

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 8 JULY 2021, 9.30AM – 12.00PM

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

Dr Shane Gordon
Mr Adrian Marr
Mr Mike Meers
Mr Neill Moloney
Mr Giles Thorpe
Dr Angela Tillett

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

IN ATTENDANCE:

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

Director of Communications & Engagement
Director of Estates & Facilities
Director of Governance
Associate Non-Executive Director
Director of Human Resources & Organisational Development
Associate Non-Executive Director
EA to Chair & Director of Finance / Senior Committee Secretary (Minutes)

APOLOGIES:

Mr Nick Hulme

Chief Executive

SECTION 1 – CHAIR’S BUSINESS		ACTION
P23/21	WELCOME AND APOLOGIES FOR ABSENCE	
	<p>1. The Chair welcomed attendees to the meeting noting that with the continuing COVID-19 pandemic guidance the meeting was being held via TEAMS.</p> <p>2. Apologies for absence were received from: Mr Nick Hulme, Chief Executive.</p>	
P24/21	DECLARATIONS OF INTEREST	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <p>1. The Standards of Business Conduct Policy requires all Board Directors to declare any interests, which are relevant and material to the Board. The following Declarations of Interest and amendments had been received since the last Board meeting:</p> <ul style="list-style-type: none"> • Dr Shane Gordon has taken up a role as Trustee of Tendring Specialist Stroke Services (Charity number: 1054049). • Mr Hussein Khatib has taken up a new role as Interim Director of Safety Surveillance at Great Ormond Street Hospital (GOSH) from July 2021 for a six-month period. This replaces his previous role as Head of Patient Safety and Quality for GOSH. <p>Resolved: That the Trust Board received and noted the Declarations of Interest.</p>	
P25/21	MINUTES OF THE MEETING HELD ON 6 MAY 2021 AND ACTION LOG	
	<p>1. The minutes of the meeting held on 6 May 2021 were approved and signed by the Chair as a correct record.</p> <p>2. The Action Log was received and noted.</p> <ul style="list-style-type: none"> • <u>P18/21</u> – In answer to a question raised by Ms Noske it was confirmed that this action would be covered under agenda item 3.3 <i>Accelerator Site update</i>. • <u>P17/21</u> – Mr Spencer stated that he felt that this action should not be “blue” as draft minutes had not been received from the June Assurance Committees by the NEDs prior to the Board meeting. The Chair stated that this action would be progressed for future months. 	
P26/21	CHAIR & CHIEF EXECUTIVE’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Managing Director.</p> <p><u>Noted</u></p> <p>1. The Chair stated that her first words were of welcome to new colleagues as a new chapter for community health and care services in North East Essex began last Thursday on 1 July 2021 as ESNEFT had come together with a group of organisations in a first of its kind collaboration to provide community services. The Trust was pleased to welcome colleagues from ACE, the Urgent Treatment Centre at Clacton Hospital and satellite at Harwich Hospital to the ESNEFT family. Communities should be assured that their services would not change as a result of the transfer and that this represented a very positive step forward for the provision of community services in North East Essex.</p> <p>2. The main partners in the collaborative were ESNEFT together with Essex Partnership NHS Foundation Trust, GP Primary Choice, a group of 34 local GP practices, and Virgin Care. The partners would also work with colleagues other local organisations. A webcast had been made by the Chief Executive and Chair to the transferring staff on 1 July 2021.</p> <p>3. At Ipswich building works had commenced to the front of the hospital to create a new main entrance and retail area as part of the £100 million which was being invested over five years to change the face of our hospitals for the better and make sure our patients have the best possible environments. At Ipswich Hospital the investment was £52 million and the work to the entrance was the first stage. Work on the new urgent treatment centre and emergency department would begin soon and was due to open in 2023 and a new surgical assessment unit would open later this year. The £5.3 million pathology molecular laboratory is due to open in August 2021. The Chair thanked the Non-Executive Directors for their support of this project.</p> <p>4. The new £5.3m breast care centre was due to open next year and the new children’s £6.9 million department would open in 2023. The news of all of these ‘big builds’ at Ipswich and Colchester was shared in a special newsletter with staff.</p>	

