

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 30 January 2020, 9.30am – 11.30pm

PGMC Rooms 2&3, Education Centre, Colchester Hospital

PRESENT:

Ms Helen Taylor
Mr Eddie Bloomfield
Mr Hussein Khatib
Miss Julie Parker
Mr Richard Spencer
Mrs Carole Taylor-Brown
Mr Richard Youngs

Chair
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director
Non-Executive Director

Dr Shane Gordon
Mr Adrian Marr
Mr Mike Meers
Mr Neill Moloney
Mrs Catherine Morgan
Dr Angela Tillett

Director of Strategy, Research & Innovation
Director of Finance
Director of Information, Communication & Technology
Managing Director
Chief Nurse
Interim Chief Medical Officer

IN ATTENDANCE:

Ms Clare Conaghan
Mrs Rebecca Driver
Mr Paul Fenton
Mrs Denver Greenhalgh
Ms L Fraser

Director of Human Resources & Organisational Development
Director of Communications & Engagement
Director of Estates & Facilities
Director of Governance
Senior Committee Secretary (Minutes)

APOLOGIES:

Mr Nick Hulme

Chief Executive

SECTION 1 – PATIENT STORY		ACTION
P01/20	<p><u>Received for information</u> and learning opportunity a patient story by Mrs Stephanie Anderson-Wormald accompanied by Shirley Black, Patient Experience Engagement Officer.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> Mrs Anderson-Wormald shared details of the experience of herself and her 96-year-old mother when her mother had been admitted to Ipswich Hospital following a fall when she was reviewed and received a brain scan due to concerns regarding facial injuries and was seen by an ophthalmologist. Mrs Anderson-Wormald had been informed that there was no significant injury shown on the scan and when her mother was transferred to SAU she had left feeling confident after excellent care in A&E and her mum was her normal sharp self, reminding her daughter to cancel a doctor's appointment that day, however, her mother's health then worryingly progressively deteriorated. The communication following this raised some questions and concerns as it was suggested a repeat scan to look for a bleed might be indicated and that if her mother continued to deteriorate she might lose her and it was not clear what was actually wrong. Mrs Anderson-Wormald was told that the repeat scan revealed nothing new; however, a few days later a junior member of staff informed her that her mother's fracture behind her cheekbone and the haematoma in her brain could explain the deterioration but this was the first time Mrs Anderson-Wormald or her mother had been informed of the two injuries. One afternoon when visiting Mrs Anderson-Wormald arrived to find her mother much improved and was informed that her poor health had likely been due to a UTI or excess painkillers. Due to there being a number of unanswered questions Mrs Anderson-Wormald had written to the CEO as she felt there were opportunities for learning and wished to share praise for the overall good care but also concerns regarding the use of painkillers and poor/confusing communication. Mrs Anderson-Wormald highlighted that she had been concerned by the use of the term "complaint" and felt that this caused unnecessary stress for her and to the staff that dealt with it and wondered if there was a training needed to be given to staff to have a better awareness of the importance of this type of feedback. Mrs Anderson-Wormald informed the Board that she would like share that the discharge and aftercare had been positive, particularly the occupational health provision and sharing her experience had helped her to feel listened too. It was noted that Mrs Anderson-Wormald had now become a patient experience volunteer in order to share her experience and highlight areas where improvements could have been made, particularly relating to communications. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Interim Chief Medical Officer questioned whether Mrs Anderson-Wormald had had an opportunity to speak to senior medical staff. Mrs Anderson-Wormald advised that this was an area which could have been improved. Shirley Black, Patient Experience Engagement Officer advised that this experience had gone on to go through the complaint process and Mrs Anderson-Wormald told the Board that she would highlight that she had received an excellent response which was very honest and open. The Chair thanked Mrs Anderson-Wormald for attending the Board meeting to share her experience of care at the hospital and stated that she would share the feedback regarding the response received with Nick Hulme, CEO. 	
SECTION 2 – CHAIR'S BUSINESS		ACTION
P02/20	WELCOME AND APOLOGIES FOR ABSENCE	
	The Chair welcomed attendees to the meeting. Apologies for absence were received from: Mr Nick Hulme, Chief Executive.	
P03/20	ESNEFT DECLARATIONS OF INTEREST	
	1. No declarations of interest were received in association with the papers for discussion.	
P04/20	MINUTES OF THE MEETING HELD ON 7 NOVEMBER 2019 AND ACTION LOG	
	<ol style="list-style-type: none"> The minutes of the meeting held on 7 November 2019 were approved and signed by the Chair as a correct record. The Action Log was reviewed and updated as required. 	

Received for information a verbal report by the Chair and Managing Director.

