

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC (PART 1)

**Held on Thursday 24 May 2018
Edith Cavell Room, Education Centre
The Ipswich Hospital NHS Trust**

Present:	Mr D White	Chair
	Mr A George	Non-Executive Director
	Dr C Jamieson	Medical Director
	Mr N Moloney	Managing Director
	Mr S Rudkins	Interim Director of Finance
	Ms H Taylor	Non-Executive Director
	Ms C Thompson	Interim Director of Nursing
	Mr T Thompson	Non-Executive Director
In Attendance:	Dr A Alderton	Company Secretary – from item P33/18
	Ms C Edmondson	Director of Human Resources
	Mr P Fenton	Director of Estates
	Ms D Greenhalgh	Director of Governance
	Mr S Hallion	Director of Operations
	Mr M Meers	Director of Information Communications and Technology
	Ms A Smith	Director of Community Services
	Ms L Fraser	Minutes
Apologies:	Mr L Collins	Deputy Chair / Non-Executive Director
	Mr N Hulme	Chief Executive
	Mr R Kearton	Non-Executive Director
	Ms E Noske	Associate Non-Executive Director

SECTION 1 – PATIENT STORY		ACTION
P26/18	<p><u>Received for information</u> and learning opportunity a patient story by Philippa Garnham, Physiotherapist, Emma Downes, Social Worker, Denise Jacobs, Generic Worker and Matron Joyce Feltwell, Community Matron accompanied by Sarah Higson, Patient Experience Lead and introduced by the Interim Director of Nursing.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Board was played an audio recording of an interview undertaken with a patient by Sarah Higson, Patient Experience Lead. 2. Joyce Feltwell advised that in this particular case the community services had been brought into the acute sector to provide the “whole picture of the care requirements for the patient”. The patient had wanted to remain “in control” and due to the close work of the whole team and support provided had been able to manage her condition which had led to a physical and emotional improvement which had enabled the patient to regain more independence. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Helen Taylor thanked the team for attending to speak to the Board and stated that this example illustrated the opportunity of having community services within the Trust but she would question how that experience could be made “the norm”. Joyce advised that the systems needed to be uncomplicated with simple communications and highlighted the important role of technology “to flag” the complex patients through the system. 4. The “cohesiveness” of the team at Felixstowe was noted by the Managing Director who commented that it would appear that whilst mental health care would have been available it would not have been appropriate for this patient in the first instance. Joyce agreed that patients had to reach a point when they would accept the intervention of mental health services and more generic workers were required to support patients with preventative measures and pick up issues and become more proactive. 5. The Director of Community Services noted the importance of the relationship built up between the team and their patients in Felixstowe which was reliant on Joyce’s leadership and advised the Board that as part of the integrated network team a pilot scheme with the local council was being run implementing joint teams to enable a joint health and social care approach lead by a central responsible care co-ordinator. 6. The Chair on behalf of the Board thanked the team for attending and for their enthusiasm and acknowledged the importance of the approach for the care of patients in Felixstowe. <p>The Trust Board:</p> <ul style="list-style-type: none"> – Thanked the integrated team for attending the Board meeting and sharing their experience. 	
SECTION 2 – CHAIRMAN’S BUSINESS		ACTION
P27/18	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Mr L Collins, Deputy Chair / Non-Executive Director, Mr N Hulme, Chief Executive, Mr R Kearton, Non-Executive Director and Ms E Noske, Associate Non-Executive Director.	
P28/18	DECLARATIONS OF INTEREST	
	The standing declarations of interest were noted from all Board Members in regards to the long term partnership with Colchester Hospital and future reconfiguration potential impact on positions held.	
P29/18	MINUTES OF THE MEETING HELD ON 29 MARCH 2018	
	The minutes of the meeting held on 29 March 2018 were approved and signed by the Chair as a correct record.	

P30/18	ACTION CHART FROM PREVIOUS MEETINGS	
	<p><u>Received</u> the updated action chart with status reports.</p> <p><u>Noted</u></p> <ul style="list-style-type: none"> • P1/18 - <i>Look at the specialist advice available to junior doctors and staff at weekends and “out of hours”</i>. The Medical Director provided the Board with an update report on action P1/18. • P135/17 - <i>2018/19 Business Plan</i>. The Trust Board was informed that this item had been deferred to the July Board meeting. • P107/17 - <i>Equality and Diversity report to be circulated</i>. The Director of Human Resources advised that the Equality and Diversity report had been taken to the Workforce, Development and Education Committee meeting held on 23 May 2018. <p>The Trust Board: – Received the action chart and noted the content.</p>	
P31/18	CHAIR’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair.</p> <p><u>Noted</u></p> <p>The Chair highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 1. Work was “on track” in preparation for the Board to Board meeting with NHSI regarding the transaction and voting for new governors was now open. 2. The Blossom Appeal had exceeded the £100k milestone around six months after its launch. 3. Nearly 200 talented young dancers had taken part in a “dancathon” to raise vital funds towards a £2.5m upgrade of the children’s department. The youngsters, who were aged between three and 16, danced non-stop for anything from 45 minutes to three hours to thank the hospital for the care which dance school member Megan Banks had received for anorexia. 4. At the Suffolk Show the Trust would be unveiling the joint Ipswich and Colchester “NHS 70 photographic exhibition” featuring a day in the life of our hospitals and services. ITV Anglia would be featuring the patients and staff whose photographs were included in their news programme on Friday 25 May 2018. 5. This morning, the CQC had published a new report called “Under Pressure” which included a number of case studies about hospitals and trusts which had performed well in urgent and emergency care and had featured the Ipswich Hospital. <p>The Trust Board: – Received and noted the verbal report from the Chair.</p>	
SECTION 3 – PATIENT EXPERIENCE		ACTION
P32/18	IPSWICH HOSPITAL USER GROUP REPORT	
	<p><u>Received for information</u> a report from Gillian Orves, Chair of IHUG.</p> <p><u>Noted</u></p> <p><i>At the end of February IHUG invited the cancer services user group, a couple of governors and other interested parties from Colchester to join us to discuss the future of user groups in the new organisation. We had a very open, honest and interesting discussion which has helped to shape the way we envisage user group involvement as we move forward.</i></p> <p><i>When the Beast from the East set in on Feb 28th Richard, Jo Wesley and myself travelled to Birmingham for the PENNA awards which were held the following day, where we were finalists in the ‘strengthening the foundations’ category. It was certainly an expedition none of us will ever forget! Sadly we weren’t chosen as the winners, but we received lots of interest and compliments for the work we’ve done and were very proud when we were presented with our framed finalist certificate.</i></p> <p><i>On March 21st Steve Bruce and myself attended the ‘Can You Hear Me?’ Healthcare event at</i></p>	

