

**Minutes of the Council of Governors meeting held in public on
8 March 2023, 2pm – 4.30pm, in the
Players Lounge, Jobserve Community Stadium, United Way, Colchester**

Present

Helen Taylor, Chair of ESNEFT (Chair)
Helen Rose, Lead Governor / Public Governor, Rest of Suffolk
John Alborough, Public Governor, Rest of Suffolk
Caroline Bowden, Public Governor, Colchester
Peter Coleman, Public Governor, Rest of Suffolk
Isaac Ferneyhough, Staff Governor, Colchester
Sam Glover, Stakeholder Governor, Healthwatch Essex
David Guest, Public Governor, Colchester
Rebecca Hopfensperger, Stakeholder Governor, Suffolk County Council
Tim Newton, Public Governor, Ipswich
Martin Nixon, Public Governor, Rest of Essex
Mayuri Patel, Public Governor, Ipswich
Alison Ruffell, Public Governor, Colchester
Elizabeth Smith, Public Governor, Rest of Essex
Daniel Tweed, Stakeholder Governor, Colchester Garrison
Allison Weston, Staff Governor, Ipswich
Barry Wheatcroft, Public Governor, Rest of Essex
Jane Young, Public Governor, Rest of Essex

In attendance

Eddie Bloomfield, Non-Executive Director
Jessica Gallagher, Communications Manager
Shane Gordon, Director of Strategy, Research and Innovation
Nick Hulme, Chief Executive
John Humpston, Non-Executive Director
Mark Millar, Non-Executive Director
Tracy Pagent, Armed Forces Advocate
Steve Parsons, Interim Director of Governance
Richard Spencer, Non-Executive Director / Senior Independent Director
Helen Chasney, Membership & Committee Secretary (Minutes)

Apologies

Emma Blowers, Staff Governor, Colchester
Abhijit Bose, Staff Governor, Ipswich
Gemma Bourne, Staff Governor, Ipswich
James Chung, Public Governor, Rest of Essex
Harvey Crane, Public Governor, Ipswich
Ann Filby, Trust Secretary
Carlo Guglielmi, Stakeholder Governor, Essex County Council
Pride Mukungurutse, Staff Governor, Colchester
Gillian Orves, Public Governor, Rest of Suffolk
Mary Rudd, Stakeholder Governor, East Suffolk Council
Sara Smith, Stakeholder Governor, Anglian Ruskin University

		ACTION
1/23	1. Welcome and Apologies for Absence	
	The Chair welcomed everyone to the meeting and apologies for absence were noted.	
2/23	2. Declarations of Interest	
	The Chair gave members an opportunity to mention any interests in relation to the agenda items. No declarations of interest were received.	
3/23	3. Minutes of the meeting held on 13 December 2022	
	The minutes of the meeting were received and accepted as a correct record.	
4/23	4. Matters arising from the minutes	
	There were no matters arising.	
5/23	5. Report from the Trust Chair	
	<p>The Chair advised that following the pandemic it was good to see governors becoming active again in a range of activities, which provides assurance of fulfilling their role responsibilities. Some governors have been involved with the successful appointment of Fiona Ryder as non-executive director (NEDs) and two Associate non-executive directors, which will be covered later in the agenda. The following update was provided.</p> <ul style="list-style-type: none"> • Engagement activities have increased with introduction of Tammy's Tours and 15 Steps visits • Work is ongoing on the Patient Experience Strategy, which will be presented at the next Council meeting in June • The building works at Colchester Hospital continue, with a crane on site this week, lifting a fifth of the total number of modules for the new orthopaedic centre • The staff survey results are due to be released, with a staff response rate of 40%. For those governors who observe the People and Organisational Development Committee, there will be a detailed discussion at this month's meeting • The Chair attended the apprenticeship appreciation event in February and spoke to a number of staff for whom an apprenticeship was their route into nursing • Tracy Pagent, Armed Forces Advocate, will be presenting an important development programme of works for the significant number of staff with a service background • The final Well Led review report has been received and will be presented to Board in May and then the Council in June. It was reported that there is a good, structured relationship between the Council of Governors and the Board. There were areas of excellence identified and areas for development. • An ICS event is being held on Friday 10 March at the First Site Gallery in Colchester that governors can attend. Will Quince will also be in attendance. This event will be held in two parts; the ICP public meeting and a showcase of work from the North Essex Alliance. • There has been a period of significant operational pressures with many challenges such as the Royal College of Nursing (RCN) and junior doctor strikes. 	
Assurance and Accountability		
6/23	6. Chief Executive's briefing on Trust activities	
	<p>The Chief Executive advised of the increased pressure, which has been relentless for the last 18 months. The number of patients attending the urgent and emergency care centre has not increased, however, patients are presenting with more complex conditions. With regards to the elective program, we are on track to meet the trajectory of no patients waiting over 78 weeks. There is good recovery, but pressures remain on staff and resources.</p> <p>The RCN strikes have been called off and negotiations continue with unions and the</p>	