Noted

The Chair highlighted the following items to the Board:

1. The Trust had hosted a highly successful visit from Matt Hancock, Secretary of State for Health to Colchester Hospital on Friday 10 January. The Secretary of State had toured the new urgent treatment centre, the recently introduced acute medical admission same day emergency care unit and the emergency department before meeting with staff for a question and answer session. The feedback from the Secretary of State had been highly positive and one social media post he had made on Twitter said what a great visit he had had at Colchester Hospital which he described as a first rate hospital, Mr Hancock also praised the energy, dedication and enthusiasm of all the colleagues he met during the visit.
2. Professor Gerry Rayman, an Ipswich Hospital consultant and internationally renowned diabetes clinician was awarded an MBE in this year's New Year's Honours list for his services to the NHS and in particular for developing the Ipswich Test Touch.
3. The Chair advised that she had attended the launch of a new partnership between the Trust and the University of Essex when a memorandum of understanding was signed at a special ceremony held at the University's Colchester Campus on 20 January. The memorandum of understanding was an exciting step forward to develop the relationship between the University and our NHS Trust to share the opportunities for research and student placements. The Chair thanked the Director of Strategy, Research & Innovation and his team for their work to develop this positive partnership.
4. Care home residents were now receiving additional support to help them stay well and out of hospital thanks to a new community service running across East Suffolk, led by REACT with Ipswich and East Suffolk Clinical Commissioning Group. The initiative saw a small team of specialist nurses and therapists work at the areas 86 care homes to provide training and education to staff so that they could support their residents to stay well.
5. A series of surgical masterclasses at the Icen Centre were giving pupils from North Essex secondary schools a unique insight of what goes on behind the scenes at Colchester Hospital to find out which NHS roles come into play to save lives in an operating theatre.
6. A new music therapy service had been introduced at Ipswich Hospital. Young patients now had the chance to use music to express themselves while receiving care which had been made possible by a local charity called Jess Grant Celebration which was set up in memory of Jess who used music to help her cope with her treatment for a rare bone cancer before she passed away last year aged just 15.
7. The Chair expressed the thanks of the Board to Catherine Morgan, Chief Nurse for her service and leadership on behalf of ESNEFT noting that this would be her final ESNEFT Board meeting and wished her well in her new role as Chief Nurse for NHS East of England.

The Managing Director highlighted the following items to the Board:

8. The Board was informed that December had been a particularly challenging period for operational pressures across both sites with a 5-7% increase in activity beyond that expected. The level of acuity of patients attending was being formally reviewed, however, anecdotally staff had stated that the patients attending were felt to be more unwell. The Managing Director highlighted that staff had responded well to the pressures and extended his thanks. The Trust was already planning for next winter.
9. The consolidation of NHS England and NHS Improvement to become one organisation continued. The local integrated care system (ICS) was maintaining a strong profile nationally and it was expected that more responsibilities would be devolved down to the ICS this year.
10. Detail of the NHS operating plan for 2020/21 was due to be announced shortly and the Managing Director advised that he felt that ESNEFT would be well placed to respond to this. In preparation the Director of Finance was working closely with the commissioners.
11. National changes around the performance metrics for ED and hospital waiting times were expected, however, the Managing Director stated that ESNEFT might wish to consider whether it wanted to maintain the existing targets, especially the ED 4 hour target which had been an important measure for patient care.
12. Pressure on social care continued, particularly in the ability to discharge to local care homes;

