

**Minutes of the Trust Board of Directors' Meeting held in public
on Thursday 9 January 2025, 9.30 – 12:30 pm,
Joshua & Gensis Room, Kingsland Church, 86 London Rd, Colchester, CO3 9DW**

Present:

Ms Helen Taylor	Chair
Mr Mark Millar	Deputy Chair/Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mr John Humpston	Non-Executive Director
Ms Karen Sinnott	Non-Executive Director
Dr Usha Sundaram	Associate Non-Executive Director
Ms Alex Duffety	Associate Non-Executive Director
Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance
Ms Kate Read	Director of People and Organisational Development
Ms Catherine Morgan	Chief Nurse
Dr Tim Leary	Interim Chief Medical Officer

In attendance:

Mr George Chalkias	Director of Governance
Ms Karen Lough	Director of Elective Care
Ms Tammy Shepard	Head of Patient Experience (item 1.3)
Ms Maria Salvador	Ward Sister, Shotley Ward/RHDU (item 1.3)
Ms Lauren Filby	Associate Medical Director (item 3.1)
Ms Amanda PriceDavey	Director of Midwifery, Women's and Children's Division (item 3.3)
Ms Ann Filby	Trust Secretary
Ms Tina Terry	Board and Committee Secretary (minutes)

Apologies:

Mr Richard Spencer	Non-Executive Director/Senior Independent Director
Mr Mike Meers	Director of Digital, Logistics and Operations
Ms Alison Stace	Director of Operations

Observing:

Laura da Rita	Committee and Membership Secretary
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Four governors attended to observe the meeting.

SECTION 1 – Chair’s Business		Action
P01/25	1.1 Welcome and Apologies for Absence	
	Apologies for absence were noted. Operational issues would be presented by the Director of Elective Care. The Chair welcomed both Mr Eagles, Non-Executive Director, and Alex Duffety, Associate Non-Executive Director, on their appointment to the Board.	
P02/25	1.2 Declarations of Interest	
	Mr Eagles, Non-Executive Director, advised that he was an equity partner with Equity Partner of Pannells LLP, the residual, non-trading partnership of PKF.	
P03/25	1.3 Patient Experience	
	The Chief Nurse introduced a patient’s wife, supported by the Head of Patient Experience and Ward Sister, Shotley Ward/RHDU, who provided an update on her experience during the care of her late husband at Ipswich Hospital at the end of his life. There were some difficult messages to hear relating to communication, support with end-of-life care,	