	ACTION
<p>government. There are significant challenges with the scheduled junior doctor strikes, and there will be no derogations. The focus is on keeping patients safe. Some outpatient appointments will continue whilst some may need to be rescheduled, which will impact the service for weeks and possibly months. Members of staff involved in the strikes will be supported whatever their personal decision and they should not be made to feel pressurised by peers, colleagues or managers. A national solution will be required.</p> <p>An update was provided on the financial situation and good relationships with the Integrated Care Board (ICB) and commissioners. The Trust will be reporting a stable financial position at the end of the year.</p> <p>In terms of strategy, there is a requirement to understand the challenges in five, 10 or 15 years' time with extraordinary population growth in Colchester and no investment for additional beds. The £100million funding from the merger has been used on specific projects, so bed requirements for future funding are being considered.</p> <p>Questions and comments:</p> <p>The Chair reflected on the recent Board meeting and how hard it was to hear the Chief Medical Officer reporting that patients' safety could not be guaranteed during the industrial action. The Board appreciated her honesty and openness and the pressures that everyone is under. The Chief Executive added that the Chief Medical Officer reviews every rota to ensure cover. ESNEFT has been very proud of its response to unexpected events and he provided assurance that everything will be done to ensure patients' safety. If there is a time, not to attend the emergency department, it will be during the junior doctors' strikes as we can't guarantee that all patients will be seen. There will be a focus on discharging patients when it is safe to do so and they are able to be cared for in an appropriate setting.</p> <p>David Guest was surprised that the government did not give money to hospitals. The Chief Executive responded that all developers have to give a contribution under Section 106, which is deviated to local authorities to support the community when there is additional development. Fees normally go to primary care and education and rarely to acute hospitals. A business case for the Department of Health and Social Care central funds will be drafted and submitted.</p>	
7/23	
<p>7. Board Proceedings Report</p> <p>The Interim Director of Governance advised of the summary of decisions and issues considered by the Board in the period since the previous Council meeting. The report covers the January and March Board meetings and provides governors with an opportunity to raise any queries, rather than reconsidering Board decisions.</p>	
8/23	
<p>8. Verbal reports from Board Committees</p> <p>a. Performance Assurance Committee</p> <p>Tim Newton reported that the Committee is chaired efficiently and effectively. The NEDs were very well prepared and consistently demonstrated their excellent grasp of the issues, which means they were able to ask key questions and lead constructive discussions on managing risk and improving outcomes. Elizabeth Smith was particularly impressed with the way that those NEDs without a healthcare background have picked up on some complex issues.</p>	
<p>b. Quality and Patient Safety Committee</p> <p>Alison Ruffell reported that the Committee was expertly chaired. Time was given for responses to questions and good clear summaries were provided. There was good, executive engagement.</p>	
<p>c. People and Organisational Development Committee</p> <p>Isaac Fernyhough advised that the Chair met with governors before and after the meeting and they were made to feel very welcome. The Committee may need to be mindful of the full</p>	