	<p>social care colleagues were continuing to work constructively with the Trust to resolve any delays in discharging patients from hospital.</p> <p><u>Questions and Comments</u></p> <p>13. Miss Parker challenged why the Trust would want to run “parallel” systems if there were national changes to the performance metrics as this could potentially lead to cost implications.</p> <p>14. Mr Spencer questioned whether there were any more thoughts around the increased operational demand and whether this was driven by primary care pushing more patients to the hospital. The Managing Director advised that a review was planned to take place during February which would look at what was driving the issues and noted that there was a significant amount of pressure placed on primary care.</p> <p>Resolved: That the Board noted the update.</p>	
SECTION 3 – PERFORMANCE		ACTION
P06/20	CHAIR’S KEY ISSUES REPORTS & INTEGRATED PERFORMANCE REPORT	
	<u>Received</u> the Chair’s Key Issues Reports and the Integrated Performance Report (IPR).	
P07/20	QUALITY & PATIENT SAFETY (QPS) COMMITTEE	
	<p><u>Received for assurance</u> the Chair’s Key Issues report from the meeting held on 21 January 2020 presented by Mr Hussein Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Committee had noted cumulative issues within the Pharmacy department which were impacting on performance and had asked that a full review of all of the issues and risks, including potential patient safety issues, were provided at a future meeting. Oversight of performance would be provided by the Executive Management Committee (EMC) with any resource issues picked up by the People and Organisational Development (POD) Committee. A business case for staffing levels in pharmacy was being developed. The Committee had received a quarterly update report on Medical Devices Management noting challenges with regard to funding for replacement of old and obsolete equipment on the Ipswich site. The Committee had sought further assurance around safety and potential impact on patients and requested risk assessments were carried out. The Committee also requested that future reports brought together comprehensive assurance of medical devices management including training compliance and a revised report would be brought back to the Committee in April. The Committee received and reviewed all high level risks within the Committee’s portfolio noting Risk 179 (Insufficient Number of ARCU Beds) and the associated action for the EMC to receive outputs of a review of ARCU bed capacity across both acute sites. This item would also be scheduled on the QPS Committee planner. The Committee had also discussed the recommendation for Non-Executive Directors to consider these risks when planning clinical walk rounds and the feedback process therein. The Committee received a report on deconditioning of patients noting that approximately 60% of older people experienced functional decline when admitted to hospital with one week of bedrest equating to 10% loss in muscle strength which affected the patient’s mobility, mental status, continence and was associated with an increase in falls and delayed recovery. The Committee supported the strategic approach and awareness required for a sustainable deconditioning prevention programme noting the requirement of a champion, concise measuring tool and the resource required to implement this. The Committee had been presented with the findings of a deep dive into Regulation 14: Nutrition and Hydration of patients and was assured that the organisation was compliant with the regulation. Further assurance had been sought around psychological care for paediatric patients and dietetic support challenges on the Colchester site. 	
	<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"> The positive work undertaken by the community services regarding falls was noted which 	

- had demonstrated significant improvement whilst maintaining re-ablement goals.
9. Miss Parker questioned whether there were routes whereby this work could be transferred into private care homes and other areas. The Chief Nurse advised that this work would be shared through the ICS and consideration was being given by the team to how this could be presented regionally and nationally.

The Interim Chief Medical Officer highlighted the following quality issues:

10. HSMR - Latest data available for discharges during September 2019 showed an in-month HSMR of 104.8 for the Trust. The 12-month rolling HSMR figure for ESNEFT was 106.4 at the end of September 2019. ESNEFT was one of 6 Trusts in the region of 15 non-specialist Trusts with a 'higher than expected' HSMR. However, approximately 1,130 spells missed the first data deadline for September reporting.
11. The Interim Chief Medical Officer highlighted the difference between sites; Colchester had reported an in-month HSMR of 120.1, with a 12 month rolling figure of 112.6 while Ipswich data showed an in-month HSMR of 98.1, with a 12 month rolling figure of 103.7. Scores for these metrics had all decreased at both Trust and site level for September.
12. The SHMI for the 12 months to July 2019 was 1.1010, compared to 1.0977 for the 12 months to June 2019. This metric was only available at Trust level.
13. The Board was informed that the End of Life Group continued to look at these figures and were working closely with care homes.
14. The Interim Chief Medical Officer stated that it was encouraging to see the continued reduction in perinatal and still birth rates and assured the Board members that the Learning from Deaths Group closely reviewed any emerging themes and there was good oversight of mortality.

Questions and Comments

15. Mr Spencer noted that concerns had been raised from GP colleagues that they did not routinely receive electronic discharge summaries (EDS) for patients who died in hospital. The Interim Chief Medical Officer advised that it was recognised that there was more work to do, particularly to improve communications and work was underway to improve the discharge summary process and ensure that junior doctors completing death certificates with the Medical Examiners also completed an EDS at the same time.
16. It was noted that the scheduled Board Seminar session on mortality would enable the Board to look at this more closely.

P08/20

FINANCE & PERFORMANCE COMMITTEE CHAIR'S KEY ISSUES REPORT

Received for assurance the Chair's Key Issues report from the Finance & Performance Committee held on 23 January 2020 presented by Miss Julie Parker, Non-Executive Director.

Noted

Operational Performance

1. Emergency Department performance for December 2019 was 88.14% for Colchester and 78.31% for Ipswich. The ESNEFT performance was 84.77% in December, which was a deterioration on November's performance of 87.09%.
2. 62 Day Cancer Waits for 1st treatment remained below target, although there were some signs of improvement. Performance for December 2019 was a deterioration at 68.1% which was 11.5% below the trajectory of 79.6% and below the 85% National standard. 168 patients had been waiting over 104 days in December an increase from 152 in November.
3. The Managing Director highlighted that the in month reported position for cancer was a recognition that the Trust were treating patients who were in the backlog and it was expected that the position would be back on track for delivery of targets by the end of March. Continuing concerns were noted regarding the skin pathways and discussions were being held with Mid Essex.
4. The December 2019 RTT position was 79.7% which was below the trajectory set of 88.8% for the month. 1 patient waited over 52 weeks in December. Pressures from winter had had a significant impact on performance and it was anticipated that this would continue into January. RTT performance levels being of particular concern the Committee escalated this to the Board.

