

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 4 NOVEMBER 2021, 9.30AM – 12.00PM

TEAMS MEETING

PRESENT:

Ms Helen Taylor
Mr Eddie Bloomfield
Dr Michael Gogarty
Mr John Humpston
Mr Hussein Khatib
Mr Mark Millar
Ms Elaine Noske
Mr Richard Spencer

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

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

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

IN ATTENDANCE:

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

Assistant Director of Governance – Corporate and Legal
Director of Communications & Engagement
Director of Estates & Facilities
Director of Governance
Associate Non-Executive Director
Director of Operations (Ipswich)
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
P57/21	WELCOME AND APOLOGIES FOR ABSENCE	
	<p>1. The Chair welcomed attendees to the meeting and introduced the Trust’s two new Non-Executive Directors, Dr Michael Gogarty and Mr John Humpston.</p> <p>2. The Chair noted that Mr Nick Hulme, Chief Executive was currently on secondment as the national lead for the COVID-19 Vaccination Programme for 12 to 15 year olds and that she was pleased to report this news and also to welcome Mr Neill Moloney as Acting Chief Executive. Ms Sarah Noonan, Director of Operations (Ipswich) was welcomed to the meeting to present the operational performance items.</p> <p>3. Apologies for absence were received from: Mr Nick Hulme, Chief Executive</p>	
P58/21	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.</p> <p>2. Dr Michael Gogarty, Non-Executive Director declared that he was currently employed by Essex County Council as Director Wellbeing, Public Health and Communities.</p>	
P59/21	MINUTES OF THE MEETING HELD ON 9 SEPTEMBER 2021 AND ACTION LOG	
	<p>1. The minutes of the meeting held on 9 September 2021 were approved and signed by the Chair as a correct record subject to the amendment requested by Mr Khatib.</p> <ul style="list-style-type: none"> • P46/21 Wording to be amended to read – “Quality & Patient Safety Committee had raised the issue around the membership and attendance at the meetings during 20/21”. <p>2. The Action Log was received and noted.</p>	
P60/21	CHAIR & CHIEF EXECUTIVE’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Acting Chief Executive.</p> <p><u>Noted</u></p> <p>1. The Chair observed that during these times of pressure it was important to maintain a feeling of optimism and find positivity in tough situations and noted that today was Diwali the festival of lights which was both uplifting and emphasised positivity.</p> <p>2. The Chair stated that she would like to share a number of good news stories with the Board and congratulated Dr Allan Harkness, Divisional Director for Medicine and Emergency Care at Colchester Hospital and a consultant cardiologist. Allan had co-authored several echo guidelines and written the BSE phone app (EchoCalc) which was available on Android and iPhone devices and used by tens of thousands of sonographers and cardiologists worldwide. The British Society of Echocardiography (BSE) had recognised Allan’s work with a lifetime achievement award.</p> <p>3. Midwife Ali Brett, who is based at Ipswich Hospital, won the national Archie award at a ceremony held by the Mariposa Trust in London at the start of October. The award recognised excellence in care and support for those who had lost babies and was named after TV soap actress Kym Marsh’s son, who sadly passed away during pregnancy. Ali, a specialist bereavement midwife said: “The award may have my name on it, but it represents our fantastic work family, who continuously provide safe and compassionate maternity care every day and night. It is also recognition of the dedication that our amazing volunteers show to the Baby Bereavement Group.”</p> <p>4. The ESNEFT play team in children’s services at Ipswich were awarded the national Specialist Play Team of the Year Award by national children’s theatre company Starlight.</p> <p>5. A quality improvement project which helped prevent hundreds of outpatient appointments by allowing ESNEFT’s consultant dermatologists to triage patients remotely during COVID-19 had been commended at the Quality in Care Dermatology awards.</p> <p>6. The ESNEFT HR team had won the Team of the Year Award at the Excellence in People Awards, hosted by the Healthcare People Management Association, which recognised the reduction in vacancies at the Trust, savings made on agency spending and support given to redeployed staff.</p> <p>7. Yesterday at the national Building Better Healthcare Awards, the Trust were finalists for</p>	

