

**MINUTES OF THE TRUST BOARD MEETING IN PUBLIC**

**HELD ON THURSDAY 4 FEBRUARY 2021, 9.30AM – 11.00AM**

**TEAMS MEETING**

**PRESENT:**

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

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

Mr Nick Hulme  
Dr Shane Gordon  
Mr Adrian Marr  
Mr Neill Moloney  
Mr Giles Thorpe  
Dr Angela Tillett

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

**IN ATTENDANCE:**

Mrs Rebecca Driver  
Mr Paul Fenton  
Mrs Denver Greenhalgh  
Mrs Tammy Hughes  
Mr Andy Morris  
Ms Kate Read  
Mr Mark Ridler  
Mr David Welbourn  
Ms L Fraser

Director of Communications & Engagement  
Director of Estates & Facilities  
Director of Governance  
Head of Corporate Governance  
Associate Non-Executive Director  
Director of Human Resources & Organisational Development  
Associate Non-Executive Director  
Lead Governor – observing meeting  
EA to Director of Finance / Senior Committee Secretary (Minutes)

**APOLOGIES:**

Mr Mike Meers

Director of Information, Communication & Technology

<b>SECTION 1 – CHAIR’S BUSINESS</b>		<b>ACTION</b>
P1/21	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	<ol style="list-style-type: none"> <li>1. The Chair welcomed attendees to the meeting noting that with the current COVID-19 pandemic guidance the meeting was being held via TEAMS.</li> <li>2. The Chair introduced Mr Giles Thorpe, Chief Nurse, Ms Kate Read, Director of Human Resources &amp; Organisational Development, Mr Mark Millar, Non-Executive Director, Mr Andy Morris, Associate, Non-Executive Director and Mr Mark Ridler, Associate Non-Executive Director and welcomed them all to their first Board meeting in Public.</li> <li>3. Apologies for absence were received from: Mr Mike Meers, Director of Information, Communication &amp; Technology.</li> </ol>	
P2/21	<b>DECLARATIONS OF INTEREST</b>	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The following changes had been made since the last Board Meeting: <ul style="list-style-type: none"> <li>• Nick Hulme, CEO - Resigned as Trustee of St Elizabeth Hospice Ipswich.</li> </ul> </li> </ol> <p><b>Resolved: That the Trust Board received and noted the Declarations of Interest.</b></p>	
P3/21	<b>MINUTES OF THE MEETING HELD ON 5 NOVEMBER 2020 AND ACTION LOG</b>	
	<ol style="list-style-type: none"> <li>1. The minutes of the meeting held on 5 November 2020 were received and approved and signed by the Chair as a correct record.</li> <li>2. The Action Log was received and noted.</li> <li>3. The Chair observed that for a number of issues on the action tracker it was planned to hold a Board Seminar, however, due to the current situation it would now be into the new financial year until the Board Seminars could be reinstated and consideration would be given to the timing and pacing for these sessions. The results of the Staff Survey were due to be considered when available.</li> </ol>	
P4/21	<b>CHAIR &amp; CHIEF EXECUTIVE’S REPORT</b>	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Chair noted that she would like to start her report this morning by considering the extraordinary past year throughout the NHS and at ESNEFT in particular, and noted the reflections that a nurse had made on Twitter as she was starting a night shift on ITU at Ipswich the previous night on those lost, those fighting the virus and colleagues who had been on the same journey, which the Chair observed had summed up her own thoughts.</li> <li>2. This time last year the Trust was building the ‘pods’ at ESNEFT sites so that people who might have COVID-19 were tested outside and didn’t need to come into the main hospital buildings. One year on, the death toll from the pandemic had last week reached the dreadful toll of 100,000 people in this country. Every one of the 100,000 was a person with a life, family, friends, colleagues, carers and millions of people were affected by these deaths and the implications were far reaching. Over last year over 3,000 patients with COVID-19 had been treated by ESNEFT and last month had been the peak month with over 1,400 people with COVID-19 treated.</li> <li>3. The first patient with COVID-19 had been admitted to our hospitals in the first week of March last year and the agility and speed at how the organisation had adapted had been nothing less than inspiring. There were, of course, some things we would do differently now that we know more, and indeed are doing differently in this latest surge. However, ESNEFT had had a very positive recovery prior to the second lockdown which had started in November 2020 and the second surge.</li> <li>4. T.S. Elliott described April as the ‘cruellest month’ in his poem The Wasteland but this January had felt like the cruellest month for ESNEFT, with the highest numbers of COVID-19 patients and deaths recorded at our hospitals. Colleagues were understandably very tired and had experienced the most challenging time of their careers and it had been and continued to be very tough.</li> <li>5. The Chair observed that what ESNEFT had achieved, despite this tough, sad and challenging background, gives us all hope. ESNEFT had become one of the first 50 Trusts to become a</li> </ol>	