Trinity Park, organised by the University of Suffolk Service User Group. We had a stand promoting user involvement. Throughout the day there were a series of patient and carer stories which were very thought provoking.

Richard and myself assisted with the Ticket Home surveys, which were required to provide an evaluation for the Ticket Home. As we chatted to patients we became hugely supportive of the value of Ticket Home as we heard from patients how useful they and their families found the information.

Our Celebration of User Groups event was held on April 20th. This is the first time in 16 years that members of all the user groups had been invited to get together. Neill Moloney was our guest speaker and spoke about the merger and community alliance. We then held a workshop, where each table had a different question such as 'how can you recruit new members'. Each tables answered were shared at the end and will be collated and sent out. We honestly had no idea how the afternoon would work out and it was fantastic to be asked at the end if we would hold another event in 6 months. We've now got a date set, Oct 12th and I'm delighted to say that Lucy Watts MBE, who is an incredibly inspirational and nationally renowned patient leader has been booked as our guest speaker.

On April 26th I attended the EAHSN patient safety collaborative learning event: Promoting a positive culture at Newmarket, with Sarah, Pam and Jo Wood. As well as listening to some very interesting and thought provoking speakers, I was able to choose two workshops to attend and chose Schwartz Rounds and Human Factors in Maternity. It was interesting to learn more about both. We also got to sit on tables discussing various things, Pam and myself sat on a table discussing patient engagement, where I had the opportunity to promote the partnership working IHUG is involved with.

On the same day back in the hospital IHUG members Vicky & Jenny helped Steve Bruce to showcase Adopt a Ward as part of the Patient Experience of Care week.

Friday May 11th Sarah and myself visited Queen's Hospital, Romford which with King's Hospital, Ilford is known as the Barking, Havering and Redbridge University Trust. We went to see them to see how their Patient Partnership Council works. We met with the Patient Experience Lead, the Chair of the PPC and the deputy chief nurse who has patient experience under her remit. We discovered that IHUG has a lot in common with the PPC, although our set ups are very different. We learned a lot, shared what each of our groups does to make a positive difference and took away ideas we'd like to look at implementing. The PPC were seriously impressed with IHUGs You Made a Difference award and are already planning on setting up a similar award. We had received a very warm and positive welcome and have extended an invitation to them to visit us, something Ian the PPC Chair is very keen to do.

Last week I spent a day in the Sim Centre, role playing the part of a relative in staff training scenarios for Care of the Deteriorating Patient sessions. IHUG members Crys, Jenny, Vicky and Gordon have all assisted with staff training in recent weeks and this week we are all helping with an intensive week of staff training called 'Bleep Week' covering 8 sessions of training for junior doctors.

Members of IHUG have attended several of the Patient Advisory Group meetings both at Ipswich and Colchester, we feel that the views of those present have been taken onboard in regards to the impending merger.

We have started Adopt a Ward on Sproughton ward and the Ophthalmic Day Care Unit and we have two more wards, Debenham and Stowupland waiting to have an initial meeting to begin AAW. Over three weeks some of us took part in the annual PLACE audits, which this year are being carried out over a longer time frame. We continue to sit on various committees and have recently offered our patient view on a leaflet and a letter, which members of staff have asked us to review. Both staff members sent lovely emails afterwards, saying how much they had appreciated our help, it was very rewarding for IHUG to get such positive feedback.

Several members attended the official opening of the Rosemary Suite in the mortuary on May 14th. The transformation is just remarkable, we were all really impressed and speaking to staff it became apparent how justifiably proud they are of this new and very important part of the hospital.

We are currently looking at how IHUG will look as we head towards the merger, this has and remains a big piece of work. It is both challenging and exciting, as we are aiming to create new opportunities as we work on strengthening not only IHUG but the user groups and ensure that the patient voice remains at the forefront. We are also keen to become involved in more patient/staff partnership working as we move forward.

