



**Meeting of the Ipswich and East Suffolk CCG Governing Body held in public
on Tuesday 26 November 2019 at Two Rivers Medical Practice, 30 Woodbridge Road East,
Ipswich, Suffolk**

PRESENT:

Dr Mark Shenton	GP Governing Body Member and CCG Chair
Dr Padmanabhan Badrinath	Consultant in Public Health Medicine
Maddie Baker-Woods	Chief Operating Officer
Steve Chicken	Lay Member
Nichole Day	Deputy Chief Nursing Officer
Dr Dean Dorsett	GP Governing Body Member
Ed Garratt	Chief Executive (Part)
Dr Peter Holloway	GP Governing Body Member
Dr Lorna Kerr	Secondary Care Doctor
Graham Leaf	Lay Member: Governance and CCG Vice Chair
Amanda Lyes	Director of Corporate Services and System Infrastructure
Dr John Oates	GP Governing Body Member
Dr Omololu Ogunniyi	GP Governing Body Member
Jane Payling	Director of Finance
Dr Imran Qureshi	GP Governing Body Member
Richard Watson	Director of Strategy and Transformation

IN ATTENDANCE:

Jo Mael	Corporate Governance Officer
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19/103 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and introduced a minute silence for those members of the East of England Ambulance Service NHS Trust that had recently taken their own lives.

Apologies for absence were received from;

Irene Macdonald	Lay Member for Patient and Public Involvement
Lisa Nobes	Director of Nursing
Dr Ayesha Tu Zahra	GP Governing Body Member

The Chair reminded those present that as we were currently in 'purdah', the period in the run-up to an election when there was a restriction in place on publicising political issues, response to some questions might be affected.

19/104 DECLARATIONS OF INTEREST

No declarations of interest were received.

19/105 MINUTES OF THE PREVIOUS MEETING

The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on
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24 September 2019 were reviewed and **agreed** as a correct record.

19/106 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated with comment as follows:

19/101 – East Suffolk and North Essex NHS Foundation Trust mortality figures – it was reported that discussions had taken place outside of the meeting. There had been improvement in the June/July 2019 figures and the situation would continue to be monitored closely via the Alliance. The **Deputy Chief Nursing Officer agreed** to incorporate detail within future integrated performance reports.

19/107 GENERAL UPDATE

The Chief Executive reported;

- That the Integrated Care System's Long Term Plan would be published after the General Election.
- Recent Indices of Deprivation data indicated a small improvement in West Suffolk and rural East Suffolk, with a deterioration in Ipswich. More detailed information would be provided to a future meeting, together with report of the progress of population health work.
- Social prescribing work had been recognised nationally and staff were congratulated on their efforts.
- The REACT team had been recognised at the Health Service Journal awards.
- A public meeting had recently taken place in relation to the Felixstowe Minor Injuries Unit.
- Staff consultation associated to a proposed restructure had now concluded and recruitment to posts had commenced.

The Governing Body noted the update.

19/108 PATIENT STORY

The Chair welcomed Ian and Daisy to the meeting and Ian proceeded to inform the Governing Body of his experience of having a health check as a person with a learning disability.

Ian was an Anglian Community Enterprise (ACE) peer educator who was involved in visiting schools and service providers in an attempt to improve the take up of health checks. Information from 55 patient stories was available for reference should the CCG think it might be beneficial.

Ian reported that having received a letter inviting him for a health check he had informed his support worker and an appointment had been arranged. Ian had received a pre-health check questionnaire which had been confusing and his support worker had provided assistance. Ian had taken his mother with him to the health check and whilst waiting the environment had been quiet. It would be helpful to have easy read information that explained the health check and possibly some background music.

The health check had included discussion with regard to medication and whether Ian had any issues or problems he wished to raise. The importance of clinicians focussing on the individual rather than carers was emphasized. Ian had not received any documentation to take away.

Having questioned whether health checks might be carried out within an individual's home, it was explained that although learning disability nurses operated directly with patients within the community, it may not be feasible to carry out all aspects of the health check within the home

environment.

The Governing Body thanked Ian for his personal insights and his work as a peer educator encouraging others to attend for health checks.