5. On 1 July the Trust had celebrated three years since becoming the East Suffolk and North Essex NHS Foundation Trust on 1 July 2018 and on the 5 July 2021 the NHS celebrated its 73rd birthday. One of our senior clinicians Debo Ademokun was invited to a special celebration service at Westminster Abbey, along with colleagues from around the country.
6. The Chair thanked the teams involved in lighting up our landmark buildings at Colchester and Ipswich Hospitals in blue on Saturday as part of the national NHS 'light up blue' campaign.
7. The Chair observed the fantastic social media coming from Sunday's 'thank you day' for the NHS when a collection of photographs of ESNEFT staff from the past year was shared across the Trust's social media accounts and social media followers and audiences were encouraged to say 'thank you' to the NHS teams who had helped them. The Chair stated that she would encouraged the new governors to make use of the ESNEFT social media accounts.
8. The Chair informed the Board that the new Acute Medical Same Day Emergency Care (AMSDEC) service at Clacton Hospital had been extended for a further year after providing care closer to home and a better experience for patients on the Essex coast. The service aimed to assess and treat patients quickly and efficiently and without the need for a hospital stay. The service had launched as a pilot in February, but had recently been funded for a further 12 months by NHS North East Essex CCG after safely discharging patients within an average of just two hours.
9. Dr Mubby Husain had become the first consultant virologist at ESNEFT having joined the infection and microbiology team during the outbreak of Coronavirus (COVID-19) to help tackle the virus and other patient acquired infections.
10. The Chair congratulated the Trust's finance department which had become the first in the East of England to be recognised for the way it supported colleagues to develop their personal skills, finance knowledge and look after their health and wellbeing having been awarded excellence accreditation with Future-Focused Finance (FFF) at level two by the NHS Finance Leadership Council.
11. The Chair stated that finally she would like to express thanks to all of the teams including charity and estate and facilities for the tremendous work involved in creating the new staff Oasis space at Ipswich Hospital which had created a tranquil, contemporary space both indoors and outdoors and was open 24/7. A similar staff oasis space at Colchester Hospital was also planned. The £100,000 project using money donated to the COVID-19 Staff Well-Being Fund and grants received from the NHS Charities Together.
12. The Managing Director acknowledged that in the wider environment Mr Sajid Javid had been appointed Secretary of State for Health and Social Care at the end of June and appointment to the NHS CEO role was being progressed.
13. The Health and Social Care Bill had been published earlier this week, with the key focus around how the system working would progress with the ICS being put on a formal basis.
14. Further COVID-19 vaccination guidance had been received including detail of the booster programme and this was being progressed by the team at ESNEFT.
15. Following the CQC report a report by the Chief Nurse on the Every Birth Every Day programme was scheduled for later on the agenda.
16. The Board was informed that there were still a number of patients with COVID-19 in the ESNEFT hospitals but this number was lower than others around the country and reflected the strength of the local vaccination programme. However, teams had been brought together to test the plans for the winter to ensure that these were robust as increasing activity was being seen.
17. The Managing Director stated that restoration of elective work was currently a key focus for the Trust and an update would be given later on the agenda regarding ESNEFT's role as an accelerator site. ESNEFT had encouragingly seen 18,000 outpatients in one week with around 25% being seen virtually and the teams were building on this activity.

Questions and Comments

18. The Chair noted that there had been media coverage about the high levels of activity across the NHS and the potential impact from the relaxation of COVID-19 restrictions later in the month.
19. Ms Noske noted that although COVID-19 numbers were starting to rise we were hearing about the positive impact of the vaccine on severity of illness and she would question

