

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 2 JULY 2020, 9.30AM – 11.20AM

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 Mike Meers
Mr Neill Moloney
Dr Angela Tillet

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

IN ATTENDANCE:

Mrs Rebecca Driver
Mr Paul Fenton
Mrs Denver Greenhalgh
Mr Tim Hewes
Ms Leigh Howlett
Mr Andrew Lehain
Ms L Fraser

Director of Communications & Engagement
Director of Estates & Facilities
Director of Governance
Energy & Sustainability Manager – item P41/20
Interim Director of Human Resource
Deputy Director of Finance – *deputising for Director of Finance*
Senior Committee Secretary (Minutes)

APOLOGIES:

Mr Adrian Marr
Mrs Tammy Hughes

Director of Finance
Head of Corporate Governance

SECTION 1 – CHAIR’S BUSINESS	ACTION
P32/20 WELCOME AND APOLOGIES FOR ABSENCE	
<p>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.</p> <p>Apologies for absence were received from: Mr Adrian Marr, Director of Finance and Mrs Tammy Hughes, Head of Corporate Governance.</p>	
P33/20 DECLARATIONS OF INTEREST	
<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <p>The following changes had been made since the last Board Meeting:</p> <ul style="list-style-type: none"> • Mrs Carole Taylor-Brown – Included Flagship Group Board and Flagship Homes Board. • Mr Neill Moloney – Wife seconded to CCG and St Elizabeth Hospice (this has an impact on the role as Trustee for the Trust Charity). • Mr Richard Spencer – Update to Trustee Charity declaration in relation to role as Trustee of Beacon House Ministries. • Mr Eddie Bloomfield – Update to Trustee Charity declaration in relation to role as Trustee of Age Concern. <p><u>Questions and Comments</u></p> <p>1. The Chair drew to attention that Mr Richard Spencer declared a conflict at Charitable Funds Committee and would therefore exclude himself from any fundraising decisions where there was a direct conflict.</p> <p>Resolved: That the Trust Board received and noted the Declarations of Interest.</p>	
P34/20 MINUTES OF THE MEETING HELD ON 7 MAY 2020 AND ACTION LOG	
<p>1. The minutes of the meeting held on 7 May 2020 were approved and signed by the Chair as a correct record.</p> <p>2. The Action Log was received and noted.</p>	
P35/20 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. Whilst thinking about the message to share with the Board today a tweet had been received from Darren Atkins, Deputy Director of ICT, which had been a reminder that it had been the 2nd anniversary of the establishment of ESNEFT on 1st July. Darren had tweeted that over the last two years the robotics team had delivered 76,841 hours of time back to hard working NHS staff which was a reminder of the innovation and transformation, which had taken place since the formation of ESNEFT. Mr Bloomfield, Non-Executive Director had commented that HR, like IT, had been outstanding and an illustration of how the wider ESNEFT teams had supported the response to COVID. 2. The Chair stated that she would like to begin by thanking everyone working throughout the Trust for their hard work and dedication as the Trust ‘re-started’ urgent and clinically necessary treatment and care throughout the Trust. A tremendous amount of very detailed work was going on to make sure patients and staff were kept safe. 3. As always there was much to celebrate with a first for ESNEFT. A dietitian, Sara Rollin, who was based at Ipswich Hospital, sailed through her supplementary prescribing course at the University of Suffolk, earning the equivalent of a first. The qualification meant that she could now prescribe artificial nutrition and other agreed medications without needing to get sign off from a doctor each time, which meant patients could receive their nutritional support more quickly. 4. When the Charity Staff Wellbeing Fund was established at the outset of COVID-19 staff were asked how they would like to see the monies spent. A large proportion of the fund had now 	

been committed to improving the physical, mental and financial wellbeing of staff and was in direct response to where staff felt the money was best spent. The most groundbreaking development was £154,882 dedicated to training 10% of the workforce as Mental Health First Aiders. Their role would be to help reduce mental health difficulties and proactively support staff wellbeing as the Trust moved into recovery and into a new normal. This would be achieved by boosting the number of Mental Health First Aid England Instructors from two to eight and then running one Mental Health First Aider training course per week over a two-year period. Plans were also being formed for all staff to attend a mental health awareness course to aid their own wellbeing and all managers would receive additional training to further increase their knowledge and understanding of mental health. Other longer-term projects continued to be developed, such as the staff oasis spaces. Architects plans were already well underway and these would be shared in the next few weeks once full approval was granted.

