

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 3 MARCH 2022, 9.00AM – 11.30AM

TEAMS MEETING

PRESENT:

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

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

Mr Nick Hulme
Mr Neill Moloney
Dr Shane Gordon
Mr Adrian Marr
Mr Mike Meers
Mr Giles Thorpe
Dr Angela Tillet

Chief Executive
Managing Director
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
Mr Andy Morris
Ms Kate Read
Mr Mark Ridler
Ms L Fraser

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

APOLOGIES:

Mr Richard Spencer

Non-Executive Director

SECTION 1 – CHAIR’S BUSINESS		ACTION
P1/22	WELCOME AND APOLOGIES FOR ABSENCE	
	<ol style="list-style-type: none"> 1. The Chair welcomed attendees to the meeting. 2. Apologies for absence were received from: Mr Richard Spencer, Non-Executive Director. 3. The Chair welcomed Mr Nick Hulme, Chief Executive back to his first Trust Board meeting in Public following his return from his recent secondment to the national team leading the work on vaccinations for 12 to 15 year olds since October last year. 	
P2/22	DECLARATIONS OF INTEREST	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Standards of Business Conduct Policy requires all Board Directors to declare any interests, which are relevant and material to the Board. 2. No Declarations of Interest were received. 	
P3/22	MINUTES OF THE MEETING HELD ON 4 NOVEMBER 2021 AND ACTION LOG	
	<ol style="list-style-type: none"> 1. The minutes of the meeting held on 4 November 2021 were approved and signed by the Chair as a correct record. 2. The Action Log was received and noted. 	
P4/22	CHAIR & CHIEF EXECUTIVE’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Chair advised the Board that on 14 February 2022 she had been delighted to welcome Secretary of State for Health and Social Care, Sajid Javid, when he visited staff and the new Community Diagnostic Centre at Clacton Hospital. The centre would be one of around 100 centres opening across England to help tackle the COVID-19 backlog. It would make things like scans, diagnoses and treatments more accessible for local people in Clacton and the surrounding areas and was planned to open at the end of April. 2. The Chair commented that the visit had reinforced for her that taking increased diagnostic capacity to the heart of our communities where health inequalities were greatest would have a very significant impact. It had been a superbly organised visit for the Secretary of State which had showcased many things that were great about ESNEFT, partnership working, strong delivery and the Trust’s vital role as an anchor organisation. 3. During February the first staff EMBRace network event for 2022 was held and we were joined by network Chair Louie Horne who is currently on secondment to the national team as a clinical fellow. The Chair advised that she, Mr Nick Hulme and Mr Neill Moloney had been joined by Julia Smyth, associate director of organisational development who gave an update on the work with equality diversity and inclusion especially the launch of the reverse mentoring programme. All of the Board members would soon be having training on this. 4. It was noted that the robotic surgery team had recently celebrated the first year successes. More than 200 patients had benefitted from being operated on by robotic technology at the Trust during the past year. Later in the meeting the Board would hear first-hand from a patient who had benefitted from robotic surgery and from Mr Subash Vasudevan, who chairs ESNEFT’s robotics working group and is Trust lead for innovation. The innovative technology had proved such a success that it was also due to be featured as part of a BBC documentary called “Your Body Uncovered with Kate Garraway” which was due to air in the spring. 5. On Tuesday 8 March the Trust would be celebrating the start of building work, with the traditional cutting of the first sod, for the new £5.3million Breast Care Centre at Ipswich Hospital. The new state of the art centre would be located in the central outpatients’ area of the hospital and would transform the experience patients had when they came to hospital by bringing all elements of breast care under one roof. 6. The Chair observed that during the meeting the Board would hear about the operational pressures so she was pleased to report that a “super week” for emergency care had started on Monday. The week was designed to allow focused time to make improvements to reduce delays when people came into the emergency departments, urgent treatment centres and acute medical same day emergency care centres and to take away barriers to speedy treatment and care. 	

