

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 2 August 2018

Pinewood Community Centre, Laburnum Close, Ipswich IP8 3SL

Present:

Mr D White	Chair
Dr B Buckley	Chief Medical Officer
Mr L Collins	Non-Executive Director
Dr S Gordon	Director of Strategy, Research and Innovation
Mr N Hulme	Chief Executive
Mr R Kearton	Non-Executive Director
Mrs D Leacock	Non-Executive Director
Mr M Meers	Director of Information Communications and Technology
Mr N Moloney	Managing Director
Mrs C Morgan	Chief Nurse
Ms E Noske	Non-Executive Director
Miss J Parker	Non-Executive Director
Mrs D Scrafield	Director of Finance
Ms H Taylor	Non-Executive Director

In Attendance:

Dr A Alderton	Company Secretary
Ms C Edmondson	Director of Human Resources
Mr P Fenton	Director of Estates & Facilities
Ms D Greenhalgh	Director of Governance
Ms N Leach	Director of Logistics and Patient Services
Mrs S Naylor	Director of Communications and Engagement
Ms L Fraser	(Minutes)

Apologies:

Mrs S Aylen-Peacock	Non-Executive Director
Mr T Fenton	Non-Executive Director

		ACTION
SECTION 1 – PATIENT STORY		
18/25	<p><u>Received for information</u> and learning opportunity a patient story by Dr Joanna Simpson, Consultant Anaesthetist on the Perioperative Quality Improvement Programme.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Board was advised that the Perioperative Quality Improvement Programme (PQIP) was a Health Foundation and Royal College of Anaesthetists funded national research study that used high-quality local data to improve outcomes for patients having major surgery. 2. The main aim of the programme was to improve outcomes for patients having major surgery in particular complications, patient satisfaction, disability free survival and health-related quality of life. 3. As a Trust, Colchester was one of 80+ hospitals enrolled nationally and had recruited 50 patients since November. The team were looking at one of the five national priorities focusing on individualised risk assessment. 4. Dr Simpson advised that the aspiration was for the programme to continue into the long term as this had been shown to provide tangible benefit to patients. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. The Director of Strategy, Research & Innovation commented that this programme showed how research could benefit patients and that he hoped that this programme would be extended to Ipswich and questioned what would enable the programme to be extended to all patients. Dr Simpson advised that one work stream was working with elderly patients and this would benefit from geriatric input into the pre-assessment clinics. 6. Elaine Noske questioned whether there were any measures of the outcomes for patients. Dr Simpson stated that the strength of PQIP was that it measured length of stay and clinical outcomes but also measured patient reported outcomes. 7. Richard Kearton questioned whether capital investment was required into changing processes. Dr Simpson responded that support for research nurses would be beneficial, but that in Colchester there was currently sufficient research nurse capacity and it was hoped that the capacity issue at Ipswich would be overcome. 8. Julie Parker questioned whether patients who did not give their consent to participate in the programme received benefit. Dr Simpson advised that the programme should benefit all patients by improving processes. 9. The Chief Executive questioned when the programme would transition from research to business as usual and be incorporated into the pre-assessment process if the benefits were proven. Dr Simpson advised that this question had been posed to the leading professor who was working on a way of supporting the programme going forward. <p>The Trust Board:</p> <ul style="list-style-type: none"> – Thanked Dr Joanna Simpson for attending the Board meeting and sharing her experience of the Perioperative Quality Improvement Programme national research study. 	
SECTION 2 – CHAIRMAN'S BUSINESS		
18/26	WELCOME AND APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Mrs S Aylen-Peacock, Non-Executive Director and Mr T Fenton, Non-Executive Director.	

		ACTION
18/27	DECLARATIONS OF INTEREST	
	<p>The declarations of Board of Directors Declarations of Interest were received for information.</p> <p><u>Noted</u></p> <p>1. Mrs Helen Taylor advised that she had provided an updated Declaration of Interest to the Company Secretary.</p>	
18/28	MINUTES OF THE MEETING HELD ON 5 JULY 2018	
	<p>The minutes of the meeting held on 5 July 2018 were approved and signed by the Chair as a correct record.</p>	
18/29	ACTION CHART FROM PREVIOUS MEETINGS	
	<p><u>Received</u> the updated action chart with status reports.</p> <p><u>Noted</u></p> <p>1. The Company Secretary advised that both “outstanding actions” had now been completed.</p> <p>The Trust Board:</p> <p style="padding-left: 20px;">– Received the action chart and noted the content.</p>	
18/30	CHAIR AND CHIEF EXECUTIVE’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <p>The Chair highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 1. The first ESNEFT Leadership Conference had been held on Friday 27 July which had brought together all of the leaders across the new Trust. There was a fantastic atmosphere and real ambition to empower clinicians and managers to make decisions as close as possible to patient care and provide outstanding care to the communities served by ESNEFT. 2. The Board expressed congratulations to Dame Clare Marx who had been appointed by the Privy Council as the new Chair of the General Medical Council (GMC) to succeed Prof Sir Terence Stephenson in January 2019. Clare would become the first woman to hold the Chair since the GMC was established 160 years ago. 3. Nienke Warnaar, a consultant surgeon who works at Colchester hospital had been awarded the European Association for Endoscopic Surgery (EAES) fellowship which would part-fund an eight-week trip to Tel Aviv to shadow visionary surgeon and entrepreneur Professor Amir Szold, a pioneer of endoscopic surgery. 4. Ipswich Hospital nurse consultant Tracey Wakeling and ward sisters Naomi Gunton and Fiona Rawson had received the “Adult Carers Recognition Award” at the Suffolk Family Carers’ recent 30th anniversary celebrations. Tracey had also won an individual Carers Recognition Award. 5. The work of our volunteer colleagues had been highlighted in the media this month with a feature on Pauline Wilkinson from Lexden, a volunteer for the Colchester League of Hospital and Community Friends who had given more than three decades of service. 6. The work of the charities teams who had now been brought together as one ESNEFT Charity team was highlighted. 	