5. The Managing Director stated that the 18 weeks position was an ongoing concern with an increase in the number on the list and reduced activity during December, the impact of the pension scheme changes and productivity were being reviewed. A plan for the 18 week target for next year was being developed and the outcome of the operating plan would be brought back to the Board in due course.

Questions and Comments

6. Mrs Taylor-Brown challenged when some clarity regarding the reduction of activity and the drivers might be expected. The Managing Director advised that the operations directors were looking at this with the divisions and the plans would be taken back to the Finance & Performance Committee in February. Mrs Taylor-Brown requested that it was ensured that the plan was also taken to POD prior to presentation to the Board in March.

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Finance Performance

7. It was noted that the financial forecast had remained static with an adverse variance to control total, before the loss of PSF/FRF, of £9.4m. Drivers of this continued to be shortfall on CIP delivery, under performance on specialist income and overspends on junior doctors. All risks and opportunities would continue to be assessed and monitored as the year progressed.
8. The Director of Finance advised that the Trust was in discussion, which had been positive, with the commissioners regarding mitigations to the financial variance.
9. There was an under-delivery of £0.9m against the December's Cost Improvement Plan (CIP) with all divisions failing to achieve their planned values, for the year-to-date, the total shortfall against plan was £11.3m. However, the Trust was forecasting to deliver £17.2m against the £31.9m target, a shortfall of £14.6m. Monthly Financial Recovery Meetings with Divisions were continuing to ensure progression of schemes. The Director of Finance noted that the control totals for the divisions had been based on Month 5 outturn and were recognised as challenging.
10. The Director of Finance advised that at the end of December the previously reported capital underspend had reduced and now stood at £3.4m (15%). Work was ongoing to ensure schemes were appropriately prioritised and that the Trust fully delivered its capital programme in 2019/20. The Trust had been advised that additional capital for IT of £600k had become available but would have to be spent before the end of March.
11. The Committee had received an update from the Director of Finance regarding the NHS Plan and been informed that detailed guidance had been delayed but was expected w/c 27/1/20. The first submission of the plan, that was expected to be consistent with the long term plan, was to be submitted by 5 March 2020 and the final plan by 29 April 2020. The plans would be taken through the Finance & Performance Committee and Board in accordance with the timeline.
12. The Committee had received the Building for Better Care Phase 1 OBC and been informed that the projected capital costs had increased by £1.3m to £33.7m plus £2.03m for the MRI and the programme had been delayed by 6 months. The Committee had requested that affordability and funding sources were made explicit in the OBC and this was escalated to the Board.
13. Miss Parker noted that the discussions held by the Committee regarding the estates rationalisation options had raised the need for the Board to consider the development of a non-clinical services strategy.
14. The Committee had also received a report on the proposed financial governance which would devolve greater freedom for decision making on revenue to divisions and had provided comments on the proposal.
15. An update report on the alliance development for North East Essex had been received and the Committee informed that the publication of the System Strategic Plan for the Suffolk and North East Essex ICS, which would set out how the NHS long-term plan and ICS higher ambitions would be delivered over the next 5-years, was expected soon.
16. A Chair's Key Issues report had been received from the Investment Group meeting held on 9 December 2019 and noted.

