

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 5 MAY 2022, 9.00AM – 11.45AM

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 Nick Hulme
Mr Neill Moloney
Dr Shane Gordon
Mr Mike Meers
Mr Giles Thorpe
Dr Angela Tillett

Chief Executive
Managing Director
Director of Strategy, Research & Innovation
Director of Digital and Logistics
Chief Nurse
Chief Medical Officer

IN ATTENDANCE:

Mrs Rebecca Driver
Mr Andy Morris
Ms Kate Read
Mr James Rowe
Mr Jonathan Stewart
Ms L Fraser

Director of Communications and Engagement
Associate Non-Executive Director
Director of Human Resources & Organisational Development
Deputy Director of Finance – Operations - deputising for Mr Marr
Interim Deputy Director of Estates & Facilities – deputising for Mr Fenton
EA to Director of Finance / Senior Committee Secretary (Minutes)

APOLOGIES:

Mr Paul Fenton
Mr Adrian Marr
Mr Mark Ridler

Director of Estates & Facilities
Director of Finance
Associate Non-Executive Director

SECTION 1 – CHAIR’S BUSINESS		ACTION
P14/22	WELCOME AND APOLOGIES FOR ABSENCE	
	<ol style="list-style-type: none"> 1. The Chair welcomed all attendees to the meeting. 2. Apologies for absence were received from: Mr Paul Fenton, Director of Estates & Facilities Mr Adrian Marr, Director of Finance Mr Mark Ridler, Associate Non-Executive Director 	
P15/22	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. 	
P16/22	MINUTES OF THE MEETING HELD ON 3 MARCH 2022 AND ACTION LOG	
	<ol style="list-style-type: none"> 1. The minutes of the meeting held on 3 March 2022 presented were approved and signed by the Chair as a correct record. 2. The Action Log was received and noted. 	
P17/22	CHAIR’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Chair noted that following the recent relaxation of the visiting site guidance she had found it particularly pleasant to be able to meet three members of staff in person to present their awards following the staff awards event, Linda Peall, Head Chaplain who had won the Living the Values Colleague of the Year Award, Dr Suraya Mian, who won the Trainee of the Year Award and the Cardiac Rhythm team at Ipswich Hospital who were highly commended in the Time Matters Award. 2. The Trust had also been recognising long service to the NHS with presentations of framed certificates, year badges and vouchers to colleagues throughout ESNEFT. Mr Millar, Non-Executive Director had been present at last Thursday’s event to meet with staff and make presentations. 3. The Chair congratulated the 300 colleagues who had taken part in Sunday’s Hospital Hero Hike. More than £40,000 was raised by ESNEFT staff, students, volunteers and onsite partner organisations. The 21 mile charity walk started at Colchester Hospital and ended at Ipswich Hospital, and was managed by Colchester & Ipswich Hospitals Charity. The walk had been co-founded by sisters and colleagues, surgical care practitioner Ali Beckett and neonatal unit junior sister Sharon Ward. 4. The Chair noted that this week was national Dying Matters Week and ESNEFT was supporting the week with a new video released each day and a new education and learning programme. The week would underline the Trust’s aim to always provide compassionate and high quality care for dying patients and their families. On Tuesday at Colchester Hospital the Time garden had been open to staff; when visitors were offered a home-baked scone and jam and invited to see the garden; hear about how patients could use the garden, learn about end of life blankets, Butterfly volunteers and free comfort packs for the visitors of those who were dying. The Chair observed that communicating well at the end of life was important but not always easy to do, so the Trust had released quick and free online learning for ward nurses, junior doctors and interested others. 5. The Chair noted that today was the International Day of the Midwife and the Trust had developed a social media campaign around the additional opportunities for international nurses to join the Trust, including the range of different career experiences. Looking ahead, next Thursday was International Nurses Day which would also be celebrated widely throughout ESNEFT. <p>Resolved: That the Board noted the verbal update.</p>	
P18/22	CHIEF EXECUTIVE’S REPORT	
	<u>Received for information</u> a verbal report by the Chief Executive.	