	<p>ESNEFTs readiness for the lifting of restrictions later this month. The Managing Director advised that COVID-19 numbers had not exceeded 10 on each site over the last few weeks which was felt to show the benefit of the vaccine programme. The majority of these patients were not vaccinated, however, there had been some who had received the vaccination. The Managing Director gave assurance that the teams had been planning and were well prepared for any potential increase in numbers following the lifting of restrictions.</p> <p>20. Mr Khatib questioned whether staff were taking annual leave to ensure their wellbeing prior to any increased activity and restoration of elective surgery. The Managing Director agreed that the Trust would need people to be able to react to any further pressures and were working with the divisions to ensure staff were taking appropriate breaks. The Director of Human Resources & Organisational Development advised that annual leave was being tracked on a monthly basis at the accountability meetings and the levels were the same as pre pandemic (2018/19) and the team were also monitoring contacts with the wellbeing services.</p> <p>21. Mr Bloomfield congratulated the team on the recovery work but questioned when the outcome would be known regarding changes to the ICS boundaries and clarity around the impact for ESNEFT. The Managing Director stated that he felt that further clarity around the decision would be received over the next weeks from the new Secretary of State.</p> <p>22. Mr Ridler noted that there had been reports in the press today regarding increased infection rates and questioned the impact of increased numbers of staff having to potentially isolate. The Managing Director advised that the Trust was in discussion with the national team regarding this. The Director of Human Resources & Organisational Development stated that the Trust was seeing an impact on staffing from school children having to isolate and this was being managed through the health rostering processes and any isolation required following from annual leave was being factored in and managed through the Trust's usual policies.</p> <p>23. The Chief Medical Officer noted that the Trust was still seeing some cases of COVID-19 in patients who had been vaccinated, particularly for clinically extremely vulnerable/clinically vulnerable. Mrs Taylor-Brown asked whether there was a consistent process in place to track the clinically extremely vulnerable patients. The Chief Medical Officer advised that nationally there was a lack of definition regarding the terms and currently the Trust did not have an electronic system to record this information but were recording manually any comorbidities. The Chief Medical Officer advised that consideration of the lifting of general COVID-19 restrictions would be taken through the Clinical Reference Group (CRG) and that as a Trust the approach taken would be cautious, noting that there were pockets of the population that had not received both vaccinations.</p> <p>24. Mrs Taylor-Brown questioned whether the Trust could provide a working definition across the cohort of patients and then ask the IT team to develop a way to flag these patients. The Chief Medical Officer advised that the regional IT teams were looking at comorbidities and digital recording of this information across the ICS.</p> <p>25. The Chief Nurse stated that he would assure the Board that the latest national infection control guidance was under review by the ESNEFT infection control team. The message had been received that the guidance would not change at the current time for health care settings and a review would be undertaken in September, therefore, the Trust would continue to follow national guidance and ask staff, visitors and patients to wear face masks after 19th July 2021.</p> <p>Resolved: That the Board noted the verbal updates.</p>	
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SECTION 2 – QUALITY AND PERFORMANCE		
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P27/21	PATIENT STORY	
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	<p><u>Received for noting</u> a patient story presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Chief Nurse observed that the patient story this month regarded a patient story where things were not right for a carer or patient attending ED. Communications had been poor and neither the patient nor carer were listened to which led to feelings of anxiety and lack of trust. 2. The Chief Nurse highlighted the key points of learning including the need to engage at every contact in order to build a trusting and caring environment. Asking the right question at the beginning, which allowed patients and carers to say what was important to them, 	
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	<p>what they wanted you to know, to find out what had changed for them that day to bring them to A&E. Asking the right question from the outset made the care personal as this built instant trust and assurance that staff were truly listening and cared.</p> <ol style="list-style-type: none"> 3. The Chief Nurse stated that it was recognised that loss of trust came from not feeling listened to which made patients or carers feel that they had lost any control when at their most vulnerable. Even those who worked in supporting others to speak up could lose their voice when overwhelmed by a health situation themselves or for their loved ones. 4. The Chief Nurse highlighted that being busy should not stop staff from being a good communicator. 5. The Board was asked to note and discuss the patient story. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. Mrs Taylor-Brown observed that she would empathise with the story from personal experience and that practical ways to help with communications when carers were not able to be present at consultations in person should be considered. The Chief Nurse advised that he was working with the Director of Human Resources & Organisational Development regarding the development of family liaison officers, who had been introduced during the first wave of COVID-19 to aid communications, going forward. 7. Mr Spencer questioned whether there had been a shortage of staff in the area at the time as being busy in context could be a factor. The Chief Nurse advised that in this case he did not feel that the area was excessively busy and there had been the opportunity to listen to the patient and carer. 8. Ms Noske questioned whether the nurse in question had acknowledged whether their behaviour should have been different and how the lessons learned from this case were shared. The Chief Nurse advised that in these cases the staff were always asked to reflect on their interaction with patients and this was shared as learning for the team and across sites. Compassionate communication training was in place but the Chief Nurse stated that he felt the strongest learning was from reflection on the impact of their actions. 9. The Chief Medical Officer stated that it had been recognised nationally that more staff were experiencing “compassion fatigue” and the Trust would need to help staff recognise this. 10. Mr Youngs highlighted the link from this patient story to the findings revealed from the Ockenden report in maternity services and questioned whether there was a need for a similar deeper review of ED. The Chief Nurse advised that every area undertakes a deep review of patient experience as part of the clinical divisional governance processes and that this case needed to be taken in the context of the wider patient experience. 11. Mr Youngs noted the absence of wheelchairs reported and advised that last year the Charity had funded the purchase of additional wheelchairs for the Trust. The Chief Nurse confirmed that he was satisfied that there was not an issue with the number of wheelchairs available. 12. The Director of Human Resources & Organisational Development advised that the team were looking at putting additional support into ED around coaching and support regarding “compassion fatigue” although this was not endemic within the Trust. 13. Mr Ridler questioned whether the patient had gained benefit from this process and whether there was a way to share this. The Chief Nurse advised that it was the carer rather than the patient who had come forward in this case and the Trust was doing ongoing work with the Carers Trust and other forums which was restarting following the height of the pandemic. <p>Resolved: That the Board received and noted the report.</p>	
P28/21	EVERY BABY EVERY DAY (INCLUDING CQC INSPECTION REPORT RESPONSE)	
	<p><u>Received for assurance</u> report presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Chief Nurse advised that as the Board was aware there had been a series of nationally led improvement programmes and recommendations from inquiries focusing on maternity services which included, but was not limited to: The Kirkup Report (March 2015); the Ockenden Report; the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme and Continuity of Carer (Implementing Better Births). 2. The Trust, through the use of Divisional Accountability, have been aware of and taking action to address challenges that our maternity services faced in terms of leadership, culture and the delivery of safe staffing consistently. Throughout this period the Trust’s 	

lead inspector was routinely kept inform of actions being taken through relationship meetings with the Chief Nurse.