	<p>7. The new AMSDEC (Acute Medical Same Day Emergency Care Centre) and Frailty Unit at Colchester Hospital had also opened this week. The Chair noted the continued work by the Estates team to manage the building works currently being undertaken across ESNEFT sites.</p> <p>8. The ESNEFT Staff Awards were taking place virtually this year on 31 March 2022. More than 300 high calibre nominations had been received. Everything was set for a tremendous evening celebrating the achievements and dedication of all ESNEFT staff with every area and every site throughout the Trust represented in the awards.</p> <p>9. The Chief Executive stated that he was delighted to be back at ESNEFT following what had been a 4 month enjoyable secondment to the national team. The Chief Executive expressed his thanks to Mr Neill Moloney for his exemplary work as Acting Chief Executive during this time.</p> <p>10. The Chief Executive noted that it had been pleasing that ESNEFT's contribution as a vaccine hub had been noted on several occasions in national meetings.</p> <p>11. The Chief Executive noted the extraordinary work by staff which had kept services going whilst keeping patients safe during particularly challenging times. However, the reality for staff and the Hospital was that COVID-19 was ongoing and the challenge going forward would be how the health service lived with COVID-19 for the foreseeable future.</p> <p>12. The Chief Executive noted that the White Paper on integration moved delivery to a place based level. As an organisation ESNEFT had always welcomed the allocation of resource for patients at a local system level and the Chief Executive noted that he looked forward to working with colleagues in partner organisations as the new systems developed. The White Paper was due to be presented for royal assent in July but personally the Chief Executive stated that he felt it was unlikely that the ICS's would be operational before October.</p> <p>13. The Chief Executive noted the new hospitals being built around the country but highlighted the multiple new developments taking place on both Colchester and Ipswich Hospital sites, with £130m having been invested into capital programmes over the next year which would provide new and improved pathways for patient care. The Chief Executive observed that it would be a personal joy for him to be part of the ceremony to commence the building works for the new Breast Care Centre.</p> <p><u>Questions and Comments</u></p> <p>14. Ms Noske questioned whether ESNEFT had staff who had been impacted by the current situation in Ukraine and what support was being given. The Chief Executive advised that he had written to all staff at the beginning of the week asking staff to be mindful of those staff from Ukraine or Russia whose families might be impacted by the current events. The links to the health and wellbeing support available and details of the link to the Red Cross campaign for donations had been highlighted. The Chief Executive noted that the Trust also employed many veterans and with the proximity of the Trust to the garrison at Colchester it was recognised that the current situation might also impact on these staff.</p> <p>15. The Director of Communications & Engagement highlighted that as the Senior Responsible Officer for military forces and veterans she would inform the Board that in the last month the Trust had appointed an armed forces advocate who would be commencing in April as part of a nationally funded pilot of 17 advocates across the country.</p> <p>Resolved: That the Board noted the verbal updates.</p>	
P5/22	PATIENT STORY	
	<p><u>Received for noting</u> a patient story presented by the Director of Strategy, Research & Innovation.</p> <p><u>Noted</u></p> <p>1. The Director of Strategy, Research & Innovation thanked Mrs Patricia Leaver and Mr Subash Vasudevan for attending the Board meeting to share their experience of robotic surgery and advised that the Trust had been one of the first organisations some 20 years ago to develop keyhole surgery and had now moved to robotic surgery which offered further benefits. Just over a year ago the Trust had made a major commitment to robotic surgery, with 250 patients treated so far, despite the ongoing pandemic and the Trust was</p>	

