

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 7 May 2020, 9.30am – 11.00pm

TEAMS Meeting

PRESENT:

Ms Helen Taylor
Mr Eddie Bloomfield
Mr Hussein Khatib
Mr Richard Spencer
Mrs Carole Taylor-Brown
Mr Richard Youngs
Ms Elaine Noske
Ms Diane Leacock

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

Mr Nick Hulme
Ms Melissa Dowdeswell
Dr Shane Gordon
Mr Adrian Marr
Mr Mike Meers
Mr Neill Moloney
Dr Angela Tillet

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

IN ATTENDANCE:

Mrs Rebecca Driver
Mr Paul Fenton
Mr Chris Goulding

Mrs Denver Greenhalgh
Mrs Tammy Hughes
Mr David Welbourn
Ms Jo Wood
Ms L Fraser

Director of Communications & Engagement
Director of Estates & Facilities
Interim Deputy Director of HR – deputising for Ms Leigh Howlett, Interim
Director of Human Resource
Director of Governance
Head of Corporate Governance
Lead Governor
Associate Director of Human Resources – item P28/20
Senior Committee Secretary (Minutes)

APOLOGIES:

Miss Julie Parker
Ms Leigh Howlett

Non-Executive Director
Interim Director of Human Resource

SECTION 1 – CHAIR’S BUSINESS		ACTION
P20/20	WELCOME AND APOLOGIES FOR ABSENCE	
	<ol style="list-style-type: none"> 1. The Chair welcomed attendees to the meeting noting that in compliance with the current COVID-19 pandemic social distancing measures the meeting was being held via TEAMS. Mr David Welbourn, Lead Governor was representing the governors and public. The recording of the meeting would be made available on line for comment /further questions to be raised. 2. Ms Melissa Dowdeswell was welcomed to her first public meeting since taking on the role of Chief Nurse. 3. Apologies for absence were received from Miss Julie Parker, Non-Executive Director and Ms Leigh Howlett, Interim Director of Human Resources. 4. The Chair highlighted that this would have been Miss Parker, Non-Executive Directors final public meeting and expressed the thanks and appreciation of the Board for Miss Parker’s significant contribution to the Trust. 	
P21/20	ESNEFT BOARD ANNUAL DECLARATIONS OF INTEREST	
	<p><u>Received for approval</u> the Board Annual Declarations of Interest presented by the Chair.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The paper had been previously presented to the private Board in April and if approved today would be uploaded to the Trust Website. 2. This report presented the currently declared annual Board of Directors interests for approval and reminded the Board of Directors of the need to adhere to the Seven Principles of Public Life (the Nolan Principles). The Board of Directors was expected to undertake an annual report and declaration that Board members continued to meet the requirements of the Care Quality Commission (CQC) Fit and Proper Persons Test. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Mrs Taylor-Brown advised of an amendment required to her Declaration of Interest, which had been previously notified. 4. Dr Shane Gordon, Director of Strategy, Research & Innovation advised that he had reached the end of his term of office as Vice Chair of the Clinical Senate but remained a member. 5. The Board requested that these amendments were made prior to the Annual Declaration of Interests document being uploaded to the Trust Website. <p>Resolved:</p> <ul style="list-style-type: none"> • That the Board approved the Annual Self Declarations of Directors interest, subject to the advised amendments noted. • Agreed to continue to abide by the Nolan Principles. • Confirmed that members of the Board of Directors continued to meet the requirements of the Fit and Proper Persons Test. 	TH
P22/20	MINUTES OF THE MEETING HELD ON 30 JANUARY 2020 AND ACTION LOG	
	<ol style="list-style-type: none"> 1. The minutes of the meeting held on 30 January 2020 were approved and signed by the Chair as a correct record. 2. The Action Log was received. 	
P23/20	CHAIR & CHIEF EXECUTIVE’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <p>The Chair highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 1. Since the last Board meeting in public held in January it had been a time of intense activity for the Trust in response to the COVID-19 pandemic and the Chair highlighted how proud she was of the work undertaken at ESNEFT during this time and expressed her thanks to staff, volunteers and partners for their work in response to the pandemic. 2. The Board was informed that in under one week, the IT and digital teams had set up a virtual outpatient appointment system so that hundreds of patients have had their consultations using Attend Anywhere. ESNEFT had been the quickest Trust in the region to 	

