

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 5 NOVEMBER 2020, 9.30AM – 11.40AM

TEAMS MEETING

PRESENT:

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

Chair
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 Neill Moloney
Dr Angela Tillet

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

IN ATTENDANCE:

Mrs Rebecca Driver
Mr Paul Fenton
Mrs Denver Greenhalgh
Ms Leigh Howlett
Mrs Tammy Hughes
Ms L Fraser

Director of Communications & Engagement
Director of Estates & Facilities
Director of Governance
Interim Director of Human Resource
Head of Corporate Governance
Senior Committee Secretary (Minutes)

APOLOGIES:

Mr Richard Youngs
Mr Mike Meers
Mr David Welbourn

Non-Executive Director
Director of Information, Communication & Technology
Lead Governor

SECTION 1 – CHAIR’S BUSINESS		ACTION
P60/20	WELCOME AND APOLOGIES FOR ABSENCE	
	<p>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.</p> <p>2. The Chair noted that this would be the final public Board meeting for Ms Diane Leacock and Ms Elaine Noske who had reached the end of their term as Interim Non-Executive Directors and for Ms Melissa Dowdeswell and Ms Leigh Howlett who had stepped up as Interim Chief Nurse and Interim Director of Human Resources respectively. The Chair expressed the thanks of the Board for the work they had all carried out on behalf of ESNEFT.</p> <p>3. Apologies for absence were received from: Mr Richard Youngs, Non-Executive Director, Mr Mike Meers, Director of Information, Communication & Technology and Mr David Welbourn, Lead Governor.</p>	
P61/20	DECLARATIONS OF INTEREST	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <p>1. The following changes had been made since the last Board Meeting:</p> <ul style="list-style-type: none"> • Paul Fenton, Director of Estates & Facilities - Son works at ESNEFT in Estates & Facilities <p>Resolved: That the Trust Board received and noted the Declarations of Interest.</p>	
P62/20	MINUTES OF THE MEETING HELD ON 3 SEPTMEBER 2020 AND ACTION LOG	
	<p>1. The minutes of the meeting held on 3 September 2020 were approved and signed by the Chair as a correct record.</p> <p>2. The Action Log was received and noted.</p>	
P63/20	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>1. The Chair noted that whilst the COVID-19 alert level for the NHS had returned to a level 4 incident and England had entered the first day of a second national lockdown, ESNEFT was here to help the local community whatever their health needs over the coming months.</p> <p>2. Plans which had been approved by the Board for a new £5.3million state of the art breast care centre at Ipswich Hospital had recently been revealed. The new centre would transform the experience of patients by bringing all elements of breast care under one roof – the clinic, the imaging department and breast screening.</p> <p>3. A new “navigator service” had been launched at both Colchester and Ipswich hospitals to give cancer patients extra help and practical support from diagnosis through to discharge. The cancer care navigators would contact and support anyone with a new diagnosis of cancer to provide advice and signposting, as well as referrals to support groups or other services to help them manage the practical, emotional and financial challenges they might face.</p> <p>4. The Trust had launched a first of its kind wellbeing hub to help its 10,000 staff and volunteers to be at their best, both at home and at work. The wellbeing hub included services such as occupational health, new starter assessments, immunisations, a dedicated menopause clinic, emotional and psychological support and activities such as running clubs.</p> <p>5. Staff at Colchester Hospital had reunited a couple, Bob and Joan Fisher, who had barely spent a day apart during their 67-year marriage until they were admitted to separate wards. When staff had heard about the couple’s plight, daily visits had been arranged until their discharge.</p> <p>6. Very positive new figures from the National Joint Registry had shown that patients having hip and knee replacement surgery at ESNEFT received some of the safest and best care in the country.</p> <p>7. Trials of an initiative developed by ESNEFT to significantly improve the care which patients with diabetes received when they had surgery had begun across the country following its success at Ipswich Hospital. The diabetes initiative saw people with diabetes who were coming to hospital for surgery given a special perioperative passport. The pathway had had a significant impact since its introduction in Ipswich, reducing length of stay as well as post-operative and diabetes complications and as a result, it was now being trailed at Colchester and 10 other hospitals across the country as part of the national Getting It Right First Time</p>	

(GIRFT) initiative.