	<p>vaccination hub in early December. To date, 90% of all ESNEFT staff had been vaccinated, and ESNEFT had worked with more than 360 partner organisations to vaccinate other front line health, social care, care home staff and home carers. The task in the coming weeks would be to deliver the second dose of the vaccine to all of our staff and these colleagues.</p> <p>6. NHS staff and testing labs had played a key role during the pandemic. In the early days last March all our 'swabs' for COVID-19 had to be sent to specialist centres for analysis and we had no on-site testing at all. Now ESNEFT had one of the most impressive records of on-site testing and were soon to be a regional centre for Loop-mediated Isothermal Amplification (LAMP) testing. A new £5m additional laboratory was being built on the Ipswich Hospital site to further support the work in rapid testing for COVID-19 and the work going forward. The Trust was also working very closely with local authority colleagues.</p> <p>7. The Chair stated that she would highlight the positive work of all staff and thank staff for what had been done during the year whilst noting the sad deaths.</p> <p>8. The Chief Executive stated that he would concur with the achievements by ESNEFT staff which had been highlighted by the Chair whilst dealing with the pandemic. The Chief Executive advised the Board that currently there had been a plateau of new activity on both sites but that a higher level of capacity was still being used in ITU and it had been challenging to maintain safe staffing levels, but positively a significant reduction in staff sickness levels was now being seen which was attributable to the vaccination programme.</p> <p><b>Resolved: That the Board noted the verbal updates.</b></p>	
<b>SECTION 2 – QUALITY AND PERFORMANCE</b>		
P5/21	<b>INTEGRATED PERFORMANCE REPORT &amp; INTEGRATED ASSURANCE COMMITTEE CKI</b>	
	<p>1. The Chair highlighted that because of the exceptional circumstances of the COVID-19 pandemic no Integrated Assurance Committee meeting had been held this month.</p> <p>2. The Integrated Performance Report for Month 9 (December 2020) which outlined the performance of the Trust was received for assurance.</p> <p>3. The Chair advised that a number of questions had been raised by the Non-Executive Directors prior to the meeting regarding the Integrated Performance Report and requested that executives provided responses to these questions, which would be collated by the Director of Governance and feedback to the Non-Executive Directors.</p> <p>4. The Chair requested that the executives highlighted any issues from their specific areas from the report which required consideration at the meeting.</p>	<b>DG</b>
	<p><u>Quality &amp; Patient Safety</u></p> <p>5. The Chief Medical Officer highlighted the HSMR mortality data provided in the report from September, which was the latest available data. The Chief Medical Officer noted that the Colchester HSMR data was showing as red but emphasised that as previously reported this was due to how the data was uploaded and the main aspect to note was the 12 month rolling data.</p> <p>6. More detail was provided regarding mortality in the Trust in December (2<sup>nd</sup> slide) when sadly there had been a significant number of deaths and an analysis of the crude mortality data was being undertaken. A high number of nosocomial deaths on the Ipswich site had been seen and this was being reviewed.</p> <p>7. The Chief Medical Officer stated that moving on to the learning the detail of the main learning from the nosocomial outbreaks and resulting deaths and the actions which were being taken was included in the report. The reduced time for testing was noted to have greatly benefited patients alongside decisions based on clinical judgement.</p> <p>8. Regarding patients with learning difficulties the Chief Medical Officer advised that the numbers were relatively small which made trends difficult to interpret but the learning from deaths group reviewed any deaths and a trend had been found for later presentation by this group of patients. The learning disabilities nurses were working closely with the community to ensure there was appropriate access and support for these patients and there was also learning to be taken from the national report and the recommendations were being reviewed.</p> <p><u>Questions and Comments</u></p> <p>9. The Chair noted that the Regional Medical Officer had been commissioned to look at the learning from nosocomial infection outbreaks and mortality data. The Chief Medical Officer</p>	