19/109 IPSWICH AND EAST SUFFOLK AND WEST SUFFOLK CCGS 2020-21 COMMISSIONING INTENTIONS

Each year, Clinical Commissioning Groups were required to produce commissioning intentions which described to local providers how the CCG intended to shape its local healthcare services; described what services the CCG wanted to buy, and set out the health outcomes the CCG wished to achieve for its local population.

Ipswich and East Suffolk CCG and West Suffolk CCG had developed a joint commissioning intentions letter for 2020/2021 which was appended to the report. The letter had been shared with all main providers and added to the CCG's websites.

It was intended that for 2021-2022, the three CCGs in the Integrated Care System would publish a joint commissioning intentions letter.

The Governing Body was informed that the first Alliance progress report was due to be published by the end of the year and would be a springboard for delivery of the long term plan, which was due to be published early 2020.

Demand on diagnostics and the need for speedy turnaround of diagnostic reports was highlighted as a key issue going forward.

The Governing Body noted the report.

19/110 INTEGRATED FRONT DOOR MODEL AT EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST (ESNEFT)

The Governing Body was in receipt of a report which sought approval of the proposed new front door model at Ipswich Hospital - ESNEFT due to commence on the 1 November 2019. A number of meetings had taken place with representatives from ESNEFT, the GP Federation and CCG to agree the detail of the model including who would provide the service.

Key points were set out within Section 2 of the report which included a proposal to extend the current contract until 31 March 2021 at a cost of £587,826.84 for 17 months which was a reduction in the current model cost of approximately £11,000 per month.

It was explained that via a virtual meeting held from 12-15 November 2019, the CCG's Commissioning Governance Committee had approved the contract extension.

The Governing Body subsequently endorsed the decision made by the Commissioning Governance Committee to extend the current GP streaming contract by 17 months.

19/111 IPSWICH AND EAST SUFFOLK (IES) ALLIANCE TRANSFORMATION FUND UPDATE

In 2018/19 the CCG had agreed to develop a Transformation Fund to the value of £3.5m for which bids were received and evaluated by an Alliance Panel. Appendix one to the report set out a list of the successful bids and an update on progress against each one. The Project Management Office (PMO) for the CCG had RAG rated each scheme and carried out monthly monitoring. Regular reports were provided to the Finance Performance Committee and evaluations of schemes were shared with the Clinical Executive and appropriate Alliance Programme Board.

For 2019/20 the CCG had asked the Alliance to develop and prioritise proposals for Transformation Funding investment of approximately £4.69million on a non-recurrent basis plus an additional £600k reallocation of funding from a scheme which did not go forward the year before.

The Governing Body had subsequently agreed in May 2019 that the funding be distributed as follows:

1. Joined Up Care and End of Life (£700k)
2. Enabling You to Stay Well and Prevention (£700k)
3. Mental Health (£700k)
4. One Team (£500k)
5. Digital (£500k)
6. Children and Young People (£600k)
7. Cross cutting requirements and contingency (£990k)

The funding identified was non-recurrent revenue to be allocated during the financial year 2019/20. It was not intended to support business as usual activities or service capacity gaps unless it could be demonstrated that would deliver transformational change or return on investment.

All successful proposals would need to complete a benefit realisation document at an agreed point (defined in the proposal) to confirm how the funding had been used and the benefits gained. The process was being managed via the CCG's Project Management Office.

Appendix Two to the report outlined the current list of approved schemes for each of the priorities named above. As of November 2019 £4.3m had been allocated with £959k remaining.

Points highlighted during discussion included:

- The need for obesity to be a key priority going forward was emphasized. It was reported that Public Health was leading development of an obesity strategy and the clinical leaders programme had established a specific obesity project.
- In response to questioning it was explained that it was currently too early to identify any slippage of funding although regular reports would be provided to the Financial Performance Committee.

The Director of Strategy and Transformation advised that monitoring would continue via the Financial Performance Committee with an evaluation report being presented to the May 2020 Governing Body.

The Governing Body noted delivery of the 2018/19 Ipswich and East Suffolk Alliance Transformation Fund, and; allocation of the 2019/20 Ipswich and East Suffolk Alliance Transformation Fund.

19/112 INTEGRATED CARE SYSTEM (ICS) WORKFORCE UPDATE

Further to an update provided to the Governing Body on 12 July 2019, it was reported that a Director of Workforce was now in post and work had begun to outline the medium term plan over the next five years through the strategic plan process.