8. The Trust would be honouring Remembrance Sunday and Remembrance Day in a different way this year. The Communications and Engagement team were working with the Chaplains to produce two films of Remembrance services, held in Ipswich and Colchester Hospitals. The services would include the laying of poppy wreaths, a minutes silence, a musical performance from a member of Ipswich Hospital's band, as well as reading of poems. The films would be available on the intranet on Remembrance Sunday, 8 November, and would be promoted once more on Remembrance Day, Wednesday 11th, and be downloaded onto iPads to show to people in hospital.
9. The Chair thanked staff involved in the initiatives and expressed the hope that her briefing had illustrated the breadth of the work which was continuing at ESNEFT despite the pandemic.
10. The Chief Executive echoed the importance of marking Remembrance Sunday particularly during these difficult times.
11. The Board was advised that this week was national pathology week and as such was the ideal time to recognise the important role undertaken by the pathology team over the last 6-7 months. Since the beginning of the pandemic significant improvement in capacity for testing and results turnaround times had been achieved by the pathology team which supported patient care and operational performance.
12. It was noted that whilst there were some continuing issues with the Roche supply chain for reagents for the biochemistry analyser, the Trust had now been able to reinstate services for patients of the Trust and supporting primary care.
13. The Chief Executive stated that whilst the focus was on the pandemic it should be recognised that the proportion of COVID patients in the Trust was relatively small. Although during the first surge elective activity had been stopped, rightly with the information available, the decision had been made that elective work would now continue on both sites as long as practical and appropriate and it was recognised that this would be an additional challenge. However, the Trust had learnt lessons from the first surge and was now better placed with regards to more robust supplies of PPE and improved testing capacity. The Board was informed that it was expected that ED attendances would continue partly driven by winter pressures during the second lockdown.
14. The Chief Executive noted his concerns around the impact on the mental health of the population at large and staff during this lockdown and that he was particularly pleased that the Trust had made the decision to make significant investment in wellbeing.
15. The Trust was reinforcing the important message regarding hand hygiene, wearing appropriate PPE and staying 2 metres apart to ensure staff and patients were kept safe and to prevent the transmission of COVID-19 and was starting to think about mass asymptomatic testing of staff which was being led by the Director of Strategy, Research & Innovation being mindful of the operational issues this could have. The Managing Director was leading work to look at the infrastructure for mass vaccination for ESNEFT staff when a COVID-19 vaccine became available.
16. The Director of Communications & Engagement was noted to be leading the Trust's EU exit planning with robust plans having been put in place for a deal or no deal scenario.
17. The Chief Executive noted the particular challenge that across the two areas which ESNEFT served there were significantly different incidents of COVID-19 amongst the communities which carried forward into admissions to the hospital sites. As a result of the new lockdown measures coming into place in England the Trust had taken the difficult decision to stop visiting (other than in exceptional circumstances) across both acute sites and community hospitals. The Chief Executive noted that this was a regrettable step, especially for areas with low prevalence of COVID-19, but that ESNEFT had needed to adopt a consistent approach to help stop the spread of COVID-19 and keep patients and staff safe.
18. The Chief Executive expressed his personal thanks to Diane Leacock, Elaine Noske, Melissa Dowdeswell and Leigh Howlett for their work on behalf of ESNEFT and on the Board. The Chief Executive also noted that he would like to extend his thanks to Dr Crawford Jamieson, who had been Medical Director at Ipswich and Deputy Chief Medical Officer for ESNEFT and had made the decision to return to full time clinical work. Dr Martin Mansfield, Consultant Anaesthetist had been appointed as the new Deputy Chief Medical Officer.

Resolved: That the Board noted the update.

SECTION 2 – STORIES

P64/20 Received for information and learning a patient story introduced by the Interim Chief Nurse.

Noted

1. The Interim Chief Nurse advised that the patient had requested to remain anonymous but had agreed to share detail of her health journey which had started back in 2014 when her menstrual cycle changed dramatically, symptoms which had had a negative and significant impact on her, her family and daily life. Following various trials of treatments and methods to reduce symptoms, some of which made the symptoms worse and some giving relief, successful resolution had finally been achieved in 2020.
2. The Board were advised by the Interim Chief Nurse that whilst there had been positive aspects during the patients care at the Trust there were lessons to be learnt. The patient had reported feeling frustrated, as she had to reiterate on numerous occasions all that had been previously suggested and tried, which had raised the need for a more robust system enabling effective communication when patients were likely to see different clinicians within their journey.
3. The use of language and its impact on the patient had also been raised by the patient who had advised that whilst honesty and transparency was valued, the use of certain words like 'busy' could change how a patient felt, behaved or communicated with staff. It was noted that staff should also consider the use of alternative words to encourage patients to give feedback if they were dissatisfied with the service rather than suggest that the patient 'makes a complaint', which could have a negative impact on the patient journey.
4. The Interim Chief Nurse noted that the patient had appreciated having the opportunity not only to talk about her experience, but to share it for lessons to be learnt, and that being asked to get involved to support the hospital allowed patients to know that the hospital was listening and welcomed feedback.