	<p>the Collingwood Centre and Well-being Centre and the Colchester new main entrance.</p> <ol style="list-style-type: none"> 8. The Chair noted that the Trust had celebrated Allied Health Professionals (AHPs) Day on Thursday, 14 October, which gave an opportunity to showcase the impact they had on the delivery of high quality care across the Trust. 9. A major milestone had been reached regarding the Dame Clare Marx Building. NHS England and NHS Improvement had approved the outline business case (OBC) for the elective orthopaedic centre at ESNEFT. 10. Building work had just begun on the Community Diagnostic Hub at Clacton Hospital to create a new health testing centre to improve capacity for faster diagnosis closest to where patients lived and offering a choice to patients to speed up access to care. 11. Blooms for Blossoms had created one thousand unique 'flowers' created by Suffolk Ironworks as part of a special installation at the front of the Ipswich Hospital site. The flowers, which were available to purchase, would help fund the new breast care centre in Ipswich and on Friday last the Trust held its Think Pink Day encouraging everyone to wear a little pink and donate money to the appeal during Breast Cancer Awareness Month 12. The Acting Chief Executive stated that he would highlight the challenges being experienced by the Trust recently. There had been a significant increase in activity in the Emergency Department, however, this was being replicated across the health sector in primary care and the ambulance services. The Trust had been building on good relationships which it had developed within the sector to deal with the challenges. 13. An increase in the incidents of COVID-19 had been seen in the community which had led to an increase in admissions to hospital which had exacerbated the challenges. The Acting Chief Executive said that he would like to thank everyone for their forbearance during this period. 14. Due to the increase of COVID-19 in the community the Trust had taken the difficult decision to again limit visiting to the hospitals to safeguard patients and staff. This decision would be kept under constant review and visiting reinstated when safe to do so. 15. The Board was informed that there was good news in terms of the elective programme, the teams had worked very hard to maintain services despite the pressures and ESNEFT had been commended by the national accelerator programme for meeting its commitments. 16. The Acting Chief Executive stated that it should be acknowledged that the interviews to appoint the CEO of the Integrated Care Board had taken place earlier this week and an announcement regarding the appointment was expected shortly. 17. The Board were informed that the Medicines and Healthcare products Regulatory Agency (MHRA) had confirmed that the Colchester blood bank was now fully compliant. 18. The vaccination programme for staff had been initiated again to deliver the booster programme and 80% of eligible staff had received the vaccine. The Trust was also supporting other organisations including the hospices and providing support to specific areas of the community programme. 19. The Board was informed that in order to create space on the Ipswich site for future developments a number of non-clinical services were being moved off site to the IP City site from next week. <p>Resolved: That the Board noted the verbal updates.</p>	
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P61/21	PATIENT STORY	
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	<p><u>Received for noting</u> a patient story presented by Mr Richard Spencer, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Mr Spencer introduced Mr Peter Torres Fremlin to the Board and advised that he had first met Peter in September to have a theoretical discussion on issues such as diversity and inclusion but following a fall Peter was attending the Board to offer his reflections of his patient experience. 2. Peter advised that in July 2021 he had fallen at home fracturing his hip. A hip fixation was performed in Colchester hospital, however, his recovery pathway was shaped by his Ullrich Muscular Dystrophy and he spent 7 weeks in hospital, two weeks in Aldham Ward, Colchester, and five weeks in Durban Ward, Clacton. 3. Peter stated that he would like to thank all the staff who had contributed to his care and recovery and that it was clear that many go above and beyond and this was particularly 	
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evident in the face of the limited resources they had to operate.

4. Peter advised that the quality of care that he received depended, in part, on him advocating for his own needs. In particular, the specific pathway of rehabilitation with his pre-existing condition was only taken into account after he repeatedly raised the topic. Initially this was met with rejection or it was implied that his demands were unusual, excessive, or beyond the responsibilities of the ward to provide. Peter advised that in particular it was only at his instigation that those responsible for care and support of his Muscular Dystrophy were contacted.
5. Peter informed the Board of the stressful nature of transitions for any patient and that this was compounded by the way they were handled. On leaving Aldham Ward, Peter advised that he had heard that initially Durban Ward had “rejected” him because of his therapy needs and this had been particularly difficult and distressing for him to hear.
6. Peter reiterated that he felt that in general hospital staff gave significant effort to communications and consulting the patient, however, there were key gaps that limited the effectiveness of these efforts and could cause unnecessary distress not giving the patient full information on the choices they had or visibility on the processes that concerned them.