Questions and Comments

1. The Chair thanked Gillian Orves on behalf of the Board for her leadership of the IHUG work and highlighted the national recognition IHUG had gained and requested that the Board's thanks was also passed on to the Patient User Group leaders.
2. The Chair noted that Ipswich was at a "different starting point from Colchester" and the

	<p>merger would be an opportunity to develop the role of the governors into “patient experience” to advance the services.</p> <p>3. The Director of Estates noted that IHUG participation had been vital to the work carried out recently with Disabled Go to review accessibility on site.</p> <p>4. Gillian Orves expressed her thanks in return to the Board for their support of IHUG and its work.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received the report and noted the content. 	
SECTION 4 – ASSURANCE		ACTION
P33/18	CHAIR’S KEY ISSUES REPORTS & INTEGRATED PERFORMANCE REPORT	
	<u>Received</u> the Chair’s Key Issues Reports and the Integrated Performance Report (IPR).	
P34/18	FINANCE & PERFORMANCE COMMITTEE CHAIR’S KEY ISSUES REPORT	
	<p><u>Received for assurance</u> a verbal Chair’s Key Issues report from the Finance & Performance Committee held on 22 May 2018 presented by Tony Thompson, Non-Executive Director.</p> <p><u>Noted</u></p> <p>The following items were highlighted to the Board:</p> <ol style="list-style-type: none"> 1. Finance Report – The finance discussion had focused on the next 3 months and the importance of the Q1 accounts and achieving a “good result” in the closing quarter of the Ipswich Hospital. It had been confirmed that the same “rules” would apply for STF and the same processes would be applied for the 3 month period until the merger. 2. The position was on track for M1 with a number of pressures, particularly agency spend and CIP delivery. F&P would review the Risks and Opportunities Log next month. 3. The Committee was assured that all staff were aware of the need to deliver for Q1. 4. Finance and Performance Risks – A “critical” risk had been added – <i>Trust wide Delivery of CIP target for 18/19 (score 16)</i>. The score had been based upon the current £10M shortfall in schemes identified for delivery of the CIP programme 18/19. The Committee had challenged whether a 3 month view of risk was required to support delivery of the plan. 5. ED performance was 88.4% in April, below the trajectory of 91%. Latest performance in May (16th) was 91.2%, in line with the trajectory and “getting back on track. It was noted that more formal conversations had been instigated with the ED team. 6. It had been noted that stroke performance against the 14 hour standard was disappointing, however, a funded team had now been appointed to achieve the 14 hour standard. 7. Mortality – The Medical Director had highlighted that one mortality indicator could be affected by the complexity of the data and that the Trust generally trended well in crude mortality, although January had been adversely affected by “flu cases”. The Learning from Deaths meetings provided the assurance that the practice within the Trust was “safe”. 8. VTE data was not yet available following the change to paper auditing, however, this change in process was expected to result in an improvement of data collection. 9. The Committee had been informed that a follow-up Backlog clearance plan had been agreed with the CCG and the team had been working with the divisions to develop a “bottom up plan” which was agreed and achievable. The move away from the premise that reduction of the follow-ups would reduce the backlog was challenged but it was confirmed that the plans would support the delivery of the annual plan financially. 10. The Committee had discussed the Accountability Framework and progress in developing a single version for ESNEFT and its link to the IPR. It had been welcomed that the reporting by the AF and assurance committees would be based on a risk assessed set of indicators, reflecting core metrics, regulatory interest, and local priorities. The moderation process had been discussed and the need for clarity of rationale and effective communication to assurance committees highlighted. 11. The Committee had noted the need to review the IPR further and disappointment had 	

	<p>been expressed that the promised opportunities of the forward view had not yet been delivered.</p> <p>12. F&P Annual Report - The Committee had confirmed that there were no issues to be escalated for disclosure in the AGS.</p> <p><u>Questions and Comments</u></p> <p>13. The Chair agreed with the importance of Q1 noting that the Regulators would focus on “grip, CIP and delivery” when they met with the Trust Board in June.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received the verbal Chair’s Key Issues report from the Finance & Performance Committee held on 22 May 2018 and noted the content. 	
P35/18	<p><u>Integrated Performance Report – Finance</u></p> <p>The Interim Director of Finance highlighted the following finance issues from the Integrated Performance Report:</p> <ol style="list-style-type: none"> 1. 2018/19 plan was a deficit of £15.3m. 2. Month 1 YTD I&E position was £0.06m adverse against profile. 3. Clinical Income of £24.2m was £0.1m favourable to plan. 4. YTD Pay expenditure of £16.6m was £0.2m favourable to plan. 5. YTD EBITDA adjusted was £1.4m, which was £0.06m adverse of plan. 6. The Portfolio Board would oversee delivery of STP and CIP work streams. 7. Accountability Framework review and escalation was in operation. 8. The Interim Director of Finance advised the Board that as reported by Tony Thompson detailed conversation had been held at the Finance & Performance Committee and the Risks and Opportunities Log would be provided to the Committee next month. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 9. The Managing Director advised that he had been encouraged by the level of attention on the financial position prior to the merger, whilst it was recognised that there was still “more to do” to deliver the first quarter. 10. Tony Thompson agreed that if the position was compared to the same time last year the Trust appeared to be “ahead of the game”, however, the focus needed to be maintained until the end of June. 11. The Managing Director advised that budget setting was taking place for ESNEFT with targets set which were agreed and achievable for the divisions. 12. Andrew George stated that he would like to “underline” the importance of the “forward view”, which was to have been provided by the IPR, as this would give a greater chance of convincing the Regulator that the Trust was “on track”. 13. The Director of Governance noted the residual risk for delivering the control total although the Trust had met the control total for last year. The Interim Director of Finance responded that whilst there was confidence of delivery it had been felt prudent as a governance issue to leave the risk on the Register until final submission of the accounts. 	
P36/18	<p>QUALITY COMMITTEE CHAIR’S KEY ISSUES REPORT</p>	
	<p><u>Received for assurance</u> the Chair’s Key Issues report from the meeting held on 16 May 2018, presented by Helen Taylor, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received the Quality Performance Reports for Hospital based services and for Community based services. 2. The Committee had followed up on the Board discussion regarding the increased number of inpatient areas flagging as ‘inadequate’ on the heat maps. The Director of Nursing had explained that there had been a change in the reporting schedule for some of the metrics from monthly to three monthly to enable more accurate and validated information, however, the changes to the AF had lagged behind showing 	