Many of the workforce solutions would cross cut most, or all five themes of the Interim People Plan, and all those themes were closely linked with the digital and estates elements of the strategic plan. An integrated approach to workforce would be adopted, working closely with performance and finance teams to ensure workforce plans were realistic and met the needs of the local population.

The ambition for the population was to have an integrated workforce that delivered care at the right time; in the right way; in the right place; by the right person. Key challenges identified within the report were;

- Recruitment and retention of the workforce, including a shift from agency dependency to permanent workforce.
- Health and wellbeing of the workforce led by good leadership.
- Ensuring supply timelines of learners /students and a consistent quality of education.
- Supporting clinical accountability and confidence in upskilling and developing new roles.
- The need for a joined up approach and capacity to support learning in practice.
- Meeting the level of system transformation and resources required to achieve the aims of the Five Year System Strategic Plan.

The report went on to outline the current workforce profile, workforce planning and future actions.

The Director of Corporate Services and System Infrastructure reported that the Local Workforce Action Board (LWAB) would be renamed as the People Board in the coming weeks and a Workforce Academy was to be launched on 1 December 2019.

The importance of being able to offer control over work/life balance was emphasized.

The provision of monthly bank and agency staffing cost information across organisations might be useful, together with attempting to identify and plan workforce requirements in five years.

The Governing Body noted the report **and requested** that it receive quarterly updates going forward.

19/113 PROCUREMENT UPDATE: SUMMARY OF ACTIVITY 2019/20

The Director of Finance introduced a report which updated the Governing Body on procurements completed since the last Governing Body, together with those currently in progress and planned.

Key points highlighted included;

ECG Interpretation Service - the second iteration of the 24hr ECG tender had reached the evaluation stage and submissions received had been distributed to the panel for consideration. The outcome of the evaluation would be presented to the Clinical Executive and Governing Body in December 2019.

Stroke Early Supported Discharge - it was anticipated that the Stroke Early Supported Discharge tender would be released mid-December 2019. It was anticipated that the procurement would be offered with two lots, with Bidders being able to bid for either the Ipswich and East Suffolk locality, West Suffolk locality or both.

Pathology Services - the CCG currently commissioned Pathology Services with NHS West Suffolk CCG and NHS North East Essex CCG through a contract with North Essex & East Suffolk Pathology Services (NEEPS). A review of the options open to the CCGs was still in progress and the outcome of the review would be presented to Clinical Executive and Governing Body at the earliest opportunity.

Mental Health - transformation work continued and it was expected that a full due diligence process would be undertaken during June and July 2020.

IVF Services - the procurement for Specialist Fertility Services successfully completed on the 12 November 2019. The tender received five submissions and each were evaluated with the outcomes presented to a recent private Governing Body meeting. One provider withdrew its submission prior to the award process and, as such, four standstill letters were released. Each standstill letter contained areas / issues which the provider would need to address either prior to contract start or as part of a service development improvement plan. Contracts were due to start on the 1 December 2019, and service users that met the thresholds for the services would be offered the choice of all four providers.

Minor Surgery and Vasectomies - minor surgery and vasectomies were delivered in the Ipswich and East locality through a contract with Ivory Street Practice who had served notice on the contract. It was likely that the services would be subject to an urgent procurement process.

Procurement Review - work was progressing on establishment of a Procurement Board, Terms of Reference had been drafted and were out for comment. Once agreed they would be sent to Clinical Executive and Governing Body to decide upon the role and responsibilities of the Board.

The Governing Body noted the content of the report.

19/114 MY CARE RECORD

The Director of Corporate Services and System Infrastructure introduced a report which provided an update on the progress of My Care Record.

'My Care Record' was a branding created and owned by West Essex CCG, which aimed to facilitate access by the right professional to relevant information to help them make the best decisions for an individual's care.

Having obtained agreement from West Essex and Herts to roll out the concept of My Care Record across our own STP footprint, delivery of the project was dependent upon the collaboration of stakeholders across the Suffolk and North East provider organisations and all GPs under three strands: Information Governance, Communications and Existing Technology.