	<p>advised that the Trust were contributing to the regional reviews and monitored the information and learning closely.</p> <p>10. Mr Khatib requested assurance that the learning identified was being changed into practice, particularly regarding reducing bed moves. The Chief Nurse advised that the Trust was seeing the rates of nosocomial infection fall and there was alignment with community prevalence. Weekly meetings with partners in the system including Public Health England and Suffolk were held and the position was tracking as expected in line with the national picture. Due to the high number of COVID-19 patients the majority of wards were currently “red” with appropriate placement of patients, as green capacity increased the team would have to monitor the situation closely and maintain vigilance on best practice standards.</p> <p>11. The Chief Medical Officer advised that the site teams were clear of when to test and the importance of limiting moves of patients until the result was clear, this was being looked at very closely whilst balancing the risk of moving patients against organisational issues. The Chief Medical Officer highlighted that some patients might need to move due to their clinical condition in which an individual risk assessment was carried out to minimising the risk.</p> <p>12. Mr Khatib expressed his concern regarding the continuing high number of falls particularly on the Ipswich site with a lack of actions to recover the position; 12 falls resulting in serious harm in December having been reported, 6 on the Ipswich site, 2 in the community and 4 on the Colchester site. The Chief Nurse stated that regarding falls there had been some challenges with the actions in ward areas as foot fall on the wards was being minimised currently, however, the harm free team had still been supporting the clinical teams with risk assessments and delirium patients were being identified and treated at an early stage. Assistive technology use was being increased while there were less staff on the wards. The Chief Nurse confirmed that reduction of falls remained a focus and it was expected as COVID-19 decreased in the hospital that a recoverable position relating to falls would be reached.</p> <p>13. Mrs Taylor-Brown highlighted that there had been an ongoing difference between Colchester and Ipswich and asked the Chief Nurse for his view on what was driving this, whilst recognising the impact from COVID-19. The Chief Nurse stated that it was very difficult to review this whilst there were surges of COVID-19 at different times but he had seen an impact from reduced staffing numbers on the wards which affected the ability to undertake the 360 assessments but that he would be happy to bring back a further report when the position had stabilised. Mrs Taylor-Brown noted that between the surges there had been a reduction in falls at Ipswich which had not been maintained and that falls required further attention with a deep dive by QPS.</p> <p>14. Mr Ridler stated that picking up on assistive technology he would question what was being used and whilst the Trust was so stretched how the lessons were being captured which might assist with what might be quite a long tail and recovery period. The Chief Nurse advised that falls alarms were being used on the beds and chairs of patients who had been identified as high risk which allowed staff to check on patients when there was a danger of a fall. In relation to the learning this was a unique situation due to the prevalence of the virus and this had affected how lessons could be learnt at the present time. The Ward Liaison Officer programme had been introduced to support the ward staff and this had proved successful and had been testament to team ESNEFT and had been learning which would continue to be developed.</p> <p>15. Mr Khatib observed that overdue action plans had increased in December data and requested assurance that no urgent actions were being missed during this difficult period. The Chief Nurse advised that the latest data showed that there had been a reduction in the number of overdue action plans and currently there were 20 with the CCG for closure but their teams were not in a position to review these at the moment. Thematic review had been undertaken in July/August and plans of work were underway and the team would be undertaking a further review during Q1 of 21/22. The Chief Nurse gave assurance that he had no concerns that any actions were being missed which were not already being focused on.</p>	GT
	<p><u>Operational Performance</u></p> <p>16. The Chair noted that positive comments had been received regarding the Trust’s recovery but would note the need to give staff, especially those clinical staff on the front line, some time to recover before looking at the wider recovery work.</p> <p>17. The Chief Executive stated that he had been involved in some very detailed national discussions regarding the need to give staff, particularly in intensive areas, some sort of</p>	