Questions and Comments

7. Mr Ridler thanked Peter for his honesty and balanced account of the challenges and observed that from personal experience he would say that this was a challenge across the NHS and not specific to ESNEFT but he would agree that the main issues were transitions and poor communications. Mr Ridler noted that another challenge was that not all patients were articulate or had the expertise to challenge the processes. Mr Ridler stated that consideration should be given to the role of the third sector and how expert charities could provide advocacy for patients when they were unable to do so themselves.
8. Mr Khatib asked for Peter’s thoughts about patient or person centred care delivery understanding the individual’s needs. Peter advised that when on the orthopaedic ward the focus was on orthopaedic treatment and patient centred care required a more holistic approach. Peter advised that he did not feel that he had had a patient centred approach throughout his journey as communications had been poor and there had been resistance to conversations and his explanations of his needs.
9. Ms Noske thanked Peter for speaking to the Board and questioned whether he felt that people really had too much to do on the wards. Peter advised that people often gave this as a reason but were not good at limiting the impact on their communication with the patient.
10. Mr Bloomfield noted the use of the word “rejected” and asked how the use of language could have been handled better. Peter advised that he had been devastated by the comment that he had been “rejected” and had been made to feel that it was his fault. However, from their point of view the staff were not rejecting him but could not provide certain care and this was part of the failures of the whole communication package.
11. Ms Noske asked the executives whether there were Trust Policies and guidelines in place to ensure good care or whether the issues had arisen from lack of enforcement of these. The Chief Nurse introduced Kay Hamilton, Associate Director of Nursing Musculoskeletal and Special Surgery Division who thanked Peter for sharing his experience some aspects of which had been difficult to hear but which would help with learning to improve services. Kay highlighted the importance of choice of language and the impact this had and the need for good communication and being transparent around the options available. Kay noted that the use of the word “busy” did not improve the situation and did not give confidence for patients in the care they were receiving.
12. Kay advised the Board of some improvements which had been put in place including a transfer of care hub that had been introduced to support patients in their onward journey from the acute setting and the development of new patient information. Kay advised that the learning which had been gained from Peter’s experience would be taken back to the team and that with his permission his story would also be shared with the senior nursing staff as part of the divisional report to ensure wider impact.

Resolved: That the Board received and noted the report.

SECTION 2 – QUALITY AND PERFORMANCE

P62/21 PERFORMANCE ASSURANCE COMMITTEE CHAIR’S KEY ISSUES (CKI) REPORT

	<p><u>Received for assurance</u> CKI report from the meeting held on 26 October 2021 presented by Mr Bloomfield, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Mr Bloomfield advised that this had been his first meeting as Chair and that he had discussed prior to the meeting moving the focus to performance. 2. The Committee was informed that ESNEFT's performance was generally doing well despite considerable pressures on the system. However, the Committee identified the sense of the situation being very challenging with the competing pressures for the Trust from ED, COVID-19 and elective activity all coming together. 3. The Committee would consider topics for future deep dives from the performance report. 4. The Committee received reports from IES and NEE community services and noted that performance continued to be broadly good from both. The Committee noted the good progress on reducing the vacancy rate at NEE. 5. The Committee noted the current financial position and forecast but questioned whether the CIP delivery forecast was overly optimistic for the current year. This was discussed and reassurance received by the Director of Finance. 6. The Committee discussed the Workforce Report and the impact on performance of staff retention and turnover. Staff wellbeing was considered and the need for optimistic communication whilst recognising the challenges. 7. The Committee received a presentation on the Time Matters Programme and noted the assurance provided about the governance arrangements for the programme. The continued positive attitude of staff towards Time Matters was highlighted. The Committee recommended a short paper was timetabled for presentation to Board setting out the quantified benefits of the Time Matters Programme with an annual report provided in due course. <p>Resolved: That the Board received and noted the CKI report.</p>	
P63/21	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 28 October 2021 presented by Mr Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Chief Medical Officer referred to the Trauma Audit & Research Network (TARN) findings from the Colchester site. There were no immediate concerns but there were some serious concerns and a response would be made. An Ipswich visit was likely and an action plan would be presented at the next meeting. 2. The Q2 Safeguarding report was presented showing the work to date in adults and children safeguarding services, dementia care, learning disability and mental health services. The Committee raised concerns about the level of safeguarding training and supervision in some areas. 3. The Committee received an update on compliance to the national nutritional and hydration requirements which showed that the Trust was 90% compliant to the 80 relevant recommendations. 4. An update on cancer care and harm reviews was presented. The good practice together with the challenges were noted. The introduction of the Pre Diagnosis Cancer CNS was particularly welcomed. <p>Resolved that the Board: Received and noted the QPS CKI report.</p>	
P64/21	INTEGRATED PERFORMANCE REPORT	
	<p>The Integrated Performance Report for Month 6 (September 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 26 October 2021, the executive leads would be asked to highlight any key points for the Board's attention. 	
	<u>Operational Performance</u> : Ms Sarah Noonan, Director of Operations (Ipswich)	