		ACTION
	agenda and maintain focus of the lived experience of staff. Tim Newton added that the agenda was extensive, and the Chair remained calm and efficient. The deep dive presented was worthy of fuller consideration and discussion. There were good presentations from staff and the comments from the NEDs were focused. The strategic approach and risks were given appropriate challenge.	
	<p>d. Audit and Risk Committee</p> <p>Helen Rose reported that the Chair was very welcoming and asked for feedback at the end of the meeting. There was a detailed and analytical approach by the NEDs present, demonstrating that they were well prepared.</p>	
	<p>e. Charitable Funds Committee</p> <p>Elizabeth Smith advised that the Committee was well managed, and a good level of support is provided by the secretariat team. The papers were received well in advance. Assurance was provided that public money is under good guardianship and monies will be spent wisely.</p>	
9/23	<p>9. Report from the Lead Governor</p> <p>Helen Rose advised that governor activity will be covered later on the agenda at Item 14.</p> <p>Feedback has been provided by governor observers on the Assurance Committees which is one of the ways to monitor that the NEDs are holding the executive directors to account effectively. Some governors have also attended the Trust Board meetings in public, which provides another perspective on the relationship of the NED team working within this unitary board setting. The emotional impact of the patient story at the start of each Board meeting is palpable and draws a wealth of questions and observations from NEDs. Learning from these stories is a significant part of Trust Board proceedings and there are also lessons to be learnt for governors when out in the communities, taking part in PLACE visits or Tammy's Tours.</p> <p>Helen Rose thanked the office for providing the Board Proceedings Report which is extremely helpful.</p> <p>As part of the governors' statutory function, they will soon be preparing to take part in the appraisal process for the Chair and NEDs. Governors' attendance at Board and Assurance Committees will be important in forming responses. Governors have also been involved in the appointment process for NEDs.</p> <p>Helen Rose advised that discussions had been held with the four public governor constituency groups about reaching out to the constituents that we represent. Support and guidance is needed as to how to be successful in achieving this whilst being mindful of the boundaries, especially for newer governors.</p> <p>Governors for thanked for undertaking engagement activities recently.</p>	
Briefings and Information		
10/23	<p>10. Armed Forces and Veterans Project</p> <p>The Armed Forces Advocate provided an overview of her role and an update on the continuous work towards improvements in the care and support that the Trust provides to members of the armed forces community. Details of her progression through the armed forces and the Royal Army Medical Corps was provided. During transition from the service, a job role was secured within the Trust working with the pre-registration team and a full-time employment role commenced in March 2020.</p> <p>The Armed Forces Advocate role is part of the national pilot project looking at better ways of providing care to veterans who are inpatients and members of the wider armed forces community. The project is funded by NHS England and the Armed Forces Covenant, for two years. The evaluators are based at the University of Chester and led by a veteran. In total, 32 acute trusts applied to take part, 17 were successful, including ESNEFT.</p> <p>The term veteran is defined as anyone who has served for at least one day in HM Armed Forces or Merchant Seafarers who worked alongside service personnel in legally defined</p>	

situations from the age of 16. As stated in the 2021 census, there are a total of 39,666 veterans across Essex and Suffolk, who have either served in the regular or reserve forces. The first phase of the project was to focus on engagement for awareness of services and agencies who would be able to provide support when a referral was required. ESNEFT has also been proactive in networking and key groups are attended daily. This builds relations, enables best practice and challenges to be shared and communication channels kept open.

The second phase of the project was to identify members of the Armed Forces and to ensure that staff feel empowered to ask the question 'have you previously served' to ensure that referrals are made appropriately. An awareness stand is displayed at induction and sessions have been completed on team days and in clinical areas. An e-learning package has been developed which is available to everyone. Additionally, Armed Forces Service Champions have been created to work across each division, alongside the Armed Forces Advocate. Since October, eight have undertaken the training and expectations are that this number will increase in 2023.