Questions and Comments

5. Mr Khatib questioned how the Board could be assured that changes had taken place, in particular with regards to the strong patient preference for a particular gender of clinician and how the changes had been shared across the Trust. The Interim Chief Nurse advised that gender of clinician was one element and patient preference was now recognised within their clinical notes and this preference was arranged where possible. The lessons from the patient's story had been shared corporately and with the Patient Experience Group and would be shared down to ward level by the matrons and ward sisters.
6. Ms Noske questioned the Trust's policy to ensure good continuity of care between clinicians and whether this was an example of where the policy had not been followed or was not in place. The Interim Chief Nurse stated that where possible the Trust tried to ensure continuity of care and this was documented in the patient record but the main issue was around emphasising the importance of continuity but agreed that this was an area for further work.
7. Mr Bloomfield noted that he was particularly concerned regarding the messages which had been conveyed, the patient being told staff were "very busy" and "to make a complaint" and questioned what was being done to ensure that the staff gave the best message. The Interim Chief Nurse noted that work was being undertaken with staff regarding the importance of language and the different ways to express messages and the PALs team were currently undertaking a piece of work to look at making a complaint and how things could be done differently, particularly when the patient just wanted to give feedback.
8. The Chief Executive expressed his concern that this issue had been raised again observing that the use of inappropriate language such as "busy" had been picked up in a previous patient story to the Board. The Chief Executive noted that as a result of some of the comments he had made, a PHD student was undertaking a thesis on the use of the word "busy" and the detrimental impact this could have on patients. Feedback on the work would be provided to the Board over the next 6 to 18 months.
9. Mr Spencer stated that reflecting on the story he would question the learning on how patient expectation could be set at the outset. The Interim Chief Nurse advised that good management was around discussing this at the initial consultation and clearly documenting the expectations of both sides and that this was part of the work being carried out.
10. The Chair questioned how the Board could be assured going forward that improvements were being made and patients were receiving a better experience. The Interim Chief Nurse stated that feedback was received from patients and it would be expected that improvement would be reported through that.

	<p>11. Mr Dave Gronland (Trust Governor) commented that it was sometimes difficult for patients to remember the information which was provided to them during a consultation and they had to repeat questions. The Interim Chief Nurse advised that this situation was not out of the ordinary as people were in a vulnerable state when attending the hospital and it was important that the patient continued to asked questions. The Chief Executive agreed that this problem was understood and suggested that consideration could be given to recording consultations, via smart phone, and patients could be encouraged to do this if they felt it would be helpful. The Chief Medical Officer stated that the majority of clinicians would support the recording of consultations so that the patient had control over the information provided during a consultation and the clinicians understood that more than one discussion was required. Ms Noske observed that recording a consultation on a smart phone could not only help the patient but might also help the clinicians to share information and help with continuity of care.</p> <p>12. Mr Khatib noted that from a patient perspective many patients also forgot their questions when they arrived for their appointment and that he would support any additional help which could be provided to patients to document their questions prior to the consultation and improve communications.</p> <p>13. Ms Jane Young (Trust Governor) commented that she had personal experience of issues with communications noting patients often disliked admitting that they did not understand what was being said and that phone consultations were a particular issue for people with hearing problems. The Chair advised that she had had a conversation with Mr David Welbourn regarding the issues of telephone consultations particularly for those with hearing difficulties.</p> <p>14. The Chair requested that the Interim Chief Nurse thanked the patient on behalf of the Board for sharing her story which had provided valuable lessons and raised questions particularly around communications.</p>	MD
SECTION 3 – QUALITY AND PERFORMANCE		
P65/20	INTEGRATED PERFORMANCE REPORT & INTEGRATED ASSURANCE COMMITTEE CKI	
	<ol style="list-style-type: none"> 1. The report for Month 6 (September) outlined the performance of the Trust, however, because of the exceptional circumstances of the COVID-19 pandemic, many aspects of the Trust's 'normal' working had been dramatically impacted. For the first time performance against the phase 3 activity recovery trajectories set out by Simon Stevens in August was highlighted. 2. The report included sections measuring performance against NHS Improvement's Single Oversight Framework (SOF) as well as outlining work that was now progressing in relation to the accountability framework and the recently reinstated divisional accountability meetings. 	
P66/20	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 27 October 2020 presented by Mrs Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Mrs Taylor-Brown advised that the Integrated Assurance Committee (IAC) had been introduced to streamline governance during the COVID-19 pandemic and brought the quality and performance data into one place to provide assurance to the Board. The IAC was supported by a series of "deep dive" in-depth reports on particular subjects. The CKI document was provided to highlight the main issues to the Board. 2. The Committee had received the Strategic Incident Management Briefing and been advised that the governance processes to ensure appropriate arrangements during any escalation of COVID-19 were being reviewed. 3. The Trust Chair had drawn attention to an email from the Regional NHSEI Director concerning nosocomial infections and had requested a paper to Board. 4. The key highlights of the patient safety and experience report including learning from deaths were reported and the Committee was updated about the learning from two never events and the number of falls and the complexity of patients. 5. The Committee had undertaken a comprehensive review of the acute and community performance reports and the reform and recovery dashboard and noted no significant issues to escalate. 6. The Trust was noted to be showing good progress overall in recovery thanks particularly to significant work by clinical teams. The Committee had expressed interest in wider benchmarking data for assurance. 	