Questions and Comments

	<p>17. The Chair questioned whether any feedback had been received regarding the requests for additional funding. The Director of Finance advised that some winter money had been received and IT funding, however, this was not to the level anticipated.</p>	
P09/20	<p>PEOPLE AND ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE</p>	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 23 January 2020 presented by Mrs Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee were provided with assurance on the drivers for the junior doctor overspend and an action plan had been agreed, with oversight at Operational Delivery Group (ODG) and update on progress back to the Committee in March. There were noted to be multiple factors driving the overspend, both within and outside of the HR remit, which were now being addressed. 2. The Committee noted that the overall quality of the Workforce Assurance Plan report had improved and that in general there was a trend of positive improvement in outcomes with some hotspots which were moving forward at a slower trajectory. The POD was assured that data had improved and there was increased understanding of the factors affecting performance. Focus continued on alignment of workforce data sources to increase levels of assurance around the integrity of the data and making the presentation more accessible. 3. The Committee had received the Annual Education and Learning Plan and approved the direction of travel which was moving ESNEFT toward a multi-disciplinary learning platform. 4. The Committee discussed and approved the Equality, Diversity and Inclusion (EDI) report for publication to meet statutory requirements, whilst noting there remained significant work to achieve the cultural change required. This would be taken forward at POD, however, it was noted that approval regarding the publication was required by the Board. 5. The Committee had received and discussed the principal findings from the Staff Survey results and discussed potential options for improvement in the forthcoming year. It had been agreed that the possible options for improvement should be developed further and brought back to the next POD and then at the planned March Board Development session ensuring that activity was aligned and linked to the emergent people strategy. 6. The Committee received a report on mandatory training which set the agreed steps to be taken to improve compliance particularly in regard to bank doctors whose data was incorporated into the corporate data return. The Committee had pressed that this should be implemented as soon as possible. Work had also been undertaken to ensure all mandatory training aligned to roles was correct and consistent and this was now being implemented and might have an impact on the compliance outturn. The Committee had requested further work was undertaken to provide assurance of whether the compliance threshold of 95% and applied levels of mandatory training were consistent with comparable Trusts. Both matters were to come back to POD for further and more detailed assurance. <p>Resolved: That the Trust Board ratified the publication of the Equality, Diversity and Inclusion (EDI) report to meet statutory requirements.</p>	
	<p><u>Integrated Performance Report – People & Organisational Development</u></p> <ol style="list-style-type: none"> 7. The Director of Human Resources & Organisational Development noted that better grip had now been achieved on the function of the POD Committee. 8. The People Strategy was being developed and the HR team were undertaking a lot of work regarding equality, diversity and inclusion (EDI) and mandatory training to ensure the appropriate areas were being focused on. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 9. Mr Bloomfield questioned why the disclosure rates in the EDI were so low. The Director of Human Resources & Organisational Development advised that people were often reluctant to share their data if they did not understand why this data was being asked for and what it would be used for. 10. The Chair stated that the March Board Seminar on EDI would be an opportunity to consider how this was moved forward and thanked Mr Khatib for agreeing to become the Non-Executive lead for EDI. 	

P10/20	EXECUTIVE MANAGEMENT COMMITTEE (EMC)	
	<p><u>Received for assurance</u> the Chair's Key Issues Report from the meeting held on 16 January 2020 presented by the Managing Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The EMC had received and reviewed the high level operational risks which form the corporate risk register. Risk 179 – (Insufficient Number of ARCU Beds) - EMC had commissioned a review of the ARCU bed capacity and asked that this was reviewed by QPS when available. 2. Time Matters Update - In November 2019 ESNEFT had held a week long series of events with a focus on out of hours experiences of patients and staff with a greater focus on clinical services. This had been a fully inclusive event and covered all teams across ESNEFT and the EMC had received a full report. 3. The EMC had received an update on the strategy delivery programme and it was noted that this was a full agenda item for the Board of Directors meeting in Part 2. 4. The EMC had received the progress report towards business planning for 2020/21 noting that it was a first cut and further work was to be completed, meetings had been scheduled with corporate and clinical divisions. Next steps were to scope the strategic transformation programmes and priorities, these returning to EMC in February and March meetings. 5. The EMC had received the Care Quality Commission (CQC) Report noting the programme of work to set the improvement plan. EMC noted that teams, whilst disappointed with the overall outcome, had responded well to the report and were keen to fix the issues identified. A report on the CQC report was provided as a full agenda item at the Board meeting. 6. The EMC received a draft proposal regarding changes to financial governance for 2020/21 which was designed to ensure that the management team set clear, challenging and achievable expectations linked to organisational priorities. The proposal, in recognition of the size and complexity of the organisation, would look for some decision making to work in a more devolved way, while maintaining clear lines of accountability. The Board was informed that this proposal was at the internal consultation stage at this time. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. Mr Bloomfield questioned the future governance structure for Time Matters work noting that the Finance & Performance Committee had previously monitored the outputs monthly. The Managing Director stated that a separate Time Matters Board had previously been in place but the Operational Delivery Group (ODG) had now been set up and was enabling better conversations to be held. The terms of reference for the ODG were being finalised but consideration would still be needed as to how this reported back to the Finance & Performance Committee. 8. Mr Spencer questioned the engagement strategy for staff regarding Time Matters. The Director of Communications & Engagement commented that the perception was that issues were not being taken forward, therefore, feedback to staff needed to be improved and in future an integrated action group would receive feedback and look at all avenues and report back to POD. Mrs Taylor-Brown informed POD members that the reporting line to POD had been agreed at a separate recently held meeting. 9. The Director of Estates & Facilities advised the Board that due to the escalation of Risk 252 – <i>Ageing blood fridges</i> the blood fridges had now been placed on order and delivery was awaited. 	
SECTION 4 – STRATEGY, BUSINESS AND TRANSFORMATION		
P11/20	NURSING AND MIDWIFERY WORKFORCE UPDATE	
	<p><u>Received for assurance</u> the nursing and midwifery workforce update presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. NHS organisations have a responsibility to undertake an annual comprehensive nursing and midwifery (N&M) skill mix review to ensure that there are safe care staffing levels to provide assurance to the Board and stakeholders that the organisation is safe and to provide high quality care. 	