		ACTION
	<p>The Chief Executive highlighted the following items to the Board:</p> <ol style="list-style-type: none"> Looking at the national picture there were some significant changes for NHSI and NHSE. Seven regional directors would be created across the country who would report to NHSI and NHSE, the appointments being made in the autumn. The Chief Executive welcomed the change to one agenda for the health service and said that he felt that nationally this approach was moving in the best direction for health services. The ICO would then sit below the regional director giving greater autonomy for system leaders. The Chief Executive noted that the Rt Hon Matt Hancock MP had been appointed Secretary of State for Health and Social Care on 9 July 2018. The Chair stated that the ambition was that ESNEFT would play a greater leadership role in the wider health care system. <p>The Trust Board:</p> <ul style="list-style-type: none"> Received and noted the verbal report from the Chair and Chief Executive. 	
SECTION 3 – ASSURANCE		ACTION
18/31	CHAIR'S KEY ISSUES REPORTS & INTEGRATED PERFORMANCE REPORT	
	<p><u>Received</u> the Chair's Key Issues (CKI) Reports and the Integrated Performance Report (IPR) for the Ipswich Hospital NHS Trust and Colchester Hospital University NHS Trust to 30 June 2018.</p> <ol style="list-style-type: none"> The Chair stated that two governors would be allocated to "observe" each of the ESNEFT Board Assurance Committee meetings going forward. The CKI Reports would be "taken as read" with "escalation" items only to be reported at the Board meeting. 	
18/32	QUALITY & PATIENT SAFETY COMMITTEE CHAIR'S KEY ISSUES REPORT	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 24 July 2018, presented by Helen Taylor, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The meeting held on 24 July 2018 had been the first ESNEFT meeting and had considered the legacy data and two sets of reports. The aim for future reporting was to work to a clearer picture of trends fitting with the quarterly reporting cycle. The Committee had received an update on the review of transportation and receipt of Pathology specimens at Colchester following several SI's which had been reported as a result of the management and transportation of cellular pathology specimens. The Committee had been asked to consider and approve the formal establishment of a QI Project group to oversee the implementation of further changes required. A detailed timeline of the project work would be brought to the next meeting. Quality performance for both sites was received as separate reports for June. It had been noted that the Chief Nurse was working on the content for the combined performance report for August data onwards (report to QPS in September) which would include more trend analysis. A review of what Community Services metrics were required to gain assurance would also be considered. The Committee had been advised of two incidents which met the Never Event criteria for reporting at the Ipswich hospital site (one in the month of June and one in early July); in both cases an in-depth understanding of compliance with each stage of the WHO checklist was required as part of the investigation. Both incidents had been reported and would follow the Serious Incident process and terms of reference had been agreed for the investigations which were in progress. The outputs of the review of both cases and any subsequent identified learning would be shared with QPS in due course. 	

		ACTION
	<p>5. The Committee were informed that there were ongoing challenges across both sites for inpatients in terms of managing the heat in some clinical areas; mitigating actions had been put in place including staff ensuring that all patients were adequately hydrated, the use of mobile air conditioning units and the purchase of additional fans for Ward areas.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received the Chair’s Key Issues Report from the Quality Committee held on 24 July 2018 and noted the content. 	
18/33	<p><u>Integrated Performance Report – Quality</u></p> <p>The Chief Nurse highlighted the following quality issues from the Integrated Performance Report (IPR):</p> <ol style="list-style-type: none"> 1. The month trajectory for C.Diff had breached, however, the data might change going forward, particularly on the Colchester site, and the chart would be updated. 2. Immediate risk assessments had been carried out regarding the two Never Events and the detail had been presented. 3. VTE assessment – The Chief Nurse advised that the issues were around the process rather than the completion of the VTE assessment itself. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. The Managing Director commented that over the last 4 months the number of SIRIs appeared to be at a higher level than previously experienced. The Chief Nurse advised that the high number at Ipswich related to hospital acquired pressure ulcers. Improved validation had meant that a number were picked up from the community leading to the slight increase over the last couple of months. New processes had been introduced with the move to the new organisation and the aim would be to focus more closely on trends and providing assurance going forward. 5. The Chief Executive noted that the compliance rates for Duty of Candour continued to be below target. The Chief Nurse advised that the correct processes were being followed; however, the timeframe was not being met. 6. The Director of Governance advised the Board of the new national SIRI reporting whereby some cases which had not caused harm were reported in order to receive learning; Duty of Candour was not required for these cases and this would need to be identified in the report. 7. The Chair questioned whether the Board should be concerned by the number of pressure ulcers reported. The Chief Nurse stated that there was further work to do on pressure ulcer prevention and highlighted some concern regarding the process of reporting all pressure ulcers. 8. The Chair noted that there had been a constant issue raised at the assurance committees regarding the revision of reports for ESNEFT to ensure the material received was helpful to provide the required assurance and show the trends. 9. The Chair noted that there had been a constant issue raised at the assurance committees regarding the revision of reports for ESNEFT to ensure the material received was helpful to provide the required assurance and show the trends. 	