Noted

1. The Chief Executive advised of the better news that COVID-19 number in the hospital and community continued to reduce and that thankfully very few of the patients admitted were seriously ill with COVID-19. With the reduced numbers the Trust was expecting to see a linked improvement in flow through the hospital and decreased length of stay. The reduction in numbers had also allowed the Trust to relax the visitor restrictions, which was being undertaken in a staged way over the next few months. Whilst a further reduction in numbers was expected during the summer the Trust had started planning for autumn and winter.
2. The Chief Executive advised the Board that another significant issue over the past few weeks had been that the Integrated Care paper had been given royal assent and the Integrated Care Systems (ICS) would become legal entities from the 1 July 2022. The Chief Executive stated that as people would be aware he had been a strong supporter of integrated care and he felt that the formation of the Integrated Care System gave a real opportunity to provide joined up care and start to address inequalities of care provision across the area.
3. The Chief Executive observed that there was an increasing focus and frustration within the public and media concerning the long length of waits for treatment and there was a piece of work needed to remind the public about the ongoing risks of COVID-19 and the limits this placed upon the hospital.
4. The Chief Executive informed the Board that he had spent a very pleasant evening at an Art for Cure event which had raised money to support the Blossom Appeal for the new breast care centre and research.

Questions and Comments

5. The Chair noted that a number of Board colleagues had attended the Art for Cure event over the weekend and several of the artists had expressed interest in developing a direct relationship with the Trust.
6. The Chair observed that the new Clacton Diagnostic Hub was due to open shortly which would give improved access to diagnostics for the community. The Director of Strategy, Research & Innovation confirmed that the Hub was due to open at the end of May / early June dependent on completion of final electrical supply for the scanners.
7. Mr Spencer observed that the staff awards had been an amazing event, having to run the event on line had allowed more people to attend as an unintended consequence and he would question whether this had been considered for future events. The Director of Communications and Engagement advised that the staff awards were held every 2 years and the team would be looking at mix of face to face and virtual to enable everyone to take part. The Board was advised that the team were also talking with governors about running virtual events to encourage and enable engagement by a wider group of attendees.
8. Ms Noske noted that the ICS was quite a significant change in the framework and at short notice starting 1 July and she would question whether there would be any practical changes for patients. The Chief Executive advised that no impact was expected but the question had been raised regarding what difference staff and patients would see in the longer term from the move to the ICS. For patients it was hoped that less hand off of care between services would be seen and more integration of IT systems leading to less barriers within care.
9. The Chief Executive stated that the Board was responsible for delivering a set of objectives for ESNEFT and with the development of the ICS might be put in a position that delivering for the one organisation would put others within the system at risk. This would be a challenging position which the Board would need to monitor. The Chief Executive suggested that the Chair and CEO of the ICS were invited to attend an ESNEFT Board meeting in public to have a conversation around the ICS.
10. Mr Humpston questioned the wearing of masks now and how easy it was for a clear set of rules to be in place for ESNEFT. The Chief Executive advised that the current guidance was that mask should be worn in all areas where patients were seen and communal areas such as corridors in health care settings. The Chief Nurse advised that some changes were being made, and communications had been released to staff today, relating to non-clinical non-patient facing areas which were well ventilated where staff would not be

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required to wear masks from 9 May 2022, unless by personal choice. The COVID-19 rates would continue to be monitored very closely and any future decisions or changes to the guidance made would be based on prevalence within the Trust and community.

Resolved: That the Board noted the verbal update.

P19/22 **PATIENT STORY**

Received for noting a patient story presented by the Chief Nurse.

Noted

1. Mr R had received extensive treatment since 2017 for advanced lung cancer. In relation to clinical care received the patient had been complimentary. However, the patient experience story this month related to what happened when he received a fine for car parking.
2. Mr R wanted to highlight his concern that while he was able to dispute this parking fine, should this have come to his elderly mother, or any other vulnerable person, someone who was uncomfortable with technology or had communication difficulties etc. they could just feel pressurised into paying the £70 charge.