5. ESNEFT celebrated Pride month in June, although we could not celebrate it in many of the ways planned, a series of staff videos from our LGBT plus staff network was put together and the Pride flag was flown at both acute hospitals and banners placed on entrance railings.
6. There had been much media and social media interest in patients cared for at the Trust who were recovering from COVID-19. One of our patients featured was Ms Margaret Holton, from Aldeburgh, who called her doctor on 5 April, but “remembers very little” about being admitted, or the following 31 days she spent in Ipswich Hospital with COVID-19. Ms Holton’s family were told to expect the worst when Margaret first went into Ipswich Hospital, but Margaret was now back at home recovering after spending a further three weeks at Aldeburgh Hospital and said: “All the staff who cared for me are absolutely fantastic. I remember being in Aldeburgh Hospital the most and the staff there were just so kind to me. They kept my morale up when I kept begging to go home.”
7. Community staff were reminding patients of the extra steps they were taking to keep everyone safe when they visited to provide care at home including putting on personal protective equipment (PPE) when they arrived and before going into the patient’s home. Rebecca Pulford, ESNEFT’s Associate Director of Nursing (community), said: “Every member of our staff, regardless of whether they are based in one of our main hospitals or within the community, has worked incredibly hard since the pandemic began to keep everyone safe.”
8. Patients receiving care at the Trust were now able to return home or into the community more quickly following the launch of a new discharge hub. The hub was made up of a triage team of therapists, discharge nurses and social workers, who take referrals from ward staff and put extra support in place so that patients can be discharged as soon as they are declared medically fit by a doctor. The hub, which was set up in early April in response to the COVID-19 pandemic, answered more than 2,000 calls and helped 290 people leave hospital more quickly during its first eight weeks, which in turn saw delayed transfers of care in Ipswich reduce to zero.
9. This weekend would see the nation mark the 72nd anniversary of the NHS. Tomorrow evening, everyone had been asked to put a light in their window to remember all those who had died from COVID-19. Colchester and Ipswich hospitals, as well as other local landmarks, would be lit up blue to join this act of remembrance.
10. On Sunday, a final nationwide clap would go ahead at 5pm, an opportunity to thank not only NHS and other key workers, but all those who had volunteered or helped keep services and community networks working well during this unprecedented time.

The Chief Executive highlighted the following items to the Board:

11. The response to COVID-19 had now shifted from an NHS to a public health community response in Suffolk and Essex and the Chief Executive paid tribute to system working and the positive relationship with the commissioners that had been developed which had allowed communities to be better served. The Trust continued to play a very active part in testing, including the provision of antibody testing for staff and partners including the military and was now allowing more visitors safely back into the hospital.
12. The Chief Executive noted that there had been some media interest yesterday regarding the potential for Suffolk to go back into lock down due to a “50% rise in the number of COVID cases”, however, the Chief Executive highlighted that the actual number involved was a rise from 2 to 3 cases.
13. The planned new orthopaedic elective care centre was noted to be a good example of how future healthcare would be delivered differently and the Chief Executive informed the Board