Within the Trust, there is currently no medical electronic provision to identify patients as part of the admittance process and flyers have been placed in clinical areas to encourage patients to identify themselves as a veteran to members of staff and once identified they will be contacted. Three referrals have been completed for direct and four for indirect support.

The Armed Forces Veterans Group works alongside senior management across ESNEFT, including members of the armed forces community and service champions. The group forms the governance framework and ensures Trust oversight of all improvement work relating to the Armed Forces community. One of the key requirements is for Trusts to be re-accredited by the VCHA (Veterans Covenant Healthcare Alliance) and that the Trust understands and is compliant with the Armed Forces Covenant. ESNEFT is one of the 104 providers that have been accredited as exemplars of the best care for veterans and continue to drive towards improvements in delivering the best care in the NHS for our armed forces community. At present over 9,000 organisations have voluntarily pledged to the covenant. The patient access policy identifies that consideration for priority access to treatment should be given for veterans and reservists who have been injured because of their service, with a specific mention of military families to maintain places on waiting lists in the event of mobilisation.

The new Covenant Duty came into force on 22 November 2022 and is a legal obligation on specific bodies, such as healthcare, to have due regard to meet the principles set within the covenant. Once signed up, there are three awards available as part of the Defence Employer Recognition Scheme, bronze, silver and gold. These are for organisations that pledge, demonstrate or advocate support to defence. ESNEFT will be striving for the gold award this year. There are other ways that support can be provided, such as Step into Health when seeking employment, and clinical placements which enables clinical personnel to maintain competency. The events held during the year were detailed such as Armed Forces Week and Remembrance Day.

Questions and Comments:

John Alborough asked if the Defence Employer Recognition Scheme logo could be displayed in areas around the hospitals. It was confirmed that plaques are on display.

Alison Ruffell questioned if there was any way that the armed services detail could be added to the patient's hospital record. It was confirmed that an alert has recently been added, which is being configured. A question was asked regarding a follow up when patients go home. It was confirmed that a contact number was provided.

Daniel Tweed asked if there was an impact for staff on placement. Staff will be classed as supernumerary to ensure that deployment can be arranged, if required.

The Chair reported that a letter had been received recently from a veteran thanking the service for the support that he had received and was pleased to report that employment had been secured in the Estates and Facilities department.

		ACTION
Governance		
11/23	11. Trust Constitution: proposals for changes	
	<p>The Interim Director of Governance presented proposed changes to the Constitution to ensure that it remains up to date and following the Well-Led Review. The following items were proposed.</p> <p>Item A – The Rest of England Constituency A1 – Reduce ‘Rest of England’ to ‘Eastern Region’ within the Public Constituency A2 – Introduce a Governor for the ‘Eastern Region’ area, in line with the statutory requirements, from the Spring 2024 elections.</p> <p>Questions and Comments Helen Rose raised concern with the logistics and advised that some Trusts have a patient constituency, so that patients treated at the Trust can be involved whether inside or outside the area. The Interim Director of Governance advised that for a patient constituency any person treated at that Trust would require to be a patient governor rather than a public governor.</p> <p>Elizabeth Smith asked how the Trust would engage with the communities to find a governor in that region. The Interim Director of Governance advised that there may be some people in the rest of any constituency who may wish to stand as a governor.</p> <p>David Guest asked what was the boundary mapping of the ICS. The Interim Governance will review further.</p> <p>Item B – Staff Constituencies B1 – For Council to consider the options for possible changes to how the staff constituency is structured and gives a steer forward.</p> <p>Questions and Comments Clarification was provided that if the staff constituency was to become role based, then all roles should be eligible including housekeepers and cleaners.</p> <p>The Council agreed that a meeting with the staff governors would be arranged to discuss this item further.</p> <p>Item C – Spread of seats in the public constituency C1 – Council considers whether any changes in the structure of representation in the public constituency is required.</p> <p>The Council held no views on this proposal for change.</p> <p>Item D – Partnership Governors D1 – Create a single seat representing Healthwatch, with a joint nomination from Healthwatch Essex and Healthwatch Suffolk D2 – Council considers whether a Partnership Governor seat should be appointed by an organisation representing diversity in the communities served by the Trust D3 – Council considers whether any other changes in the arrangements for Partnership Governors are required.</p> <p>Comments and questions: It was noted that Healthwatch Suffolk had already made a decision to not make any current nominations.</p> <p>Sam Glover advised that the Healthwatch organisations in both areas work closely together, and any concerns would be raised. Sam Glover offered support in identifying an organisation which represents diversity.</p>	<p>SP</p> <p>SP</p>