	<p>break between dealing with COVID-19 and recovery and work was being carried out internally with the divisions. There had also been conversations regionally about the access targets and performance standards and whether these needed to be reset. The Chief Executive noted that it was likely cancer targets would remain due to the recognised clinical link between treatment times and outcomes whilst for other areas there could be a move to a system of review of waiting lists to identify individual risks for patients.</p> <p>18. The Chief Executive noted that COVID-19 had amplified health inequalities in the community and work was going on within the ICS regarding how this could be addressed but this was a complex position which was at a very early stage of the planning.</p> <p>19. The Managing Director stated that the Trust had undoubtedly seen a second wave of COVID-19 and throughout the first wave and going into the summer had had to ensure there was sufficient capacity to accommodate both COVID-19 and non COVID-19 patients. Testing capacity on site had been spoken about and the greater amount of rapid testing capability had aided flow; when rapid testing capacity had been lower this had adversely impacted on performance standards. The position had also been affected by staff sickness rates which had been high and the Trust had had to look at services which could be stepped down for a period to enable safe care to be provided on the wards. Inevitably there had been an impact on elective activity but the Trust had tried to maintain this and urgent surgery with the use of the independent sector and had been managing activity despite the measures put in place for COVID-19, however, during January only 35% of elective work was achieved due to the second surge.</p> <p>20. The Managing Director advised that the focus had now moved to look at how the next stage would be managed. The Trust were proud of the work which had been undertaken by the teams to reinstate elective surgery over the last few months but recognised that the focus would now need to be on those patients requiring urgent surgery, whilst recognising the toll of the second surge on staff, and it was not expected that what would be considered normal levels of CCU capacity would be reached before the end of March.</p> <p>21. The Chair observed that it would be important to apply the learning from the first surge and maintain cancer services and urgent surgery.</p>	
	<p><u>Finance Performance</u></p> <p>22. The Director of Finance highlighted that in December the Trust had reported an actual surplus which was better than the control total agreed with NHSE/I by £21k, for the year to date there was a favourable variance of £0.2m against control total, however, there were some issues around annual leave accrual.</p> <p>23. The Trust held significant levels of cash at the end of December £144m, the value being particularly high due to the national cash management plans which saw Trusts receive 2 months of income in April to ensure liquidity during the COVID-19 response, which would be taken back in March with a reduction in the balance by c.£65m.</p> <p>24. At the end of December there was underspend of capital of £2.5m although the Trust was forecasting that capital spend would be on plan by year end, but it was recognised that this would take considerable management input.</p> <p>25. Regarding the £5m capital spent on COVID-19 at the beginning of the year up to June the national team had undertaken a review process and had not yet signed off the capital. Detailed planning guidance which was due to be published in January had been suspended for three months with detailed guidance from NHSE&amp;I not expected to be received until April with a submission date for plans in June. The Director of Finance advised that informally the message he had been hearing had been that the financial year was likely to be split between 3 months of the current architecture and 9 months on the normal basis. However, the NHS discussions with the Treasury continued and the outcome of the impact of COVID-19 on the funding for next year was awaited.</p> <p>26. Despite the delays in receipt of the guidance the finance team continued to plan for the Trust's budgets and would bring draft plans to the February assurance committee meetings, these plans would then be adjusted as required when the national planning guidance was received in April.</p>	
P6/21	<b>OCKENDEN RESPONSE REPORT</b>	
	<p><u>Received for assurance</u> a report presented by the Chief Nurse.</p> <p><u>Noted</u></p>	