	<p>medication and the fundamentals of care. Her motivation for attending the Board and offering to support continuing improvement was to ensure that other families did not have to go through such an experience.</p> <p>The Head of Patient Experience highlighted the Accrediting Care at ESNEFT (ACE) programme, how concerns are managed, the drive to improve patient experience and to continue to learn. The ward sister described the improvements that had been made on the ward including concerns being discussed at staff huddles and weekly ward team meetings, every bay every day is in place, spot checks are undertaken by the matron and ward sister, all staff are wearing a 'Hello my name is' badge and information for noticeboards has been designed, additional training for staff, implementation of open-door afternoon sessions for family members to raise and address concerns in the first instance. This experience was shared at the End-of-Life Board to ensure organisational learning. Since the concerns were raised, the ACE team had undertaken an assessment visit to Shotley ward on Friday 11 October 2024 and the ward had achieved silver accreditation.</p> <p>Questions and comments</p> <p>The Chief Nurse expressed her sorrow for what the family had been through and responded to some of the unacceptable issues raised, described the programme for improving overall care and experience on our wards and the work with our pharmacy team to safely administer medication. There remained further work to do and the offer to work with us was welcomed.</p> <p>The Chief Executive thanked Mrs Wiernecki for her courage, apologised for the experience received and confirmed the importance of getting the basics right. The Chief Executive referred to the difficulties in contacting the ward, and would address this personally, working with the Chief Nurse and Chief Medical Officer.</p> <p>Mr Khatib echoed the views expressed and referred to his role as chair of the Quality and Patient Safety Committee and the importance of understanding the impact of some of our developments and improvements, such as Hello my name is and patients' self-medication, to ensure patients have a good experience.</p> <p>The Chair thanked the patient's wife for presenting a difficult experience and how important it was to continually assess progress in relation to the issues raised. The work undertaken to improve the patient and family experience on the ward were welcomed.</p> <p>Resolved: That the Board of Directors noted the work undertaken to improve the patient and family experience.</p>	
P04/25	1.4 Minutes of the meeting held on 7 November 2024	
	The minutes were approved .	
P05/25	1.5 Matters Arising – Action Log	
	Two outstanding actions were marked for closure, which was confirmed .	
P06/25	1.6 Report from the Trust Chair	
	<p>The Trust Chair highlighted the following key matters:</p> <ul style="list-style-type: none"> • The extremely difficult operational issues being experienced and the impact on colleagues and patients with a significant increase in admissions. • The Gynaecology team has become one of the few in the country to carry out six successful hysterectomies in just one day. • The new maternity centre at Clacton Hospital opened on Christmas Eve. All antenatal and postnatal care will now be delivered from the ground floor modern unit created as part of extensive renovations taking place. The new birthing unit is expected to open in April next year. • National recognition for the Cardiac Rehabilitation Team awarded national certification from the British Association for Cardiovascular Prevention and Rehabilitation. • Mr Chrysostomos Dimitriou, an ESNEFT consultant, has won a European Award for his work to treat glaucoma and cataracts with minimally invasive surgery and a phone app for patients with Parkinson's disease has won a Health Service Journal (HSJ) 	

	<p>award</p> <ul style="list-style-type: none"> • ESNEFT Staff Awards were held in November 2024, with 62 outstanding colleagues and teams celebrated. • Our LGBTQ+ Staff Network has a new Chair and Deputy Chair to continue raising awareness and make sure the voices of LGBTQ+ staff and patients are heard. • Colleagues can now apply for grants of up to £25,000 for research projects and the charity team has launched a new radio show. <p>Resolved: That the Board received and noted the verbal update.</p>	
P07/25	<p>1.7 Report from the Chief Executive</p> <ul style="list-style-type: none"> • Integrated Care Partnership <p>The Chief Executive reflected on the patient experience just received and the importance of getting end of life care right, and it was incumbent on all members to remind themselves of what we have heard. The Board was advised of the following:</p> <ul style="list-style-type: none"> • National announcements regarding reductions in waiting times, recognising that improvements are needed. The 10-year plan will be welcomed, setting out how the NHS needs to change to deliver the improvements required for patients. • Despite the operational challenges experienced in recent weeks, no elective care has been cancelled as we have been able to invest in our facilities including the Essex and Suffolk Elective Orthopaedic Centre (ESEOC). The demands have been unprecedented over the seasonal period, particularly at Colchester, with challenges in caring for patients with flu and other viruses leading to care being provided in corridors. Whilst not ideal, he was assured that patients were being kept safe and staff were thanked for working tirelessly to ensure this. • The implementation of Epic this year and the significant change that this will represent. <p>The Director of Elective Care provided additional information on the pressures being seen across the country, the 8.6% increase in emergency attendances at Colchester Hospital and similar increases at Ipswich and described some of the improvements at Ipswich Hospital including frailty at the front door, the opening of an assessment unit.</p> <p>The Chief Medical Officer highlighted the challenges of continuing planned care alongside these emergency pressures, and the work being done every day to protect planned surgery. This is important as we recognise the impact on patients if planned surgery is cancelled. As we expected, ESEOC is enabling planned surgery to go ahead. The Board was advised of the pressures relating to more complex patients and assurance was provided on how the case mix is managed to ensure meet patients' needs.</p> <p>Questions and comments</p> <p>Mr Humpston thanked the patient experience team for the affecting earlier presentation, the link with Epic was queried and whether a presentation could be brought to the next Board to set out how this will positively impact patients and the Trust. The Chief Executive welcomed this. From April prior to the 2 October launch there would be significant change and therefore February or March Board would be considered. The Chair added that a presentation was also being scheduled to the Council of Governors in March.</p> <p>Resolved: That the Board received and noted the report.</p>	AF
SECTION 2 – Integrated Performance Report		
P08/25	2.1 Key issues Report: Quality and Patient Safety Committee	
	<p>Mr Khatib reported on the meeting held on 13 November 2024 and a deep dive in relation to maternity services on 12 December 2024, highlighting the following for assurance. One alert related to Learning from Deaths and a previous Board action now marked as closed:</p> <ul style="list-style-type: none"> • The report from the Maternity and Neonatal Improvement Board was presented, and is included under item 3.2, reporting direct to Board. Safety walkabouts continue and on track to meet all 10 safety actions to meet year 6 requirements of the Maternity Incentive Scheme and the three-year maternity plan is blending all action plans • Fundamental of care was considered in detail and the ACE programme • The clinical standards/outcomes program • The health inequalities six monthly update 	