	<p>of the reasons for this change and the vital benefits it would give to patients with better outcomes and improved access. The final decision would be made on 14 July by the CCGs.</p> <p>14. Finally, the Chief Executive spoke of his personal and the Board's commitment to the Trust's BAME staff and the disproportionate way that they were affected by COVID-19.</p> <p>Resolved: That the Board noted the update.</p>	
SECTION 2 – STORIES		
P36/20	<p><u>Patient and staff story</u></p> <ol style="list-style-type: none"> The Board heard via video the experiences of Dianne, a mum of two boys, Issac and Jacob, who were both cared for by the Trust with COVID-19, Rob, a heart patient who had recently undergone cardiac surgery and Alexis an ESNEFT community nurse who had changed roles to work in ITU. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Chief Executive noted that Alexis story had been a reminder of the need to build debrief sessions into the support offered to staff and stated that this would be taken forward by the Wellbeing Group. Mr Khatib agreed with the importance for staff to receive a debrief following the pandemic and stated that he would support the progression of further support. Mr Youngs noted that the experiences of Alexis had highlighted the effect on the mental wellbeing of staff and the need for the provision of appropriate support. The Chief Medical Officer noted that Rob's story had demonstrated the anxiety that some patients had regarding the restart programme and the need to build on the support offered to patients and learn from the patient perspective of care at the Trust. The Chair thanked the Communications team for organising the videos and asked that the Board's thanks were passed on to the participants. 	RD
SECTION 3 – QUALITY AND PERFORMANCE		
P37/20	COVID 19 UPDATE	
	<p><u>Received for assurance</u> a verbal COVID-19 update presented by the Managing Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Board was informed that the COVID-19 news had improved since the last Board meeting, with a consistent reduction in the level of COVID activity seen. <p>Resolved: That the Trust Board received and noted the verbal update.</p>	
P38/20	INTEGRATED PERFORMANCE REPORT & INTEGRATED ASSURANCE COMMITTEE CKI	
	<p>The report for Month 2 (May) outlined the performance of the Trust. 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 and where reporting continued, performance might vary appreciably from previous months, coupled with the need to minimise the administrative burden on operational staff that contributed to the report there were consequently sections where the usual content was abridged or no longer included.</p>	
P39/20	INTEGRATED ASSURANCE COMMITTEE CHAIR'S KEY ISSUES (CKI)	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 23 June 2020 presented by Mrs Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Committee had noted the commendable work carried out by the Medical Examiners (ME) and Bereavement Services over the past-pressured months. The ME process had been maintained at 100% during the pandemic, with 7-day working, with many families providing positive feedback to all of the staff concerned. The Committee had agreed to escalate this to the Board so that it would be duly recognised. The Committee had received a comprehensive workforce update. Concerns remained about 	

	<p>progress with the new computerised risk assessments. The Committee had impressed the need for further work in reducing the risk to the Trust's black, Asian and minority ethnic staffing groups.</p> <p>3. The Committee had received a financial update and noted the Month 2 breakeven position and that divisions had moved any surplus to their Month 2 position to later months of the year as a contingency for recovery.</p> <p>4. The Committee were made aware of the expected further guidance on the financial architecture for Months 5-12, and that this was likely to be a block payment and a system top up payment for business as usual COVID costs. These would be fixed amounts meaning the risk for achieving breakeven would be placed with the provider/system which was different to the current reclaim for the actuals process in Month 1-4.</p>	
	<p><u>Quality & Patient Safety</u></p> <p>5. The Chief Medical Officer agreed the need to recognise the work done by the bereavement team and the Medical Examiners and stressed the importance of learning from the crisis.</p>	
	<p><u>People & Organisational Development</u></p> <p>6. The Chair noted the concerns which had been raised regarding the progress with the risk assessments. The Interim Director of Human Resources stated that it was already mandated that all staff should be risk assessed and the risk assessment had been relaunched in June to consider the support required by staff. 21% of BAME staff had currently been assessed. The Chief Medical Officer and Medical Director had written to clinical staff emphasising that completion of the risk assessment for BAME staff was a priority and HR business partners were taking this forward within the divisions.</p> <p>7. The Interim Director of Human Resources advised that as an outcome from antibody testing when ethnicity details were required staff ethnicity data was currently up to date which allowed prioritisation of the risk assessments.</p> <p>8. The Chair stated that whilst it was good to hear that general progress was being made it disappointing regarding the low level of BAME risk assessment completion and that conversations were required with staff groups concerning the low level of take up.</p> <p>9. Ms Leacock questioned what was being done to mitigate the risk caused by stopping overseas nursing recruitment noting that the Board needed assurance that the Trust would be adequately staffed. The Interim Director of Human Resources advised that the team were in constant contact with international nurses and were reviewing the opening of borders. The nursing vacancy rate was currently 5.5% which was low (140 WTE). A high number of student nurses would be joining the Trust during September and plans were in place.</p> <p>10. The Interim Chief Nurse advised that previously as a Trust 16 overseas nurses had been appointed per month, however, with social distancing this number would be reduced to 4 on each site and an appropriate plan had been put in place. A paper was being progressed to consider the future requirements for staffing the beds required for COVID and winter.</p> <p>11. Mrs Taylor-Brown questioned whether the workforce planning was being realigned in terms of reform. The Interim Director of Human Resources stated that every service which was restarted completed a comprehensive form which detailed the requirements for restart and changes to ways of working. The Interim Chief Nurse advised that every year an acuity review was undertaken for nursing and this year the review had also looked at AHPs and the wider nurse specialists roles, the review this year had been particularly detailed following on from COVID.</p> <p>12. The Interim Director of Human Resources advised that consideration was being given to how staff would be supported to work through a potential second COVID spike, with the potential for rotation of roles where possible. Anaesthetics was noted to be particularly challenging in both supporting restart and making sure critical care services were covered for the ongoing COVID response. The Chief Medical Officer acknowledged that the medical workforce was challenging and that 7 day services and CCU would need to be revisited; with more work required on modelling. However, the Board was assured that this work had commenced and was recognised as a potential risk going forward.</p>	
	<p><u>Finance Performance</u></p> <p>13. Ms Noske noted the additional £3.4m COVID associated spend in one month and questioned what this had been spent on. The Deputy Director of Finance advised that the majority of the £3.4m related to revenue running costs but that a small amount was for noncapital</p>	