1. A&E 4 hour standard performance for the economy in September was 81.1%, below the national standard of 95%. The main reason was due to flow through the hospital being impacted by additional COVID-19 patients and the impact of the high number of patients who did not meet the Right to Reside criteria in the National Discharge Policy. ESNEFT continued to work closely with partners and a number of mitigation actions were being taken internally.
2. The Board was informed that a letter had been received from NHE&I regarding the need to reduce ambulance hand over delays. The letter outlined a range of suggested actions, which the Director of Operations (Ipswich) advised the Trust already had in place.
3. 62-day cancer waits for first treatment remained below the national target of 85% at 73.1% (unvalidated) for September.
4. In terms of recovery, activity for September 2021 was down on 2019/20 levels for the comparable months with the exception of day cases, but across the board activity was up on August 2021. The Board was advised of the introduction of a new breast pain pathway which was very positive. ESNEFT remained the highest performing trust nationally.
5. With regards to elective surgery there had been a 40% reduction in patients waiting over 52 weeks.

Questions and Comments

6. Ms Noske observed that this was clearly a challenging position but noted the good work being done. Ms Noske questioned the position with regards to RTT with 1000 patients added in September but waiting times coming down and asked regarding the dynamic and whether there was a view on when the backlog would be reduced. The Director of Operations (Ipswich) advised that referrals had increased in terms of patients added to the waiting lists and effort was being focused of those waiting longest on the waiting lists. The commitment to deal with the most urgent and longest waiting patients continued. The Acting Chief Executive noted that this was work in progress, last year a decrease in demand had been seen, and now the Trust was seeing more patients through the Accelerator Programme than some other organisations but this was not seen as the end point.
7. The Chief Medical Officer advised that in terms of prioritisation of patients the national prioritisation programme was clear and the Trust continued to revisit this. Much active work was also taking place to support patients whilst they were waiting for longer periods of time, working closely with partner organisations to offer other forms of support.
8. Mr Morris questioned the ambulance hand over letter and how this affected patient flow particularly to understand the additional funding which had been made available to move patients through the system and how acute the position was locally. The Director of Operations (Ipswich) advised that the funding was still in place, the challenge was not related to funding but was one of workforce capacity in the domiciliary care market nationally which was playing out locally. The Acting Chief Executive advised that there had been a level of delay in advance of the pandemic which had exacerbated what was an underlying issue with increasing demand for domiciliary care. The Acting Chief Executive advised that he had been encouraged by the work being undertaken by all partners across the system to look at alternative solutions for domiciliary care.
9. Mr Ridler questioned performance against the elective recovery fund, noting that for September this was under target and he would question whether this would be recovered in October or the elective recovery funding was at risk. The Acting Chief Executive stated that work had started to look at alternative ways to deliver the activity but the position was currently uncertain regarding the delivery of the 120% target. Investment in recruitment and estate would be required in order to sustain the levels of activity going forward.
10. Mr Ridler questioned whether the money was at risk. The Acting Chief Executive advised that funding was not at risk as far as the accelerator programme was concerned and there was additional funding now available. The Director of Finance advised that the team were compiling the H2 financial plan and would put in an expectation of £5m of elective recovery funding matched by £5m expenditure but discussions with the regional and national teams were taking place regarding this funding resource.