		ACTION
	<p>The Chief Medical Officer highlighted the following quality issues:</p> <p>10. The mortality review systems at Colchester and Ipswich had differed and ESNEFT would be taking the best from both going forward. There were some concerns at Colchester where many factors went to provide the figures and these would need to represent the ongoing clinical work.</p> <p><u>Questions and Comments</u></p> <p>11. The Managing Director stated that whilst it was recognised that the reporting of deaths was influenced by coding he would question whether the learning from deaths transferred to changes in practice which would reduce mortality. The Chief Medical Officer stated that mortality reviews were undertaken and important work with the CCG and primary care was taking place regarding the differential death rates.</p> <p>12. The Chief Executive noted the “learning from deaths mandatory review” of 43%. The Chief Medical Officer stated that this related to the timeliness of the reviews and was a nationally mandated level. The Chief Executive stated that the reporting of “mandatory levels” should be taken forward.</p> <p>13. The Director of Finance advised that this issue was on the Trust’s agenda as a Medical Examiners’ business case was being looked at.</p>	
18/34	FINANCE & PERFORMANCE COMMITTEE CHAIR’S KEY ISSUES REPORT	
	<p><u>Received for assurance</u> a Chair’s Key Issues report from the Finance & Performance Committee held on 26 July 2018 presented by Julie Parker, Chair of the Committee.</p> <p><u>Noted</u></p> <p><u>Operational Performance</u></p> <ol style="list-style-type: none"> 1. Julie Parker advised that she would focus in the first instance on the Operational performance issues which had been discussed. 2. The Committee had been advised that the emergency department plan had been established within Ipswich with a clear focus on the 7 “must dos”. 3. Performance had shown some improvement since that reported for June (90.5%) with improvement to 94% in the last week. Within Colchester the closing performance for June was 97.77% for the system. The Committee had received assurance that processes had been reviewed to ensure that performance for both sites could be optimised with revised trajectories. 4. The Board was informed that winter planning was not as progressed as anticipated at this stage and discussions had progressed with partners to ensure sufficient action was taken to facilitate capacity and demand management. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. The Managing Director acknowledged that there were challenges on delivering of performance across both organisations but plans had been implemented which would focus on the opportunities and a number of conversations had been held within the NEE system looking at facilitation of discharge. The Ipswich plans were more developed with good conversations having taken place with Ipswich and East Suffolk CCG and a number of schemes were expected to be published over the next few weeks which would help demand. 	

		ACTION
	<p>6. The Chief Executive highlighted the lack of system working in NEE which could adversely impact on patients at Colchester over winter and the need for the Managing Director to be supported in his efforts to get a response from the system, commenting that it would be extremely disappointing if patients were adversely impacted due to system failures whilst the hospital was undertaking much internal work to improve the situation.</p> <p>7. The Chair stated that this was a critical matter in NEE and that he would question whether the plans had been “over optimistic”, but that assurance that the plans would deliver would be required as NHSI were requesting revision of the plans. The Managing Director advised that the system was given a further couple of weeks to finalise their plans and respond before this issue was escalated.</p> <p>8. The Chief Executive advised that if the Board remained concerned the matter might require escalation at Chair to Chair level.</p> <p><u>Finance</u></p> <p>9. Julie Parker advised that the Committee had been informed that overall Colchester and Ipswich had delivered the Q1 financial position. The key risks remained the higher level of agency spending and Cost Improvement Programme (CIP) delivery.</p> <p>10. The pay run rate had been steady in both sites, but overspending. In Colchester the agency ceiling had been met but it was a struggle due to the ongoing high volume of agency workers. Non pay was overspent in Colchester but this had been covered by additional income.</p> <p>11. In Colchester CIP delivery had been achieved for the first quarter (£3.3m v£3.4m) and identified fully for the whole year. The Ipswich CIP performance had delivered for the first quarter (£3.6m v£3.8m); however, only £10.9m of the £23m had been identified to date. Future CIP reporting would be combined and reported by division. It was noted that the first NHS Improvement milestone had been achieved.</p> <p>12. The Committee had undertaken a review of the Board Assurance risks assigned to the Committee and had agreed to oversee the four risks proposed.</p> <p>13. The Committee suggested that Risk 1259 “<i>inconsistent medical management for patients, that may lead to poor patient experience, potential clinical harm, deterioration in outcomes, delays in patient flow and poor job satisfaction.</i>” was transferred to POD for oversight.</p> <p>14. The Board was asked to consider how the risk of the merger benefits not being realised would be overseen.</p> <p><u>Questions and comments</u></p> <p>15. The Company Secretary advised the Board that work was currently being carried out on the interim BAF and that following the development of the ESNEFT Strategy a new BAF would be produced. The interim BAF would pull together the two BAFs and map these against the ESNEFT objectives and the Post Transaction Implementation Plan for review by the Board in November.</p> <p>16. The Managing Director confirmed that the risk of the merger benefits not being realised was overseen by the Portfolio Board, the Post Transaction Implementation Plan work stream reporting through to the Portfolio Board who would in turn report to the Finance & Performance Committee.</p> <p>17. Elaine Noske stated that she felt it would be good to have clarity regarding the subsets of the benefits from the merger feeding in to the Assurance Committees.</p>	AA
	<p>The Trust Board:</p> <ul style="list-style-type: none"> - Received Chair’s Key Issues report from the Finance & Performance Committee held on 26 July 2018 and noted the content. 	