- do this and the feedback had been overwhelmingly positive.
3. Somersham Ward at Ipswich Hospital had transferred to the Nuffield Hospital seamlessly, in one weekend, thanks to great teamwork with Estates and IT colleagues.
 4. A single discharge system had been successfully introduced making it much easier for staff and patients throughout ESNEFT.
 5. Virtual briefings have been introduced so that colleagues could be connected together in all staff briefings, an event specifically for BAME staff having been held earlier in the week.
 6. A seven day a week staff helpline had been set up in days and was helping all staff.
 7. A staff engagement group including staff governors and union representatives together with our Staff Well-Being group had developed a three phase approach to how the Staff Wellbeing Fund was spent. More than £127,000 had been donated to this specific COVID-19 Staff Well-Being fund, which included donations from the local community and from the NHS national charity.
 8. Media success had included our “Eyes Behind the Mask” video which featured the stunning photographs of Colin Gray who is a clinical skills technician, which had been viewed by more than 50,000 people since it was posted. The weekly publication of the numbers of patients who have been discharged after being treated for COVID-19 was the most successful Facebook page each week reaching 100,000 people.

The Chief Executive highlighted the following items to the Board:

9. The Chief Executive commenced by endorsing the Chairs comments and thanked the Non-Executive Directors for allowing the executives the freedom to get on with the operational management whilst supporting the organisation and being flexible in their use of technology. The Chief Executive recognised the work of staff in ICT, procurement and “back office” functions to allow the organisation to respond to the pandemic whilst ensuring appropriate governance was maintained.
10. The Chief Executive highlighted that he felt that this was the beginning of a new period for the organisation and that there would be a lasting impact from the COVID-19 pandemic and that going forward into the recovery and reform and autumn/winter pressures period there would be difficult conversations to be held within the organisation which the Board would need to be prepared for. Ongoing conversations would be held with partner organisations regarding future system working and recognition of processes which had been put in place during the pandemic and which the Trust and system would want to maintain.

Questions and Comments

11. The Director of Information, Communication & Technology commented that it should be recognised as a Board that a lot of the strength of the response had come from some of the decisions which had been made during the merger, with the challenge cementing the joint working.
12. Ms Noske stated that a huge amount of learning had come from the pandemic and there had been good reflection upon what had happened and what was to come during the recovery /reform phase.
13. Mr Spencer noted that going forward it would be important to maintaining the public engagement which had been built up during the pandemic. The Chief Executive highlighted the important role for the governors and members during the recovery period and longer term. Mr Welbourn agreed stating that he would be pushing forward with the governors Strategy Group.
14. Mr Khatib extended his thanks to staff and the executive team.
15. The Chair noted the importance of the BAME event as this group had been found to be disproportionately affected nationally. The Chief Executive noted that the feedback from staff who had joined the event had been that they had felt that this had been valuable, however, there was the need to take the engagement forward and act on the feedback received.

Resolved: That the Board noted the update.

SECTION 2 – PERFORMANCE		ACTION
P24/20	INTEGRATED PERFORMANCE REPORT & INTERIM ASSURANCE COMMITTEE CKI	
	The report for Month 12 (March) outlined the performance of the Trust, including the Trust’s key performance indicators, and in the main provided analysis at an overall organisational level,	