	<p>metrics as ‘not submitted’ rather than ‘not required’ which created the “skew” in the performance outcome. Of the 9 wards flagging 4 were within the category described and had plans in place for improvement.</p> <ol style="list-style-type: none"> 3. The Committee had received the themes derived from the cancer breach reviews in the Quarterly Update. The division was working on improving communication with patients to reduce psychological harm. A GP co-ordinator was working in the division to provide an informed explanation to patients of why they were on the 2 week wait list. 4. The Committee had received the risk report detailing all quality associated risks scoring 12 and above. The Committee focused on risk to patient safety with regard to local safety systems for invasive procedures. The Medical Director had explained that safety procedures were in place with a shift in focus now to focus on the quality of those being undertaken to provide assurance. 5. The Committee received and reviewed the draft Terms of Reference for the proposed ESNEFT Quality and Patient Safety Committee (successor of the Quality Committee). Helen Taylor advised that she had held conversations with the Chair of the Colchester Committee and all parties were well sighted on the changes. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Andrew George commented that he had been involved in a meeting regarding Somersham Ward at least 3 years ago and this was a “recurring issue” and questioned the perception of the Ward when visited from a patient experience view point. 7. The Interim Director of Nursing advised that conversations had been held at EMC and the Quality Committee regarding the issues on Somersham Ward, the feeling being that following the changes to ward leadership the team morale and processes were improving, including the issues around chemo competency. The Ward continued to be closely monitored and when visits were made to the Ward improvement could be felt. 8. The Interim Director of Nursing highlighted that lengthy discussion regarding the Somersham Ward action plan had been held between the executives and Division at the recent Divisional Accountability Framework Oversight meeting 9. The Chair requested that updates on Somersham Ward were reported through to the Quality Committee. <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received the Chair’s Key Issues Report from the Quality Committee held on 15 January 2018 and noted the content. 	CT
P37/18	<p><u>Integrated Performance Report – Quality</u></p> <p>The Deputy Director of Nursing highlighted the following quality issues from the Integrated Performance Report (IPR):</p> <ol style="list-style-type: none"> 1. Harm free care performance remained “stable”. 2. The cumulative data/year end position for Clostridium Difficile continued to be reviewed, however, the predicted year end position would demonstrate the Trust delivering performance well within the threshold position for 2017/18. 3. Good progress had been seen to reduce the number of avoidable pressure ulcers. 4. The Safeguarding Operational Group had been updated in respect of the first Annual Review published into the deaths of people with learning disabilities. The recommendations were being reviewed and would subsequently be considered at Quality Committee and would be integral to the work plan for 2018/19 for the Learning Disabilities staff and Adult Safeguarding team. 5. April performance saw actual falls recorded as 138. There were no high harm/severe falls for April. 6. Ward Heat map review - There were 4 active improvement plans in place following review of the March 2018 data. Following the AF review, the Somersham Ward action plan had been broadened to increase impact on quality metrics. At the time of production of the IPR, all wards subject to action plans were scoring a 3 for April and had improved from inadequate scores in March. Further conversations would be held with the Division regarding Brantham Ward performance. 	

Questions and Comments

7. The Director of Governance highlighted the importance of the first Annual Review published into the deaths of people with learning disabilities and the need for this to remain an area of focus, particularly remembering the inquest of Mr Handley and fitting with the Alliance Strategy and STP.
8. The Director of Governance questioned whether the Board should be concerned regarding the number of “complaint extensions” and Parliamentary and Health Service Ombudsman (PHSO) referrals. The Interim Director of Nursing advised that the reasons the complaints were reopened did not triangulate with the numbers referred to the PHSO and was a conversation which would be picked up with the divisions.
9. The Managing Director noted that sometimes complainants were not satisfied with the responses they received and referred to the PHSO, however, he was not aware of any recent PHSO responses which had found in favour of the complainant.
10. The Director of Governance questioned whether there was ineffective communication with complainants in the first instance leading to referral to the PHSO.
11. Tony Thompson questioned the link between “accuracy of responses and delay in the response”.
12. The Chair emphasised the Board expectation that there was good resolution of complaints and that timelines were met.
13. The Director of Governance noted the ongoing risk regarding the filling of shifts, noting that whilst this was mitigated by closure of escalation areas there was now a risk from temporary and agency staff on wards. The Interim Director of Nursing advised that this issue had been reviewed by the Workforce, Development and Education Committee the previous day, when it had been noted that whole time RNs were increasing and the focus was moving to retention and ensuring new staff were appropriately supported.

The Medical Director highlighted the following quality issues:

14. Infection control performance was improving, which was felt to be a tribute to the protocol in place. A new microbiologist had been appointed.
15. Normal vaginal delivery rate had fluctuated between 59.6% and 66.3% last year and was in line with national rates. The current total LSCS rate 27.3% compared well to peers but was slightly higher for emergency cases.
16. HSMR was 109.9 ‘higher than expected’ range; due to flu episodes in December/January with SHMI within the expected range. Overall the general HSMR trend was reducing and this was expected to continue. The Learning from Deaths programme was now active.
17. The gap between week day and weekend/out of hours mortality remained but was not increasing. The focus on hospital at night continued.
18. The Medical Director noted that the reported VTE position showed a “worrying apparent lack of data in April and no May data available yet”, however, the Trust had returned to a paper based system, with two auditors now undertaking audits, and the figures were expected to improve and would be monitored through the Quality Committee.