	<p>equipment.</p> <p>14. The Managing Director stated that the Trust might want to retain the benefits of some of the investments which had been made to provide a more effective service for patients going forward. The ongoing requirements for managing COVID were being carefully considered and further national guidance was expected.</p>	
	<p><u>Operational Performance</u></p> <p>15. Mr Bloomfield questioned the disparity between Ipswich and Colchester for 52 week breaches and the direction of travel. The Managing Director advised that the variation reflected where the sites had been prior to going into COVID and that a steady rise of patients waiting over 18 weeks over the past year had been observed. Work was ongoing to look at one waiting list across the sites and the extension of this across the ICS to look at areas where capacity existed. The Managing Director advised the Board that it was predicted that the position would deteriorate and that through the recovery plans the Trust was seeking to increase capacity. Relative to other organisations the Trust was noted to be well placed but work was ongoing.</p> <p>16. Ms Noske observed that the diagnostic measured showed 46% against a target of 1% and questioned what this meant and the implications for patient safety. The Managing Director responded that diagnostics were one of the biggest challenges faced and work was being undertaken to bring forward those patients prioritised as urgent. As part of the recovery programme there had been focus on ensuring that adequate capacity was in place, however, some patients were still choosing to stay away from the hospital. The Managing Director acknowledged the impact of diagnostics on routine waiting times but advised that he had been encouraged by the recovery work which had seen a substantial increase in the level of elective work being undertaken.</p>	
P40/20	INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2019/20	
	<p><u>Received for assurance</u> a report presented by the Interim Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Infection Prevention and Control Annual Report 2019/20 provided a summary of the infection prevention and control activity over the last year and status of the healthcare associated infections (HCAIs) for ESNEFT, and provided evidence to support compliance with the Health and Social Care Act – Code of Practice on the prevention and control of infections 2008 (updated 2015) criterion 1-9, and the Health and Social Care Act 2008 (regulated Activities) Regulations 2014: Regulation 12: Safe care and treatment. 2. The Board was advised that the Report had been taken through the Integrated Assurance Committee and was asked to approve the report, noting the key achievements reported, for publication on the Trust website. <p>Resolved: That the Trust Board received and approved the Infection Prevention and Control Annual Report 2019/20.</p>	
	SECTION 4 – STRATEGY, BUSINESS AND TRANSFORMATION	
P41/20	GREEN PLAN	
	<p><u>Received for approval</u> the Green Plan presented by the Director of Estates & Facilities and Mr Tim Hewes, Energy & Sustainability Manager.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Green Plan set out East Suffolk and North Essex NHS Foundation Trust's (ESNEFT) commitment to sustainable development, a vision of where the Trust wanted to be, and an action plan for how this would be achieved. The document provided an update on the progress made with the Sustainability Development Management Plan since it was first introduced in 2015/16 and set out plans for the future to establish the roadmap for improving ongoing environmental performance. 2. Sustainable healthcare in the NHS was driven through national and international policy, legislative and mandated requirements, and healthcare specific requirements from the Department of Health and NHS England. These drivers endorsed the requirement for all NHS Trust's to have a Board approved Green Plan and this was also consistent with the wider message regarding the need to deal with climate change. 	