	<p>though for some areas there was discussion of performance by site (notably mortality and A&E access). It was noted that because of the exceptional circumstances of the COVID-19 pandemic, many aspects of the Trust's 'normal' working had been dramatically impacted. In a number of areas, both national and internal reporting had been suspended or amended. Where reporting continued, performance might vary appreciably from previous months. Coupled with the need to minimise the administrative burden on operational staff that contribute to the report, consequently, there were sections where the usual content was abridged or no longer included.</p>	
P25/20	INTERIM ASSURANCE COMMITTEE CKI	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 29 April 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 members had been provided with a COVID-19 update in relation to the organisation responding to the high operational pressure and the associated risks in association with nursing resources in terms of competency and the experience of returners to clinical care and redeployment of staff. 2. The Committee members were updated on the clinical governance activity changes to the service delivery and statutory requirements during the COVID-19 pandemic response. 3. The Director of Governance advised that Phase 2 governance was now being considered for the recovery/ reform period and that as part of this work the matrix for the assurance committees would be reviewed. 4. The Managing Director had updated Committee members of the recovery progress work being led by the Director of Information, Communication & Technology and the Committee had noted that there was an item on the Board agenda that would update the Board further. 5. The Committee had reviewed QPS, F&P and POD annual reports and had agreed that there was further work to be undertaken, which would be progressed by the Director of Governance working with the Committee Chair's. 	
	<p><u>People & Organisational Development</u></p> <p>The Committee members had been updated on the following Workforce issues:</p> <ul style="list-style-type: none"> • The staff helpline continued to support staff with over 7,000 calls; • A reduction in staff sickness from 13% to 9% had been seen; • Staff testing had been introduced with over 500 staff tested with 45% negative result with staff being able to return to work; • Introduction of personal circumstance form; • Recruitment of additional 34 HCA's and return to practice of 121 clinical staff; • Retraining and redeployment of 290 nurses and 61 HCA's for critical care; • Increase in medical bank of 21 GPs and five medical core doctors; • Development of a robust welfare check process; • Support for Muslim colleagues during Ramadan. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Ms Noske questioned whether the increased interest by people to join the NHS which had been reported during the pandemic would fill the vacancy gaps. The Chief Executive advised that the vacancies tended to be in specialist clinical roles. 7. Mrs Taylor-Brown questioned whether there had been any changes in the bursary, noting that the challenge would be in recruitment to social care areas. The Chief Nurse advised that £5,000 financial support was now available following a change from a bursary. 	
	<p><u>Finance Performance</u></p> <p>The Committee members had received a financial update and noted the following:</p> <ul style="list-style-type: none"> • With receipt of PSF, FRF and MRET funding of £31.2m and then further incentive FRF (deficit reduction) of £8.6m the Trust had reported a small favourable variance of £0.1m. The Trust accounts had been submitted to the auditors. • COVID-19 costs for 19/20 reported and notified to NHSI/E included revenue costs of £4.1m (match funding had been confirmed) and capital of £0.7m. Lost income of £178k was also advised to NHSI/E and funding received to cover. 	

- The Trust had delivered £16.9m of CIP against target of £39m;
- The Trust had spent £36.6m on capital which was £1.9m over plan but had been in agreement with NHSI/E; due to the purchase of a surgical robot at £2.2m.

Questions and Comments

8. Mr Bloomfield stated that he would like to recognise the positive financial outcome which had been achieved but would question the current Use of Resources score of 3. The Director of Finance advised that whilst the review had been positive the score could not be improved due to the Trust's underlying deficit.
9. Mr Spencer questioned whether the process of setting the 2020/21 targets would be rolled into recovery from the COVID-19 pandemic. The Chief Executive advised that this had been raised at a national level and was now being considered in terms of phase 3 for the second half of the financial year. The Managing Director advised that the divisions were undertaking revised planning.
10. Mr Welbourn questioned the position relating to write off of debt. The Director of Finance advised that there was a national intention to write off debt which would amount to £192m for the Trust due to cumulative loans, however, the new process would lead to increased revenue costs to the Trust of £3m per annum. A national review of the PDC rate was being undertaken with the likelihood that this would reduce in line with the economy.

Operational Performance

- A&E 4 hour standard performance for the economy in March was 88.6%, below the national standard of 95%. The Colchester site delivered 90.44% whilst Ipswich achieved 85.38%.
- March's current RTT position was 75.7%. This was below the set trajectory of 90.4% and had deteriorated relative to January (79.3%).
- 62-day cancer waits for first treatment remained below the national target of 85%.

Questions and Comments

11. Mr Welbourn noted that many of the charts showed a dip in performance across March and April which could be explained at this point during the pandemic but questioned the comparison with normal performance. The Managing Director noted that during March the Trust had started to see a reduction in activity due to coming out of the winter period, going into lock down had led to a further substantial reduction in activity. An improvement had been seen during April for activity in ED, where two separate areas had been set up for patients to receive treatment. A substantial reduction in referrals had been seen for cancer, with patients remaining on the patient tracker list. The Operational Delivery Group was prioritising patients who had an urgent need to be seen. Diagnostic waiting times had increased and the team was ensuring appropriate social distancing measures were in place and there had been agreement to delay some of the diagnostics, but this activity would be stepped up. There was an increase in RTT numbers waiting over 18 weeks whilst a significant reduction in referrals had been seen. The elective surgery programme had been reduced substantially; work was commencing to consider the recovery phase and to ensure that restarted elective surgery would be safe.
12. Mr Welbourn noted that mortality had been on an improvement trend pre pandemic and questioned how the Trust would maintain this trend. The Chief Medical Officer advised that due to the COVID situation the clinical teams had been focused on providing clinical care but that the mortality tools were being maintained and being tracked on a weekly basis to identify any themes and learning.
13. Ms Noske questioned the view on April performance. The Managing Director advised that A&E performance had improved but it was recognised that cancer performance would show a deterioration for over 60 days and elective waiting times had continued to increase.