	<p>7. The Committee had received the financial report and considered the challenges facing the Trust noting that the forecast for month 6 was a break-even position. The Committee had received and reviewed the business planning principles for 21/22.</p> <p>8. The workforce report had been discussed, the Committee had noted the progress with flu vaccinations and staff survey responses.</p> <p>9. The Health and Safety quarterly report had been received; with no issues to escalate.</p>	
	<p><u>Quality & Patient Safety</u></p> <p>10. The Interim Chief Nurse highlighted the infection control slide, noting that there had been 8 cases of C.difficile reported at Colchester Hospital (4 HOHA, 4 COHA) and 2 at Ipswich Hospital (1 HOHA, 1 COHA). This number was noted to be slightly raised against normal, but not significantly, and related to antibiotic usage which was being managed appropriately with the anti-microbial stewardship pharmacist. The Trust was currently awaiting publication of the C.difficile infection objectives for 2020/21.</p> <p>11. The Interim Chief Nurse advised that as previously mentioned there was a significant difference of prevalence of COVID-19 between Ipswich and Colchester. On the Colchester site there had been a couple of instances reported where there had been transfer of infection between patients on a ward. The nursing team were working very closely with the Infection Prevention Control team to manage these cases appropriately.</p> <p><u>Questions and Comments</u></p> <p>12. Mr Khatib questioned the lessons learnt regarding retesting at 5 days. The Interim Chief Nurse advised that as standard patients were tested on day zero and retested on day 5 if they had had an original negative test.</p> <p>13. Ms Noske noted that one patient had been reported for September but the number had now risen significantly and questioned the steps being taken to prepare for increasing numbers. The Interim Chief Nurse advised that with regards to preparedness the organisation had learnt lessons from the first wave and had a number of SOPS in place which could be enacted quickly. Infection control processes were being followed as appropriate with monitoring of the position on a daily basis.</p> <p>14. The Managing Director advised that whilst an increase in number of patients in the hospital who had COVID-19 had been seen, particularly on the Colchester site, the level of activity had increased and the Trust had been able to manage demand and had plans for CCU which would enable a 200% activity increase. The Trust continued to work closely with partners as reliance on the plans which had been submitted with partners for the timeliness of discharges would be critical to success.</p> <p>15. Ms Noske also questioned why the Ethics Group had not been stood up and the reason behind this. The Chief Executive advised that with regards to the Ethics Group this had been stood up during the first surge but that now the internal and external members were available on an ad hoc basis to consider any issues raised by the Strategic or Clinical Reference Group. The Ethics Group would be stood back up to meet more regularly if required.</p> <p>16. The Chair questioned whether the local arrangements in Essex and Suffolk were set up for patients being discharged to care homes. The Managing Director advised that there was still further work required but that plans were being worked through with the local CCGs and councils regarding discharge of COVID-19 positive patients.</p> <p>17. Ms Noske asked as a final question for clarification around the HSMR numbers which she had understood from previous discussions excluded COVID-19 deaths. The Chief Medical Officer advised that the Trust used the Dr Foster algorithm which had always been based on the admitting diagnosis, which excluded patients with an admitting diagnosis of COVID-19. The use of this algorithm ensured the Trust were benchmarking against the same criteria as others.</p> <p>18. Ms Leacock noted that one of the emerging themes from patient complaints was lack of or poor communication and that given the limitations being placed on visiting she would question what plans were in place to improve communication with both patients and their families and carers. The Interim Chief Nurse stated that it was known that the reduction in visiting made keeping in touch particularly difficult and the ward teams would be making every effort to keep in contact with patients' families and loved ones. Following the first wave iPads and mobile phones were now available on the wards for patients to keep in contact with their families and the Trust continued to run the very successful "letters to loved ones". With regards to outpatient care standard outpatient letters would be sent as these appointments were continuing to go ahead.</p>	

	<p>19. The Chief Executive advised that a review of the administration support on the wards was being undertaken, particularly for the evenings, to deal with phone calls to ensure nursing staff were able to concentrate on front line patient care.</p> <p>20. The Chief Medical Officer highlighted the continued learning from death programme and the important part the medical examiners had played in communication with families and understanding the reasons for deaths. From the mortality data it could be seen that the mortality figures were dropping which was felt to be a result of the lessons learnt regarding treatments from the first surge.</p>	
	<p><u>Operations performance</u></p> <p>1. The Managing Director highlighted that following an increase in ED activity over the past few months good performance had been sustained.</p> <p>2. There were concerns with regards to RTT, the reduction in referrals earlier in the year had translated into better performance, but it was felt that as the number of referrals increased there might be a resulting deterioration in performance. The Trust continued to work hard to increase activity to reduce the backlog.</p> <p>3. An area of particular focus had been to maintain cancer performance and it was hoped that performance would be achieved in December.</p> <p>4. Diagnostics performance continued to improve and the Managing Director stated that it was encouraging to see that endoscopy activity had picked up significantly with a reduction in waits.</p> <p>5. The Managing Director noted that overall there had been an improvement in performance but it was recognised that there was still much work to do.</p>	
	<p><u>Finance Performance</u></p> <p>6. The Director of Finance highlighted that the months 1-6 phase had now been completed under the financial architecture as a result of COVID-19 and each month the Trust had reported break even.</p> <p>7. Positively it was noted that the ESNEFT team had been shortlisted for its submission made for the HFMA Governance Award which showcased the COVID-19 Investment Business Case Controls.</p> <p>8. The Trust was now entering phase 2 where the financial risk transferred back to the trusts for months 7-12. Divisional budgets had been agreed, which had added an additional £21.6m to the divisions for the last 6 months of the year.</p> <p>9. Some risks were starting to be seen particularly around a second COVID-19 surge and the wider implications of the national elective incentive scheme, about which national debate was taking place.</p> <p>10. The third phase was now the commencement of the business planning process for 2021/22. As present no additional money had been allocated for COVID-19 but there would be a requirement for COVID-19 recovery funding during 2021/22 and the divisions were wanting to appoint substantively to posts but there was currently no funding identified for this.</p> <p>11. A comprehensive national spending review was noted to be taking place by the government at the moment and the Director of Finance advised that the NHS was likely to hear about its allocation for 2021/22 around January.</p> <p>12. The Board was informed that a good discussion had been held at the Integrated Assurance Committee meeting around the financial issues facing the Trust.</p> <p><u>Questions and Comments</u></p> <p>13. Mr Bloomfield questioned the extent to which increased COVID-19 costs in months 7-12 might be borne by the centre and asked whether the trusts in the north of the country had received additional funding. The Director of Finance advised that the Trust had submitted a £1.5m deficit plan but had not received any response so far, it was understood that the issues were being discussed by the centre and a response would be forthcoming over the next few weeks.</p> <p>14. The Chief Executive advised that there had been a lot of pressure from CEOs nationally to review the financial penalties around elective work and he would reinforce the importance of considering how the system as a whole would manage the financial risks after 31 March with the continuing issue of COVID-19 and the need for clarity to enable recruitment. The Chief Executive noted that the Trust had developed a good relationship with system partners and that it was recognised that this was a system problem but that further debate would be required by the Board concerning the decisions which would need to be taken and the resulting level of risk going forward to 2021/22.</p>	