	<p>2. Following the merger a detailed comprehensive N&M skill mix review had taken place and was presented to the Trust Board in June 2019. The review required a significant amount of time and multi-professional input due to a high number of clinical areas that required changes to both worked and funded establishments. The majority of changes related to wards and departments on the Ipswich site where roster templates required revision to provide more senior cover particularly at night and an increase in the number of HCA posts. Since this time the majority of posts had been recruited to and the vacancy rate had not increased despite increasing establishments.</p> <p>3. Implementation of the revised roster templates had supported improvements in a number of quality metrics, for example inpatient falls, and had enabled the ability to support a workforce for additional winter capacity.</p> <p>4. In the autumn of 2019 acuity data collection was repeated to inform this review. Unfortunately, a delayed roll out in the SafeCare tool required a paper data collection for the Ipswich site which did result in some erroneous data. Triangulation of acuity data, professional judgement and review of quality metrics took place. As a result of significant changes on the Ipswich site in the previous review and a well embedded process on the Colchester site over a number of years, the number of changes to establishments required following this review was minimal. An exception to this was maternity services where investment in establishments would be required to support implementation of Continuity of Care, this had not been included in the review, as part of the national requirement for transformation of the way in which maternity care was delivered.</p> <p>5. For 2020/21 budgets have been devolved to the Clinical Divisions, therefore, any financial implications of establishment changes would be included in divisional business plans.</p> <p>6. Future Workforce Plans</p> <ul style="list-style-type: none"> • Continue to drive recruitment to fill funded establishments; this will require both local and international recruitment pipelines. • New Roster dashboard developed at end of 2019, continue to evaluate use for monitoring of good roster practice and compliance with policy driving more effective use of resource. • Development of a proposal for sufficient substantive recruitment to support winter workforce in line with Trust bed capacity plan for 20/21 to drive reduction in agency requirements and safe and more responsive ability to meet increased demand. • Continue to support development of new roles including band 4 Nurse Associates and Advanced Care Practitioners and ensure future skill mix reviews incorporate these roles. • 6 month evaluation of skill mix implementation and safe staffing review providing assurance to Trust Board. <p>7. The Board was asked to note the review.</p> <p><u>Questions and Comments</u></p> <p>8. The Chief Nurse advised that a more detailed review should have gone through POD before being presented to the Board, however, due to timing issues this report was later being presented and it was proposed to take the detail back to POD with an update being brought to the Board in 6 months at the September Board meeting on the workforce with an annual comprehensive review report.</p> <p>9. The Chief Nurse highlighted that the changes which had been made to the skill mix had had a positive impact in a number of areas.</p> <p>10. The Managing Director noted that this was a different process to that being carried out by the divisions and meetings were being held with them operationally regarding how this would be linked with their business plans.</p> <p>11. Mr Khatib noted that there had been good engagement with staff in the review; nurses having commented on their involvement with the process and that they had seen the benefits.</p> <p>Resolved: That the Trust Board received and noted the Nursing and Midwifery Workforce Review update.</p>	CM
SECTION 5 – PEOPLE AND ENGAGEMENT		ACTION
P12/20	FREEDOM TO SPEAK UP REPORT	
	<p><u>Received for assurance</u> a verbal update on the Freedom to Speak up Report presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p>	