		ACTION
18/35	<p><u>Integrated Performance Report – Operations</u></p> <p>The Managing Director highlighted that the Finance & Performance Assurance Committee had been taken through the operational issues and highlighted the following:</p> <ol style="list-style-type: none"> 1. A review of Cancer services had been undertaken in Ipswich, with a detailed plan now approved by NHS Improvement. Cancer Performance initially would dip in August as patients with long waits were treated with the aim of reducing the backlog. Cancer performance had improved in Colchester and long waiting patients were now down to 3. It was anticipated that the ESNEFT Cancer performance for July would be 75%. 2. Referral to Treatment Times (RTT) performance in Ipswich was 92.79% and Colchester 84.97%. A combined trajectory was now in place for ESNEFT for each of the specialities with the expectation that the 92% standard would be achieved at the end of November and no patients waiting over 52 weeks by the end of September. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Laurence Collins stated that considering “Time Matters”, the under performance in the 62 day cancer metric had been evident throughout the previous year and questioned what was being done to get this consistently to 85%. The Managing Director advised that there were a range of measures being taken to improve the position; Colchester had challenges around capacity; in Ipswich there were a range of other factors and it was anticipated that over the next couple of months performance would deteriorate whilst the backlog was addressed. 4. The Chief Medical Officer advised that the input from the new Cancer Lead had improved the position and work was taking place with the MDT team across ESNEFT to revitalise their work. The team were now working collaboratively across sites to address the capacity issues. 5. Helen Taylor questioned the stroke performance. The Managing Director advised that discussion had been held earlier in the week to agree additional actions to be put in place to improve the position. 6. The Chief Executive questioned the assurance available that delays in treatment for cancer patients whilst the backlog was being dealt with would not lead to potential harm or increase in morbidity or mortality. The Chief Medical Officer advised that reviews of patients delayed were undertaken but no significant increase in morbidity or mortality was being seen. 	
18/36	<p><u>Integrated Performance Report – Finance</u></p> <p>The Director of Finance highlighted the following finance issues from the Integrated Performance Report:</p> <ol style="list-style-type: none"> 1. In June both Trusts incurred a deficit: Colchester’s deficit was £1.9m which was worse than planned by £0.3m, whilst Ipswich’s deficit was £1.8m, a shortfall of £0.2m compared to plan. The Use of Resources Rating (UoR) for the month for both organisations was 3. 2. The ongoing issues with high agency usage had adversely impacted on the financial position and this was one of the biggest pressures that the Trust was striving to deal with. 	

		ACTION
	<p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Elaine Noske noted that the divisional reports were reporting a position behind plan and questioned how the shortfall was being managed and what that would mean in terms of the plans already set out. The Director of Finance advised that from 1 July all of the performance measures were linked to the new divisional structures and the leadership team would be looking at the performance measures together with their budgets. It was noted that CIP was considered to be reasonable and the Accountability Framework had an oversight process which supported the divisions which were not achieving their budgets and CIP targets. 4. The Chair stated that the CIP plans at Ipswich needed to ensure that the CIP was achieved and the Finance & Performance Committee would be undertaking a “deep dive” into CIP at its August meeting. 5. The Managing Director stated that he did not feel the reference on page 5 of the report to the “aggressive cost improvement plans” was reflective of the approach that ESNEFT was following with regard to CIP. 	
18/37	<p>PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE</p>	
	<p><u>Received for information</u> a Chair’s Key Issues report from the meeting held on 26 July 2018 by Diane Leacock, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Members had discussed bank and agency staffing across both sites, given the continued high costs associated with these staff, and expressed concern that some locums had significant lengths of service. Members were keen to ensure that the agreed rate caps were not breached within ESNEFT, and that all partners within the region kept their agency rates within the rate cap. Further discussion had taken place around ensuring that the Trust was seen to be a good employer and retained its staff. 2. The Committee had noted that the merged E-Rostering system was progressing as planned but the project team was now dealing with competing priorities. The Executives were therefore being asked to agree the priorities going forward so that the numerous programmes of work could be completed. 3. The Freedom to Speak Up Guardian had given an update on the Self-Review Tool, which would enable the Board to carry out a detailed review of leadership and governance arrangements in relation to Freedom to Speak Up and identify areas to develop and improve. This would enable the Board to evidence its commitment to embedding a culture of speaking up, and enable review bodies to evaluate how healthy the Trust’s speaking up culture was. A follow up action was proposed for the Board to consider Speak Up Ambassadors across the organisation which would be discussed after the National Guardian attended the Board Seminar in October. 4. The Committee had discussed the revised Guidelines, which aligned the processes across both sites for Local Clinical Excellence Awards, and welcomed the changes which were deemed long overdue. These would be implemented with immediate effect. <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received Chair’s Key Issues report from the People Organisational Development Committee held on 26 July 2018 and noted the content. 	

		ACTION
18/38	<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. Freedom to Speak Up would be considered at the Board Seminar scheduled for October. 2. The POD Committee had focused over the last 6-12 months on the metrics used to understand how the organisation was working over the merger and transition phase. Assurance had been received that the organisation had a stable workforce; however, it had been noted that overall metrics for mandatory training and appraisals had seen some deterioration in performance. The Divisions were now working on improvement plans in those areas. 3. The key focus for the future would be agency spend, for both cost and quality. Alternative ways of providing services were being considered and a new agency supplier had been introduced. Across the region a commitment had been made to have a common set of agency rates. E-rostering was looking at the early rostering of staff requirements. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. Elaine Noske questioned the benefits of the merger and business case regarding the anticipated reduction in agency staff and whether substantive staff were now being encouraged to ESNEFT. 5. The Director of Human Resources advised that moderate benefits were being seen in the appointment of higher level medical staff and the improvement would be tracked. 6. The Chief Medical Officer advised that both medical and nursing had seen the recent appointment of some very good senior staff with junior doctors also choosing to come to ESNEFT for their placements. 7. Julie Parker stated that the organisations had previously been “living with a regular short fall of staff” and questioned whether robust processes were in place to ensure correct processes were followed when the need for temporary staff was removed. The Director of Human Resources advised that monthly meetings with the divisions were held when the HR team lent their support around the reduction in vacancies and reduction of agency spend. The trajectory for the next year would need to be developed. 	
18/39	<p>EXECUTIVE MANAGEMENT COMMITTEE (EMC) CHAIR’S KEY ISSUES REPORT</p>	
	<p><u>Received for information</u> a Chair’s Key Issues report from the meeting held on 19 July 2018 by the Managing Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The meeting had focussed on the Divisional Business Plans for 2018/19 and presentations had been received from 6 of the 8 divisions. There were good discussions around CIP delivery, workforce planning and bringing the teams together. 2. The Committee had received a report by the Director of Finance which set out recommendations for changes to the Accountability Framework to be developed and implemented over the next 9 months. 3. The Draft Internal Audit Plan for the remainder of 2018/19 was received for comment. 4. The Internal Audit Recommendations for both hospitals were reviewed and noted. <p>The Trust Board: Received the CKI report from the EMC meeting held on 19 July 2018 and noted the content</p>	
	<p>SECTION 4 – CORPORATE GOVERNANCE</p>	<p>ACTION</p>

