeting. • The Committee had noted that whilst there were some challenges with 62 day and 28 day cancer pathways, with work being undertaken to set improvement trajectories, all except three site-specific pathways were on track. The Committee noted the very positive progress since the 2019 baseline but awaited outcomes for assurance given the recent history of this service. The considerable progress in reducing patients waiting 78 weeks or longer was noted but the number at the end of the year was disappointing. The range of factors that had led to the outcome and the work being commissioned from the Internal Audit service to review waiting list management processes was noted. This would be reported to the Audit and Risk Committee in the usual way. • The Trust was a top performer nationally for the six week diagnostic waiting metric; and out of 120 Trusts sat at 57th for the number of patients waiting 52 weeks or longer. The aim for 2023 was to reduce 62 week waits to zero which was required by March 2024, however, plans were in place for delivery by December 2023. • The increase in bank spend was noted and the Committee discussed the factors that had impacted this including industrial action and increased leave. The Committee asked that the People and Organisational Development Committee reviewed this in more detail. • The information on workforce relations was noted and a request was made for any themes from the various cases to be identified to see if there were any specific areas requiring more focus. • A request was made to the People and Organisational Development Committee to review workforce transformation to support patient flow and in particular to seek assurance that all professional groups had appropriate opportunities to become Advanced Practitioners. • The year-end finance report for month 12 2022/23 was received and the excellent performance for revenue and capital in the challenging financial climate was welcomed. <p>Resolved: That the Board received and noted the reports.</p>	
P61/23	4.2 Integrated Performance Report: Performance	
	<p>Update provided for assurance by the Chief Executive:</p> <ul style="list-style-type: none"> • The 78+ week wait position was noted to be disappointing, particularly the late identification of this. Internal audit had been requested to look into this and there was some initial learning regarding the need for waiting list management training. • Emergency Department work continued. Some improvement had been seen in reducing ambulance delays and the team was focusing on reducing waits in the department. 	

	<ul style="list-style-type: none"> The finance team was thanked for management of the financial position whilst remembering the responsibility for managing public taxpayers money. Organisations placed in financial “turnaround” were distracted from provision of patient care. <p>Questions and Comments</p> <ol style="list-style-type: none"> Mr Spencer commented that it was good to see the progress made to reduce the number of long term waiters but noted the overall increase and asked whether the figure would start to decrease during the year. The Chief Executive agreed that some good performance had been seen in specific departments and conversations were starting about reducing waits down to 18 weeks. Mr Millar noted that there was still a long way to go to improve emergency access and Ms Helen Taylor, Chair, had expressed her continued concern about the high and growing numbers of medically fit patients remaining in hospital. The Director of Digital and Logistics advised that the Trust had seen the lowest number of patients awaiting discharge packages over the last few weeks but there were still areas which could be improved within the Trust. The Chief Executive stated that improvement had already started to be seen from investment into local authorities this financial year. Mr Khatib welcomed the proposal of a seminar on the elective care pathway which would benefit from consideration of referrals and flow through the system. 	
P62/23	4.3 Integrated Performance Report: Finance	
	<p>Update provided for assurance by the Director of Finance:</p> <ul style="list-style-type: none"> The draft accounts had been completed by 27 April 2023 and presented to the auditors for review. The Trust was reporting a surplus of £7k for the year, after adjusting for non-control total items against a plan to break-even. The Trust held cash of £75.1m at the end of March. CIP delivery was noted to have been disappointing, £1.8m of cost improvement plans were delivered in March against a target of £2.5m. For the year £19.3m of cost improvements were delivered against a target of £27.8m. The capital expenditure plan had been adjusted to reflect the £30m brokerage agreed, as previously reported. The £30m funding would now be drawn down in 2023/24 to deliver the Building for Better Care schemes. With spend in March of £33m, the Trust had ultimately achieved its capital plan target, exceeding this by approximately £0.5m. The Trust had been in regular dialogue with East of England NHSE over the closing weeks and days of 2022/23 and the relatively small overspend had been accepted. <p>Questions and Comments</p> <ol style="list-style-type: none"> Mr Millar questioned the pay award funding. The Director of Finance advised that 2% had been allocated and agreement received that the centre would fund any further increase, so a further 3% would be received for 2023/24. Accrual had been made for the consequences of the pay offer for 2022/23 within the accounts. 	
SECTION 5 – People and Organisational Development		
P63/23	5.1 Key Issues report - People and Organisational Development Committee	
	<p>Received for assurance report from the meeting held on 14 March 2023 presented by Mr Spencer, Non-Executive Director, who highlighted the alerts and escalations to the Board:</p> <ul style="list-style-type: none"> A shortened, focussed meeting had been held during the junior doctors’ industrial action. An initial overview of the national staff survey was considered and disappointment at the results and response rate were expressed. A subgroup would consider staff engagement/work satisfaction in more detail and the Chief Executive and Committee Chair would review how this was to be progressed. A six-monthly update outlined progress and future plans for the Equality, Diversity and Inclusion (EDI) work plan. Mr Khatib, Non-Executive Director, had joined the meeting from the EDI Steering Group. <p>Resolved: That the Board received and noted the report.</p>	