	<p>about to take delivery of the 5th robot by the end of the year.</p> <ol style="list-style-type: none"> 2. Mr Vasudevan outlined the programme which had been introduced on 30 September 2020 and had continued during the pandemic, noting the exceptional results which had been obtained for patients. The Trust was being proactive implementing a training programme for robotic surgery, running tailored courses with more being developed. 3. Mr Vasudevan stated that he would thank the Board for their support and the whole Trust team for their work to implement the robotic surgery. 4. Mrs Leaver highlighted her personal experience of robotic surgery via a short film and stated that she would advocate robotic surgery to any patient. 5. Mr Khatib noted the good work which had been undertaken but asked if any patients had refused robotic surgery and what would be the impact for the workforce. Mr Vasudevan advised that no patients had refused robotic surgery and there had been a very positive response. In terms of the workforce of the future doctors would still be required but the training would have to be adapted for surgeons. 6. Ms Noske advised that she had watched robotic surgery being undertaken and could see the precision enabled and it had been good to hear about the experience from the patient perspective. Mrs Leaver advised that she had not had any apprehension about the surgery as Mr Vasudevan and his team had very thoroughly talked through the procedure. 7. Cllr Guglielmi questioned whether there were any procedures that could not be done robotically and whether robotic technology required less manpower. Mr Vasudevan advised that there were no procedures which could not be carried out by robotic surgery and at the moment there were no changes to the requirement for manpower. 8. Mr Millar commented that with colleagues he had visited the ICENI Centre which had highlighted the range of opportunities available and it had been clear that whilst there was superb leadership there was also a high level of team working from the whole clinical team. 9. Mrs Leaver observed that most patients would undertake a search of the website prior to surgery and information about robotic surgery was available on the web and also on YouTube. 10. The Director of Strategy, Research & Innovation noted that Mrs Leaver had highlighted how engaged the team were through the whole process of care and asked Mr Vasudevan regarding the training for other members of the team. Mr Vasudevan advised that separate training sessions were run for nurses, Health Care Assistants and new surgeons and also for the cleaning teams who looked after the delicate robotic equipment. 11. Mr Humpston stated that he would echo the comments about the very engaged team from his visit and questioned how the rest of the service would be able to catch up. Mr Vasudevan stated that robotic surgery would become more common and be brought into most theatres and a programme of expansion was in place. The initial focus had been on cancer surgery as this was where there was particular complexity. The Director of Strategy, Research & Innovation stated that this was a conscious direction of travel as the organisation set out to be centre of excellence for services. The number of patients who would benefit from robotic surgery was being carefully considered when looking at the services to be developed over time to ensure there was maximum benefit. 12. The Chair thanked Mrs Leaver and Mr Vasudevan for attending the Board and sharing their experience of robotic surgery. <p>Resolved: That the Board received and noted the report.</p>	
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SECTION 2 – QUALITY AND PERFORMANCE		
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P6/22	PERFORMANCE ASSURANCE COMMITTEE CHAIR’S KEY ISSUES (CKI) REPORT	
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	<p><u>Received for assurance</u> CKI report from the meeting held on 23 February 2022 presented by Mr Bloomfield, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Mr Bloomfield advised that for the second month the Performance Committee had sat as the Integrated Assurance Committee during the operational pressures, whilst the Quality and Patient Safety (QPS) and People and Organisational Development (POD) committees had been stood down. An agenda had been constructed for the Integrated Assurance Committee with input from the chairs of the QPS and POD to ensure good assurance over a wide range of areas. 2. The Committee was informed that the performance indicators which had been “red” in 	
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	<p>January were showing signs of improvement in the trends.</p> <ol style="list-style-type: none"> 3. The Committee heard of the serious concerns that continued around mental health and lack of alternative placements and the risk being carried by the Trust. 4. The Committee was informed that the draft divisional plans for the reduction in waiting times for elective activity had been completed, for submission nationally on 4 March. ESNEFT currently only had 5 specialities with an over 70 week wait and over 50,000 patients had been treated this year by continuing elective work despite the pressures. 5. The Committee were updated on the workforce sickness figures, which had stood at about 6.3% in January, however, by the time the Committee had met in February the numbers had recovered considerably. 6. The financial position was considered and it was noted that the Trust was on target to deliver the revenue surplus agreed with region which would help other parts of the system which were under pressure. The capital programme and performance against the capital departmental expenditure limit (CDEL) was also considered. It was noted that this represented a more challenging target for the Trust to deliver in 21/22. A detailed session with Non-Executive Directors to review and discuss the latest information regarding the 22/23 financial framework and the implications for the Trust had been held on Friday 18 February. Coupled with the report that had been provided to the Committee, the presentation and related discussion Mr Bloomfield stated that he was able to assure the Board that business planning was progressing well. 7. The Integrated Patient Safety & Experience Report, including a review one year on from the Ockenden Report was received and the Committee received and noted the ESNEFT Quality Account, which was a work in progress but was on track. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 8. Mr Millar commented that while the current year revenue surplus had been agreed with region, assurance had been sought, and received, that anything in terms of operational performance this year was not constrained by funding. The Trust was focusing on the best use for the available funding. 9. Mr Morris questioned whether there was an update on the reference made on page 3 regarding the importance of consistency of assumptions across the ICS system. The Director of Finance advised that 22/23 planning had been raised with the ICS who were looking at the key assumptions across the system for capital and revenue. 10. The Director of Finance informed the Board that capital was consuming a lot of effort with weekly meetings being held to ensure the end of year target was met and to maximise the available funding for the benefit of patients. 11. Ms Noske questioned the practical help which could be made available to support young people with mental health issues. The Chief Nurse advised that it was recognised that this was a national issue and meetings were being held with the ICS regarding this. The Trust had recently appointed two specialist mental health nurses in the North East Essex area and had agreed funding for two posts in Ipswich and East Suffolk and were looking at the environments for these young people. The Trust continued to work as part of the system to move these young people to the most appropriate location for their care. 12. The Chief Executive stated that he had raised this issue with the national executive. A letter had been received from the consultant paediatricians who had felt that whilst the executives were taking the appropriate actions it was incumbent on them to raise their concerns formally with the Chief Executive. The Chief Executive advised that he had planned visits to the areas and meetings with the clinical body. The risk around environment was being addressed and escalated appropriately and support was being provided to staff. The emerging situation would continue to be monitored closely. 13. The Chief Medical Officer flagged that the paediatric teams were seeing that mental health had been impacted very significantly by COVID-19 and the Trust would continue to work with community partners. <p>Resolved: That the Board received and noted the CKI report.</p>	
P7/22	INTEGRATED PERFORMANCE REPORT	
	<ol style="list-style-type: none"> 1. The Integrated Performance Report which outlined the performance of the Trust was received for assurance. 2. The Chair advised that as the Integrated Performance Report had been reviewed in detail by the Performance Assurance Committee on 23 February 2022, the executive leads would 	