Questions and Comments

19. The Director of Governance noted that there had been an increase in the number of maternity cases and noted that the risk assessment of accommodation within the maternity tower was being monitored by the Quality Committee. The Medical Director commented that bariatric patients would become key over the next few years.
20. Tony Thompson noted that with regard to the VTE process the comment had been made at the Finance & Performance Committee that there was better clinical engagement with the paper based VTE process. The Medical Director agreed that the doctors were positively commenting on the process.

P38/18	<p>WORKFORCE, DEVELOPMENT AND EDUCATION COMMITTEE CHAIR'S KEY ISSUES REPORT</p>	
	<p><u>Received for information</u> a verbal Chair's Key Issues report from the meeting held on 23 May 2018 by the Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received the Workforce report and noted that over the last few months the metrics had remained "constant". The continued focus on appraisals had been maintained. 2. The Committee had received a presentation regarding the implementation of the new combined bank arrangements which would be in place from July across ESNEFT provided by NHS Professionals (NHSP). Good feedback had been received from staff regarding the service provided by NHSP at Colchester. 3. An increase had been noted in the use of agency staff with a slight decrease in the use of bank staff. Work continued with the divisions regarding their agency targets. 4. Laurence Collins, Chair of the Committee had been keen for the Committee to focus on how easy it was for staff to "innovate". A presentation had, therefore, been received from Dr Sajid Alam, Consultant Physician who had implemented an innovative new pathway for stroke patients. Dr Alam had advised that "whilst the current system had not aided him to innovate it had not impeded him" from implementing the transformation of the stroke pathway although this had been "challenging". 5. The Committee had received an update on the merger transaction and noted that harmonisation of policies was taking place with the aim to move to the new organisation with one set of policies. 6. The Committee had thanked the trade unions for their partnership working during the process. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Interim Director of Nursing highlighted to the Board that Dr Alam had been able to implement significant improvement to patient care by his innovative transformation of the stroke pathway. 8. The Chair thanked the Director of Human Resources for her leadership of the transition process and requested that the Board's thanks was passed to the trade union representatives for their support. 9. The Chair highlighted the need to maintain the focus on agency spend. 10. Andrew George stated that he was interested in how the workforce as a whole was used innovatively. The Director of Human Resources advised that the Director of Strategy role in ESNEFT would have a key focus on innovation and there was recognition that the new organisation would need to develop "a culture of innovation". <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received the verbal report from the Workforce, Development and Education Committee held on 23 May 2018 and noted the content. 	CE
P39/18	<p><u>Integrated Performance Report – Workforce</u></p> <p>The Director of Human Resources highlighted the following workforce issues from the Integrated Performance Report:</p> <ol style="list-style-type: none"> 1. The sickness rate had increased from 3.86% during February to 4.19% in March. The data showed that there had been a decrease across the trust in short term absence but an increase in long term sickness absence during March. 2. Mandatory Training Compliance had reduced slightly from 90.7% to 88.9% in April. 3. The number of overpayments reported had decreased from 8 in March to 2 in April. 4. The Trust agency spend for M1 was £737K which was £128k above the NHSI ceiling of £609,500 per month, but under the Trust forecast spend of £956K. Total spend YTD was £777K. 	

P40/18	<p><u>Integrated Performance Report – Operations</u></p> <p>The Director of Operations highlighted the following operational issues from the Integrated Performance Report:</p> <ol style="list-style-type: none"> 1. The Trust 18 week incomplete performance was 91.7% against a 92% threshold and the number of patients on an incomplete pathway had decreased from 2,068 in March to 1,709 in April. 2. Trust Theatre Utilisation was 83.3% in April. Non-clinical cancellations on the day remained above target, but decreased from 1.96% to 1.17% with 51 patients cancelled. This meant that the Trust was just above the 1% threshold for 2018-19. 3. The Stroke target of 80% of patients spending 90% of their stay on a Stroke Unit had been met in April with a performance of 87.0%, an increase of 6% on last month. 4. The Trust achieved the 2WW and Symptomatic Breast targets in April, but failed the 62 2WW performance target. The Trust had committed to deliver by the end of May. 5. Diagnostics was undertaking a pilot for early diagnostics for clinical teams. 6. The Trust failed to achieve the 95% target for patients to be seen in ED within 4 hours. Performance increased from last month to 88.35%, therefore, below the Trust NHSI improvement trajectory set for Type 1 and Type 3 attendances. Conversations were being held with ED staff and a robust action plan had been developed. However, the 4 hour performance in ED at Ipswich had been held up by the ambulance service as “the most improved Trust”. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Chair stated that whilst he was reassured by the actions being taken regarding ED performance he felt that a “more formal action plan was required”. 	
SECTION 5 – QUALITY		ACTION
P41/18	NHS PATIENT SURVEY RESULTS	
	<p><u>Received for information</u> the NHS Patient Survey Results presented by the Interim Director of Nursing.</p> <p><u>Noted</u></p> <p><u>Quality Health Survey of Women’s Experiences of Maternity Services</u></p> <ol style="list-style-type: none"> 1. Quality Health carried out a survey of women’s experiences of maternity services at Ipswich Hospital in February 2017, with the management report being published on the 6th October 2017. The final report was published in February 2018. The Trust scores showed an upward trend, with the majority showing some improvement since the last survey was carried out in 2015. There were a small number of declines which were mostly in the care after birth section. 2. The majority of the Trusts scores were in the middle 60% when compared to the 31 similar organisations surveyed by Quality Health. 18 scores were in the top 20% and the Trust had some of the highest scores overall for being “spoken to in an understandable way during antenatal care and being given information and explanations in hospital after the birth”. There was one score in the bottom 20% of Trusts and this was for women being given choices about where to have their baby. 3. The resulting Trust action plan contained 8 actions as per the recommendations set out by the Quality Health report which had been presented to the Patient and Carers Experience Group who would oversee progress. <p><u>CQC Children and Young people survey 2016 results (published November 2017)</u></p> <ol style="list-style-type: none"> 4. The report outlined the results of the Care Quality Commission (CQC) Children and Young people (CYP) Survey 2016 and compared them to other local hospitals (West Suffolk Foundation Trust and Colchester Foundation Trust). 5. The Trust received information on the care of 283 children and young people at Ipswich Hospital NHS Trust. 	