1. The Chair noted that the report provided was an initial response that the Trust was required to submit to NHS England & NHS Improvement.
2. The Chief Nurse stated that as noted by the Chair the Trust's initial response had to be submitted on 15 February 2021 and that further work would then be undertaken and the response subject to further iterations.
3. The Chief Nurse advised of the background to the Trust's response. Following the publication of the Ockenden Report in December 2020 and introduction of the Transforming Perinatal Safety Programme, also taking into account previous reports such as Kirkup and Morecombe Bay, all Trusts had been asked to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of effective implementation to their Boards, Local Maternity and Neonatal System Board (LMNSB) and NHS England and NHS Improvement regional teams.
4. The assessment and assurance tool had been provided by NHSE/I to enable the Trust to critically evaluate the current position and identify further actions and support requirements in a structured response. Evidence of the assessment would be submitted in the coming months, according to guidance when issued, and with the support of the Maternity Voices Partnership as required. Regional Teams would assess the outputs of the self-assessment and work with providers to understand where the gaps were and provide additional support where this was needed. This would ensure that the 7 IEAs and the associated 12 clinical priorities would be implemented with the pace and rigour commensurate with the findings and ensure that pregnant women and their babies were safe.
5. The Board was asked to approve the assessment and response following recommendation by the Chief Nurse and Mr Khatib, Non-Executive Director responsible for the oversight of maternity services, prior to submission to NHS England and Improvement.

#### Questions and Comments

6. Mr Khatib noted that this response was to the first report and that a second report was expected regarding further cases later this year and there were both national and local recommendations. Mr Khatib stated that he welcomed further work around the recommendations and that whilst the key messages for maternity services were being taken forward some could also be applied for the whole Trust.
7. Ms Noske questioned what the expected patient outcomes from the implementation of the recommendations would be if looked at a year from now as differentiated from the business as usual changes. The Chief Nurse advised that the Ockenden Report had come out at a time when significant changes were being made nationally within maternity with regard to continuity of carer for which there was a clear evidence base for improved outcomes and the Ockenden Report supported these changes but the outcomes would be seen differently.
8. The Chief Executive observed that the Trust Board had made the decision to invest £1.4m additional funding to support maternity services, especially the appointment of additional midwives, although it was recognised that the recruitment would take time.
9. The Chief Medical Officer advised that this was about the safety culture of the organisation and how this was embedded and measured.
10. The Chair questioned the patient voice in the response. The Chief Nurse advised that the Trust had a good working relationship with the Maternity Voices Partnership and were working with partners across the wider system and the regional team with specific focus on areas of deprivation and health inequality.

**Resolved: That the Board received the report and approved the assessment and response following recommendation by the Chief Nurse and Mr Khatib, Non-Executive Director responsible for the oversight of maternity services prior to submission to NHS England and Improvement.**