P64/23	5.2 Integrated Performance Report: Workforce and Organisational Development	
	<p>Update provided for assurance by the Director of People and Organisational Development:</p> <ul style="list-style-type: none"> The vacancy rate had decreased from 6.0% to 3.7% in March, however, it was thought this would rise next month once establishment budgets were confirmed. Work continued with divisions around workforce planning and hard to recruit consultant vacancies. Appraisal compliance had increased slightly to 87.7% from 87.3% in February. The appraisal bite size training plan was underway as well as Human Resources Business Partner (HRBP) roll out across the Divisional Management Teams (DMT) as part of the new Feedback Led Appraisal form, which was approved for Band 7+ Leadership roles. Alert emails from the Electronic Staff Record had been reinstated which should see a further rise in compliance. The team was noted to be looking at a cultural piece of work and had started this through the launch of the new appraisal documentation. 	
P65/23	5.3 Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES)	
	<p>Received for approval reports presented by the Director of People and Organisational Development.</p> <p>NHS England mandatory data collection and reporting window for the NHS Workforce Race Equality Standard (WRES) 2022/23 data and Workforce Disability Equality Standard (WDES) was 1-30 May 2023. A WRES and WDES Annual Report and Action Plan was required to be approved and published on the Trust's website by 31 October 2023.</p> <p>NHS Workforce Race Equality Standard (WRES) 2022/23 The data set remained broadly similar to previous years and appendix 2 detailed the four year trend as an illustration of the movement. Whilst it was accepted that the data quality over this period had improved, a further deep dive into the trend analysis would be undertaken and presented to the EDI Steering Group. The Director of People and Organisational Development highlighted changes to the data regarding BAME (global majority) staff but noted that this work might be expected to be part of the longer term work to change the culture. The Board was asked to receive and approve the WRES data set for 2022/23 (appendix 1) for submission to the national WRES team by 30 May 2023.</p> <p>NHS Workforce Disability Equality Standard (WDES) The WDES data set remained broadly similar with no particular concerns and appendix 2 detailed the four year trend as an illustration of the movement. The data in appendix 1 showed a significant improvement again this year in the non-disclosure rate (12.33% compared to 38% the previous year); the number of staff disclosing a disability had risen to 5.21% from 2.93% the previous year. The Board was asked to receive and approve the WDES data set for 2022/23 (appendix 1) for submission to the national WDES team by 30 May 2023.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> Mr Spencer added that regarding the WDES data he was pleased by the increase in disclosure but questioned the quality of data particularly around candidates for WRES. The Director of People and Organisational Development advised that she was now confident in the data. Mr Bloomfield queried what could be expected from the staff experience reference group. The Director of People and Organisational Development responded that this would report through the People and Organisational Development Committee and the team were looking at the role of mental health first aiders and how a network could be developed for all staff. Mr Khatib agreed that there was good progress being made but he felt that the EDI steering group needed to be more strategic and that the Board needed to hear what 	

	<p>the EDI group had to say.</p> <p>4. Mr Millar noted that there were some success stories, but he would question whether these were being used in the best way to encourage others.</p> <p>5. The Chief Nurse advised that undertaking mandatory training did not necessarily lead to appointment to senior roles for the global majority and other factors had to be taken into account and difficult conversations held.</p> <p>Resolved: That the Board received and approved the WRES and WDES Annual Report and action plan.</p>	
SECTION 6 – Governance		
P66/23	6.1 Key Issues report – Audit and Risk Committee	
	<p>Received for assurance report presented by Mr Millar, Non-Executive Director, who highlighted the two alert items to the Board:</p> <ul style="list-style-type: none"> • Internal Audit updates - Three reviews were presented and three had been issued in draft with management actions being finalised. All work for this year's audit plan was underway and the Head of Internal Audit opinion was being drafted, which currently looked positive. The mandatory training and workforce KPI report had been delayed to May at the request of management. • The Data Security and Protection Toolkit benchmarking report compared the 2021/22 self-assessment with others. There was significant discussion on the low confidence level linked to the outstanding management actions. The Associate Director of ICT attended to provide additional context and information regarding work on the strategy and the number of outstanding management actions. The significant progress made was accepted, but this area was of particular concern to the Committee and the Board and more detail was required in regard to the risk exposure, the resource required and timescale to resolve. A more detailed report would be presented to the May meeting. • The draft internal audit strategy for 2023-26 and the audit plan for 2023/24 were considered. The Committee confirmed its provisional agreement pending review of the comments made, for final approval at the next meeting. • The draft external audit plan for the 2022/23 audit was received reflecting new audit standard ISA (UK) 315 and the significant change and additional work that this represented. The potential to accelerate the Value for Money (VFM) work to enable full annual report submission by the end of June was under discussion. Receipt of the overall opinion would enable submission to Parliament as required and an earlier Annual Members' Meeting. Additional assurance was requested from BDO that they were able to mitigate the risk of single points of failure leading to an inability to achieve prescribed submission timescales and whether resource was in place to meet the enhanced audit requirements. The plan was accepted. <p>Questions and Comments</p> <p>1. The Director of Finance advised that it was positive for the VFM process to be held concurrently but the difficulties BDO had experienced was a cause for concern.</p> <p>Resolved: That the Board received and approved the report.</p>	
P67/23	6.2 Well-Led Developmental Review	
	<p>Received for approval report presented by the Director of Governance.</p> <p>NHS Foundation Trusts are required to undertake a developmental Well-Led review every three to five years. The Trust's review was carried out by an independent third-party organisation, Deloitte LLP, to review governance processes, identify areas of good practice and areas where practice could be improved. The directors had discussed the emergent themes in February 2023 and agreed strands of work to inform the required implementation plan; following their review, a final report was received from Deloitte in March 2023, which included a range of recommendations for action. An implementation plan to address the recommendations was presented for the consideration and approval of the Board. The final stage of the formal review process would be that, when approved by the Board, the Chair would write to the NHS England Regional Director with the</p>	