Quality & Patient Safety

14. The Chief Nurse informed the Board of a Never Event which had occurred on the Colchester site for a wrong site procedure but gave assurance that no harm had been caused to the patient. Following the incident the surgical check list had been reviewed and amended and was now felt to be more robust.

	<p>15. The number of pressure ulcers and falls showed a continued reducing trend.</p> <p><u>Questions and Comments</u></p> <p>16. Ms Leacock expressed concern regarding the increase in waiting times and the potential harm which could be caused and questioned what was being done to monitor these patients.</p> <p>17. Mr Khatib noted that pre COVID the QPS Committee had undertaken much good work relating to the harm review and would continue this work post COVID. The Managing Director advised that work continued with clinicians assessing patients and an urgent review group had been set up to monitor the patients affected whilst recovery measures were developed.</p> <p>18. The Chief Medical Officer highlighted that a lot of the clinicians had been undertaking telephone triage of referrals which had mitigated some of the delay in treatment.</p>	
SECTION 3 – STRATEGY, BUSINESS AND TRANSFORMATION		
P26/20	COVID 19 UPDATE	
	<p><u>Received for assurance</u> a verbal Covid 19 update presented by the Chief Executive.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Board was informed that the COVID-19 pandemic was still at a level 4 “Command and Control” incident. The Managing Director had been appointed SRO for the incident and the appropriate infrastructure had been put in place, led by the Strategic Incident Management Team, supported by the Ethical and Clinical Reference Groups and two site based Tactical Command Groups. 2. Although the Trust and the rest of the country remained at the level four response phase, planning had already started for recovery and reform – getting back to a new normal. To do this a Recovery Planning Group chaired by Mike Meers, Director of ICT as the Senior Responsible Officer (SRO) had been set up. This Group would report through to the Strategic Incident Management Team meeting and was an important part of the Trust’s response to COVID-19. 3. During the incident much guidance had been received from the centre and as part of the governance processes the Trust would be reviewing how the organisation had responded to the guidance received, supported by internal audit. 4. The Managing Director advised that the Trust had had a pandemic flu plan in place which had been tested. The Board was informed of the ongoing risk regarding PPE; allocation of PPE being centrally controlled based on data submitted by the Trust and the significant challenge of testing for both patients and staff; it was noted that local testing capacity had been put in place at Ipswich this week. 5. The Managing Director advised that a huge effort had been put in by the teams to manage bed capacity/ isolation of COVID patients with this being achieved within the available capacity. 6. Talks were starting with staff who had been redeployed regarding stepping back to their substantive roles to enable activity to be restarted. 7. The Managing Director noted that it would be important during Phase 2 recovery planning for the organisation to capture new good practice which had been introduced and how it wanted to work in future. Work was currently underway to step up urgent and cancer work alongside review of the wider elective surgery programme, whilst recognising that this would be constrained by the ongoing issues arising from the pandemic. Elective recovery would be led by the new Elective Review panel, involving all divisions. A significant reduction in urgent and emergency attendances had been seen during the pandemic and the Trust would be sharing some messages through the local media to reassure patients and visitors about coming to hospital in line with the national campaign “Help Us to Help You”. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 8. The Chair questioned the communications regarding this work. The Director of Communications & Engagement advised that a press release had just been released regarding the focus on the “Help Us to Help You” campaign. Frequently asked Q&As for colleagues had been developed to help get the messages across about this work and to 	