Finance: The Director of Finance

11. In September the Trust had reported an actual deficit of £0.3m after adjusting for non-control total items.

	<p>12. Overall the CIP programme was £3.7m behind target as at the end of September, which was based on an even profiling of the £24m overall target.</p> <p>13. The cash balance was positive at £116m compared to £105m at Month 5.</p> <p>14. The Trust had spent £9.1m of capital year to date. At the end of September, the capital programme was underspent against the original plan by £5.2m, of this underspend £4.7m related to the STP development.</p> <p>15. The Trust had now received formal notification of the £9.1m capital allocation for the Clacton Community Diagnostic Hub.</p> <p>16. The Board was informed that the Trust would be submitting a balanced financial plan for H2 on 11 November 2021.</p>	
	<p><u>Quality & Patient Safety:</u> The Chief Medical Officer and Chief Nurse</p> <p>17. The Chief Medical Officer advised that Dr Foster mortality data for HSMR was not available for publication owing to a change in source data. The SHMI for the 12 months to April 2021 was 1.0754 which was as expected.</p> <p>18. COVID-19 vaccination was being strongly encouraged.</p> <p>19. Perinatal mortality was tracking below expected levels and related to small numbers.</p> <p>20. The full development of the equalities national dashboard was awaited. Some good progress was being made to operationalise this work within ESNEFT and further work was taking place which would be reported in due course.</p> <p>21. The Chief Nurse noted the continued focus in relation to fundamentals of care including falls prevention and tissue viability which showed a positive sustained improvement.</p> <p>22. The Chief Nurse stated that he would thank the ward teams for their work with relation to managing different cohorts of patients sometimes at very short notice due to increasing numbers of COVID-19 admissions.</p> <p>23. The Chief Nurse reported that the Trust had a low number of Trust attributed COVID-19 cases.</p> <p>24. The maternity quality indicators were seeing some positive improvements and the Board was advised of the full implementation of the Kaiser project at Colchester and Ipswich.</p> <p>25. The Chief Nurse advised that with regards to patient experience there was a continued focus on delivery of the equality, diversity and inclusion agenda in relation to both staff and patients with the introduction of a pilot for the accessible information standard which looked at communication and how this could be improved.</p> <p><u>Questions and Comments</u></p> <p>26. Mr Spencer noted that the Trust was not reporting lateral flow test results for staff and questioned how assurance regarding this would be received. The Chief Nurse advised that the NHS was no longer supplied with lateral flow tests and staff were now asked to do this through the national system. Lamp testing was being introduced and this would be progressed across the Trust. The Chief Nurse advised that importantly the Trust had appropriate processes in place regarding screening of staff who were contacts of those with COVID-19 and that as the Director for Infection Prevention and Control he was confident that the Trust had robust processes in place.</p> <p>27. Dr Gogarty stated that he would be happy to offer support for the equality, diversity and inclusion work.</p>	
	<p><u>People & Organisational Development:</u> The Director of Human Resources & Organisational Development</p> <p>28. The Director of Human Resources & Organisational Development advised that the Trust was working hard on reducing the number of vacancies and were adopting a short and longer term approach. The Trust was working with the Colchester Institute and had had a number of conversations with Healthcare England regarding increasing trainee numbers.</p> <p>29. The Board was informed that sickness absence had risen, however, a number of proactive interventions were being put in place including a call back service to allow staff to access additional support with 84 colleagues recently coming back to work earlier than planned following the direct support provided. An HR red to green week was being undertaken to look at the support which could be offered to staff who had been absent with long term sickness.</p> <p>30. The number of mental health first aiders had increased to more than 350 offering support</p>	