Since commencement of the delivery project, we had created:

- a single Information Sharing Agreement in collaboration with all providers across the integrated care system including practices in our region.
- communications plans and materials, including updates to the existing website, resources for all organisations, printed and electronic to support a full fair processing campaign satisfying GDPR requirements, starting on the 14 October 2019.
- review and analysis of current sharing via technology to be included under the My Care Record brand.

The report went on to detail progress to date, patient and public engagement and next steps which included;

- That by the middle of January 2020 it was intended that all individuals' GP records would be shared unless an individual had objected.
- That compliance checking was underway to ensure all organisations were complying with full fair processing – updated privacy notices and signposting to the My Care Record website alongside the printed materials in public areas
- There were six STP/ICS areas within the East of England. West Essex and Hertfordshire CCG and Suffolk and North East Essex CCGs had implemented the framework of My Care Record to reflect the sharing of individual information for health and care; the remaining four areas within the East of England had also agreed to take the framework for communicating with the public on sharing within the existing legal framework thereby

giving a consistent approach across the region.

- Creation of a regional team to support business as usual activities and support other areas deploying My Care Record as a communications and Information Governance framework to support their own sharing technologies.

Julie Irving was thanked for her work in obtaining the sharing agreements.

Whilst patient choice remained, the benefit of My Care Record in joining up patient care was emphasized. The record helped clinicians to make improved decisions in respect of an individual's care.

The Governing Body noted the report.

19/115 INTEGRATED PERFORMANCE REPORT

The Governing Body was in receipt of the new formatted Integrated Performance Report, which provided members with a summary of provider performance against national targets, contractual targets, clinical quality and patient safety issues, and financial performance. The report also included work being carried out by the transformation, and primary care teams.

Key issues highlighted included;

Special Educational Needs and Disability (SEND) – the Governing Body was informed that a meeting was being held with the Department of Education later in the day. There had been improved access to services via a needs led system model for all young people to the age of 25. A neuro-developmental pathway had been established and there was now a system approach to SEND.

East Suffolk and North Essex NHS Foundation Trust (ESNEFT) – uncompleted serious incident reports were a key issue and a recovery plan had been received. A new framework would commence in 2020. Infection control was a concern and a system wide meeting to review and consider the situation had been scheduled. Cancer, referral to treatment and A&E performance levels were not being met. All cancer breaches were being reviewed by a panel and an action plan in respect of A&E performance was in place although recruitment remained a key challenge.

Winter plans had been developed and included the identification of additional bed capacity. A current key focus was the development of Integrated Neighbourhood Teams.

The Trust had highlighted a risk in achieving its control total at year end and both Ipswich and East and North East Essex CCG were working with the Trust to better understand its position.

In response to questioning, it was explained that, when published, the Telford and Shrewsbury report in respect of maternity services would be reviewed for any lessons that could be learnt and should any issues become apparent locally they would be reported back to the Governing Body.

Work would be carried out with the provider to review and improve performance in respect of the provision of scans for stroke patients within one hour. An update would be provided to the CCG's Clinical Executive.

Having queried how diagnostics could be rated as 'green' when cancer diagnostics was reported as 'red', it was explained that the 'red' rating for cancer was associated with the timeliness of receipt of reports. It was felt that additional clarity/narrative should be included within future reports.

West Suffolk NHS Foundation Trust – although the outcome of a recent Care Quality

Commission inspection was awaited there was an awareness that maternity services might be raised as an issue and an action plan was in place. Cancer and referral to treatment performance levels were not being met; the Trust was currently a pilot site in respect of A&E performance.

The Trust had highlighted a risk in achieving its control total and was aiming for a break-even position.

Norfolk and Suffolk NHS Foundation Trust (NSFT) – there were signs of improvement with reduced waiting times for the well-being hub. There was good progress in respect of national quality requirements although there remained significant ongoing concern in respect of local standards. Recovery plans were in place for adult and children's triage and treatment.

The IAPT and well-being services were making good progress and there had been good progress in respect of recruitment to the crisis service. Areas of key focus going forward were eating disorders and peri-natal services. The Trust was reporting that finances were on-track.

It was requested that a report on staffing levels and their impact on primary care be prepared for a future Clinical Executive meeting.

It was felt that improvements were due to a change of culture within the organisation which was also embracing locality working.