	<p>enable staff to respond to questions raised by the public.</p> <p>9. The Chief Executive informed the Board that he was currently engaged in a leading regional role regarding testing looking at the options for testing and noted that the use of the app and test, track and trace would be a major part of the next phase.</p> <p>Resolved: That the Trust Board received and noted the verbal update.</p>	
P27/20	FINANCIAL FRAMEWORK 2020/21	
	<p><u>Received for approval</u> the Financial Framework 20/21 report focusing on M1-M4 revenue requirements presented by the Director of Finance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The report set out the financial backdrop for the Trust for 20/21. As part of the COVID-19 response, national temporary arrangements related to provider funding had been implemented for the period April 2020 to July 2020 (M1 to M4). These aimed to ensure that all providers could achieve a breakeven revenue position. 2. The Board was asked to note that significant changes had also been announced to the national capital and cash regimes, these were effective from 1st April 2020 and covered the entire year: they were permanent in nature. 3. Operational planning for 20/21 had been suspended until further notice. To simplify processes and reduce the number of transactions during the COVID-19 outbreak some temporary changes (April to July 2020) had been introduced. The methodology adopted effectively meant providers would be funded for the level of expenditure (uplifted for inflation) seen on average between November 2019 and January 2020. Providers were to deliver a breakeven revenue position for April to July. 4. Maintenance of financial control remained critical during the NHS response to COVID-19. All NHS providers and commissioners being expected to carefully record the costs (revenue and capital) incurred in responding to the outbreak and would be required to report actual costs incurred on a monthly basis. PDC charges would not be incurred for COVID-19 capital spend. Monthly reporting to NHSI/E for April to July would be completed on a smaller basis relative to 19/20 returns, with the focus on the capture of COVID-19 costs, which would be reimbursed on a monthly basis. 5. Delivery of divisional control totals was vital to ensure the Trust could achieve a breakeven position between April and July. Remaining divisional budget gaps presented a risk to this. The only adjustments to divisional plans related to the RES contract with the Oaks and car parking income. 6. CIP targets were expected to be delivered by each division. 7. Financial arrangements after July 2020 were to be confirmed. 8. The notified Financial Improvement Trajectory (FIT) for the Trust for 20/21 was a deficit of £34.1m deficit. It had been confirmed that deficits would be fully funded through Financial Recovery Fund (FRF) allocations for those organisations that met their FIT. 9. From 1 April 2020 new national cash and capital regimes had been introduced with Public Dividend Capital (PDC) issued to repay over £13.4 billion of the NHS' historic debt, in effect writing it off with a move away from interest-bearing loans for future interim capital and revenue support. A capital spending envelope for the year had been provided to every local area, within which each STP / ICS would be expected to work together to manage their spending. The local system had been allocated £8m and this would be discussed at the next STP Board meeting; each organisation was required to resubmit a plan on 29 May. 10. The Board was asked to approve the divisional budgets for M1-M4, to note the temporary arrangements for provider funding and reporting during this time that had been introduced as part of the response to COVID-19 and to note the changes to the national capital and cash regimes. <p>Resolved: That the Trust Board:-</p> <ul style="list-style-type: none"> • Received and approved the divisional budgets for M1-M4. • Noted the temporary arrangements for provider funding and reporting during this time that had been introduced as part of the response to COVID-19. • Noted the changes to the national capital and cash regimes. 	

SECTION 5 – PEOPLE AND ENGAGEMENT		ACTION
P28/20	STAFF WELLBEING & RESILIENCE	
	<p><u>Received for assurance</u> a verbal update presented by the Ms Jo Wood, Associate Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> Ms Wood informed the Board of the work being undertaken and led by the Wellbeing Group which continued in the active phase but was now moving to look forward to the recovery stage. A Wellbeing booklet, which had been well received, had been produced for staff which gathered together into one place the support which was available. Information on the Intranet site was being continuously refreshed. The Board was reassured that the team was working very closely with clinical psychology colleagues as the organisation moved into the recovery stage. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Chair thanked Ms Wood for the work which had been undertaken and noted that Mr Spencer would be the Non-Executive lead for this work. Mr Spencer stated that he was very impressed by the work which had been undertaken and that this could create a springboard for the People Strategy which was in development and for the Trust to decide what level of investment was required for the future to be sustainable. <p>Resolved: That the Trust Board received and noted the verbal update provided.</p>	
SECTION 5 – GOVERNANCE, RISK AND REGULATORY		ACTION
P29/20	STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION	
	<p><u>Received for approval</u> the Standing Financial Instructions and Scheme of Delegation presented by the Director of Finance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Trust's Scheme of Delegation (SFI) and Scheme of Delegation (SoD) had been reviewed (as required annually). Aside from minor title updates and corrections, amendments were largely as agreed by the Board following receipt of the Financial Governance Paper in February; the one exception being the annual update to EU procurement thresholds (at SoD 5.4 Quotation and Tendering Limits). The Board was asked to approve amendments to the SFIs/SoD. <p>Resolved: That the Board received and approved the amendments to the Standing Financial Instructions and Scheme of Delegation.</p>	
SECTION 6 – ANY OTHER BUSINESS		ACTION
P30/20	<u>Comments or questions relating to any of the Board briefings.</u> 1. No Board briefings received.	
SECTION 7 - PUBLIC QUESTIONS		ACTION
P31/20	1. Mr Welbourn thanked the Trust for enabling him to represent the governors and public at this virtual Board meeting during these unprecedented times. As Lead Governor Mr Welbourn informed the Board of his aim to work to reenergise membership engagement and build on the ongoing work to support staff.	
SECTION 8 – DATE OF NEXT MEETING		
	The next meeting in Public would be held on Thursday, 2 July 2020.	

Signed Date

Helen Taylor
Chair

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