SECTION 3 – PEOPLE AND ENGAGEMENT		ACTION
P7/21	<b>WELLBEING UPDATE</b>	
	<p><u>Received for assurance</u> a report presented by the Director of Human Resources &amp; Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Board was advised of the positive work which had been done to significantly reduced vacancies to just 127 across all staff groups. 85 registered nurses and 112 healthcare support workers would shortly be joining the Trust with 49 new doctors starting over the coming weeks.</li> <li>2. An improvement was being seen in sickness absence in particular with regards to COVID-19 related absence and this continued to be monitored on a daily basis.</li> <li>3. The Director of Human Resources &amp; Organisational Development advised that the team were conscious of the impact of COVID-19 on staff and from Monday work would be commenced over the next 8-12 weeks to look at turnover so that there was a good trajectory going into the summer. Following the identification of dedicated resource last year to oversee wellbeing support for staff during the pandemic the report provided Board members with an update on the progress that had been made to form a new Wellbeing Hub for ESNEFT staff and volunteers, key achievements over the past 10 months and the current wellbeing priorities that were being progressed by the Wellbeing Hub leadership team.</li> <li>4. The Director of Human Resources &amp; Organisational Development highlighted the work of the 180 mental health first aiders who had been deployed to the wards over the last two weeks to provide support to staff and that more than 2,500 personal calls to staff and volunteers who were shielding themselves or working from home had been made to offer support. A number of wellbeing webinars and seminars had been set up with over 100 people signing up in the last couple of days and posters were being distributed throughout the hospitals to provide detail of how staff could access the support available.</li> <li>5. The Director of Human Resources &amp; Organisational Development noted that an important next step would be the inclusion of outcome metrics and the reporting against these to the People and Organisational Development assurance committee and the Board.</li> <li>6. The Board was asked to receive and note the content of the report and was informed that a further update report would be provided for information/assurance in May 2021.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>7. Mrs Taylor-Brown questioned how the Board could be assured that the wellbeing provision being offered was what staff wanted. The Director of Human Resources &amp; Organisational Development stated that the engagement from staff to the provision evidenced that what was being provided was needed but it was recognised that there was more work to do and further conversations were taking place.</li> <li>8. The Chief Executive observed that major listening events had been carried out in advance of the health and wellbeing offer, which had been based on the feedback received, but that these events had been pre COVID-19 which had changed the offer requirements.</li> <li>9. Mrs Taylor-Brown stated that she felt that this was an opportunity to tie together what was needed to meet the needs of staff and to explore what this might mean in terms of ESNEFT being a “good employer”.</li> <li>10. Mrs Taylor-Brown questioned the results of the staff survey. The Director of Human Resources &amp; Organisational Development advised that the results of the survey had not yet been publically released and were currently being reviewed by the executives but that a paper would be brought back to the March Board.</li> <li>11. Mr Spencer commented that whilst he held the role as lead Non-Executive Director for wellbeing this was an area which concerned everyone. Mr Spencer stated that he would commend the report provided but would encourage the development of measurement of the effectiveness of the initiatives and note that the Wellbeing Hub Strategy was not the overall Wellbeing Strategy and wider issues would have to be considered.</li> <li>12. Ms Noske stated that she felt that the Wellbeing Hub was a good initiative but would question how many staff had engaged with this and how effective it had been and the learning from this. The Director of Human Resources &amp; Organisational Development stated that the metrics would have to be built into the work and the team were looking at best practice regarding metrics and this work would be brought through the People &amp;</li> </ol>	<p>KR</p> <p>KR</p>