	<p>1. POD continued to receive regular Freedom to Speak Up reports and a full report would be provided to the Board at the end of the year.</p> <p>2. The HR team were looking at how more proactive support could be provided for the role.</p> <p><u>Questions and Comments</u></p> <p>3. The Chair requested that the report was presented to the Council of Governors at their meeting in March.</p> <p>4. Mr Khatib noted the link between the Freedom to Speak Up and EDI work. The Director of Human Resources & Organisational Development commented that the aim was to establish Freedom to Speak Up assistants to widen the engagement.</p> <p>Resolved: That the Trust Board received and noted the verbal update provided.</p>	CC
P13/20	STAFF SURVEY UPDATE	
	<p><u>Received for assurance</u> a verbal update on the Staff Survey presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p> <p>1. The Board was informed that the Staff Survey results were currently embargoed until the 18th February 2020 when the report would be published.</p> <p>2. It would be ensured that the development of the action plans would include information from all sources to ensure that there was one way of tracking work that related to staff and a full report would be provided to the Board in March.</p> <p>Resolved: That the Trust Board received and noted the verbal update provided.</p>	CC
SECTION 6 – GOVERNANCE, RISK AND REGULATORY		ACTION
P14/20	REPORT ON THE USE OF THE TRUST SEAL	
	<p><u>Received for noting</u> a report on the Use of the Trust Seal presented by the Director of Governance.</p> <p><u>Noted</u></p> <p>1. The Trust Board was notified in accordance with Standing Orders that the seal of the Trust had been used on one occasion:</p> <ul style="list-style-type: none"> • On 2nd December 2019 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: <ul style="list-style-type: none"> • Licence to Charge relating to the Retail Centre, Ipswich Hospital, Heath Road, Ipswich, Suffolk between East Suffolk and North Essex NHS Foundation Trust and Heathcroft Properties Limited (2). <p>2. The Board of Directors was asked to receive and note the contents of the report.</p> <p>Resolved: That the Board received and noted the update.</p>	
P15/20	CARE QUALITY COMMISSION (CQC) UPDATE	
	<p><u>Received for noting</u> a CQC update presented by the Director of Governance.</p> <p><u>Noted</u></p> <p>1. The report provided a high level summary of the CQC inspection report as published January 2020 which had covered: core services inspections across the ESNEFT portfolio; use of resources assessment and well-led assessment. It detailed the regulatory action taken by the CQC through the use of requirement notices in respect of:</p> <ol style="list-style-type: none"> a. Regulation 11 – Need for consent; b. Regulation 12 – Safe care and treatment; c. Regulation 14 – Meeting nutritional and hydration needs; and d. Regulation 17 – Good governance <p>These items were described as ‘actions we must do’ to comply with our legal obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>	

2. Further to this the report described 'actions we should do' which were associated with minor breaches that did not justify regulatory action. These "should do" actions were aimed at preventing failings in the future, or to improve services. There had been no restrictions placed on the ESNEFT CQC registration.
3. Under regulation 17(3) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014, the Board of Directors were required to send a written report to the CQC of the action the Trust was going to take by the 8 February 2020. The Board was asked to delegate authority to approve and submit the action plan to the Chief Executive.
4. The Board was further asked to endorse direct reporting of delivery of the plan to the Board of Directors, rather than to individual Board Committees.

Questions and Comments

5. The Director of Governance observed that the CQC report was taken very seriously as this underpinned all areas of the work undertaken by the trust. A very comprehensive inspection had been carried out, with a full review being undertaken at Ipswich and a risk based review at Colchester with the overall rating being given of Requires Improvement, just a few items short of a Good rating. For the Well Led assessment the organisation had been rated as Good and Community Services had also received a Good rating. The Use of Resources assessment had received some Outstanding ratings, however, no overall rating was provided as 12 months of data was not yet available for ESNEFT.
6. The Board was informed that work had been undertaken to correct most of the items raised by the CQC and the next step would be to submit the action plan by 8 February 2020.
7. Mr Spencer noted the requirement that all staff must complete mandatory training and the need for discussion to be held around what that actually meant. The Director of Governance advised that the CQC rated an organisation against the standard which the organisation itself had set for mandatory training so there was, therefore, a piece of work required to understand what the threshold should be and the underlying assessment.
8. Miss Parker requested confirmation that the action plan would cover the Use of Resources assessment. The Director of Governance confirmed that the action plan would encompass all areas included in the one CQC report.
9. The Director of Communications & Engagement commented that staff had noted that Ipswich and Colchester were presented separately rather than as ESNEFT. The Director of Governance advised that there was national discussion taking place with the CQC regarding how they would inspect merged organisations and how they would in future inspect the system, however, currently the regulatory framework registered the different sites within the organisation so there would be separate data.
10. Mr Bloomfield stated that he would want the Trust to seize the opportunity to get the Good rating. The Director of Governance stated that the Trust would now move into a risk based inspection approach where only one core domain, chosen by the CQC, would be inspected, however, conversation was held with the CQC regarding the actions which had been taken.
11. Mr Khatib questioned the role of POD and QPS in providing assurance if it was agreed that the reporting of delivery of the plan was made directly to the Board. The Director of Governance advised that the Board did not need to receive assurance from the assurance committees but that QPS would have a separate role to undertake deep dives. The Chair stated that it would be ensured that sufficient assurance was received by the Board.
12. Mrs Taylor-Brown stated that she felt there would be a governance issue if the Board delegated authority to approve and submit the action plan to the Chief Executive and would, therefore, request that this was amended to "in consultation with the Chair".
13. Mrs Taylor-Brown stated that the Board would have to be assured that the changes were embedded and not just a reaction to a marking system. The Director of Governance advised that the organisation welcomed many different inspectors and it was expected that the practices which arose from inspection visits were embedded.
14. The Director of Estates & Facilities stated that he felt that the positive work which had been undertaken prior to the CQC inspection should be applauded.
15. The Chair agreed that it should be recognised that overall the report had been positive with areas of Outstanding service and external agencies had recognised that ESNEFT was a good organisation.