	<p>15. The Chair agreed that the Board would need to continue to debate the level of risk which would be acceptable for ESNEFT and the importance of working at a system level.</p> <p>16. The Managing Director stated that the Trust were looking at the long term impact, as some of the investments which had been made had given benefits which ESNEFT would want to maintain and there would have to be a judgment made with the divisions about which would be maintained going forward. Part of the plan which had been submitted had included a level of continued COVID-19 activity and part of the discussion with divisions was that it was expected that they would be able to accommodate this level of activity and it was not anticipated that there would be additional costs unless activity levels increased considerably.</p> <p>17. Ms Leacock observed that staff sickness absence had increased which could potentially put a strain on the finances with temporary spending and questioned the level of risk and how staff were being supported. The Director of Finance advised that no increase in agency spend was being seen at present and this was not coming through as a significant issue from the meetings with the divisions who were managing sickness as business as usual. The Interim Director of Human Resources advised that the Trust was used to a sickness rate of between 3.5-4% so was not seeing anything out of the ordinary.</p> <p>18. Mr Spencer observed that a more substantive discussion had been held at the Integrated Assurance Committee regarding staff wellbeing with the recognition of the need to improve the measurement and reporting of staff wellbeing with the development of a dashboard.</p>	
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SECTION 4 – PEOPLE AND ENGAGEMENT	ACTION
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P67/20	STAFF WELLBEING & RESILIENCE	
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	<p><u>Received for assurance</u> a verbal update presented by the Interim Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Interim Director of Human Resources advised the Board that with regards to flu vaccination currently 5300 people had been vaccinated, of which 800 were OCS staff or students, with 43% of ESNEFT staff vaccinated. Further vaccine had been received by the Trust on Friday last which would provide vaccination for a further 3 thousand staff and a further 5 thousand vaccines had been requested. A robust vaccination programme had been put in place and vaccinations which had taken place at other locations were being recorded. 2. The Wellbeing Hub had been well received by the organisation and the team had started to look at the Wellbeing dashboard and were considering the appropriate metrics. 3. As part of the business case the clinical psychologists' posts were currently out to recruitment and 8 strong applications had been received for the consultant posts. Also 21 strong applications had been received for the Wellbeing Lead role. 4. The CIC Helpline which was available on a 24/7 basis had been receiving an increased number of calls from staff for support in a number of areas, but were meeting the demand. 5. There had been a good response from staff to become mental health first aiders and the training courses were now full until April 2021. 6. Through the national charitable monies funding had been received for Oasis spaces on both sites which were being developed with staff. 7. A panel had been set up to consider requests received from staff to access the remaining £50k available Wellbeing funds. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 8. Mr Bloomfield noted that there appeared to have been some mixed messages around shielding and the clinically vulnerable. The Interim Director of Human Resources advised that the new national guidance had been received by ESNEFT late yesterday. ESNEFT had 268 members of staff who were formally shielding during the first surge with 237 further staff shielding as they lived with others who had been advised to shield. As a result of the latest national guidance received communications had been drafted and would be published to the organisation today. The risk assessments had been updated and clear management guidance was available for the red risk rated staff, which looked at reallocation where appropriate. A letter had also been written to all staff who were known to be shielding to inform them of the support available. 9. Mrs Taylor-Brown stated that she felt that there would need to flexibility around staff who were living with partners who were shielding or vulnerable. The Interim Director of Human Resources advised that the Trust followed national guidance, which was that people living 	
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	<p>with those shielding could still attend work, but noted that all ESNEFT staff had a personal risk assessment and there was also an appeals process in place for those staff unhappy with a decision made.</p> <p>Resolved: That the Trust Board received and noted the verbal update provided.</p>	
P68/20	ESNEFT PEOPLE STRATEGY	
	<p><u>Received for approval</u> the ESNEFT People Strategy presented by the Interim Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The NHS People Plan 2020/21 had been published at the end of July having been delayed from earlier in the year due to COVID-19 and there being no national spending review to allocate the funds required to embed some of the plan such as additional clinical training places. 2. The revised national plan responded to the difference that COVID-19 had made to the way the NHS worked and set out some immediate actions needed. It had a shortened time frame of two years but noted that, once the finances were agreed nationally, a further plan would be issued later next year. In response, the attached ESNEFT People Strategy had been developed which incorporated both the national requirements and specifics for the Trust and its people; in particular addressing issues raised via previous staff surveys and ongoing engagement events. 3. The rationale for a two year plan was that the Trust had some immediate issues to address which would provide strong foundations for the future. It would also provide stability and a clear plan for the HR team while the new Director of Human Resources settled into their role. 4. The ESNEFT People Strategy had been reviewed by the Operational Delivery Group, Staff Partnership Forum and the Executive Management Team where it was positively received. 5. The Board was asked to approve the ESNEFT People Strategy. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Ms Leacock noted the aim to deliver work from anywhere policy (page 5). The Interim Director of Human Resources advised that the Mobile/Home Working Policy had been written and would be presented to the Operational Delivery Group on Monday for approval ahead of schedule following final amendments. 7. Ms Leacock commented that she felt there was still a lack of clarity around the increased work which was being undertaken with regards to Black, Asian and Minority Ethnic staff and the timescales and expected outcomes. The Interim Director of Human Resources advised that the Trust was at the beginning of the journey particularly with the RES action plan and the EDI action plan generally and that whilst a lot of work was going on further work was needed with staff engagement in shaping the document. The document would be refreshed next year when the new Director of Human Resources was in post. 8. The Chair noted that the next level of detail was provided in the RES action plan and the Interim Director of Human Resources agreed that the detail was in both the RES action plan and the Delivery plan which could be reported through the Integrated Assurance Committee to provide a more detailed level of assurance if required. 9. Mrs Taylor-Brown stated that she felt that as further work would be undertaken and the document refreshed in 2021 the strategy should be badged as an “interim” or “foundation” strategy. 10. Mrs Taylor-Brown noted that there were also a number of minor issues to pick up in terms of language and wording used. Mrs Taylor-Brown suggested that she picked up these items off line with the Interim Director of Human Resources. 11. Mrs Taylor-Brown also noted that she felt that some items were open ended such as working from anywhere which should be qualified as this was only available to certain staff depending on the needs of the service and this being feasible. The Interim Director of Human Resources advised that detail of the qualifications regarding home working were available in the Home Working Policy but that she would ensure the same wording was included in the Strategy. 12. Mrs Taylor-Brown stated that she felt that the document should not be amended prior to the new Director of Human Resources being in post. The Interim Director of Human Resources gave assurance that no significant arrangements would be made until the new Director of 	<p>LH</p> <p>CTB</p> <p>LH</p>