	<p>be asked to highlight any key points for the Board's attention.</p>	
	<p><u>People & Organisational Development:</u> The Director of Human Resources & Organisational Development.</p> <p>3. The Board was informed that a high rate of sickness absence had been seen at the end of December / beginning of January which had been tracked very carefully to ensure staff could be deployed as effectively as possible to keep patients safe. The sickness absence rate had now significantly reduced.</p> <p>4. The Trust had implemented a number of support mechanisms for staff, with 400 mental health first aiders across the Trust and the Wellbeing Team contacting staff on sickness absence to advise of the support available.</p> <p><u>Questions and Comments</u></p> <p>5. Mr Ridler stated that on the virtual visits he had undertaken the Wellbeing Hub had been positively mentioned but he would question the trends in sickness absence and whether there were any "hotspots for stress". The Director of Human Resources & Organisational Development advised that overall the Trust had seen an equal balance of staff absent for reasons of "stress/anxiety" and "cold/flu" and no particular hotspots had been seen for "stress/anxiety" but this was monitored closely for any variations. Psychologists were able to be deployed to provide immediate support when needed.</p>	
	<p><u>Operational Performance:</u> The Managing Director.</p> <p>6. The Managing Director stated that the Trust had continued to see a positive response from staff during the pandemic but an impact from sickness levels was seen on performance. The level of performance was a concern for the whole organisation and good plans had come forward from the divisions in response to the challenges. Good progress had been made with Referral to Treatment and the Trust was working with West Suffolk Hospital in specialities where there were particularly high waiting times.</p> <p>7. The "super week" for emergency care was looking across the whole of the care pathway with alliance system partners, including the ambulance service. Learning was being considered to try and address the issues.</p> <p>8. The Managing Director noted the continuing work being undertaken to improve cancer performance and that there were some areas where capacity concerns had become quite challenging and would be subject to further scrutiny over the next few months.</p> <p><u>Questions and Comments</u></p> <p>9. Mr Ridler observed that HMSR numbers had risen and questioned why ESNEFT had become comparatively a worse performer. The Chief Medical Officer stated that with the rebasing, HMSR had increased by 8 points which was unusual, but that this was always triangulated against crude mortality and the team were working closely with Dr Foster to identify the issues. The Board was informed that the Trust had a robust learning from deaths process and from the learning in ED it had been found that some patients were coming to the hospital very unwell and could perhaps have been better cared for by remaining in the community.</p> <p>10. The Chief Executive stated that it was generally recognised that it was potentially likely that greater mortality would be seen as a result of the pandemic in heart disease and cancer.</p> <p>11. The Chief Medical Officer stated that she would assure the Board that the perinatal mortality rates and still birth rates were closely monitored, with the rate having reduced since the higher level seen at the beginning of the pandemic.</p>	
	<p><u>Quality & Patient Safety:</u> The Chief Medical Officer and Chief Nurse.</p> <p>12. The Chief Nurse advised the Board of the high number of COVID-19 patients the Trust was treating during the report period but noted that the outbreaks at ESNEFT were very much in line with benchmarking. The number of patients in hospital with COVID-19 was reducing and the teams were now moving forward with the reporting of other aspects of infection prevention control.</p> <p>13. The Chief Nurse highlighted the work which was being restarted with the Sight Loss Council to redesign the pathways moving forward and the Alzheimer Society.</p>	