	<p>6. The Trust had scored 'about the same' as all other trusts for most responses and 'Better' than all other trusts for 'Change of admission date', 'Type of ward stayed on' for Adolescents, 'Speaking with staff', 'Support when worried', 'Distracting a child during an operation or procedure', 'Information for parents & carers after an operation or procedure', 'What to do in case of further concerns', 'Advice on self-care' and 'Information to take home'.</p> <p>7. The Trust had scored 'Worse' for 'Suitability of ward' for young people aged 12-15 years.</p> <p>8. The 'overall experience' score for the Trust had been 'about the same' as other trusts.</p> <p>9. For the 'Parents view of child's overall experience' the Trust had also scored the same as other trusts.</p> <p>10. The results would be presented to and discussed at the Nursing & Midwifery Board, Trust Executive, Quality Matters Steering Board (QMSB) and Patient & Carer Experience Group (PCEG).</p> <p>11. An action plan focussing on immediate response to the 'worse' score and highlighting other areas scored low would be developed and would be overseen by PCEG and QMSB.</p> <p><u>Questions and Comments</u></p> <p>12. Andrew George questioned the link between feedback from service users with the level of morale amongst staff. The Interim Director of Nursing advised that the link between positive staff morale and the impact on patient care was well documented and it would be important to consider these results together with the staff survey results.</p> <p>13. The Chair stated that he would expect the Trust to continue to "challenge expectations and improve standards".</p> <p>The Trust Board: – Received the reports and noted the content.</p>	
P42/18	IMPROVING MENTAL HEALTH CARE WITHIN AN ACUTE SETTING	
	<p><u>Received for information</u> a presentation by Rebecca Pulford, Associate Director of Nursing, Medicine & Therapies.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The aim of the programme was to ensure that physical and mental health were treated seamlessly to provide improved patient experience with "the right care in the right place at the right time all of the time". 2. The Evolve system would be utilised to ensure information flow. 3. Work would be carried out towards embedding working with the Psych Liaison team into ED to enable timely decision making regarding ongoing care with reduction in the time patients waited for assessments in the ED. 4. Education and training would be developed and the Trust was currently working with Suffolk Mind to ensure that mental health became seen as integral to the care provided to patients. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. The Chair noted that in order to achieve the aims "buy in" by staff would be required, with improved education and that it would be important to "manage expectations of what the small team could achieve". 6. Helen Taylor noted the premature mortality rates for mental health patients and noted that there were gaps in the physical health care provided to those under psychiatric care. Rebecca Pulford advised that the Trust had developed a good working relationship with NSFT and staff were open minded and engaged with the programme. 7. The Director of Community Services noted that there was currently an ongoing complete transformation within the Mental Health Board. 8. The Director of Human Resources reiterated the importance of the work being carried 	

	<p>out with Suffolk Mind to raise understanding for both patients and also for staff who were developing mental health issues.</p> <p>9. The Director of Estates questioned the impact of the work being carried out on the environment and whether this would inform the discussions taking place at Colchester regarding the “place of safety”. Rebecca Pulford advised that this would be picked up as part of the Urgent Care work when provision of accommodation in ED would need to be looked at.</p> <p>10. The Chair commented that this work would be followed up further through the assurance committees.</p> <p>The Trust Board: – Received the presentation and noted the content.</p>	
SECTION 6 – WORKFORCE		ACTION
P43/18	STAFF SURVEY REPORT	
	<p><u>Received for information</u> the results of the Staff Survey presented by the Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The NHS National Staff survey had been sent to all staff in October 2017, 1930 staff had responded (a 46% response rate) which had provided more confidence that the results were a true reflection. 2. The paper identified areas of good practice and for improvement for the Trust as a whole, detailing specific groups; breakdown of engagement scores by specific groups; an analysis of the Workforce Race Equality Standard and immediate actions and delivery times by quarter. 3. The Board was asked to note the content of the report and that assurance on achievements against the action plans would be undertaken by the Workforce and Development Committee. 4. The five key findings for which IHT compared least favourably with other acute trusts would be the starting points for improvement. 5. Implementing the Workforce Race Equality Standard (WRES) was a requirement for NHS commissioners and healthcare providers including independent organisations through the NHS standard contract. It could be seen that overall the Trust score compared favourably on 2016 and also to other acute Trusts, however, there was work to be done with those who did not feel that there were equal opportunities for career progression. This would be part of the new ESNEFT equality and diversity group work and action plan. 6. The improvements achieved over recent years had been due to specific interventions at divisional level to address issues raised by staff, this format would continue post-merger and the HR Business Partners would work with managers to concentrate on their “3 key areas of improvement”. The Director of Human Resources advised the Board that “time matters” would be the predominate driver going forward within ESNEFT. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Managing Director stated that the improvement in the results should be recognised. 8. Helen Taylor agreed that the improvement had been achieved at a time of major change in the organisation. 9. The Chair commented that the challenge would be to sustain the improvement into the new organisation. <p>The Trust Board: – Received the report and noted the content.</p>	