		ACTION
	<p>Helen Rose commented that some stakeholder governors are unable to attend meetings frequently and could it be possible for a deputy to attend on their behalf. The Interim Director of Governance advised that he would review whether this would be appropriate.</p> <p>Item E – Other Changes E1 – Council to note any specific matters within the Standing Orders, or other parts of the Trust’s Constitution, that might merit review.</p> <p>The Council were asked to provide any comments or feedback to the Interim Director of Governance. When all aspects of the changes have been concluded, the Trust Constitution will be re-presented to the Council for approval in June and to the Board in July.</p>	<p>SP</p> <p>ALL</p>
12/23	12. Chair and Non-Executive Director Performance Review Process 2022/23	
	<p>The Senior Independent Director set out the process for the annual performance reviews of the Chair and the Non-Executive Directors. It was noted that the Senior Independent Director would lead on the Chair’s appraisal and the Chair would lead on the Non-Executive Directors appraisals.</p> <p>It was proposed that the process for the Chair’s appraisal would be the same as last year and will include an assessment form against a list of competencies and feedback from a wider range of external stakeholders. The Non-Executive Directors’ appraisals is a natural cascade from the Chair’s appraisal with 360° feedback and this will follow a similar process. A summary will be brought back to the Council of Governors meeting in private at the end of June.</p> <p>Questions and Comments Helen Rose commented that a face-to-face meeting will be held with governors to provide their responses. The Senior Independent Director added that this should ideally be within the next two weeks.</p> <p>It was reported that the Non-Executive Directors are appointed for a term of three years. The term for Mark Millar is due to end so will be incorporated into the process.</p> <p>The Council of Governors approved the plans and the timetable for the 2022/23 Chair and Non-Executive Director performance reviews.</p>	
Appointments		
	There were no items for consideration.	
Membership and Engagement		
13/23	13. Membership and Engagement update	
	<p>The Interim Director of Governance presented the Membership and Engagement update for information.</p> <p>The membership and engagement plan is at the first draft stage, prior to consideration at the Membership and Engagement Working Group meeting which is due to be held in April. Meetings have also been scheduled for July, October and January. The final plan and delivery will be presented to the Council at their June meeting for consideration and approval.</p> <p>The Council noted the membership and engagement update.</p>	
14/23	14. Governor activities update	
	<p>The governors gave a verbal update on the governor and engagement activities that they have recently been involved with. These included:-</p> <ul style="list-style-type: none"> • Staff working conditions, such as vending machines being installed for out of hours and weekend working • Staff governor badges 	