3. The Care Quality Commission undertook unannounced inspection of ESNEFT maternity services in March / April 2021 and have taken regulatory action and issued ESNEFT with requirement notices in respect of:
 - Regulation 12 – Safe care and treatment
 - Regulation 17 – Good governance
 - Regulation 18 – Staffing
4. These are described as ‘actions we must do’ to comply with our legal obligations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further to this the report describes ‘action we should do’ which are associated with minor breaches that do not justify regulatory actions, with the services being rated from ‘Good’ in January 2020 to being ‘Requires Improvement’ in the latest inspections. There have been no restrictions placed on ESNEFT CQC registration.
5. As the Trust’s CQC rating for maternity services has changed from Good overall to Requires Improvement, the Trust has been invited onto the Maternity Safety Support Programme (MSSP) by the Chief Midwifery Officer.
6. The MSSP will be led locally by a dedicated Maternity Improvement Advisor who will work alongside the senior clinical team to support, facilitate and provide practical advice, identifying where the service may benefit from additional support, as well as drive the overall programme.
7. In line with the Trust’s philosophy that ‘Time Matters’, and with the restart of the Time Matters Board, a transformation programme has been set, which will support the delivery of national, regional and local priorities for improvement. The programme has been titled ‘Every Birth Every Day’ (EBED).
8. The Programme Board will be chaired by the Chief Executive, supported by the Maternity Board Level Safety Champion (Chief Nurse). With the key work streams of:
 - Organisational Development,
 - Safety Culture,
 - Governance, and
 - Staffing/Workforce.
9. The work streams will feed into the EBED Programme Board on a monthly basis. It is expected that the Integrated Care System Director of Nursing, Regional Chief Midwife, NHSEI Maternity Improvement Advisor and the Trust Non-Executive Director lead for (Safety), which includes maternity services, will attend to provide assurance oversight.
10. Alongside the EBED programme there will be a robust communication and engagement plan with our staff, and with the pregnant people we work with, in order to assure them that the actions identified are undertaken and sustained. Such a largescale transformative programme of work must involve all stakeholders as partners in order for this to be successful.
11. The programme actions directly relating to the CQC must do actions will be shared with the Care Quality Commission in line with regulatory requirements, along with routine updates on the wider programme.
12. Oversight will be through to the Time Matters Board and onwards to the Quality & Patient Safety Assurance Committee, and the Trust Board.
13. The Board was asked to note the findings from the CQC reports, the associated regulatory improvement actions that have been taken and to endorse the response of the Trust to continue to improve maternity services in all sites, through the development of the ‘Every Birth Every Day’ maternity improvement programme.

Questions and Comments

14. Mr Spencer commended the proposed programme structure but questioned whether a work stream was needed for the learning for the rest of the Trust. The Chief Nurse advised that the safety culture work stream fitted into this and learning would be cascaded across the Trust. The Chair noted that it was proposed that later in the year the Board would undertake a more detailed look at this issue.
15. Ms Noske agreed that this was a helpful overview and questioned the timescales for the plan and whether within the Board structure there was an individual accountable owner. The Chief Nurse advised that he was the SRO and maternity safety champion but the Chief Executive would be the Chair of the EBED Programme Board and collectively the