SECTION 7 – CORPORATE GOVERNANCE	ACTION
<p>P44/18 BOARD DECLARATIONS OF INTEREST – ANNUAL REPORT</p> <p><u>Received for information</u> the Board Declarations of Interest Annual Report presented by the Company Secretary.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> As part of its commitment to ensuring that its business affairs were conducted in accordance with standards expected of a public organisation, the Trust’s Standards for Business Conduct Policy required each Trust Board member to declare any conflicts of interest. A statement was, therefore, attached reflecting interests declared by the Trust Board. The Trust Board was asked to note the Declarations of Interest declared by new board members and to advise of any amendments as necessary. <p>The Trust Board: – Received the report and noted the content.</p>	
<p>P45/18 BOARD ASSURANCE FRAMEWORK (BAF)</p> <p><u>Received for review</u> a report presented by the Director of Governance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> There were 13 strategic risks included within the BAF, of which four were risk scored ≥ 15; the mitigations for such risks were complex and would undoubtedly take time to develop and mature. Further work was needed to achieve the assessment of ‘assurance level’ with the assurance committees and, therefore, this was not stated for this reporting period. Further to the identified BAF risks the Trust Board were asked to note the 11 risks contained within the trust wide risk registers with a current score of ≥ 15, which had been noted by the Board Committees in April 2018. Within the reporting period two new operational risks had been escalated for the attention of the Board: <i>Risk 146 Over reliance on temporary and agency staff</i> and <i>Risk 176 - Delivery of 2018/19 Control Total</i>. Risk 1240 – <i>Delivery of financial plan 17/18</i> had been de-escalated and would not appear on any future iteration of the report. The Trust Board was asked note continued refinement of the new BAF and the trust wide operational risks escalated on the basis of risk score in line with the Risk Management Policy. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Director of Information Communications and Technology advised that “<i>Risk 6 IT Strategy Investment</i>” would be taken forward by the combined ESNEFT group. Tony Thompson noted that this was “not just about prioritisation but about the challenge and conversion to delivery”. The Director of Information Communications and Technology responded that there was a clear plan for the next 12 months to deliver the ESNEFT strategy, however, this might be subject to amendment depending on availability of funding. The Managing Director highlighted that the IT work stream was part of the Portfolio Board. The Director of Governance stated that from the end of next month joint assurance committees would commence and highlighted that whilst <i>Risk 41 Recognition and Management of Sepsis</i> continued “to flag”, no escalation was being seen and the position was being managed with reduction expected by September when further review was due. <p>The Trust Board: – Received the report and noted the content.</p>	

P46/18	NHSI PROVIDER SUBMISSION	
	<p><u>Received for approval</u> the NHSI Provider Submission presented by the Company Secretary.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. NHS Trusts were required to self-certify that they met the obligations set out in the NHS provider licence (which itself included requirements to comply with the NHS Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they had complied with governance requirements. 2. The first section related to the self-certification required under Condition G6(2) that processes and systems were in place that identify risks to compliance and reasonable mitigating actions were taken to prevent those risks and a failure to comply from occurring. The Trust was required to submit this certification, stating either “confirmed” or “not confirmed” by 31 May 2018. 3. The second section related to the self-certification required under Condition FT4 that the Trust had complied with required governance arrangements. The Trust was required to submit this certification, stating either “confirmed” or “not confirmed” by 30 June 2018. The Trust was expected to prepare a risk assessment for all of the stipulated statements, including where the Trust had returned a “confirmed” response. If it returned a “not confirmed” response, the Trust was expected to provide an explanatory note. 4. The Trust Executive team had considered each of the conditions applicable to NHS Trusts in the licence and how it was able to evidence that it had the systems and processes in place to ensure compliance. This evaluation had enabled the team to form a judgement as to the risk of non-compliance, which in most cases would lead to enforcement action from the regulator. 5. For the first section (Condition G6(2)) the Trust Executive considered that it was able to confirm compliance with the requirements in the licence and the risk of non-compliance with each of the conditions was low. 6. For the second section (Condition FT4) the Trust Executive had considered that it was able to confirm compliance with all but one of the corporate governance statements. The statement where it provided a “not confirmed” response related to being able to confirm the Trust’s ability to continue as a going concern. 7. The Trust had reported a significant deficit in 2017/18 and would be required to deliver cost improvement efficiency savings of £23.2m in 2018/19 to deliver its control total. As the Trust was not expected to achieve financial balance in the medium term, the Trust’s external auditors were unable to conclude that the Trust had put in place proper arrangements to secure the sustainable deployment of resources and would refer the matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to the Trust’s reported deficit break even position. 8. On that basis, the Board was not in a position to provide a “confirmed” response to question 4(4). 9. The Board was requested to consider the evaluation in the first table in Appendix 1 and accept the recommendation that it provided a “confirmed” response to the following statement: <i>Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Act and have had regard to the NHS Constitution.</i> 10. To consider the evaluation in the second table in Appendix 1 and accept the recommendation that it provided a “confirmed” response to all of the statements relating to compliance with required governance arrangements, with the exception of 4(4), where it would provide a “not confirmed” response. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 11. Tony Thompson noted the need to be consistent with the annual accounts regarding 	