	<ul style="list-style-type: none"> • The data issues affecting mortality recording • An innovative presentation on glaucoma. <p>The Chair thanked Mr Khatib for the update and highlighted that the maternity deep dive had already been received by the Board at its meeting in private in December.</p> <p>Resolved: That the Board received and noted the report.</p>	
P09/25	<p>2.2 Key issues Report – Performance and Finance Committee</p>	
	<p>Mr Millar reported on the meetings held on 27 November and 18 December 2024 highlighting the following for assurance including three alerts:</p> <ul style="list-style-type: none"> • Emergency performance, the long waits for patients and the message to the Board and to the public, given the expected continuation of pressures on our acute services between now and the end of the financial year. • The workforce implications and our responsiveness to Handover 45 will have a safety and quality impact and appropriate oversight was being put in place. The estates backlog maintenance and the importance of reprioritisation and risk assessment was discussed to enable issues to be tackled in a timely manner. • The financial position for the current year, key messages for 2025/26 funding and the real time reduction in funding. There was a lack of clarity on the planning period in the absence of the final planning guidance for next year. <p>The Director of Elective Care provided up to date performance information in relation to the regional level 3 incident and a peak in emergency admissions in the last week, ambulance offload delays and patients waiting for beds. There had been some improvement in the last day or two and daily meetings will continue to support teams. A national visit to the green surgical hub takes place this week, there are 23 patients over 65 weeks in December as expected, there has been a slight improvement in cancer performance and month on month improvement in diagnostics since July. Reference was made to the latest guidance published on elective performance which will support those patients waiting too long for surgery. In ESEOC, all eight theatres are now in use, and this is the first week that the centre will treat complex patients.</p> <p>Questions and comments</p> <p>Mr Millar highlighted that 20 hospitals have declared critical incidents recently and asked how close ESNEFT was to taking the same action. The Chief Executive provided his views and his reluctance to declare such an incident as it was unclear how this supported more effective management of the situation.</p> <p>The Director of Finance referred to the three main financial issues affecting this year's position, the pay award gap and the deep dives taking place; achieving the net uplift in activity; managing operational pressures and the likely shortfall in the funding expenditure required. The national planning guidance was expected to be published in the next two weeks.</p> <p>Resolved: That the Board received and noted the report.</p>	
P10/25	<p>2.3 Key Issues Report – People and Organisational Development Committee</p>	
	<p>Mr Gogarty reported on the meeting held on 14 November 2024 highlighting the following for assurance:</p> <ul style="list-style-type: none"> • An alert in relation to receipt of an interim safe staffing report. Further work is required prior to presentation to the Board, although the vacancy rate reflects positively. Staffing continues to be a challenge at ward level due to several factors. • One alert, highlighting the approval of the Faculty of Education Strategy, closely linked to the People Strategy. • The Guardians of Safe Working Annual Report, and the role of senior Trust staff in supporting the Guardians to ensure junior doctors shifts are safe. <p>The Director of People and Organisational Development provided additional updates relating to the meeting and to current performance:</p> <ul style="list-style-type: none"> • Ipswich Medicine increased rota support co-ordination. 	