	<p>executives would work together to deliver the programme. The first meeting of the EBED Programme Board was scheduled to take place on 27 July 2021 following which there would be monthly meetings until there was satisfaction with the outcome.</p> <p>16. Mr Morris challenged the financial implications noting that litigation risk was not mentioned and questioned how the Maternity Voices Partnership fitted in to this work. The Chief Nurse advised that the Maternity Voices Partnership would have representation on the EBED Programme Board and he was working with Mr Khatib and them to develop sharing of their experiences.</p> <p>17. The Chair advised that Mr Khatib was taking the role of lead Non-Executive Director for oversight and the financial implications would be covered in the second section of the Board meeting.</p> <p>18. Mr Youngs stated that he felt that whilst the work would improve clinical provision in the department, leadership was key to improving morale and questioned whether as part of recovery in maternity it was planned for leaders to access the training sessions. The Chief Nurse advised that the organisational development work stream would include leadership rather than having a separate work stream, and some changes in the leadership of maternity services had already been made. The Chief Nurse stated that the morale issue was complex but leadership was recognised as a key issue.</p> <p>19. Mr Khatib stated that he would reassure the Board that this work was being monitored through the Quality & Patient Safety Committee who were looking at the short and long term action timelines and had been requesting detail of completion. Mr Khatib stated that he would observe that he felt that the CQC visit had been positive and focused the work and that the meeting held with the Maternity Voices Partnership had been very positive.</p> <p>20. The Chief Medical Officer stated that in terms of the structure of the programme the Trust had been looking at perinatal mortality and there had been targeted improvement work for Black, Asian, Minority, Ethnic mothers and the team were closely looking at the outcomes for the babies.</p> <p>21. Mr Millar stated that he would highlight that the Board were already looking at the issues in maternity services prior to the CQC visits and the executive were working to improve the position.</p> <p>22. Mr Millar noted the governance points around wider learning and that maternity services were notoriously challenged and staffing was a national issue and he would question how the Board could be assured that leadership and morale issues in one service were not more widespread. The Audit & Risk Committee having received a report on a review undertaken in surgery and anaesthetics where similar issues were highlighted and the Board would need to ensure that the fundamentals of care were concentrated on.</p> <p>23. The Director of Governance stated that with regards to the question raised by Mr Morris regarding litigation and the potential financial impact, all of the reports had not raised any safety concerns for women so it would not be expected that litigation would increase. Around the shared learning all divisions had been asked to review the maternity report in the context of their divisions and report back to EMC on their findings. The Board was also assured that a lot of information was shared with the CQC inspectors prior to the visits and at regular meetings.</p> <p>24. The Chair requested that an update report was brought to the Board quarterly to maintain oversight.</p> <p>Resolved: That the Board received and noted the report.</p>	GT
P29/21	QUALITY & PATIENT SAFETY (QPS) COMMITTEE CHAIR'S KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> the QPS CKI report from the meeting held on 24 June 2021 presented by Mr Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. The Committee discussed the issue of learning disabilities being presented as cause of death on the death certificate. The Chief Medical Officer advised that learning disabilities nurses had been attending Trust wide Learning from Deaths groups and in relation to inequalities, the Trust was now looking to see if patients with learning disabilities could be prioritised. The learning disabilities nurses would also flag at these monthly meetings if learning disabilities was entered as a cause of death.</p> <p>2. The Committee received the Cancer Care & Harm Reviews and were advised of identified themes and causes of delay in diagnoses. COVID-19 was identified as the biggest theme, followed by patient choice. The Committee agreed that further interrogation into those</p>	

	<p>themes needed to be undertaken. After a successful pilot, a Cancer Nurse Specialist has been recruited to review patients who had breached their targets over the last 3 months. Further outcomes would be reviewed.</p> <p>Resolved that the Board: Received and noted the QPS CKI report from the meeting held on 24 June 2021.</p>	
P30/21	<p>PERFORMANCE ASSURANCE COMMITTEE CHAIR'S KEY ISSUES (CKI) REPORT</p> <p><u>Received for assurance</u> the Chair's Key Issues report from the Performance Assurance Committee meeting held on 22 June 2021 presented by Mrs Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had asked to review the cost of elective recovery against the available allocated funding to Divisions and noted that planning guidance for H2 was likely to be delayed. The Trust needed to be cognisant of regional intelligence around H2 planning in order to produce a financial plan for H2 with or without planning guidance. The Committee had asked for further update at the July meeting. 2. The Managing Director had advised the Committee on the increasing pattern of activity and concern that the level of demand on services were an indicator of wider drivers in the system. The Committee asked to understand the drivers and whether this was linked to constraints in service access within the system. 3. The Committee had noted the compliance with set standards for mandatory training and the need for this to be addressed. The Committee asked for an assessment of the risk areas for non-compliance for the organisation and clarity of trajectory both on a subject and divisional basis. 4. The Committee received the new format for the acute performance report format which was well received. 5. The Director of Finance presented the high level summary of the business plan for 2021/22. The Committee endorsed the plan for recommendation to the Board for approval. 6. The Committee had agreed that from its July meeting an 'In-depth Assurance' (IDA) section would be added to the meeting and had scheduled the Model Hospital, Transformation and Mental health for the next three meetings. <p>Resolved that the Board: Received and noted the Chair's Key Issues report from the Performance Assurance Committee meeting held on 22 June 2021.</p>	
P31/21	<p>INTEGRATED PERFORMANCE REPORT</p> <p>The Integrated Performance Report for Month 2 (May 2021) which outlined the performance of the Trust was received for assurance.</p> <ol style="list-style-type: none"> 1. The Chair advised that as the Integrated Performance Report had been reviewed in detail by the Performance Assurance Committee on 24 June 2021 the report would be taken as read. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 2. Ms Noske questioned what was being done to avoid future Never Events, there having been two in Ophthalmology in May. The Chief Nurse advised that significant work had been undertaken with the ophthalmology service, including insitu human factors training with the teams and the wider learning had been shared across the Trust. 3. Ms Noske observed that it was reported that ESNEFT was 1 of 8 Trusts with a 'higher than expected' HSMR and requested clarification around this. The Chief Medical Officer advised that in terms of the data Colchester had historically been higher than Ipswich and it was recognised that this related to how coding was undertaken but the care provided to frail patients when they presented to the hospital was being looked at by the REACT team linking with the end of life team. The Chief Medical Officer stated that it was important to also look at the crude mortality figures and that these were reviewed through the Learning from Deaths Group in order to identify any gaps in care provision. 4. Mr Spencer observed that it had been highlighted at the Performance Assurance Committee meeting that in the month there had been 12 times as many compliments as complaints. 	