Primary Care – the Primary Care Commissioning Committee was due to hold its next meeting at 2.00pm that afternoon. Two practices had been rated as 'outstanding' by the Care Quality Commission, 34 'good' and four as 'requires improvement'. No practices were in special measures and there were currently no list closures. Patient survey levels were better than the national average. Prescribing remained over budget year to date due to costs associated with CAT M and No Cheaper Stock Obtainable (NCSO) drugs.

Performance against the dementia diagnosis target of 66.7% had dipped and work was underway to address that situation.

The budget was currently overspent but being managed.

Community Services – there was pressure from the acutes to move the district nursing service to seven day working. Health assessments for children in care had been highlighted as a concern by the Corporate Parenting Board and it was suggested that thought be given to incorporating investigation as part of the Community Paediatric Review the report from which was expected by the end of the financial year.

East of England Ambulance Service NHS Trust – recruitment and retention remained the key challenge going forward. The situation was being monitored on a monthly basis to consider what might be offered as a system. A visit by the CCG to the clinical assessment centre was planned in order to seek assurance with regard to the management of patients over long waiting periods. The Trust had established a helpline and was providing support to staff following the recent staff suicides.

Integrated Urgent Care – recruitment was going well and relationships between the out of hours and 111 service were improving.

Ezec – performance levels continued to be a cause for concern and vehicles were to be ring-fenced for use by acute Trusts for the discharge of patients.

CCG Finances

The CCG was on track to deliver its planned surplus at year-end. Identified risks were prescribing and continuing healthcare. Mitigation was in place. The lack of sufficient provision for the development of primary care networks was also causing pressure on the primary care delegated budget.

The Governing Body noted the report.

19/116 GOVERNING BODY ASSURANCE FRAMEWORK

The Lay Member for Governance presented the most recent Governing Body Assurance Framework (GBAF) together with a summary of Chief Officer local risk registers.

Amendments and additions to the GBAF were detailed within Section 2 of the report, with key aspects of departmental risk registers being listed in Section 3.

The Governing Body **noted** and **approved** the GBAF as presented.

19/117 APPROVAL OF CONSTITUTION AMENDMENTS AND SEPARATION OF DETAILED FINANCIAL POLICIES.

In view of the closer working relationship between the Suffolk CCGs and North East Essex CCG it was necessary to amend the existing CCG Constitutions to reflect that and the new combined senior management arrangements.

It was not necessary to have the CCG's Detailed Financial Policies (DFP's) as part of the Constitution (excepting the delegated scheme of financial authority which was Appendix A of Appendix E) and it was therefore proposed that they be separated

Following Governing Body approval, the amended Constitution would be presented to NHS England for final approval. As the changes were only administrative, it was anticipated that approval by NHS England would be a straightforward process.

The same changes were being applied to the West Suffolk and North East Essex CCG Constitutions.

Work on a new combined Constitution based on a recently published NHS England template would commence in due course.

The Governing Body approved the Constitution amendments as presented for submission to NHS England.

19/118 2019 EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR) CORE STANDARDS AUDIT.

The Governing Body was in receipt of a report which informed on the outcome of the 2019 EPRR Audit.

On 9 July 2019 NHS England had written to Accountable Emergency Officers outlining the expectations for the 2019/20 Emergency Preparedness, Resilience and Response [EPRR] assurance process.

There were 43 EPRR Core standards applicable to CCGs, the 2019/20 assurance audit also contained a deep dive of 16 standards looking at the CCG's response to severe weather and long term adaptation. The deep dive standards did not contribute to the overall rating the CCG received.

For 2019/20 the CCG had assessed itself as 'Substantial compliant' [green] in all the core standard areas, and was required to publish that fact in the annual report. The one standard where the CCG was partially compliant related to infectious disease planning for which it had an action plan in place to reach full compliance by December 2019.

A deep dive in to the CCG's severe weather planning showed that it had a number of plans and procedures to manage and mitigate the impacts of severe weather on the CCG's activities. It was decided that it would be beneficial to bring those together into one severe weather plan which was why the CCG had chosen to show itself as partially compliant. In respect to longer term climate change adaptation that would be considered by the risk forum in future with input from facilities.