	<p>Organisational Development Committee and Board.</p> <p>13. Mr Bloomfield observed that he felt that the role of a mental health first aider could be difficult at times and he would question the support being provided. The Director of Human Resources &amp; Organisational Development advised that support was in place for the mental health first aiders with weekly meetings taking place.</p> <p>14. Mr Bloomfield commented that thinking about a higher number of staff than normal considering leaving the organisation following the pandemic whether the “door could be kept open” for them to return at a later date. The Director of Human Resources &amp; Organisational Development advised that there was a pool of “reservist staff” who those who might want to step aside from their clinical work for a time and alternative roles were being looked at by the recruitment team and the Associate Directors of Nursing for those considering leaving clinical roles.</p> <p>15. The Managing Director commented that as the Trust moved to think about the next stages of recovery there was much work to be done regarding supporting staff and it was recognised that some staff might look to leave or retire and staff health and wellbeing was very much linked to the wider recovery programme.</p> <p>16. The Chief Medical Officer stated that involving staff in the conversations was very important and recognising that all staff had different coping methods but that improvement to the working environment and small changes could make a big difference to how people felt.</p> <p>17. The Chair thanked the Director of Human Resources &amp; Organisational Development for the report and requested that thanks was passed on to Jo Wood, Assistant Director of HR and noted that the Board would receive a further update in May.</p> <p><b>Resolved: That the Trust Board received and noted the report.</b></p>	<b>KR</b>
<b>SECTION 4 – STRATEGY, BUSINESS &amp; TRANSFORMATION</b>		
P8/21	<b>COVID19 VACCINATION PROGRAMME UPDATE</b>	
	<p><u>Received for information</u> a verbal report presented by the Director of Communications &amp; Engagement.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Director of Communications &amp; Engagement advised the Board that the ESNEFT vaccination hubs continued to provide a high number of vaccinations every day but a shift was now being seen from first vaccinations for patients over 80s and staff to second vaccinations which would commence booking from the 22 February 2021.</li> <li>2. The Director of Communications &amp; Engagement paid tribute to the excellent work of the vaccination teams and the volunteers who had delivered an incredible response and thousands of vaccines.</li> <li>3. The Board was informed that ESNEFT continued to be a key system partner in this ongoing and significant piece of work and was working closely across the area to support ongoing delivery of vaccination to those in cohort 1-4.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>4. Ms Noske noted the good progress which had been made and questioned whether the change of timing now recommended for the second dose of vaccine had created an issue. The Director of Communications &amp; Engagement stated that there had been some concern due to the change of time gap between the first and second vaccination, particularly amongst the clinical staff, but that this was being managed carefully. The staff helpline and medical leads at the hubs were clear on the guidance around the second vaccination and the challenge was now on scheduling the second dose, prioritising front line staff and those most at risk.</li> <li>5. The Chief Medical Officer observed that the consistency of the message was key whilst recognising the anxiety and that with more data becoming available on efficacy of the vaccination it had been easier to communicate the message and had lessened anxiety.</li> <li>6. Mr Bloomfield noted that a national issues which had been reported was the reluctance of Black, Asian, Minority, Ethnic staff to have the vaccine and he would question whether the uptake data was available for ESNEFT. The Director of Communications &amp; Engagement advised that the data was available but that there was a clear national process regarding sharing of data, but that what had been seen nationally was being reflected locally. Ms</li> </ol>	



	<p>Susannah Howard, ICS Programme Director from the ICS was leading work to encourage the Black, Asian, Minority, Ethnic community to participate in the vaccination programme and ESNEFT had formally written to all its staff in these groups to offer support and another briefing session was being arranged. The Trust was working to reassure all staff who had not registered regarding the safety of the vaccine, but having the vaccination remained a voluntary individual choice.</p> <p>7. The Chief Executive noted that he had also been working with faith leaders nationally.</p> <p><b>Resolved: That the Board received and noted the verbal report.</b></p>	
P9/21	<p><b>EU EXIT UPDATE</b></p>	
	<p><u>Received for assurance</u> an EU Exit update presented by the Director of Communications &amp; Engagement.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The UK exited the EU on 31 January 2020 and the subsequent transition period ended on 31 December 2020. The UK Government reached an agreement with the EU about the ongoing relationship beyond the end of the transition period. The Future Relationship Bill was introduced into Parliament on 30 December 2020 and was passed into law. The agreement was in place on 1 January 2021.</li> <li>2. In response to EU Exit the Trust had established an EU Exit Implementation Group with senior responsible officer (SRO) leadership and cross department and division representation. This group was leading the Trust's response and ensured that the Board and the Executive Management Committee were briefed and assured.</li> <li>3. A full risk assessment had been completed and was regularly reviewed in line with updated information on potential disruptions to services caused by reaching the end of the transition period. ESNEFT continued to monitor and update tested business continuity and emergency preparedness, resilience and response (EPRR) plans in relation to the shifting political picture and regional updates. Exercises to test resilience and response plans had taken place internally in ESNEFT and also with system partners in Suffolk, Essex and with wider regional and national teams. ESNEFT were also represented and actively feeding into wider multi-agency response planning through the Local Resilience Forum (LRF) and the Local Health Resilience Partnerships (LHRP).</li> <li>4. Development of and updates to communication plans and key messages to front line colleagues in line with central messages and guidance were continuing.</li> <li>5. To date, there has been minimal impact on Trust operations across ESNEFT sites, however, advice from the government was that some effects might not be felt for up to six months following the end of the transition period. NHS England and NHS Improvement (NHSE/I) had asked that all NHS organisations kept in place the plans and mitigations stood up for the end of the transition period until further notice as the risk of disruption at the border remains. Continuity of supply preparations undertaken by the Department of Health and Social Care (DHSC) would remain in place as they were required to mitigate against potential disruptions caused by new customs and border processes. The Trust's EU Exit Implementation Group would continue to monitor and revise planning and mitigations until they were no longer required.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>6. The Chair highlighted that the structures around the EU Exit response would remain in place until all aspects had been concluded.</li> <li>7. Mr Ridler questioned whether the EU Exit had had any adverse impact on recruitment. The Director of Communications &amp; Engagement advised that no adverse impact to recruitment had been expected but that the Trust had paid careful attention to its existing EU national staff and was working on plans regarding the management of EU patients. The Director of Human Resources &amp; Organisational Development confirmed that no significant challenges with recruitment had been seen and the Trust had had a reduced vacancy rate over the last few months.</li> <li>8. The Chair observed that the social care sector might be more significantly affected with regards to recruitment that the Trust.</li> </ol> <p><b>Resolved: That the Trust Board received and noted the update report.</b></p>	