	<p>5. Mr Millar noted that the consultancy vacancy levels were high and he would assume the majority of these were covered by locums. The Director of Human Resources & Organisational Development advised that a number of AACs recruitment panels had been conducted over the past few weeks and the current position had improved, however, there were currently still 42 consultant vacancies, which were covered by locums, with some areas being particularly hard to recruit. The Board was informed that the team were working with the Norfolk & Norwich Hospital around potential shared posts and were partnering with West Suffolk Hospital. The Trust was also working closely with HEE around trainee numbers for the future.</p> <p>6. The Chief Medical Officer emphasised the importance of getting it right for trainees and encouraging leadership opportunities which would encourage future applications.</p> <p>7. Mr Bloomfield observed that over the previous 12 months there had been a steady number of established posts but in May this number had increased by 15 posts and noted the impact of this on the finance. The Chief Medical Officer stated that a number of consultants had said that they were looking to retire for a variety of reasons and the team were looking at sabbaticals to aid retention.</p> <p>8. Mr Bloomfield questioned how the 15 step programme which was due to start in September would be rolled out to the Non-Executive Directors. The Chief Nurse stated that he was pleased to be restarting the programme and would get dates out to the Non-Executive Directors and governors when the infection control rules allowed.</p> <p>9. Mr Youngs noted the staff sickness rates and questioned the expected impact from relaxation of the COVID-19 rules after 19 July 2021. The Director of Human Resources & Organisational Development advised that no staff were currently shielding now except for those 28 weeks plus pregnant. An increase in longer term sickness absence which largely related to stress, anxiety and depression was being seen and the psychology services had been increased and improved referral process. It was expected that an improvement in the position would be seen based on the early intervention. However, it was recognised that it would be a challenging year as there would be an impact following the pandemic.</p> <p>Resolved: That the Trust Board received and noted the report.</p>	
SECTION 3 – STRATEGY, BUSINESS AND TRANSFORMATION		ACTION
P32/21	PEOPLE STRATEGY	
	<p><u>Received for approval</u> the People Strategy presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Director of Human Resources & Organisational Development thanked executive and Non-Executive Director colleagues for their feedback on the People Strategy. 2. The Director of Human Resources & Organisational Development advised that the national NHS People Plan 2020/21 had set out the immediate actions required of the wider NHS to support new, more flexible ways of working, enabled by technology and underpinned by greater equality and inclusion of staff and patients. The ESNEFT People Strategy aligned to this along with the local opportunities and challenges both within the Trust and as part of the wider health and care system. The ESNEFT People Strategy set out the strategic objectives, measures and actions the Trust would focus on to ensure it had the right people with the right skills in the right place at the right time to deliver excellent care for patients. 3. The metrics and measures had been linked to the accountability framework and the Board Assurance Framework, they had also been included in the detailed strategic, operational plans which were in turn aligned to Divisional Accountability reporting metrics. There were a number of corresponding strategic papers and statutory reports which were reviewed through the People and Organisational Development Board Sub-Committee in line with the annual forward plan. 4. The Director of Human Resources & Organisational Development highlighted the 4 strategic objectives: workforce planning, resourcing and retention; staff experience; education training and leadership development and effective partnership working to deliver the ICS People Plan linked to ESNEFT's role as an anchor organisation. 5. The Board was informed that the targets were ambitious but that the timeline was in alignment with the overarching ESNEFT strategy and it had been agreed with Mr Spencer that this would be reviewed on an annual basis. 6. The Board was asked to approve the strategic plan and the priorities identified for 2021/22, 	