	<p>report and the implementation plan, particularly highlighting those items in the report where learning could be shared with other organisations.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. The Chief Executive requested that the Director of Governance undertook a review of the timescales to ensure these were appropriate. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Noted the summary of the key outcomes from the developmental Well-Led report. • Approved the implementation plan to address the recommendations made within the report and the further review of timescales. • Noted the communications strategy for sharing the report and proposed actions with colleagues and external stakeholders. 	GC
P68/23	<p>6.3 Board and Committee Effectiveness</p>	
	<p>Received to note report presented by the Director of Governance.</p> <p>In line with the requirements of the Code of Governance for NHS providers the outcomes of the effectiveness survey for the Board were presented. The key issues for the Board to consider were highlighted. The Board was invited to note the outcomes of the effectiveness review that would be used to link with the Well-Led work.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Spencer noted the disappointing number of executive directors who had taken part in the survey. The Director of Governance advised that the methodology, questions and timing of the survey would be considered to enhance responses. 2. Mr Bloomfield observed that with regards to the question about quality and debate the Trust should do better than a score of 7 and there was room for improvement. 3. Mr Spencer observed the difference of non-executive and executive director views. The Chief Executive commented that there should be some healthy tension within the Board. 4. Mrs Ryder requested that more space was provided for contextual narrative against the questions for next year. 5. Mr Millar queried what happened now as the report was presented for “noting”. The Chief Executive advised that he would be meeting with the Chair and the Director of Governance to work on a programme of Board development sessions at which comments from the survey would be taken forward. <p>Resolved: That the Board received and noted the report and the suggestions to be taken account of in the next review.</p>	GC
P69/23	<p>6.4 Board Assurance Framework (BAF)</p>	
	<p>Received for approval report presented by the Director of Governance.</p> <p>The Board had agreed to review all BAF risks three times a year, in May, September and January. The paper provided an updated BAF reflecting the work undertaken since it was first approved in November 2022 and the review by Committees of the risks delegated to them. The Board was invited to review risk 9 related to Transformation, which it had retained.</p> <p>Questions and Comments</p> <ol style="list-style-type: none"> 1. Mr Spencer observed that there had been a few elements discussed at the People and Organisational Development Committee around the workforce risk that might need to be included, which he would take forward with the Director of Governance. 2. Mr Millar questioned at what point the Board would undertake a deep dive on risks. The Chief Executive agreed that this was required but suggested that this was left for three months due to the transformation currently taking place. <p>Resolved: That the Board received and approved the report, the amendments to</p>	NH/GC

	be made and consideration of the transformation risk within three months.	
P70/23	6.5 Trust Seal	
	Received to note quarterly report presented by the Trust Secretary. Resolved: That the Board received and noted the report.	
SECTION 7 – Questions from the public		
P71/23	7.1 Public Questions	
	Helen Rose, Lead Governor, noted the comments made around patients awaiting discharge and questioned whether this information was for acute sites only or included community sites. The Director of Digital and Logistics advised that the report included data for all beds, wherever located.	
SECTION 8 – Other Urgent Business		
P72/23	8.1 Any Other Urgent Business	
	No further items of business were raised.	
P73/23	8.2 Date of next meeting The next meeting in public would be held on Thursday 6 July 2023, Joshua/Genesis Room, Kingsland Church Community Centre, 86 London Road, Colchester, C03 9DW.	

Signed Date

Helen Taylor
Chair

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