	14. The Board was informed that following the recent Children and Young People Survey the Trust's service was recognised nationally as being better than expected for children's services.	
P8/22	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 which formed the governance framework through which the Trust had oversight of all improvement work relating to maternity services had been restarted. The Chief Nurse presented two reports to update the Board in public, the "Update on Ockenden Immediate and Essential Actions – One Year On" and the "Maternity self-assessment tool". 2. In January 2021, the Board of Directors received a copy of ESNEFT's completed Assurance and Assessment Tool, demonstrating current compliance and plans for compliance with the seven immediate and essential actions arising from the Ockenden report into maternity services. From February to June 2021 a project was implemented to progress and meet all the outstanding requirements. More detailed guidance was issued by NHSE/I as to how compliance should be achieved and measured and ESNEFT's plans were updated to reflect those requirements. 3. The Maternity self-assessment tool had been designed for NHS maternity services and private maternity providers to allow them to self-assess whether their operational service delivery met national standards, guidance, and regulatory requirements. Organisations could use the tool to inform the Trust's maternity quality improvement and safety plan. ESNEFT's current self-assessment using the tool was attached, this would be operationally overseen via the Every Birth Every Day Programme Board, chaired by the Chief Executive, however, this should be considered by the Board of Directors as part of the public Board's consideration of the safety of maternity services at ESNEFT. 4. The Board was asked to receive the current self-assessment of maternity services for information, noting the onward recommendation for the Board of Directors to review the Trust's current position. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. Mr Khatib stated that it was good to hear about the progress being made across a range of maternity services. As Chair of QPS he would share assurance received from his meetings with the Director of Midwifery and the Chief Nurse with the Board. 6. Mr Ridler noted the importance of culture which had been highlighted by the Ockenden report. Mr Khatib advised that he had carried out a walk around pre COVID-19 and the maternity staff were highlighting improvements they would like to see but since then much work had been undertaken including the Director of Midwifery appointment. Early feedback was that things were moving in the correct direction and Mr Khatib stated that he planned to carry out further walk arounds at both Colchester and Ipswich when this was allowed. 7. The Chief Nurse advised that there had been a focus on maternity services over the last year and a significant change in the culture had been seen with cross divisional support being provided. It was recognised that there was still more work to do but he was confident that the service was moving in the right direction. 8. The Chief Medical Officer stated that she would echo the comments that there had been a shift in the culture but that it did take time to make permanent changes. Looking at clinical outcomes there was assurance that this was where it should be. The pandemic had brought further challenges to maternity services and this was recognised. 9. Mr Millar commented that when he had reviewed the documents he was not clear about the time scale for completion of the actions and who was responsible for carrying these out. The Chief Nurse advised that any red or amber actions were managed and prioritised and there were action plans with timescales behind these with scrutiny by the divisional management team and Chief Nurse as Maternity Safety Champion. 10. Mr Millar stated that in terms of Board reporting it would be good to have the column on the Ockenden Report completed. 11. The Chief Nurse advised the Board that the maternity self-assessment tool was a combination of a variety of reviews which have been undertaken with the expectation that 	GT