	<p>3. The Trust Board was requested to approve the ESNEFT Green Plan 2020-23.</p> <p><u>Questions and Comments</u></p> <p>4. The team were congratulated on producing a timely and ambitious plan.</p> <p>5. Mr Spencer said that he would echo the view that this was a comprehensive piece of work and he was supportive of the green plan approach and ensuring that sustainability was a priority, however, he stated that at present the document felt more of a vision document and needed to have targets added. Mr Spencer stated that following his previous experience in this area he would volunteer to support this work with the team.</p> <p>6. The Director of Estates & Facilities stated that he would welcome Mr Spencer's support and would ensure that he was invited to attend the steering group meetings. The final levels of detail would come through the steering group, Mr Hewes stated that the key thing was the action plan which underpinned the Green Plan.</p> <p>7. Ms Noske agreed that this was a good report but noted the need for assurance that the measures were in place to ensure the mandatory requirements were met. Mr Hewes advised that mandatory requirements had been brought into the plan and would be picked up by the steering group.</p> <p>8. Mr Youngs noted that slide 24 showed that green energy consumption had decreased and questioned the reason for this and also questioned the reason behind the increased energy costs over the period of the report (slide 7). The Director of Estates & Facilities advised that the increased energy costs were due in part to increased activity across the site and the uncertainty in the energy market. Mr Hewes advised that in relation to green energy consumption, particularly at Colchester, a premium had been paid for green energy and the decision had been made to retain this money and make an offset for other projects.</p> <p>9. Mr Bloomfield observed that there was potential for tension between the costs of projects and the need to build in a green way. The Director of Estates & Facilities agreed that there would always be some conflict and noted that for the BREAME assessment the NHS target was "excellent or very good" and this was quite often a compromise but was recognised and agreed at national level with NHSI/E.</p> <p>10. Mr Khatib commended the report but stated that he would like to have some assurance regarding reuse rather than use and disposal of equipment. The Director of Estates & Facilities advised that the Trust had a process of ensuring furniture and equipment was not disposed of if it could be reused and that during COVID there had been additional investment in equipment and work was being undertaken to ensure there was even distribution across the system.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • That the Trust Board received and approved the Green Plan, noting the need for the development of metrics. • Noted that Mr Spencer would join the Steering Group as a Non-Executive Champion. 	PF
SECTION 5 – PEOPLE AND ENGAGEMENT		ACTION
P42/20	STAFF WELLBEING & RESILIENCE	
	<p><u>Received for assurance</u> a verbal update presented by the Interim Director of Human Resources.</p> <p><u>Noted</u></p> <p>1. The Interim Director of Human Resources advised that a first review of the national guidance which had been issued this morning showed that the Trust's risk assessment had covered most of the required aspects.</p> <p>2. The Helpline for staff continued to offer support and staff testing continued. A downturn in positive results had been seen with the last positive staff COVID test being on 5th June in Colchester and 18th May in Ipswich. 37 members of staff were currently absent due to COVID related symptoms.</p> <p>3. Feedback received from some staff of their experiences during COVID was difficult to hear; which evidenced the need for increasing staff wellbeing support. The hugely supportive role of the mental health first aiders' network during COVID-19, extension of which was being supported by the Charity, was emphasised and the Board was advised that this work was being shared nationally.</p> <p>4. The new 'managers guide' aimed to help support managers and staff in managing their</p>	