The assurance audit was peer reviewed and moderated by the EPRR team from NHS England and although fully compliant a number of areas where improvements could be made to enhance resilience had been identified. Those areas were set out within the action plan appended to the report.

The Governing Body noted the content of the report.

19/119 DECLARATION OF INTERESTS

The Governing Body was in receipt of a report which provided a public record of relevant and material interests declared by members of the Ipswich and East Suffolk CCG Governing Body, its sub-committees, decision making staff and member practices.

Declarations were sought on an annual basis in October with an update by exception in April of each year and the register published on the CCG's website. The updated register was attached to the report at Appendix 1.

The Governing Body was asked to review the current register and provide support, where possible, in obtaining outstanding declarations.

The Governing Body noted the report **and reminded** GP colleagues that the development of Primary Care Networks might necessitate a revision to declarations.

19/120 JOINT CCG COLLABORATIVE GROUP REVISED TERMS OF REFERENCE

At a meeting held on 8 October 2019, the Joint CCG Collaborative Group had proposed to revise its terms of reference to include North East Essex CCG. Those revised terms of reference were now being presented to the Governing Body for approval.

The Governing Body subsequently approved the Joint CCG Collaborative Group terms of reference as presented.

19/121 MINUTES OF MEETINGS

Presented by the Lay Member for Governance, consideration was given to minutes and decisions from the following meetings.

a) Audit Committee

The unconfirmed minutes of a meeting held on 1 October 2019

b) Remuneration and HR Committee

The unconfirmed minutes of a meeting held on 9 October 2019

c) Financial Performance Committee

The unconfirmed minutes of a meeting held on 17 September 2019

d) Clinical Scrutiny Committee

The unconfirmed minutes of a meeting held on 22 October 2019.

e) Community Engagement Partnership

f) Ipswich and East Suffolk CCG Primary Care Commissioning Committee

The unconfirmed minutes of a meeting held on 22 October 2019

g) CCG Joint Collaborative Group

The unconfirmed minutes of a meeting held on 8 October 2019

The Governing Body endorsed the minutes as presented.

19/122 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 0900-1300 hrs, *Tuesday, 28 January 2020, Kesgrave Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk*

19/123 QUESTIONS FROM THE PUBLIC

The following questions were received;

- 1) The Governing Body was informed that the patient portal might provide safeguarding with regard to access to patient records and that the Felixstowe FACTs company might be able to support non-emergency patient transport.

In response it was explained that development of the patient portal was being led by East Suffolk and North Essex NHS Foundation Trust (ESNEFT).

- 2) Improvement by Norfolk and Suffolk NHS Foundation Trust was questioned as the East Suffolk Working Together Group had been set up with no administrative support, and data with regard to waiting times was that it was 52 days for level two, and 77 days for level three.
- 3) The Governing Body was informed that the helpline set up for East of England Ambulance Service NHS Trust (EEAST) staff was only to be in place until 13 December 2019 and the CCG's was asked to support it being made permanent.

The Chief Executive agreed to take the matter forward with EEAST.

- 4) Having noted that transformation funding was being provided for End of Life care, it was suggested that thought also be given to assistance for those that were frail to improve their quality of life and ensure they aged well.

It was reported that work was being carried out within the community and voluntary sector to develop locality based plans that would incorporate focussed work for older people. Primary Care Networks would also be a key focus point for those that were frail.

- 5) It was queried why, in light of the time it takes to train GPs, workforce plans had not been put in place several years ago as it was important not to raise the public's expectation. Patient choice in respect of the My Care Record was questioned. Concern was expressed at the low morale within the East of England Ambulance NHS Service Trust and the number of staff that were leaving.

It was explained that although agreements were in place making it possible to share patient records it remained the choice of individuals as to whether consent was given at the point of access.

- 6) The CCG was thanked for its support and provision of the frailty service in Felixstowe which was an example of integrated/alliance working and for facilitating patient

representation at all meetings. The existence of an evaluation protocol for the service was questioned.

The Director of Strategy and Transformation reported that it was the right model and demonstrated the benefit of one team working for a common purpose. There was reassurance that evaluation of the service had commenced.

- 7) Having queried and confirmed that the new framework for serious incidents would also be applicable to Norfolk and Suffolk NHS Foundation Trust, the need for that to be communicated to service users was highlighted.

Unconfirmed