	<p>to staff across the Trust.</p> <p><u>Questions and Comments</u></p> <p>31. Mr Ridler stated that he noted that the maternity international recruitment had been delayed until January and he would question what short term measures had been put in place and when UK recruitment would be sufficient. The Chief Nurse stated that maternity recruitment was a national challenge and the Trust had a variety of streams for recruitment. The Trust had a strong pipeline of midwifery students and these staff would be supplemented by more experienced staff and international recruitment continued.</p> <p>32. Mr Ridler questioned the turnover by group data and what accounted for the gap between voluntary and other turnover. The Director of Human Resources & Organisational Development stated that the gap related to fixed term contracts and transfers to substantive contracts.</p>	
P65/21	EVERY BIRTH EVERY DAY PROGRAMME	
	<p><u>Received for assurance</u> the Every Birth Every Day Improvement Programme (Maternity Services) update presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The 'Every Birth Every Day' Maternity Improvement Programme formed the governance framework through which the Trust had oversight of all improvement work relating to maternity services. 2. The Chief Nurse provided an update to the Board of the actions being taken to support the Trust's response to external reports and the CQC recommendations following the inspection carried out in March and April 2021. 3. The Board was asked to note the outputs of the 'Every Birth Every Day' maternity improvement programme from October 2021, gaining assurance that the Trust had robust oversight of the key work streams which focused on the delivery of improvements across maternity services in the Trust. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 4. Mr Bloomfield thanked the Chief Nurse for the report and detail of the progress which was being made but questioned what the two red areas related to from the Ockenden review. The Chief Nurse advised that these areas related to lack of evidence submitted at the time regarding leadership and the commitment of the Trust to ensure that monies were ring fenced for maternity training and stated that he would assure the Board that actions had already been taken against these. 5. Ms Noske questioned whether there was any underlying systemic problem getting traction of the actions over the past months. The Chief Nurse advised that challenges had been faced relating to levels of activity and operational delivery had been prioritised which had limited staff time to provide evidence but it was expected that traction would be achieved by Q4. 6. Mr Morris noted that it was reported that the lack of visibility surrounding medical workforce and obstetric leadership was to be addressed as a deep dive at the Every Birth Every Day (EBED) meeting and questioned whether this had taken place. The Chief Nurse advised that the deep dive had been scheduled to take place at the next EBED meeting taking place in November 2021. <p>Resolved: That the Board received and noted the Every Birth Every Day Improvement Programme update.</p>	
P66/21	NURSING AND MIDWIFERY SKILL MIX REVIEW	
	<p><u>Received for information</u> the Nursing and Midwifery Skill Mix Review presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. NHS organisations have a responsibility to undertake an annual comprehensive nursing and midwifery (N&M) skill mix review to ensure that there are safe care staffing levels to 	

	<p>provide assurance to the Board and stakeholders that the organisation is safe.</p> <ol style="list-style-type: none"> 2. The global pandemic of COVID-19 had had a significant impact on most wards and departments within the Trust; with changes to bed bases, patient type, splitting of clinical departments into COVID and non-COVID areas and significant staff redeployment. This review was undertaken when many departments had not yet returned to business as usual. Some departments were omitted from the review for this reason, as it was not possible to utilise a reliable data set to ensure an accurate acuity and skill mix review could be completed. 3. The changes to budgeted establishments in this review were minimal. 4. Since 2020/21 budgets have been devolved to the Clinical Divisions, therefore, any financial implications of establishment changes will be included in divisional business plans. 5. This paper had been reviewed by the Executive Management Committee and been recommended to the Board for final approval. 6. The Board was asked to note the previous approval of the review by the Board in October 2021 and support the changes to the nursing and midwifery workforce. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Chair observed that the Board had approved significant investment to nurse staffing levels last year. 8. The Chief Nurse advised that a 6 monthly review would be undertaken with a report brought back to the Board in Quarter 4 which would include detail of the position in NEE community services. <p>Resolved: That the Board received and noted the report.</p>	
SECTION 3 – PEOPLE AND ENGAGEMENT		
P67/21	EQUALITY, DIVERSITY AND INCLUSION STRATEGY	
	<p><u>Received for approval</u> the Equality, Diversity and Inclusion (EDI) Strategy and Action Plan presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Trust was committed to the elimination of discrimination, harassment and reducing health inequalities by promoting equality of opportunity and dignity and respect for all patients, service users, their families, carers and staff. 2. This new strategy and action plan aligned with the National NHS People Plan’s equality, diversity and inclusion actions and the ESNEFT People Strategy and was developed in partnership with our leaders, staff network groups, patient partners, Freedom to Speak Up Guardian, patient engagement leads, staff and Trade Union colleagues. Discussions were currently underway with EMBRace Network colleagues with regard to the use of language within the organisation which might result in some slight changes within this strategy at a future date. 3. The Director of Human Resources & Organisational Development noted that the COVID-19 pandemic had shone a light on inequalities and that she had joined a system wide reference group. 4. The Board was asked to note that the report had been reviewed by the Executive Management Committee on the 21 October 2021 when it had been recommended that the Board received and approved the publication of the Strategy and approved the detailed and co-produced Action Plan. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. Mr Khatib commented that as lead Non-Executive Director for EDI he would inform the Board that this was a refreshed strategy. The challenge made to the team was that the Strategy had to make a difference and this was reflected in the action plan. Mr Khatib stated that he would recommend the Strategy to the Board. 6. Mr Spencer stated that as People & Organisational Development Committee Chair he would recommend the approach which had been taken and the action plan but would question who would be tracking the progress against the action plan. The Director of Human Resources & Organisational Development advised that the Strategy was 	