	<p>and for this paper to return to the Board in February 2022.</p> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. Mr Spencer commended the People Strategy and noted that this was the whole Trust's Strategy rather than just owned by Human Resources. 8. Mrs Taylor-Brown noted that the People Strategy benchmarked extremely strongly against other plans across the system and the focus would now need to move to delivery. 9. Ms Noske agreed that this was a strong Strategy and noted the ongoing reporting which would be undertaken through the People & Organisational Development (POD) Committee but asked, given the metrics, what visibility there would be at Board. The Director of Human Resources & Organisational Development advised that along with the work around the BAF the measures were being reviewed and the tracking of the metrics would come through to the Board in the Performance Assurance Committee report. 10. The Director of Strategy, Research & Innovation noted that this would also come through in the strategic success measures which were reported to the Board. 11. Mr Morris observed that the local strategy had to be in the context of the national position which the Trust was affected by particularly in relation to training. The Director of Human Resources & Organisational Development noted that ESNEFT was a large and significant local employer across the East of England and, therefore, had a voice when working with the Faculty of Education. The Director of Human Resources & Organisational Development stated that she would agree that there would need to be clarity regarding the workforce requirements across the wider ICS and ESNEFT would need to ensure that trainees had a positive experience whilst with the Trust. The workforce planning work would be critical to the implementing the People Strategy. The Chief Medical Officer also agreed that ESNEFT's reputation for training was important and highlighted that ESNEFT could influence and had a voice through the various colleges and national groups. <p>Resolved: That the Trust Board approved the People Strategy and the priorities identified for 2021/22 and for this paper to return to the Board in February 2022.</p>	
P33/21	<p>BUSINESS PLAN 2021/22</p>	
	<p><u>Received for approval</u> the Business Plan 2021/22 presented by the Director of Finance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. National planning guidance was issued in March setting out the six priorities for the service, along with notification of continuation of the block funding arrangements until the end September 2021 (H1). 2. The Trust had developed its business plan, which was felt to be ambitious, by bringing together these national priorities and its own strategic objectives. 3. The Director of Finance advised the Board that the reconstitution of the Time Matters Board would aid the focus and that the Performance Assurance Committee had reviewed the plan on 24 June 2021 and endorsed approval by the Board. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. The Chair observed that this was a challenging plan, particularly noting the uncertainty around funding for H2. <p>Resolved: That the Trust Board received and approved the Business Plan 2021/22.</p>	
P34/21	<p>ACCELERATOR SITE UPDATE</p>	
	<p><u>Received for information</u> report presented by the Managing Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Suffolk and North East Essex Integrated Care System (SNEE ICS) was part of the national programme to recover NHS waiting lists known as the elective accelerator programme to support the government initiative to bring faster treatment to patients following a growth of waiting lists caused by the COVID-19 pandemic. 2. The SNEE ICS had been awarded access to £10m funding to support delivery of programmes to enable achievement of 100% elective activity from end of July 2021, together with further schemes to increase and sustain delivery to achieve 120% activity 	

	<p>based on 2019/20 levels from the end of September 2021. The approach for delivery would be through additional activity, improved productivity and transformed processes and patient pathways of care.</p> <ol style="list-style-type: none"> 3. The ESNEFT philosophy of Time Matters was the golden thread running through every change outlined within the accelerator programme, to continue the work done pre COVID together with the learning from COVID to establish the key principles moving forward. To provide assurance to the Board the report set out the key elements of work underway and planned in order to accomplish the accelerator requirements. 4. The Board was asked to receive and note the report. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. The Chair questioned the ESNEFT position for recovery shown and whether this was ESNEFT specific or the system position. The Managing Director advised that this position was against the target set by the ICS for ESNEFTs contribution. 6. Mr Ridler questioned how are the lower priority patients would be addressed. The Managing Director advised that when setting the ambition to deliver the 120% activity sustainable ways would need to be looked at which would allow capacity to treat the routine patients. 7. Mr Bloomfield stated that it was good to see the continuing use of virtual appointments but he would question how the potential drift back to previous practice would be dealt with. The Managing Director observed that some return to previous practice of face to face appointments had been seen but it was believed that the biggest reason for this was the group of patients who needed a face to face appointment which had been delayed due to the pandemic. Opportunities were being explored with clinicians and improvements to technology were being looked at to support the process. 8. Ms Noske commented that it was good to see the activity to address what was a massive challenge and particularly the focus on dealing with inequalities, whilst recognising there was more to be done. 9. Ms Noske noted the comment that the maximum waiting times of 98 weeks by the end of July and 78 weeks by the end of September referred to in section 6 still looked very long and questioned the comparison to pre COVID-19 wait times. The Managing Director advised that pre COVID-19 it would have been rare to see patients waiting over 52 weeks but that there had been an increase in activity which had been further exacerbated by the pandemic and the demand post pandemic would need to be understood. 10. Ms Noske stated that it would be good to see the numbers by speciality as the work progressed rather than percentage to help understand the trends. The Managing Director stated that he would consider how the activity numbers could be reported in future reports. 11. Mr Spencer noted the risk of the “inability to recruit staff” and that he felt there was a related risk that if new staff were not recruited existing staff would be asked to do additional shifts which might lead to burn out. The Managing Director advised that the Trust’s ambition would need to be balanced against the pressures on staff and this issue had been raised at the recent divisional accountability meetings and assurance was being sought that staff were getting the breaks they need. <p>Resolved: That the Trust Board received and noted the report.</p>	NM
P35/21	EU EXIT UPDATE	
	<p><u>Received for information</u> report presented by the Director of Communications & Engagement.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The UK exited the EU on 31 January 2020 and the subsequent transition period ended on 31 December 2020. The Trust established an EU Exit Implementation Group which had been leading the Trust’s response and ensured that the Board and the Executive Management Committee were briefed and assured. 2. At the Group meeting on 29 June 2021, it was agreed that the EU Exit Implementation Group meeting should be stepped down. The COVID-19 Incident Coordination Centre (ICC) response remained in place aligned to the regional ICC to respond to all ongoing incidents including EU Exit and, therefore, the Trust retained the ability to cascade and respond to any requirements or information. 3. The Board was asked to receive the update and to note the closure of the EU Exit Implementation Group. 	