	<p>the Board was sighted on this. The maternity improvement adviser had feedback that they had found no immediate issues at this time.</p> <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and noted the update on the ongoing maternity improvement programme. • Received the report for assurance on activities undertaken and underway to support full implementation of the requirements under Ockenden, in line with NHSE/I request dated 25 January 2022. • Received the current self-assessment of maternity services for information, noting the onward recommendation for the Board of Directors to review the Trust’s current position. 	
P9/22	<p>INEQUALITIES PROGRAMME UPDATE</p>	
	<p><u>Received for information</u> report presented by the Chief Medical Officer.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Trust’s focus on inequalities was now being seen in a number of areas and an Inequalities Work Plan had been developed to give this structure. This had been broken down into two key areas of focus: Risk Factor Management including obesity and smoking to support health and the nationally recognised CORE20Plus 5 approach, which focused on the most deprived 20% core ICS groups with poorer health outcomes plus 5 clinical areas of health inequalities. The focus would be on ensuring access to treatment was equitable for all patients. <ul style="list-style-type: none"> • Tobacco Treatment: ICS funding had been secured for Year 1 and Year 2 of the programme with phased roll out planned to potentially start April 2022 for inpatients. • Healthy Eating Adults: A refresh and refocus for this initiative was underway with the Deputy Chief Nurses now leading this work. • Healthy Eating QI Project, Children & Young People: The “Nourish” pilot in CO15 was progressing well with good engagement from the children and young people, empowering children and their families to consider healthy eating options. • Making Every Contact Count (MECC): A successful pilot had been held in an Orthopaedic clinic: 103 patients were offered help and 20% took up the offer. Patient feedback had been very positive. The next phase of the roll out would be to further clinics in Clacton and Harwich. • Access to Service: The Clacton Diagnostic Hub had been open since October 2021 and completed over 35,000 tests so far. Priority had been given to Clacton and Tendring residents to be seen closer to home. 2. The Chief Medical Officer highlighted the work that had been carried out by the Business Informatics team to identify the areas for the teams to focus on and advised that the next step was to go out to the communities and GP teams to ask what would make a difference to allow better access to the Trust’s services. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Dr Gogarty commended the approach which had been taken with the scope to focus on the wider issues and link with the anchor work. Dr Gogarty stated that he felt that this work needed to be pushed out at scale quickly and was a real opportunity to start to address the issues in all of the Trust’s clinics. The Chief Medical Officer stated that the team had felt that there should be a pilot carried out in the first instance but would share the ambition to implement this work at pace. 4. Dr Gogarty noted the question around how unmet need would be identified and that this was an area which ESNFT could lead going forward. The Chief Medical Officer stated that with regard to unmet need there was more which ESNEFT could do but there was the need to understand which areas should be prioritised. 5. Mr Khatib thanked the team for the report but questioned the work being done for those with learning disability and autism. The Chief Medical Officer advised that there was a programme of work for training and making appropriate adjustments when treating those with learning disabilities as inpatients with good support from the learning disability nurses. However, outpatients was an area which required further focus. 6. Ms Noske questioned partnerships and how engagement through schools was managed. 	