	<p>Human Resources was in post and that she had had sight of the document.</p> <p>13. Ms Noske questioned how the Strategy addressed the points which had been raised by the staff survey. The Interim Director of Human Resources advised that the Strategy addressed the main items particularly concerning leadership, values and how issues were escalated.</p> <p>14. Mr Khatib stated that he felt that the Black, Asian and Minority Ethnic section needed to be built on, as this currently had very limited mention, with reference being made to the work of the EDI Group particularly given the national debate.</p> <p>15. The Chief Executive paid tribute to Ms Howlett's leadership of the wellbeing support which had been made available for staff during her time as Interim Director of Human Resources which would be of great benefit to staff going forward. The Chair echoed the thanks for this outstanding work on behalf of ESNEFT staff.</p> <p>Resolved: That the Trust Board received and approved ESNEFT People Strategy as an "interim" Strategy which would be subject to further review in 2021.</p>	LH
SECTION 5 – STRATEGY, BUSINESS & TRANSFORMATION		
P69/20	RECOVERY & REFORM PROGRESS REPORT	
	<p><u>Received for information</u> a report presented by the Managing Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Recovery & Reform Group report was presented and taken as read and the Managing Director provided the Board with further detail of the Trust's current recovery activity performance as compared to last year's figures:- Elective inpatients activity was in excess of 100%, day case activity in excess of 95%, new outpatient appointments above 95%, follow-up appointments 80-85%, a reflection that some clinicians had sought to manage follow-up patients differently. The Managing Director noted that in terms of diagnostics CT numbers were in excess of 100%, but there were limitations in terms of MRI capacity although there were no long waits for MRI's with patients being managed through different pathways. 2. Significant effort had seen endoscopy now achieving in excess of 100% activity. 3. The Managing Director commended the work which had taken place and noted that across the region ESNEFT were performing well and against any national benchmark. The key focus would now move to how the Trust would manage through the winter period with an increasing number of COVID-19 patients whilst maintaining the highest possible levels of activity. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. Ms Noske observed that it was good to see the improvements which have been achieved, but requested more detail on the how the recovery and reform work would adapt as the Trust dealt with a response to the second surge of COVID-19 as well. The Managing Director stated that a large element of the focus had been around how to increase activity levels to previous year levels, which were being neared. The Recovery & Reform Group would now look at how the investments which had been put forward would look in a post COVID-19 world and this would link closely with the business planning process for next year. The Managing Director stated that as mentioned previously he would not want to lose the good changes which had been introduced in response to the pandemic and would want to ensure these were maintained whilst sustaining activity through the winter period and into the new financial year. 5. Mr Bloomfield stated that having been involved with the Recovery & Reform Group he would endorsed the achievement and highlighted that over 200 individual services had had to be assessed for safe restart. Mr Bloomfield paid tribute to the Director of Information, Communication & Technology, for leading this work and the Recovery & Reform Group members and staff throughout the Trust. <p>Resolved: That the Trust Board received and noted the report.</p>	
P70/20	STRATEGIC PLAN AND TRUST STRATEGY SUCCESS MEASURES	
	<p><u>Received for approval</u> the Strategic Plan and Trust Strategy success measures presented by the Director of Strategy, Research & Innovation.</p> <p><u>Noted</u></p>	