SECTION 5 - PUBLIC QUESTIONS		ACTION
P10/21	<ol style="list-style-type: none"> <li>1. Mr Welbourn, ESNEFT Lead Governor noted his positive support for the progress which ESNEFT was making recognising that staff morale was vital to the recovery programme and that working across the system might provide opportunities for staff to move roles. The Chief Executive advised that feedback had been received that some clinical colleagues had enjoyed the varied roles they had undertaken during the pandemic. For those staff who decided to leave or retire there was the opportunity for them to become a “reservist” and the Trust would be supportive of the workforce and look to give the option of more flexibility around career choices.</li> <li>2. Mr Gronland stated that reflecting on the merger it had been impressive how the staff from both predecessor organisations had worked together within ESNEFT, especially during the particularly challenging time of the pandemic.</li> <li>3. Ms Lockington questioned whether thinking about the COVID-19 related deaths the Trust had to report on the ethnicity and whether those from the Black, Asian, Minority, Ethnic community could be offered vaccination earlier. The Chief Medical Officer advised that prioritisation of vaccination was decided nationally but that the Trust had been regularly reporting on ethnicity data and were keen to address inequalities, but that no particular trends had been noted except for those in the perinatal data. Many debates around prioritisation had been held, however, the Trust had taken the decision to follow national guidance but it was expected that prioritisation would become more nuanced as more data became available.</li> <li>4. Ms Lockington commented that it had been good to hear that the doctors mess facilities were now open on both sites as she felt it was important for junior doctors to have an area to be able to meet.</li> <li>5. Ms Scott observed that whilst the completion of the doctors’ mess had been positive, doctors were a small percentage of staff in the Trust and that extending the “Brew Crew” visits would be beneficial. The Director of Human Resources &amp; Organisational Development observed that marquees had been set up supported by the Charity on both sites which provided rest areas for all staff and these had been well received and used. The Charity had also agreed to fund additional permanent Oasis spaces for staff at both Ipswich and Colchester. A further series of listening events was planned.</li> <li>6. Ms Scott questioned how work force planning was linked into conversations regarding training and education as there was a long lead in time for some areas and when Continued Professional Development (CPD) would be reintroduced. The Director of Human Resources &amp; Organisational Development advised that workforce planning was an area of focus and an Education Steering Board was being set up to align both areas, with regards to CPD this was being reviewed on a weekly basis at the Strategic Workforce Group meetings and decisions made as appropriate to the current situation, however, support had continued to individuals where required in order for them to be able to continue ongoing training and not be disadvantaged.</li> <li>7. The Chair thanked the members of the public for their attendance at and participation in the ESNEFT Trust Board (Public) meeting.</li> </ol>	
<b>DATE OF NEXT MEETING</b> - The next ESNEFT Trust Board meeting in Public would be held on Thursday 6 May 2021.		

Signed ..... Date .....

Helen Taylor  
Chair

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