	<ul style="list-style-type: none"> • Vacancy data is well managed and there has been a reduction of turnover since April 2021. • Just reached over 1,000 of colleagues who have undertaken one of our leadership programmes. The focus is currently on ensuring clinician attendance at Visible Leaders. • Increased sickness is demonstrated, and the Board was advised of the support provided to staff on sick leave • The flu vaccination programme has been extended, with lower uptake seen nationally this year. <p>Questions and comments Mr Humpston highlighted the phenomenal job being done to support staff across the organisation.</p> <p>The Chief Executive reinforced the message regarding flu and the importance of highlighting this, as patients are very unwell.</p> <p>Resolved: That the Board received and noted the report.</p>	
P11/25	<p>2.4 Integrated Performance Report</p> <ul style="list-style-type: none"> • Learning from Deaths <p>The report provided an overview of the Trust's performance in November 2024 across the domains of Quality, Performance, Finance and Workforce. There were no further issues raised.</p> <p>The Interim Chief Medical Officer referred to the learning from deaths spotlight, the number of deaths, previous discussion relating to end-of-life care, the implications of flow of patients into and through the hospital and the potential impact should patients stay in the Emergency Department longer than required. Stillbirths are below the national benchmark, the number of perinatal deaths, the higher HSMR on both sites (Hospital Standardised Mortality Ratio) due to the changes to palliative care coding. Those sites with an Electronic Patient Record saw a much-reduced change, so it is expected to start to fall post Epic implementation. New trends in chemotherapy treatments and the increase in re-attendances was also highlighted.</p> <p>The Chief Executive questioned if the Emergency Department is the appropriate place for those at the end of life and suggested that this was worthy of a Medical Examiner investigation. The Interim Chief Medical Officer confirmed that all deaths are reviewed in this way already.</p> <p>Resolved: The Board noted the Trust's performance.</p>	
SECTION 3 – Quality and Patient Safety		
P12/25	<p>3.1 Clinical Presentation – Clinical Outcomes</p>	
	<p>The Chair introduced the Associate Medical Director and Consultant in Child Health (Paediatrics), who advised that clinical outcomes are measurable changes in health, function or quality of life that result from the care provided. The following elements were highlighted:</p> <ul style="list-style-type: none"> • The current approach and the tools available, with many sources of data and conflicting priorities • Whether each service could confirm how they know that good clinical outcomes are provided • What we are benchmarking against, examples of clinical outcomes • The vision is to select key outcomes to benchmark against for sense checking, automation as far as possible or drawn from existing data, with outcomes to be available to patients and users • The importance of co-production • A challenging timetable to ensure readiness for Epic implementation and a toolkit for services by year end 2025, reported through the Trust's governance process through the Clinical Effectiveness Group to the Board's Quality and Patient Safety Committee. <p>Questions and comments The Director of Strategy, Research and Innovation supported the vision for this work and it</p>	