	<p>the statement response related to being able to confirm the Trust’s ability to continue as “a going concern”.</p> <p>12. Andrew George stated that whilst this position was “disappointing” he understood the position and accepted the recommendation.</p> <p>13. The Chair noted that the Trust had met the control total. Tony Thompson advised that the statement regarding being a “going concern” went beyond the control total, the Auditors would give an “emphasis of matter” related to the “going concern” as Ipswich in isolation did not have in place a detailed set of measures to support the Trust over the 5 year long term plan.</p> <p>14. The Director of Governance noted that this was a matter of “interpretation” and there was a conversation to be held with NHSI regarding their view based on the accounts and the Boards view.</p> <p>15. Tony Thompson stated that the question was whether services would continue to be delivered. The Managing Director stated that Ipswich was “a going concern” and had a plan which had been signed off by NHSI.</p> <p>16. The Company Secretary advised that the Trust had submitted a “not confirmed” response to 4(4) last year.</p> <p>17. The Chair stated that the Board would accept the recommendations but record that the Trust was believed to be a going concern although lacking the evidence of a detailed long term plan within the NHS.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received and considered the evaluation and approved the recommendation that it provided a “confirmed” response to the following statement: <i>Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Act and have had regard to the NHS Constitution.</i> – Received and considered the evaluation and approved the recommendation that it provided a “confirmed” response to all of the statements relating to compliance with required governance arrangements, with the exception of 4(4), where it would provide a “not confirmed” response. 	
P47/18	<p>ANNUAL REPORTS OF THE BOARD ASSURANCE COMMITTEES</p>	
	<p><u>Received for approval</u> the Annual Reports of the Board Assurance Committees presented by the Company Secretary.</p> <p><u>Noted</u></p> <p>The following Board Assurance Committee Annual Reports were received for Board approval:</p> <ul style="list-style-type: none"> • Audit Committee • Quality Committee • Workforce, Development and Education Committee • Finance and Performance Committee <p><u>Questions and Comments</u></p> <p>1. The Director of Governance commented that the recorded Chief Executive’s attendance at the Audit Committee (16.7%) was misleading as the Chief Executive was only required to attend one Audit Committee meeting per year and questioned whether this could be recorded differently.</p> <p>2. The Chair stated that the expectation that the “Chief Executive attended one meeting as a minimum per year” would be recorded.</p> <p>3. The Director of Governance noted that paragraph 5.3 of the Audit Committee Annual Report presented should be removed as this was not relevant to the Audit Committee.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received and approved the Annual Reports of the Board Assurance Committees. 	AA

P48/18	SEALING OF DOCUMENTS	
	<p><u>Received for information</u> a report on the Use of the Trust Seal presented by the Company Secretary.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> In accordance with Standing Order 8 the report notified the Trust Board that the Trust Seal was used once during the month of May 2018. On 4 May 2018 the seal of Ipswich Hospital NHS Trust was affixed to: <ul style="list-style-type: none"> Agreement under Section 46(6) of the NHS Act 2006 relating to the provision of transformation funding between Colchester Hospital and Ipswich Hospital. <p>The Trust Board:</p> <ul style="list-style-type: none"> Received the report and noted the content. 	
SECTION 8 – STRATEGY AND PLANNING		ACTION
P49/18	STP UPDATE	
	<p><u>Received for information</u> a STP update presented by the Chair.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Chair advised that following a meeting of the Boards of NHS England and NHS Improvement it had been announced by Simon Stevens, CEO of NHS England that the Suffolk and North East Essex STP would be one of four systems selected to be part of the next wave of ‘shadow’ integrated care systems. <p>The Trust Board:</p> <ul style="list-style-type: none"> Received and noted the verbal update. 	
SECTION 9 - RECEIPT OF REPORTS BY CONSENT		ACTION
P50/18	<p>The following reports were received for information by consent:</p> <ul style="list-style-type: none"> Executive Management Committee – approved minutes for the meetings January to April 2018. Quality Committee – approved minutes for the meetings January to April 2018. Finance and Performance Committee – approved minutes for the meetings January to April 2018. Workforce Committee – approved minutes for the meetings January to April 2018. Annual Organisational Audit Report. <p>The Trust Board:</p> <ul style="list-style-type: none"> Received and noted the reports. 	
SECTION 10 - PUBLIC QUESTIONS		ACTION
P51/18	<ol style="list-style-type: none"> Mr Ron Llewellyn commended the positivity of the staff who had presented the patient story and noted the requirement for “good middle management”. However, Mr Llewellyn stated that management needed to be aware of the “stress” induced by the merger consultation process on staff who were concerned regarding changes to their roles and that additional support might be required. Mr Llewellyn suggested that the Hospital consider adopting a “mascot” to promote unity of the new organisation. The Chair thanked Mr Llewellyn for his comments and advised that the Director of Human Resources was leading an extensive transfer process and it had been recognised that this was a time of anxiety for some staff, however, it should be noted that the Trust carried more vacancies across both sites than current staff numbers and one of the benefits of the merger would be the ability to attract and recruit staff to the new enlarged organisation. 	
SECTION 11 – DATE OF NEXT MEETING		
P52/18	Thursday, 5 July 2018 - East Suffolk and North Essex Foundation Trust (ESNEFT) Board meeting in Public.	

Signed Date

David White
Chair