	<p>The Chief Medical Officer advised that the Trust had made good links with partners and when the Nourish programme was started there was much engagement with schools, who were already doing a lot of work in this area. Further work with the secondary school age group would be carried out.</p> <p>7. Mr Humpston agreed that this was a powerful paper and he would fully support this programme.</p> <p>8. Cllr Guglielmi expressed his thanks to the Chief Medical Officer for the work which had been done so far and noted the anchor work but would question whether there were plans to extend this work out to other areas. The Chief Medical Officer stated that it was recognised that there were other areas which also had challenges and were areas of deprivation. Learning would be taken from the pilots and links made with GPs and community partners.</p> <p>9. The Chief Executive commented that a good understanding of the data was required and the input from the Business Informatics team was critical. The executives would be looking at the priorities for ESNEFT going forward to link the delivery agenda with the inequalities agenda. In the business planning process the divisions had been asked what their plans were to address inequalities in care provision. However, this work would also need to consider and link with the wider government agenda around levelling up.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 3 – STRATEGY, BUSINESS AND TRANSFORMATION		
P10/22	STRATEGIC PLAN AND SUCCESS MEASURES	
	<p><u>Received for assurance</u> report presented by the Director of Strategy, Research & Innovation.</p> <p><u>Noted</u></p> <p>1. The report provided a quarterly update on progress of the Trust’s strategic plan and success measures. A refresh of the Trust strategic plan would be undertaken and presented to the Board in May 2022 as there had been significant movement of the plan during the pandemic with a number of milestones impacted. The key actions that were taking place to achieve this included, identification of strategic plan elements that were now delivered and to be removed from the plan, identification of strategic plan and measures that were rolled-forward, removal of elements no longer relevant to the Trust strategy/not possible to measure and identification of new elements for the strategic plan and measures for future years.</p> <p>2. The Director of Strategy, Research & Innovation stated that it was pleasing to note that the strategic plan continued to move forward with more completed milestones than the previous update despite the impact of the pandemic. The status of all schemes had been updated for the report, 70% of plans were now completed or were on-track (68 projects) with 22% (21) projects reporting ‘late’ status. Each of these projects had identified revised target dates. Much of this delay had been caused due to organisation re-focus on COVID-19 response. Baseline and actual data would continue to be explored for reporting for the Q4 position, and would inform the overall update of the refreshed strategic plan, if not resolved, it was proposed that these were removed from the plan.</p> <p><u>Questions and Comments</u></p> <p>3. The Chair commended the work undertaken despite the operational challenges by the Director of Strategy, Research & Innovation and the team.</p> <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and noted the significant progress against the strategic plan and strategy success measures. • Approved the change control requests for strategic plan date changes and strategic measure removals as detailed. • Noted the remaining undefined success measures with a view to their removal from the plan. 	
P11/22	GREEN PLAN PROGRESS REPORT	
	<p><u>Received for assurance</u> report presented by the Director of Estates & Facilities.</p> <p><u>Noted</u></p>	

1. The report provided an update on the progress made with the Trust's Green Plan since it had been approved in 2020 reflecting new national guidance and objectives and set out the plans for the future to establish the roadmap for improving ongoing environmental performance.
2. The updated Net Zero 'Green Plan' realigned the Trust's ambitions to achieve the national NHS ambition of delivering a Net Zero National Health Service by 2040. The Director of Estates & Facilities advised that it was recognised that the vision to become a Leader in Sustainable Healthcare would not come without its challenges.
3. The Trust Board was requested to note the report and approve the updated ESNEFT Green Plan 2020-23.