		ACTION
18/40	AUDIT COMMITTEE REPORT AND CKIs	
	<p><u>Received for assurance</u> presented by Diane Leacock, Chair of the Committee.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The following issues discussed by the Committee were brought to the attention of the Board. 2. Ipswich Data Quality Review of Theatre Performance Information - The audit had highlighted that theatre utilisation information reported to the Trust Board was not complete with additional findings relating to inconsistent governance over the monitoring of theatre performance and poor recording practice in relation to theatre starts. It was confirmed that a similar review would be taking place over practice on the Colchester site. 3. It was requested that the Finance & Performance Committee reviewed the report and the future report for the Colchester site to provide board assurance that the underlying issues were fully understood and addressed 4. Colchester – Limited assurance internal audit report – Infection Control - This limited assurance review highlighted a number of areas of poor practice in relation to compliance with infection control policy on the Colchester site. The Committee had requested that the Chief Nurse attended the next meeting of the Committee to provide a progress update and that the Quality Committee reviewed the report to provide board assurance that the underlying issues were fully understood and being addressed. 5. Colchester – Limited assurance internal audit report - GDPR Compliance - Having been reported previously to the May meeting this issue remained on the Committee's watch list and the Committee had requested further assurances from the Director of IM&T and Director of Governance that progress had been made. As the next meeting of the Committee was not scheduled to take place until November 2018 the Committee had requested an update on GDPR compliance via an offline briefing. 6. The Committee had observed a high incidence of lost patient personal items in the losses and compensations report from Ipswich Hospital and as the Committee was also concerned about similar findings on the Colchester site from an internal audit report received in May 2018, it would refer this issue to the Quality and Patient Safety Committee for further review as the effective management of essential personal items was a key patient experience issue for ESNEFT. 7. The Committee had observed that allegations of working whilst off sick was a recurring theme in fraud investigations and had requested that sickness absence management be referred to the People and Organisational Development Committee, as proactive and effective sickness absence management was a key control for such incidences. 8. Following an unsuccessful outcome to the market testing for the appointment of internal auditors during 2017/18 the Trust was planning to go out to tender again in 2018/19 in a joint procurement with the CCG across the STP footprint. A project working group would be set up in September with a view to concluding the appointment by January 2019. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 9. Julie Parker commented that it was encouraging to see items now being escalated from the Audit Committee to the Assurance Committees for detailed review. The Chair agreed that it was positive to see that this example of “best practice” from Ipswich was being introduced for ESNEFT. <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received the report and noted the content. – 	

		ACTION
18/41	ESNEFT CORPORATE GOVERNANCE FRAMEWORK	
	<p><u>Received for approval</u> the ESNEFT Corporate Governance Framework presented by the Company Secretary.</p> <p><u>Noted</u></p> <p>1. The Corporate Governance Framework Version 1.0 was presented for approval.</p> <p><u>Questions and Comments</u></p> <p>2. Julie Parker stated that Board approval should be subject to formal review in 6 months' time.</p> <p>3. The Chair agreed that this was an ongoing live document which would be reviewed regularly and updated as appropriate.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received and approved Corporate Governance Framework Version 1.0. - Noted that the document would be formally reviewed by the Board in 6 months' time. 	AA
18/42	ESNEFT COMMITTEE TERMS OF REFERENCE	
	<p><u>Received for approval</u> the ESNEFT Committee Terms of Reference presented by the Company Secretary.</p> <p><u>Noted</u></p> <p>1. The Company Secretary advised that it was recommended that the Board ratified the Terms of Reference from the ESNEFT Assurance Committees.</p> <p>2. The Chair stated that he would propose that the Board approved the Terms of Reference subject to minor amendment by the Assurance Committees with the documents "being kept live".</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received and approved the Board Assurance Committee Terms of Reference as presented. 	
18/43	REPORT ON THE USE OF THE TRUST SEAL	
	<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> <p>1. In accordance with Standing Orders the report notified the Trust Board that the Trust Seal was used on four occasions during the months of June and July 2018.</p> <ul style="list-style-type: none"> • On 4th June 2018 the seal of Ipswich Hospital NHS Trust was affixed to: Tendering Document issued by Castons Chartered Surveyors and Minor Works Building Contract 2011 issued by Turner Carpentry & Joinery Ltd for the refurbishment of the Mortuary at Ipswich Hospital, Heath Road, Ipswich. • On 13th June 2018 the seal of Ipswich Hospital NHS Trust was affixed to: Supplement Deed of Declaration by Ipswich Hospital NHS Trust amending the name of 'Ipswich Hospital NHS Trust Charitable Funds' to 'East Suffolk and North Essex NHS Foundation Trust Charitable Funds'. • On 28th June 2018 the seal of Ipswich Hospital NHS Trust was affixed to: Deed of Grant from Zedra Trust Company (UK) Ltd and the Trustee of Ipswich Hospital NHS Trust Charitable Funds. 	