	<ol style="list-style-type: none"> 1. The Trust Strategic Plan which had been reviewed by the Board and confirmed in July 2020 and the revised success measures were presented for approval. 2. The Strategic Plan (the 3-year delivery plan) had been refreshed to remove plans already completed and to reflect revised priorities for the coming three years and was presented for approval. 3. The Strategy, success measures and Strategic Plan supported the delivery of the Trust ambition to offer the best care and experience. The strategic objectives remained unchanged from the Trust Strategy 2019-24 which had been published last year. The success measures for the strategy aligned with the strategic objectives and reflected the outcomes of a wide range of projects, including the strategic plan and annual business plans. Success measures had been identified as important, but some do not have existing metrics or data collection systems, these will need to be developed during the coming year and baselines established. The Strategic Plan represented Trust wide or large scale projects which were essential to the achievement of the Strategy, these had been revised to reflect completed projects and new priorities, especially in the light of adaptations to the COVID-19 pandemic. 4. Delivery of the Strategic Plan and the success measures would be reported quarterly to the Board, noting that some success measures were only updated annually. 5. The Board were recommended to approve the Strategic Plan and Trust Strategy success measures. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Mr Spencer commended the approach being taken regarding the success measures but questioned measure “SO4 Support and develop our staff - Anxiety /Stress / Depression is not the main cause of sickness (ASD as a percentage of total sickness.)” and suggested that this needed to be measured as the absolute number per 1000 employees rather than the percentage. The Director of Strategy, Research & Innovation stated that this comment would be taken on board with the measure amended to give clarity on the percentage and absolute numbers. The Interim Director of Human Resource advised that this would form part of the work around the Wellbeing dashboard and this would be refined. 7. Ms Noske agreed that this was a good comprehensive piece of work but questioned when the first report would be available to the Board. The Director of Strategy, Research & Innovation advised that if the Strategic Plan and Strategy success measures were approved today the aim would be to report back in 3 months. 8. The Chair thanked the team for the provision of the report. <p>Resolved: That the Trust Board received and approved the Strategic Plan 2020-23 and the Trust Strategy success measures.</p>	<p>SG</p> <p>SG</p>
SECTION 6 – GOVERNANCE, RISK AND REGULATORY		ACTION
P71/20	USE OF THE TRUST SEAL	
	<p><u>Received for information</u> a report presented by the Director of Governance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Standing Order 8 requires that the Board of Directors receives a report on the sealing of all documents under the seal of The East Suffolk and North Essex NHS Foundation Trust. 2. The Board of Directors was notified that the seal of the Trust was used on five occasions during October 2020: <ul style="list-style-type: none"> • On 12 October 2020 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to the Deed of Variation of Contract Essex County Hospital, Lexden Road, Colchester CO3 3NB, between East Suffolk and North Essex NHS Foundation Trust and Essex County Council. In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. • On 19 October 2020 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to the Licence to Underlet relating to Unit 4 Ipswich Hospital, Heath Road, Ipswich, Suffolk, between The Ipswich Hospital National Health Service Trust (1) and Heathcroft Properties Limited (2) and The Stock Shop Limited (3). In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. • On 19 October 2020 the seal of East Suffolk and North Essex NHS Foundation Trust was 	