	ACTION
<ul style="list-style-type: none"> • Tammy Tour visit to Collingwood Centre - able to speak to patients about their experience and staff. The service is very patient centred. Staff are very supportive and patients were able to have their own space. • Tammy Tour visit to the Breast Care Centre – it is a very inspiring building, which was partly funded by the charity. The unit is well designed with lots of internal rooms, providing natural light. The Breast Screening Centre is close, enabling good communication. The smaller room was quite distressing with a lot of artwork on the wall, although it did open up to small garden area. • Visit to Diabetes Centre at Ipswich Hospital – very welcoming and learnt a lot about the work of the unit and the diabetes condition. The team is under pressure but have a clear passion for their work. Consideration has been requested to replace the flooring as carpet was not appropriate for a clinical area. <p>The Chair advised that some of the artwork in the small room at the Breast Care Centre is going to be removed. Amanda Pritchard, Chief Executive of NHS England, will be formally opening the Breast Care Centre on Friday 24 March.</p>	
<p>15/23 15. Strategic Update: Trust and ICS</p>	
<p>The Director of Strategy, Innovation and Research provided a presentation on the Trust strategy and advised that the strategy is being refreshed.</p> <p>The Trust has been successful with the delivery of the existing strategy despite the pandemic, with many achievements. A number of the success measures were met and the Trust had outperformed the regional and national standard, compared with peers.</p> <p>Communities - These are key and there are certain parts of the area in which the Trust serves, which has a high density of people living in deprivation, along with the burden of other diseases. Communities of high deprivation have the lowest life expectancy. There is significant variation which needs to be recognised in the new strategy. People also tend to present later when their conditions have progressed. The older population is also growing faster and may suffer from long term conditions. The rates of dementia in our area is also growing and is above the national average.</p> <p>The key messages are ageing and deprivation drives health status and co-morbidity and primary care is under sustained pressure.</p> <p>Trust – The Trust is a large organisation with a high level of activity. In relation to the workforce, there is a drop in the number of middle age working people. A significant proportion of the workforce are nearing or past retirement age. There is a large number of overseas recruitment from non EU countries.</p> <p>The key messages are that ESNEFT is a huge Trust, and services need to be organised to take advantage of this and workforce is ageing in line with the population – a greater skill mix is required.</p> <p>Challenges - The challenges with Urgent and Emergency Care were detailed as below:</p> <ul style="list-style-type: none"> • Over the last few months, the bed occupancy has exceeded 100% across both sites • The rate of admission is below the 2017 levels, particularly at Ipswich, which may be due to the integration of services in Ipswich and East Suffolk • Fewer people are being brought in by ambulance. The complexity has changed with an increase in Category One patients. The ambulance service in the East of England conveyed more patients when compared to national figures • There has been an increase in the number of patients presenting with mental health conditions, with Colchester Hospital having three times as many as Ipswich • Inpatients with delirium or dementia are utilising a quarter of the bed base • Long length of stay patients are increasing consistently • Over a period of time the number of beds per population has decreased. 	

	ACTION
<p>The key messages are that bed occupancy is extremely high (more than the England average), drivers are patient complexity, high ambulance conveyance/Emergency Department attendances, long length of stay, exit block and other factors which are five day working, G&A bed capacity and rapid population growth, especially in Colchester.</p> <p>Cancer – There is a growth in numbers, especially in the sites of skin, breast and lower GI. The number of detected cancers is twice as many as reported previously.</p> <p>The key messages are post pandemic referrals for two-week waits have risen more steeply than the England average and the greatest increases are in skin (>100%), Lower GI (50%) and Breast (40%).</p> <p>Planned Care – The Trust is matching the growth when compared to national figures. There has been an increase in the number of patients waiting 18+ weeks for Ear, Nose and Throat, Ophthalmology and Trauma and Orthopaedics. The first outpatient appointment and follow-ups are important. Fewer appointments are being offered compared to seven years ago, with the successful rollout of offering telephone appointments. Elective activity has been replaced with day case activity.</p> <p>The proposal is for the Trust’s ambition to be amended slightly to include addressing health inequalities.</p> <p>SG presented detailed information on the key initiatives to deliver the strategic objectives and the number of strategies in place as enablers.</p> <p>Questions and Comments Helen Rose gave thanks for presenting the information clearly, which was easy to understand.</p> <p>Isaac Ferneyhough commented that there are occasions that make you feel proud to work for the NHS.</p> <p>The Chief Executive referred to the specifics around the challenges and suggested that there may be an opportunity for a future seminar, reviewing the issues in turn and as the strategy develops, present the solutions that are in place.</p>	
Public questions	
16/23 16. Questions from members of the public present	
No members of the public were present.	
17/23 17. Date of next meeting Thursday 29 June 2023, 2-5pm, to be held virtually.	
18/23 18. Motion for Private session The Chair moved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	

Signed Date

Helen Taylor, Chair

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