		ACTION
	<ul style="list-style-type: none"> On 2nd July 2018 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: Supplemental Deed of Declaration to amend the original Declaration of Trust dated 27 January 1995 of the Charity called Ipswich Hospital NHS Trust Charitable Funds (registered under Charity Registration Number: 1048827) by deleting in clause A “Ipswich Hospital NHS Trust Charitable Funds” and substituting “East Suffolk and North Essex NHS Foundation Trust Charitable Funds”. <p>2. The Trust Board was asked to receive and note the contents of the report.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> Received the report and noted the content. 	
	SECTION 5 – BUSINESS CASES	ACTION
18/44	INTERVENTIONAL RADIOLOGY AND CARDIAC ANGIOGRAPHY (IRCA) BUSINESS CASE	
	<p><u>Received for approval</u> the IRCA business case presented by the Director of Finance and Dr Allan Harkness, Divisional Director – Medicine and Consultant Cardiologist.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The IRCA business case for the development of an integrated, self-contained, interventional radiology and cardiac angiography facility at Colchester Hospital was presented for approval. The Investment Group had reviewed the FBC on 18 June and subject to some minor changes, which had now been made, agreed that it could proceed to Board approval. The preferred option agreed was to develop a new integrated Interventional Radiology and Cardiac Angiography Suite on the first floor above the bed store, with link corridor and small courtyard. The Investment Group had reviewed both the capital and revenue elements of the case. The total capital cost – pre-tender and procurement of medical equipment was estimated to be £6.41m. This cost was in line with the provision in the 2018/19 and 2019/20 capital programmes. On this basis the Investment Group was supportive of the business case and was recommending it to the Board for approval. In respect of the revenue case the Investment Group had had concerns and had asked for a number of actions to take place to give greater certainty to the income and revenue expenditure plans which were detailed. The business case included estimated additional annual revenue expenditure pressures of £399,000. The Investment Group in reviewing the case recognised all of the income and revenue pressures and challenges and was recommending the business case for Board approval with the following provisos: <ol style="list-style-type: none"> Income Cardiac Angiography: that, subject to clarification of the ESNEFT strategy for cardiology (as part of the clinical strategy work), a putative income and activity model for the interventional cardiology service should be developed by the division showing the likely changes in flows between the Basildon CTC and the ESNEFT service at Colchester and Ipswich, and how this underpinned the income of the Colchester CA lab. Income Interventional Radiology: that the potential income for interventional radiology activity needs to be reviewed by the divisional team with a view to establishing a baseline for targeting additional activity. Expenditure for nurse staffing: that the modelling of the staffing for the unit should be benchmarked against similar facilities elsewhere to ensure this was correct and that this staffing was sufficient for the activity plans associated with 1 and 2 above. 	

		ACTION
	<p>4. Expenditure estates & facilities: that a bottom-up cost estimate for the additional costs of servicing the building should be developed rather than using average costs. This would take advantage of, for example, the energy efficiency of the new build.</p> <p>5. The Investment Group should review the outcome of 1 to 4 above, and report back to the Board on the latest revenue cost plan in March 2019 (as part of the business planning for 2019/20).</p> <p>5. The Board was recommended to:</p> <ul style="list-style-type: none"> • Approve the capital case for the development of the Interventional Radiology and Cardiac Angiography suite. • Note and support the position regarding the Investment Group’s provisos with regard to the revenue case and the need to report back to the Board in March 2019 for approval of the final revenue case. <p><u>Questions and Comments</u></p> <p>6. Helen Taylor questioned the other priorities in Colchester in 2015 and the quantum of additional business which was expected. The Director of Finance responded that the business case had been delayed due to the priorities of the Colchester organisation in 2015 when the focus had been on responding to regulatory intervention and the availability of capital whilst the organisation was in “special measures”; however, all cases received at that time had followed the appropriate prioritisation process. The value in the case was on the basis of the estimates produced and a formal tender process would be undertaken if the case was approved by the Board, further understanding particularly regarding the Clinical Strategy would be required but in the first instance the need was to ensure that appropriate equipment was available.</p> <p>7. Richard Kearton noted that this case had appeared on the high risk end of the Risk Register and questioned the implication for patients of the delay. Dr Harkness advised that when breakdowns had occurred spare parts had been found but that some elective patients had had to be cancelled or transferred to other hospitals.</p> <p>8. Richard Kearton questioned whether other “high risk” areas of the estate had been identified. The Director of Finance stated that the Risk Register was a vital tool for detailing areas of risk within the organisation.</p> <p>9. The Chief Medical Officer commented that the Investment Group received requests for what was often complicated and complex equipment, so clinicians and equipment staff attended the Investment Group to ensure appropriate clinical oversight.</p> <p>10. Julie Parker commented that at Colchester the Quality and Patient Safety Committee had received an annual service report on equipment which included detail of the risks and would endorse the view that this had been a “measured and known risk”.</p> <p>11. Diane Leacock asked how Allan felt as a clinician managing the risk. Dr Harkness replied that the department had been managing the risks and he understood that the organisation had to prioritise risk from all areas.</p> <p>12. Laurence Collins questioned the ESNEFT Strategy for cardiology and the timescale for the clarification of this. The Chief Medical Officer stated that the cardiology teams were working more collaboratively, but the Strategy for cardiology on both sites was still being developed. The Director of Strategy, Research and Innovation advised that the Strategy would be available in January 2019.</p> <p>13. The Managing Director noted that if the business case was approved the organisation would be committed to the service remaining on the site.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> – Approved the capital case for the development of the Interventional Radiology and Cardiac Angiography suite. – Noted and supported the position regarding the Investment Group’s provisos with regard to the revenue case and the need to report back to the Board in March 2019 for approval of the final revenue case. – 	