	<p>affixed to the Licence to Sub-Underlet relating to Units 2, 6, 7 Ipswich Hospital, Heath Road, Ipswich, Suffolk, between The Ipswich Hospital National Health Service Trust (1) and Heathcroft Properties Limited (2) and Compass Contract Services (UK) Limited (3) and Compass Group UK and Ireland Limited (4) and WH Smith Hospitals Limited (5). In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology.</p> <ul style="list-style-type: none"> On 19 October 2020 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to the Licence to Underlet relating to Units 1, 2, 3, 6, 7 and 8 Ipswich Hospital, Heath Road, Ipswich, Suffolk, between The Ipswich Hospital National Health Service Trust (1) and Heathcroft Properties Limited (2) and Compass Contract Services (UK) Limited (3) and Compass Group UK and Ireland Limited (4). In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. On 22 October 2020 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to the Deed of Variation – Consortium Agreement Exit for TPP “Transforming Pathology Procurement” - Cambridge University Hospitals NHS Foundation Trust whose principal place of business is at Cambridge Biomedical Campus, Hills Road, Cambridge, CB2 0QQ (‘CUH’); East Suffolk and North Essex NHS Foundation Trust whose principal place of business is at Colchester Hospital University NHS Foundation Trust, Trust Offices, Main Building, Turner Road, Colchester, Essex, CO4 5JL (‘ESNEFT’); East and North Hertfordshire NHS Trust whose principal place of business is at Lister Hospital, Coreys Mill Lane, Stevenage, SG1 4AB (‘ENHT’); North West Anglia NHS Foundation Trust whose principal place of business is at North West Anglia NHS Foundation Trust, Department 404, Peterborough City Hospital, Edith Cavell Campus, Bretton, Peterborough, PE3 9GZ (‘NWA AngliaFT’); West Suffolk NHS Foundation Trust whose principal place of business is at Hardwick Lane, Bury St Edmunds, Suffolk, IP33 2QZ (‘WSFT’). In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. <p>Resolved: That the Board received and noted the report.</p>	
P72/20	ESNEFT HEALTH & SAFETY POLICY	
	<p><u>Received for approval</u> the ESNEFT Health & Safety Policy Version 2 presented by the Director of Governance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Health & Safety at Work Act 1974 requires an employer to prepare a written statement of general policy with respect to the health and safety at work of employees and the arrangements for carrying out that policy. Through the approval, dissemination and training associated with this Policy the Board would meet the following requirements placed on it by the Act: <ul style="list-style-type: none"> Section 2(3) the Board would notify all staff of the policy. Section 7 that all employees of ESNEFT were made aware of their personal duty while at work. The revision of this Policy removed the detail previously included to cover gaps in other policy documents which were now in place across ESNEFT. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> Mr Bloomfield raised a drafting point at “2.14 Role of Committees and Groups” and requested this was reviewed. Mr Bloomfield noted the reference to “yearly workplace self-inspections of wards and service areas” (6.1) and questioned whether self-inspection was the strongest possible tool available. The Director of Governance advised that the Trust tried to ensure that managers led and took responsibility for health and safety in their own areas but that inspections were supported by the Health & Safety advisers to ensure these were robust. The Health & Safety advisers also followed up any actions which had arisen and checked that these had been completed and the manager had taken responsibility for these. Mr Bloomfield questioned whether health and safety had a remit for COVID-19. The Director of Governance confirmed that the Health & Safety advisers had a role to play in the COVID-19 pandemic and had been very involved in a number of groups during the pandemic, 	DG

	including the tactical groups, and had adapted the environmental risk assessments for the COVID-19 checklist. All areas were currently updating their environmental risk assessments ahead of a second surge.	
	Resolved: That the Board received and approved the ESNEFT Health & Safety Policy Version 2.0.	
SECTION 7 - PUBLIC QUESTIONS		ACTION
P73/20	<ol style="list-style-type: none"> 1. Mrs Brazier requested clarity regarding patients who were expecting to receive a letter for a routine clinic appointment which had been paused during COVID-19 and how these patients were being contacted. The Managing Director advised that the Trust was now delivering services and had contacted all patients who were on the RTT backlog to provide reassurance that they would receive an appointment in due course and that the Trust was currently working through the backlog. 2. Ms Lockington noted the People Strategy and that the NHS had historically been a collaborative and inclusive place to work and questioned whether there was anything specific to the ESNEFT People Strategy compared to the national strategy. Ms Lockington stated that she was pleased that Mrs Taylor-Brown had raised the need for some staff to continue to work from site rather than at home in order to provide services to patients. Ms Lockington also commented that in the ESNEFT Strategy nurses and doctors were mentioned less frequently than managers and when compared to the national strategy. The Interim Director of Human Resources advised that the ESNEFT interim People Strategy incorporated everything that was required from the national strategy and also included issues specifically raised by the staff survey. Specific mention had not been made regarding nurses and doctors as all ESNEFT staff were considered in their entirety whatever their job role, however, managers were mentioned as they were related to the leadership issues which had had been raised in the staff survey. The implementation plan would provide further detail regarding what was being done for specific staff groups. 3. With regards to patients forgetting detail of consultations, Ms Lockington questioned whether it was a policy for some consultants to send a copy of the letter sent to the GP to the patient so that they had the written details of the consultation. Ms Lockington observed that she felt some concern regarding the recording of a consultation on a mobile phone and that it would need to be ensured that this was appropriate in order to ensure that the recording was not subject to amendment and to safeguard staff. 4. Mr Gronland stated that he had attended the NHS focus meeting yesterday when a case study had been given of how a Trust had very successfully engaged with its membership. The Chair observed that since the introduction of virtual meetings attendance from the public had increased but requested that Mr Gronland shared the papers from the meeting through the ESNEFT membership office so that any good practice could be considered by the team and the Strategy and Engagement Group. 5. The Chair thanked attendees for their participation in the meeting today. 	
SECTION 8 – DATE OF NEXT MEETING		
P74/20	The next meeting in Public would be held on Thursday 7 January 2021 Public Council of Governors Meeting.	

Signed Date

Helen Taylor
Chair

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