	<p>being meaningful for patients as well as the specialties confirming their top three headline measures to focus on. He questioned how that would link with co-production. The Associate Medical Director confirmed there is information already available that has been discussed with patients, although it would be a challenge where that is not in place.</p> <p>Mr Millar welcomed this excellent work and was very supportive. Patient views of outcomes will be very different depending on the specialty. With Epic you can break this down into each element of a pathway and if all were achieved that delivers the positive outcome for patients, increases efficiency and reduces unit cost. Engaging the public using infographics would be positive.</p> <p>The Chief Executive questioned the triangulation with patient experience in a balanced scorecard approach.</p> <p>Mr Khatib advised this would require patient consent, those outcomes that are not within our gift are a challenge, and he questioned how health inequalities fit into this. That which would be included in the pack provided to support individual services, whilst focussing on what is achievable by the service itself.</p> <p>The Director of Elective Care highlighted the importance of not losing sight of performance metrics through this work as part of the outcome. It would be sensible to include this in the current business planning cycle.</p> <p>Mr Gogarty felt that the methodology was good and measuring the impact on health inequalities would be interesting as the nuances for each service will be slightly different. The Interim Chief Medical Officer discussed publishing outcomes on the website for patients to review before they exercise their right of choice.</p> <p>The Chair welcomed the presentation and confirmed that the Quality and Patient Safety Committee would provide assurance on progress, and this would be included in the business planning process. The Board looked forward to seeing how this develops.</p> <p>Resolved: That the Board received and noted the report for assurance.</p>	
P13/25	<p>3.2 Maternity Assurance Report</p> <ul style="list-style-type: none"> • Key Issues report – Maternity and Neonatal Improvement Board • Midwifery Workforce 	
	<p>The Board received the key issues report referred to earlier in the meeting. The Director of Midwifery presented current midwifery workforce plans and updated on progress against the plan. The report demonstrated compliance with Safety Action 5 of the Maternity Incentive Scheme and key elements were highlighted:</p> <ul style="list-style-type: none"> • The full acuity review undertaken and the systematic approach taken to Birthrate Plus with a funded establishment that meets requirements • Compliance changed this year for supernumerary status of the coordinator, however, we met and exceeded the ask for year 6 requirements • 1-1 care in labour compliance is demonstrated • New Roster templates will be implemented from March 2025 • Further work is required to ensure all training requirements are met. <p>Questions and comments</p> <p>The Chief Executive welcomed the improvements made, and questioned what the midwives would say. The Director of Midwifery confirmed it is improving, students now only start in September, and we are seeing a decrease in bank and agency spend. Staff feedback has felt different over the last two months. Mr Khatib concurred with this demonstrated by the improvements seen through the feedback gained during safety walkabouts. This has been improving over the last two years.</p> <p>The Chair welcomed the much less detailed report than the Board had previously been presented with as permitted by the year 6 requirements. There was confidence that the detail is now being reviewed at the Maternity and Neonatal Improvement Board reporting direct to the Board of Directors, with assurance through the Quality and Patient Safety</p>	

	<p>Committee. The Chair also recognised the positive headlines against these developmental standards, the result of significant work by the Director and the team.</p> <p>Resolved: That the Board noted and approved the report.</p>	
SECTION 4 – Strategy and Transformation		
P14/25	4.1 Strategic Plan Update	
	<p>The Director of Strategy, Research and Innovation presented assurance on the delivery of the strategic plan highlighting the 12 major programs listed.</p> <p>Questions and comments The Chair noted that despite the current exceptional operational challenges the Trust was still making progress with delivering the strategic plan.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 5 – Finance & Performance		
P15/25	There were no items for consideration.	
SECTION 6 - People and Organisational Development		
P16/25	There were no items for consideration.	
SECTION 7 – Governance		
P17/25	7.1 Key Issues report – Audit and Risk Committee	
	<p>Mr Millar reported on the meeting held on 19 November 2024 and highlighted the following two alerts:</p> <ul style="list-style-type: none"> • Partial assurance for the divisional governance internal audit review, Estates, the potential impact on the final year-end audit opinion and the important of all agreed management actions being achieved. A senior member of the estates team had joined the Committee to provide further assurance on the action being taken. • Declarations of interest and the importance of enhancing compliance within the consultant body as part of the group of decision makers that are required to update their interests annually. <p>The single item for escalation confirmed the Committee’s recommendation that the Risk Management Policy was approved by the Board. This was confirmed at the Board in December.</p> <p>Resolved: That the Board received and noted the report.</p>	
P18/25	7.2 Board Assurance Framework	
	<p>The Director of Governance advised that the Board Assurance Framework (BAF) is a strategic level risk register designed to provide the Board with a comprehensive method for effective and focused review of strategic risks. It is presented to the Board three times a year, to every Audit and Risk Committee meeting for full discussion, with discussion of relevant risks at the appropriate Committees to provide assurance that strategic risks are being appropriately managed. The Audit and Risk Committee receive a full update in November 2024 and the changes were described:</p> <p>BAF1, partnership working, reserved to the Board. An update was provided on the collaborative work with West Suffolk NHS Foundation Trust and the Strategic Shift and Sustainability Review reporting to the ICB Board by 30 April 2025.</p> <p>BAF4, quality assurance, refers to review of outcome measures, links to the clinical presentation; horizon scanning is a regular report to the Quality and Patient Safety Committee and was last received in December 2024.</p> <p>BAF5, workforce. Preliminary results from the staff survey are to be considered in private; ESEOC recruitment links to the staff experience in private; EPR reporting (BAF8) has started to QPS in December with quality and patient safety to be included in the regular report from the EPR Programme Board; a BAF deep dive is to take place at the next People and</p>	