		ACTION
18/45	CANCER CENTRE FULL BUSINESS CASE	
	<p><u>Received for approval</u> the Cancer Centre Full Business Case (FBC) presented by the Director of Finance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Cancer Centre FBC set out the full business case for capital investment in an enhanced, co-located cancer centre to accommodate radiotherapy, chemotherapy, haematology and complementary wellness therapies and support in a new combined Oncology/haemato-oncology chemotherapy centre by constructing an additional floor over the Radiotherapy centre to replace the Mary Baron/Haematology Day Unit at the Colchester hospital. 2. The original plan had been to build the centre on two floors with the “Wellness Centre” occupying the space between the Chemotherapy and Radiotherapy floors. A revised plan which was developed in 2017 made more effective and efficient use of the available space and required much smaller area to be constructed, whilst delivering the same if not improved space for Chemotherapy patients. The new proposal allowed for a separately constructed Wellness Centre adjacent to the Cancer Centre and a separate business case would be provided for this element in due course albeit the cost of the Wellness Centre falls within the £3.25m fundraising campaign target. 3. The revised 2017 business case for the cancer centre brought the overall projected cost down to £3.25m and in February 2017 Colchester Hospitals Charity secured a pledge of £1m to the Campaign. This gave considerable momentum to the fundraising campaign and by end of June 2018 £3m had been raised (including pledges of £1.3m). 4. The business case was now at the point where the final cost of the Cancer Centre had been established as £2.74m and the Wellness Centre was estimated in the region of £350,000. The Campaign had achieved £3m in donations and pledges. Plans were in place to raise the remaining £250,000 to reach the fundraising target by March 2019. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. The Chief Medical Officer emphasised the importance of this development for the enhancement of patient experience, a view which was endorsed by the Chief Nurse. 6. Helen Taylor stated that she would support the development but would question patient involvement in the planning. The Chief Medical Officer confirmed that there had been involvement from the Cancer User Group in both the design and fundraising for the development. 7. Julie Parker questioned who would pay if the costs overran and how the ongoing running costs would be funded. The Director of Finance advised that the cost of the premises works had been tendered and fail safes put in place and there was confidence regarding the figures. The revenue costs had already been planned and the service recognised that they would need to cover the additional management costs for the new building. The Trust would work with other partners including the voluntary services regarding the Wellness Centre. 8. Julie Parker questioned whether the cancer service was clear that any additional costs were “over and above” any costs already confirmed. The Director of Finance confirmed that this had been considered at the Investment Group meeting. 9. Julie Parker stated that she felt that the facilities felt like an “add on”. The Chief Medical Officer stated that this development was felt to be fully integrated and appropriate for the services provided. The Director of Estates & Facilities agreed that whilst the design of the building had been complex this was fully integrated with the cancer centre. 	

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	<p>10. Diane Leacock questioned how confident the team was that the final £250k would be realised. The Director of Finance advised that there was on going charity activity and the Chief Executive stated that there was a high level of confidence that the final amount would be raised.</p> <p>11. Richard Kearton questioned whether, given the successful partnership with Macmillan at Ipswich, this had been revisited. The Chief Executive stated that he had been involved in the discussions and there was now no need for Macmillan involvement in the development.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> - Approved the Cancer Centre Full Business Case. 	
SECTION 6 – ESNEFT CHARITY		
18/46	REPORT OF CHARITABLE FUNDS COMMITTEE AND CKIS	
	<p><u>Received for approval</u> the Charitable Funds Committee CKI presented by the Chief Medical Officer.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received and approved the Terms of Reference as presented and recommended ratification by the Board following discussion of the appropriate membership of the Committee, given the constraints of the FT constitution, and had been content that the role of the Governors in attendance at the meeting was to be the patients’ representative. The issue of clinical representation had also been discussed and the Committee had agreed that this was addressed by the Chief Medical Officer being a member of the Committee. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 2. The Chief Medical Officer commented that she had been very impressed with the work of the Charity team and the Chair agreed that he and the Chief Executive had been impressed by the work undertaken to bring the two charities together following the merger. 3. The Director of Human Resources confirmed that with reference to item 5.1 of the CKI the Charity Commission had now completed the registration of the new Charity and noted that a Corporate Trustee session for the Board would be arranged following the appointment of the new Non-Executive Directors. <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received the report and noted the content. 	AA
SECTION 7 - RECEIPT OF REPORTS BY CONSENT		
18/47	<p>The following reports were received for information by consent:</p> <p>Ipswich Hospital Assurance Committees Minutes of meetings of:</p> <ul style="list-style-type: none"> • Quality Committee • Workforce, Development and Education Committee • Finance & Performance Committee • Executive Management Committee <p>Colchester Hospital Assurance Committees Minutes of meetings of:</p> <ul style="list-style-type: none"> • People & Organisational Development Committee • Finance and Performance Committee • Executive Management Committee <p>The Trust Board:</p> <ul style="list-style-type: none"> - Received the reports for information by consent. 	ACTION

		ACTION
18/48	<p>COLCHESTER HOSPITAL UNIVERSITY NHS FOUNDATION TRUST – AUDIT COMMITTEE ANNUAL REPORT</p>	
	<p><u>Received for information</u> the Colchester Hospital University NHS Foundation Trust Audit Committee Annual Report presented by Diane Leacock, Non-Executive Director and Chair of the Committee.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The purpose of the report was to provide assurance to the Board on the work of the Audit and Risk Committee for the 15 month period to 30 June 2018. This ensured that the report covered the work undertaken during May 2018 on the Annual Report and Accounts for 2017/18. 2. The Committee had had a productive year and had been well supported by the Trust’s Board Assurance Framework and the work carried out by internal and external audit and the Counter Fraud Services. 3. The Committee was particularly pleased that there were no internal audit recommendations past their due date reported at any of the 2017/18 meetings, indicating that improved grip and control exercised by the Executive Team had been sustained. 4. Diane Leacock noted that, as previously reported, the Committee had observed that allegations of working whilst off sick was a recurring theme in fraud investigations and had requested that sickness absence management be referred to the People and Organisational Development Committee for detailed review. 5. Diane Leacock as the Audit Committee Chair, reported that the Annual Report was consistent with the Annual Governance Statement, Head of Internal Audit Opinion and that there were no matters that the Committee was aware of at present that had not been disclosed appropriately or that the Board was unaware of. 6. Diane Leacock expressed her thanks to the Audit Committee’s members for their input and challenge, the Trust’s officers for work in supporting the Committee, the internal and external auditors (including Counter Fraud) for their advice and assurance and the Executive Directors for their continued support and commitment. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 7. The Chair noted that there were “lessons to be learnt across both sites” from the Audit Committee Annual Report. <p>The Trust Board:</p> <ul style="list-style-type: none"> – Received the report and noted the content. 	
18/49	<p>INFECTION CONTROL ANNUAL REPORT 2017/18</p>	
	<p><u>Received for information</u> the Infection Control Annual Report 2017/18 for the Ipswich Hospital NHS Trust and Colchester Hospital University NHS Foundation Trust presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The detail of the Annual Reports had been taken to and discussed by the Quality & Patient Safety Committee. 	