	Resolved: That the Trust Board received the report and noted the closure of the EU Exit Implementation Group.	
SECTION 4 - GOVERNANCE		
P36/21	BOARD ASSURANCE FRAMEWORK (BAF)	
	<p><u>Received for assurance</u> the Board Assurance Framework (BAF) report presented by the Director of Governance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Director of Governance advised that the Board Assurance Framework (BAF) presented was currently in an early iteration of development and that any comments from Board members of how the BAF could be improved would be welcomed off line and worked through with the Audit & Risk Committee. The 12 current BAF risks were highlighted and the Director of Governance noted that the risk score for risks 11 and 12 had been reduced by the Chief Nurse, however, these remained in the 'amber risk score zone' and would be reviewed through the Quality & Patient Safety Committee. Slides 5 – 9 showed summary updates from the executive SROs of what had changed for their risks for the Board's information. A summary of the risks within the corporate risk register was provided in appendix 1. A key control slide had been included to show how the well the Trust was adhering to the Risk Management Policy. The Board was informed that the position was improving month on month. Internal audit had given the Trust "reasonable assurance" this year, this previously having been "substantial assurance" and the aim was to return to "substantial assurance" and work was being progressed. The Director of Governance advised that the risks highlighted during the Board meeting would feed through to the next iteration of the BAF through the Committee cycle. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Chair requested that a separate risk was raised for maternity given the significance of the issues. Mrs Taylor-Brown stated that she had some ongoing concerns regarding the level of content shown in the BAF and that having reviewed the BAFs for other trusts there were varying styles of presentation; some being strategic and others were more "of the moment". Mrs Taylor-Brown stated that she felt that the Board would need to reflect which risks should be included in the ESNEFT BAF and the style to be followed. The Director of Governance advised that the conversations would go through the Board assurance committees. The Chair agreed that it was important to get the BAF right for the Trust to ensure the Board was sighted on the key areas of risk and this would be taken through Board assurance committees and the Audit & Risk Committee. <p>Resolved: That the Trust Board approved the BAF</p>	GT
P37/21	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"> Standing Order 8 requires that the Board of Directors receive a report on the sealing of all documents under the seal of The East Suffolk and North Essex NHS Foundation Trust. The Board of Directors is notified that the seal of the Trust was used on four occasions during June 2021: On 11 June 2021 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to – <ul style="list-style-type: none"> Deed of Surrender relating to site of an incinerator, Ipswich Hospital, Heath Road, Ipswich. Between ESNEFT and White Rose Environmental Operations Limited. In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. 	

	<p>The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 52.</p> <ul style="list-style-type: none"> • Renewal lease by reference to an existing lease relating to incinerator premises at Ipswich Hospital. Between ESNEFT and SRCL Limited. In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 53. • Licence to occupy on short term basis relating to the area known as “Old Laundry Building” at Ipswich Hospital. Between ESNEFT and SRCL Limited. In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 54. • Operational Agreement in respect of an incinerator at Ipswich Hospital. Between ESNEFT and SRCL Limited. In accordance with the Standing Order, the above was signed by the Chief Executive and the Director of Information, Communication & Technology. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 55. <p>3. The Board was asked to receive and note the contents of the report.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 5 - ANY OTHER BUSINESS		
P38/21	1. No items of business were raised.	
SECTION 6 - PUBLIC QUESTIONS		
P39/21	<p>1. Ms Lockington noted that whilst she had previously heard the Chief Executive speak of the new staff being appointed in maternity she would question how many staff had left over the last couple of years and whether lessons had been learnt as to why staff had chosen to leave. The Director of Human Resources & Organisational Development advised that staff retention was being looked at and investment had been made to appoint two retention partners who would undertake exit interviews with staff. With regards to maternity there was focus on the issues and the Director of Human Resources & Organisational Development advised that she had personally recently undertaken a couple of exit interviews for staff in this area. The Chief Nurse noted that there was a recruitment campaign for maternity services and the Trust was one of two pilot sites working on international recruitment for midwives. The expectation was that the staffing gap would on both sites would be closed by February of next year.</p> <p>2. Ms Lockington noted that she had heard it reported in the national news that when people were unable to access their GP they were attending the hospital ED. The Managing Director stated that there were a number of drivers for attendance at ED including increasing underlying activity, patients attending who had been on waiting lists longer and patients, who due to COVID-19 had delayed seeking care and were now presenting with more urgent conditions. However, it was recognised that there were access issues in primary care and the Trust was asking GPs how it could support them to provide access in the community so that patients did not need to attend ED.</p> <p>3. The Chair noted that Simon Stevens had been speaking about the national challenges in primary care.</p>	ACTION
DATE OF NEXT MEETING - The next ESNEFT Trust Board meeting in Public would be held on Thursday 9 September 2021.		

Signed Date

Helen Taylor
Chair

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