Resolved:

- **That the Trust Board received and noted the CQC Update report.**
- **Delegated authority to approve and submit the action plan to the Chief Executive in**

	<p>consultation with the Chair.</p> <ul style="list-style-type: none"> • Endorsed direct reporting of delivery of the plan to the Board of Directors. 	
SECTION 7 - CORPORATE TRUSTEE FOR CHARITABLE FUNDS		
P16/20	CHARITABLE FUNDS COMMITTEE CKI	
	<p>Received for assurance the Chair's Key Issues report from the meeting held on 21 January 2020 presented by Mr Richard Spencer, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had approved the 20/21 operational budget for the charity team, which was in line with the new Charity Strategy agreed in November. 2. The Committee had also discussed progress on a number of areas, including: <ul style="list-style-type: none"> • A draft proposal to improve governance on major capital projects funded by the charity; further work required. • The actions from the investment group sub-committee which would result in revised proposals for the charity investment strategy in February. • An early discussion on the charity's gift acceptance policy which would need to be revised by June 2020. • The Committee had also noted that the Wellbeing Centre was now open, the fund raising campaign having raised sufficient funds to cover the cost of the build. <p>Resolved: That the Trust Board as Corporate Trustee received and noted the Charitable Funds Committee CKI.</p>	
SECTION 8 – RECEIPT OF REPORTS BY CONSENT		
	ACTION	
P17/20	<p>Received the Confirmed Minutes from Board Assurance Committees:</p> <ul style="list-style-type: none"> • Quality and Patient Safety • Finance & Performance • People and Organisational Development • Executive Management 	
SECTION 9 – ANY OTHER BUSINESS		
	ACTION	
P18/20	<p><u>Comments or questions relating to any of the Board briefings.</u></p> <ol style="list-style-type: none"> 1. No Board briefings were received. 2. The Chair requested that in future any board briefings were highlighted to Board members when added to the folder. 	DG/ TD
SECTION 10 - PUBLIC QUESTIONS		
	ACTION	
P19/20	<ol style="list-style-type: none"> 1. Mrs Brazier stated that the CQC wouldn't meet with the governors during their inspection visit and questioned why this decision had been taken. The Director of Governance advised that this would have been the CQC's choice during their inspection planning on this occasion. 2. Mr Alborough advised that he had attended a meeting of a small group of governors with the CQC at Ipswich. The Director of Governance advised that there had been two separate inspection teams. 3. Mrs Brazier welcomed the opening of the Wellbeing Centre at Colchester noting that this was a very good space for patients. 4. Ms Lockington observed that as a councillor she heard much talk of the alliances and questioned how budgets would be shared if organisations still had block contracts whilst working within an alliance. The Managing Director stated that ESNEFT did have what were effectively block contracts with the commissioners and good conversations had been held regarding what that would look like for ESNEFT going forward, with the Alliances looking at how system partners would be supported to deliver the overall system control total. The Director of Finance noted that the ICS was not currently a legal entity, the legal contract with the commissioners being through ESNEFT; going forward the system by default would be the new approach and in the planning guidance the financial recovery fund would be based on the whole system performance. 5. Miss Parker highlighted to the Board that the system control total only applied to NHS funding with council funding still being separate. 6. The Managing Director agreed that the system control total was currently framed around the NHS but having seen the benefits of working together consideration was being given to how 	

	<p>delivery of the objectives could be better supported.</p> <p>7. Ms Scott commented that it was very positive about the signing of the memorandum of understanding between ESNEFT and the University of Essex; and picking up a point reported in the press regarding all of the apprenticeship levy not having been spent would highlight that this was typical and there could be a number of reasons why the levy could not be spent and suggested that ESNEFT might want to look at a benchmark for the levy payment. The Director of Human Resources & Organisational Development thanked Ms Scott for her helpful comment and noted that conversation had been held regarding how ESNEFT could use the levy better across the system.</p> <p>8. The Chair expressed her thanks to Mr Michael Horley for his work undertaken as Lead Governor noting that he was stepping down from the role and that David Welbourn would be taking over from the beginning of March.</p>	
SECTION 11 – DATE OF NEXT MEETING		
Thursday, 2 April 2020, 9.30am, Edith Cavell Room, Education Centre, Ipswich Hospital.		

Signed Date

Helen Taylor
Chair

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

DRAFT