	<p>ambitious; the actions were monitored on a monthly basis at the HR Assurance Board and would be reported to the Time Matters Board with progress presented at the EDI Steering Board.</p> <ol style="list-style-type: none"> 7. Mr Bloomfield noted the low data collection (page 8) and questioned whether ESNEFT was in an outlier position. The Director of Human Resources & Organisational Development advised that ESNEFT was not an outlier and that as a region the HR directors were carefully monitoring this and had chosen to move forward at pace noting the need to make data collection and input of data easier. 8. The Acting Chief Executive noted the importance of this report within the executive leadership team. 9. Ms Noske thanked the team for the plan and the ambition but questioned whether there was the capacity to manage this within ESNEFT and if capacity was constrained there was a clear view on the priorities. The Director of Human Resources & Organisational Development advised that some specific training with the teams had been done to build depth and there was a clear view on priority and recognition of the need to begin with the recruitment processes and the support which would be put in place. 10. Dr Gogarty stated that he felt the support was excellent but that the ability to impact on patients was less well developed with the ability to deal with the system wide issues requiring considerably more work. The Chief Nurse agreed but said that he felt that impact on patients was an endemic issue within healthcare which would feed into the agenda. 11. Mr Ridler stated he would fully support the Strategy but questioned whether the EDI lead would be moving to a regional lead. The Director of Human Resources & Organisational Development advised that an EDI ESNEFT lead would be appointed but the team were also contributing to the development of the ICS EDI lead. 12. The Director of Estates & Facilities noted that with regards to the equality impact assessments the EDI Group would look at what good looked like. 13. The Acting Chief Executive stated that it was encouraging to see the work which was being linked into across the wider ICS to ensure needs were being met. <p>Resolved: That the Board approved the Equality, Diversity and Inclusion Strategy and the co-produced Action Plan.</p>	
P68/21	FREEDOM TO SPEAK UP GUARDIAN ANNUAL REPORT	
	<p><u>Received for approval</u> the Freedom to Speak Up (FTSU) Guardian Annual Report presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. This annual report provided members of the Board with an overview of the activities progressed by the Freedom to Speak Up (FTSU) Guardian during the period April 2020 to September 2021. The report summarised the concerns that had been raised with the FTSU Guardian and outlined the other programmes of work that were underway. It included an update on the recruitment of Freedom to Speak Up Assistants and was written in conjunction with the updated ESNEFT Board Self Review Tool and Action Plan which was approved by the Trust Board in early October 2021. 2. The FTSU Guardian would continue to work with the appropriate leads to ensure all actions within the FTSU Action Plan were completed accordingly. Progress would be reported regularly at the monthly Wellbeing Steering Group and any concerns and themes reported through to the People & Organisational Development Committee. 3. The Board was asked to note the findings within the report and support the Freedom to Speak up Guardians and Assistants in their role and approve the FTSU Annual report. <p>Resolved: That the Board received and approved the Freedom to Speak Up (FTSU) Guardian Annual Report.</p>	
SECTION 4 – GOVERNANCE		
P69/21	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"> 1. 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. 2. The Board of Directors was notified that the seal of the Trust was used on three occasions during October 2021: On 21 October 2021 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to – <ul style="list-style-type: none"> • Deed of variation relating to a lease of 659-662 The Crescent, Colchester Business Park, Colchester, Essex C04 4YQ. Between Picton Property Nominee (No. 3 & No. 4) Limited and The East Suffolk and North Essex NHS Foundation Trust (ESNEFT). • In accordance with the Standing Order, the above was signed by the Director of Digital and Logistics and the Interim Chief Executive. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 60. <ul style="list-style-type: none"> • Lease relating to 659-662 The Crescent, Colchester Business Park, Colchester, Essex C04 4YQ. Between Picton Property Nominee (No. 3 & No. 4) Limited and The East Suffolk and North Essex NHS Foundation Trust (ESNEFT). • In accordance with the Standing Order, the above was signed by the Director of Digital and Logistics and the Interim Chief Executive. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 61. <ul style="list-style-type: none"> • Colchester & Tendring NHS Lift. Underlease for part of Colchester Primary Care Centre, Turner Road, Colchester, Essex C04 5JR (NICS). Between Community Health Partnership Limited and The East Suffolk and North Essex NHS Foundation Trust (ESNEFT). • In accordance with the Standing Order, the above was signed by the Director of Digital and Logistics and the Interim Chief Executive. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 62. 3. The Board was asked to receive and note the contents of the report. <p>Resolved: That the Board received and noted the report.</p>	
SECTION 5 - ANY OTHER BUSINESS / PUBLIC QUESTIONS		
P70/21	<ol style="list-style-type: none"> 1. Ms Rose noted the powerful patient story and that Mr Torres Fremlin would obviously not be the only person treated by the Trust with a dual diagnosis and questioned whether ESNEFT had a staff member who acted as an advocate for patients to ensure services were joined up and timely. The Chief Nurse stated that he would be concerned if responsibility was placed on one individual staff member and it was the responsibility of all staff to advocate for patients, although it was recognised that this was not always achieved. The expectation from the executive was that the learning would be taken forward to reinforce the need for advocacy for patients in all settings. However, as had been noted a care co-ordination process had been introduced for patients which would look at dual diagnoses and what was required as part of the care package when moving from acute into the community services 2. Ms Lockington questioned the progress of the new elective orthopaedic centre at Colchester and whether the costs had risen. The Director of Estates & Facilities advised that for the Dame Clare Marx building the Trust had chosen the modular construction route and this ensured greater cost certainty. The teams had predicted costs based on knowledge of the conditions within the industry and had ensured adequate contingency was in place. 3. Ms Lockington noted that there had been a change to the parking system at Ipswich Hospital and questioned how this had gone. The Director of Estates & Facilities advised that the automatic number plate recognition (ANPR) system had been implemented at Ipswich earlier in the year and the system had been generally well received. Whilst there had been some initial teething problems this had now settled down with any complaints being quickly resolved. 4. Ms Lockington questioned whether it was appropriate to bring staff from other countries and whether the midwives coming from Zimbabwe would be able to bring their families. The Chief Nurse advised that all of the Trust's recruitment practices were ethical and these 	

	<p>were individuals who wished to leave their home country. The Chief Nurse stated that he was unable to comment regarding home office regulations regarding family entry to the country but he would give assurance that support was offered regarding leave allowances to those who had family living in their home country.</p> <p>5. Ms Lockington noted that the number of consultants was down but the junior doctor numbers had increased and questioned whether sufficient numbers of consultants were available to provide training to the juniors. The Chief Medical Officer advised that it was recognised nationally that there were some hard to recruit consultant posts and the Trust was exploring all opportunities to work differently. However, there was a lot of interest in ESNEFT roles due to the size of the Trust and the new services which were being developed. The Chief Medical Officer stated that the pivotal importance of training and support for trainees was well known and ESNEFT had a strong medical education team, although there had been challenges for trainees during the pandemic. The Chief Medical Officer stated that she was optimistic that the Trust would be able to close some of the vacancy gaps.</p>	
<p>DATE OF NEXT MEETING - The next ESNEFT Trust Board meeting in Public would be held on Thursday 3 February 2022.</p>		

Signed Date

Helen Taylor
Chair

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

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