	<p>Organisational Development Committee.</p> <p>BAF7, estates development and capital equipment, the property strategy has been delayed further to Q1 2025/26. The Soft FM Transition and Transformation Board is now in place</p> <p>BAF9, Transformation, additional assurances have been added in relation to clinical strategy delivery.</p> <p>Questions and comments The Chair confirmed the number of amendments provides assurance that the BAF is being utilised effectively to support delivery of the Trust's strategy.</p> <p>Resolved: That the Board noted the Executive Lead and Assurance Committee responsible for each risk and approved the current version of the Board Assurance Framework.</p>	
P19/25	7.3 Emergency Preparedness, Resilience and Response ((EPRR) Annual Submission	
	<p>The Director of Digital, Logistics and Operations presented the short report to provide public assurance and notification on the annual EPRR Core Standards compliance following the two reports received by the Board in private. Overall, the score of 57 out of 62 represents a compliance rating of 91.9%, therefore, the Trust remains at a Substantially Compliant status.</p> <p>Resolved: That the Board received and noted the report for assurance.</p>	
P20/25	7.4 Trust Seal	
	<p>The Trust seal had been used on two occasions since the previous report.</p> <p>Resolved: That the Board received and noted the report for assurance.</p>	
SECTION 8 – Questions from the public		
P21/25	8.1 Public Questions	
	<p>Sir Bob Russell had expected to see the minutes from the private meeting and the decision on Soft FM and made several statements providing his views on the outcome, with reference to the impact of National Insurance costs and ongoing staff benefits. The Chief Executive responded in the spirit of good will, despite this not being included on the agenda. It was confirmed that the successful company was Sodexo, information that is commercial in confidence is not appropriate for presenting in the public domain. Board members and senior managers have been involved in detailed negotiations with staff over many months and it has been consistently agreed that all benefits received by NHS staff currently will also be shared by those staff employed by Sodexo when staff are transferred to the new provider.</p> <p>The Lead Governor questioned data on flu cases and whether those individuals had received the vaccine. This information was not routinely collected as it would be held in the GP record. It was confirmed that this is collated and reviewed nationally by public health colleagues. The Chair reiterated the importance of promoting the vaccine.</p>	
SECTION 9 – Other Urgent Business		
P22/25	9.1 Any Other Urgent Business	
	There was no further business.	
P23/25	9.2 Date of next meeting	
	The next meeting in public would be held at 9.30am on Thursday 6 March 2025, Conference Centre, Kesgrave War Memorial Community Centre, IP5 1JF.	

Approved: 6 March 2025 **TBC**

Chair: Helen Taylor, Trust Chair

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