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	<p><u>Ipswich Hospital NHS Trust</u></p> <p>2. This Annual Report provided information on the progress of the Infection Control activities throughout the year 2017-18. The report demonstrated a Hospital wide commitment to the prevention and control of Healthcare Associated Infections (HCAIs).</p> <p><u>Colchester Hospital University NHS Foundation Trust</u></p> <p>3. The year had been challenging for Colchester Hospital University Foundation NHS Trust, however, there had also been a number of key opportunities and improvements. The year started with the Trust in Special Measures; however, following a CQC visit in July 2017, which included a close examination of the Trust's Infection Prevention and Control measures, the Trust was taken out of Special Measures.</p> <p>4. The main focus of infection prevention and control activity was to continue the good work already established in maintaining the low levels of Clostridium Difficile and MRSA colonisation acquired within the hospitals of the Trust in the face of workforce challenges throughout the hospital and within the Infection Prevention and Control team.</p> <p><u>Questions and comments</u></p> <p>5. The Chief Nurse expressed her thanks to Tony Elston, on his retirement, for his work at Colchester as Director of Infection Prevention and Control.</p> <p>6. The Chair highlighted that it was anticipated that ESNEFT would benefit from greater integration of the two infection control teams.</p> <p>7. The Director of Governance advised of the need for the limited assurance internal auditors report relating to a number of areas of poor practice in relation to compliance with the Infection Control Policy on the Colchester site to be recognised within the Annual Report.</p> <p>The Trust Board: – Received the reports and noted the content.</p>	
SECTION 8 – ANY OTHER BUSINESS		
18/50	<p>Questions or challenges relating to any of the Board briefings:</p> <ul style="list-style-type: none"> • 2018/19 Plan Resubmission for ESNEFT. • Consultation on service reconfiguration in Mid and South Essex. <p>1. The Chair stated that the information provided for the Board's information had been updated subsequent to a letter received on 30 July 2018.</p> <p><u>Questions and comments</u></p> <p>2. The Chief Executive noted the need to be aware of the impact of the service reconfiguration in mid and south Essex and the potential impact on patient flow in Essex following the proposal to move more acute work from Chelmsford to Basildon.</p> <p>3. The Chair stated that as ESNEFT developed its clinical strategy he would expect to be "consulted" on the proposals and the potential impact on services provided. The Chief Executive advised that to date the organisation had been "informed" of the proposals rather than consulted.</p>	

		ACTION
18/50	<p>4. The Chair stated that the Board supported the approach proposed with a formal request being made to be “consulted” on the proposals for service reconfiguration in mid and south Essex.</p> <p>The Trust Board: – Received the Board briefings and noted the content.</p>	
SECTION 9 - PUBLIC QUESTIONS		ACTION
18/51	<ol style="list-style-type: none"> 1. Janet Brazier stated that she was heartened to see how patients and carers were being put first by ESNEFT but questioned how the Equality and Diversity User Group would go forward. 2. The Chair advised that approaches had been made by a number of different interest groups regarding their place within the new organisation and the Board would have to reach a decision on this matter going forward. 3. The Director of Human Resources stated that equality and diversity would be given the focus expected and ESNEFT would shortly be advertising for a new Equality and Diversity Lead. 4. Jenny Rivett introduced herself as a new public governor for Ipswich, and questioned the Never Events. The Chief Medical Officer noted that whilst this was a very emotive term for a number of nationally mandated events, these events did not always impact on patient safety. 5. The term “business case” was questioned. The Director of Finance advised that as custodians of public money a business case was developed to show the proposals and benefits to be extracted from investment made. 6. Sue Hayes, public governor for Ipswich, noted that she was undertaking the Super Star abseil at Colchester Town Hall on 1 September and the money raised from this would be split between the Colchester Cancer Centre Campaign and the Ipswich Blossom Appeal. 7. Helen Vanstone, public governor rest of Suffolk, questioned the opportunity for questions to be raised at the Annual Public meeting. The Chair confirmed that there would be an opportunity to ask questions. 8. Chris Brazier and John Alborough noted that the acoustics at the venue were not good and questioned whether there was a hearing loop system, and if so whether this was working. Chris Brazier noted that “communication” in all its forms was criticized widely throughout the NHS. The Chair advised that ESNEFT would continue to explore community venues for meetings and the importance of communication and engagement was recognised and continued to be work in progress. The Chair stated that with regard to communication he saw the new council of governors as ambassadors for ESNEFT who had a responsibility to explain and communicate the decisions made to the wider population. 	
SECTION 10 – DATE OF NEXT MEETING		
18/52	The next Board Meeting in Public would be held on Thursday, 1 November 2018.	
SECTION 11 – EXCLUSION OF THE PRESS AND PUBLIC		
18/53	It was recommended that, pursuant to the Public Bodies (Admission to Meetings) Act 1960, Section 1(2), the press and members of the public be excluded from further items of business, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.	

Signed Date

David White
Chair