Questions and Comments

4. Mr Ridler noted the importance of this issue and questioned whether this Plan was ambitious enough and whether the Trust was on track to achieve the target. Mr Ridler questioned where the funding for this would come from and where the statistics for the Board were presented that the targets would be met. The Director of Finance advised that the Trust's Green Plan was ambitious but clarification was being sought more widely regarding the targets set and what net zero meant. The more difficult aspects would be the cultural changes. A figure could not be given for the work required, due to the unknown aspects, but there was a huge national drive that the targets were met and the Director of Estates & Facilities advised that he understood that some financial support might be made available. The impact on the environment was also being reflected in the Trust's capital projects but this was a challenging situation as the Trust was seeing increasing expansion across the sites.
5. Mr Bloomfield stated that he was interested in changes in behaviour, noting remote care, and whether any changes were being seen in this following the pandemic. The Director of Estates & Facilities observed that virtual clinics and staff working from home did benefit the drive to net carbon zero targets.
6. The Chief Medical Officer advised that from the clinical perspective the Trust was not in a steady state yet around virtual appointments. Whilst virtual appointments had been generally well received during the pandemic, particularly for follow up appointments, there was a nervousness around virtual first appointments. The aim would be to get to the point to be able to offer patients choice.
7. Mr Humpston agreed that this was positive but questioned the Trust's role in the wider community with partners and other large organisations. The Director of Estates & Facilities advised that engagement with the wider community through the ICS Sustainability Group and the one public estate agenda was good.
8. Mr Morris noted that the paper referred to the financial implications and questioned the potential implications arising from the position in Ukraine and the use of Russian gas on the achievement of the target. The Director of Estates & Facilities advised that further finance detail was included in the main body of the Green Plan and he would be happy to discuss this off line. With regards to the use of Russian gas there was considerable concern currently in the market regarding Gazprom, owned primarily by the national Russian government, but it was understood that only a small consortium of NHS organisations had a direct contract with Gazprom. The Trust energy was purchased through Crown Commercial Services, however, utility prices were due to rise this year, 40% for gas and 24% for electricity, and this was an area of concern for every Trust.
9. The Managing Director reflected that he had seen a number of green plans over the years and there were always challenges to achieve these. However, he felt that this Plan would be achieved now through the wider social movement and working with partners. The work towards carbon reduction would also require ownership by all teams across the whole organisation.

Resolved: That the Board:

- Received and noted the report.
- Approved the updated ESNEFT Green Plan 2020-23.

SECTION 4 – GOVERNANCE	
P12/22	USE OF THE TRUST SEAL

	<p><u>Received for information</u> a verbal update presented by the Director of Communications & Engagement.</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 had not been used since the last report presented. <p>Resolved: That the Board received and noted the verbal update.</p>	
SECTION 5 - ANY OTHER BUSINESS / PUBLIC QUESTIONS		
P13/22	PUBLIC QUESTIONS	
	<ol style="list-style-type: none"> 1. Ms Rose, Lead Governor, commented that 17 governors had observed the Board meeting today and she had appreciated the breadth and depth of information being made available to the public and would welcome members of the public to attend the Council of Governors meeting on 7 April 2022. 2. Cllr Lockington noted that Suffolk HOSC would be looking at childhood obesity and might request information on the work done in Tendring by ESNEFT. The Chief Medical Officer advised that she would be happy to work with HOSC and that “making every contact count” had been rolled out for every child who accessed the Trust’s paediatric services. 3. Cllr Lockington questioned whether the number of “take away” businesses had been considered in these areas and requested further detail of the Anchor Programme. 4. The Chair advised that the Anchor Programme consisted of large organisations within the community who could influence the health of their communities and was complementary to the health inequalities work and further detail could be considered at a future Board meeting in Public. 5. Dr Gogarty noted that the work around take away food outlets had been looked at by district and borough councils, but he felt that the main area of focus should be to work with schools around the introduction of preventative schemes such as the daily mile initiative. 6. Cllr Lockington noted that Alzheimer’s affected only 50% of the people with dementia. The Chief Nurse clarified that the reference to working with the Alzheimer’s Society formed only part of the work being carried out by the Trust with dementia charities. 	HT/ RD
DATE OF NEXT MEETING:		
<ul style="list-style-type: none"> • The next ESNEFT Council of Governors meeting in Public would be held on Thursday 7 April 2022. • The next ESNEFT Trust Board meeting in Public would be held on Thursday 5 May 2022. 		

Signed Date

Helen Taylor
Chair

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