	<p>experiences of COVID and would be published soon.</p> <ol style="list-style-type: none"> 5. Work with shielded staff was taking place, letters had been sent to shielding staff at the beginning of June to consider potential alternative roles, skill sets, and training requirements. 80% of the reviews had been conducted. 6. A personal thank you letter to all staff had been sent by the Chief Executive and from the feedback received so far this had been much appreciated, with more ideas for learning. 7. The package for the junior doctor rotation in August to ensure the safety of staff was being developed with good support from the medical community. 8. The Trust was making an early start to the annual flu vaccination campaign. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 9. The Chief Medical Officer noted that peer vaccinators for the flu vaccination had been positive last year and would be used going forward this year. 10. The Chair thanked the Wellbeing Group and the team for their work to support staff. 11. The Chair asked that the Board was provided with detail of further progress on completion of the risk assessments, particularly for BAME staff groups, and noted that the Board would continue to monitor this closely. <p>Resolved: That the Trust Board received and noted the verbal update provided.</p>	LH
SECTION 6 – GOVERNANCE, RISK AND REGULATORY		ACTION
P43/20	SCHEME OF DELEGATION	
	<p><u>Received for approval</u> the Scheme of Delegation presented by the Deputy Director of Finance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Trust’s Standing Financial Instructions (SFI) and Scheme of Delegation (SoD) had been reviewed and approved at the May 2020 Board meeting. Subsequent to that meeting a further requirement for amendment to the SoD had arisen. 2. The current SoD in relation to contract compliance was as follows: 5.11.1 All contracts, being legally binding, shall comply with best costing practice and devised to manage contractual risk, whilst optimising the Trust’s opportunity to generate income. Approval of all contracts entered into on behalf of the Trust. Authority Delegated to: Chief Executive and Director of Finance or in their absence a nominated Board Director. 3. Following a review of the Pathology Logistics Services tender waiver, the Executive had requested that a further requirement be added to the SoD to ensure all extensions to contracts had the appropriate oversight by the Executive Management Committee. The addition was requested as follows: 5.11.2 Approval of contract extensions. Authority Delegated to: Executive Management Committee (EMC). 4. The Board was requested to approve the amendments to the Scheme of Delegation. <p>Resolved: That the Board received and approved the amendments to the Scheme of Delegation.</p>	ACTION
SECTION 7 - PUBLIC QUESTIONS		ACTION
P44/20	<ol style="list-style-type: none"> 1. Mr Mark Rotherham questioned the restart date for hip surgery. The Chief Executive advised that hip surgery had restarted approximately two weeks ago but that in order to ensure that this was undertaken safely and carefully activity was currently at a lower level than pre COVID. 2. A question was raised regarding risk management relating to maternity ultrasound procedures and how social distancing would be achieved due to the size of the rooms. The Interim Chief Nurse advised that the team were looking at potential changes to the location for ultrasound, but that the risk was being managed by the use of PPE, which was discussed with the women and partners prior to their attendance. 3. Ms Inga Lockington stated that she felt it was positive that the Health Service was looking at the green environment and the Green Plan which had been presented was good, however, she would question the number of electrical charging points for cars available on site and also noted that access for buses had been an issue. Ms Lockington also questioned whether equipment which was sent abroad to other countries was “fit for purpose”. The Director of Estates & Facilities advised that there were currently 5 electrical charging points at Ipswich and a similar number at Colchester with plans to install more. As part of a planning 	

	<p>application at Ipswich there was a requirement for an additional 6 points and this would be matched at Colchester. With regards to the access for public transport the Director of Estates & Facilities advised that there was currently good access for buses and the new build of the ITC at Ipswich would improve the access further, at Colchester there was good access for buses and for the park and ride. The Director of Estates & Facilities gave assurance that there was a rigorous process which was undertaken prior to sending equipment to other countries to ensure that this was appropriate and fit for purpose.</p> <p>4. Mr David Welbourn, Lead Governor, thanked the Board for allowing him to represent the governors through the Assurance Committees and noted that whilst the Board had shown considerable care around the BAME risk assessments, it was disappointing that only 21% had taken these up so far and he would question the training available for managers. The Interim Director of Human Resources advised that the risk assessment form had been devised with staff partnership forums to ensure it was straightforward and managers had been supported through appropriate communications.</p> <p>5. Mr Welbourn noted the local media headline regarding the nurse apprenticeship scheme in Suffolk, with participants not being clear on the next steps after training. The Chief Executive advised that 3 years ago the Trust had guaranteed a job to anyone trained at Ipswich who had successfully completed their training. The Interim Chief Nurse advised that the apprenticeship scheme was for current Trust staff and a process was in place for staff concerning the next steps for them following the training.</p> <p>6. Mr Welbourn stated that it had been good to see the Green Plan and he would encourage as part of the next steps that development works were given to local companies. The Director of Estates & Facilities advised that there was a national initiative which encouraged the use of locally based contractors as either contractors or sub-contractors when possible but that the Trust did have to go through the official procurement processes.</p>	
SECTION 8 – DATE OF NEXT MEETING		
P45/20	The next meeting in Public would be held on Thursday, 3 September 2020.	

Signed Date

Helen Taylor
Chair

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