Questions and Comments

3. The Interim Deputy Director of Estates & Facilities observed that visits to hospital were invariably anxious times and the Trust would not want to add to this anxiety from issues with car parking and the Trust would extend sincere apologies to the patient concerned in this particular instance. The issues raised in the paper had been looked at in generic terms and with regards to the vehicle not being recognised Parking Eye had advised that the ANPR machines were not 100% accurate, generally working at around 85% and unfortunately non-recognition could happen. However, if this did occur the details of the car would need to be entered manually into the machine. The car parking machines had been defaulted to not automatically issue a receipt for payment, to reduce littering when people did not want a receipt. On the standard letter detailing the fine there was a description of who POPLA was, this being an independent appeals service for Parking Charge Notices issued on private land, however, it had been drawn to the attention of Parking Eye that this information could be made clearer.
4. The Interim Deputy Director of Estates & Facilities advised that the appeal process was on line but it was recognised that some people might need assistance and the Travel Plan office was always happy to offer assistance to people regarding parking on site and quite often intervened on behalf of patients and visitors in the appeal process. It was noted that the Trust had arrangements in place for reduced car parking fees for cancer and long term patients.
5. Mr Khatib stated that it had been good to see that the patient had received good clinical care but the patient journey needed to be seen in totality through the Trust. Mr Khatib questioned what was done regarding communicating to patients who might not have English as their first language.
6. Mr Spencer questioned the signage in place to direct people to the Travel Plan office when there were issues with the car parking machines or when they needed to seek further assistance.
7. The Interim Deputy Director of Estates & Facilities advised that everyone could experience things not being as straightforward as they should be when they visited a car park and whilst the signs at the Trust were quite clear regarding the process, the team might need to look at additional signage regarding contacting the Travel Plan office as an ongoing piece of work.
8. Mr Millar questioned how indicative this was of a wider problem and whether there were numbers available for the penalty notices issued and the number rescinded. The Interim Deputy Director of Estates & Facilities advised that numbers were received from the management company regarding fines and those rescinded which was relatively minor numbers in terms of the overall traffic movements on site. If the car was not recognised by the cameras the details had to be manually entered. The number of fines issued and number rescinded would be shared with the Board members after the meeting.
9. Mr Morris asked whether the decision making process had been checked which had allowed someone with a receipt to have had an appeal dismissed. The Interim Deputy

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Director of Estates & Facilities stated that the patient should not have been asked for details of his appointment and it was hoped that this had been an isolated incident. This had been discussed with the management company at the management meetings and they had been advised that it was totally unacceptable for them to ask for this information.

Resolved: That the Board received and noted the report.

SECTION 2 – QUALITY AND PERFORMANCE

P20/22 QUALITY AND PATIENT SAFETY COMMITTEE CHAIR’S KEY ISSUES (CKI) REPORT

Received for assurance CKI report from the meeting held on 26 April 2022 presented by Mr Khatib, Non-Executive Director.

Noted

1. Mr Khatib noted that this had been a restart of the Quality and Patient Safety Committee following a pause due to the operational pressures but he would assure the Board that quality and patient experience had continued to be considered by the Integrated Assurance Committee during this time.
2. The Committee had noted the work to implement 2222 for Massive Obstetric Haemorrhage across both hospital sites and also received the TARN update report, which evidenced areas of good practice, although further work was to be undertaken on both sites.
3. The Medicines Governance Group CKI was received and noted that both acute sites had achieved 97% compliance of prescribing critical medicines within two hours. However, ongoing work was noted to improve compliance with administration of antimicrobials and anticoagulants.
4. The Committee had held a long discussion regarding the fundamentals of care noting that falls had increased across the Trust over the past reporting period. Whilst this was attributed in part to lower staffing levels it was recognised that a close monitoring approach was required to ensure performance in harm free care improved in the next reporting period.
5. The Committee received the Q4 safeguarding report and an update on the mental health regulations. The Committee had noted the evidence of improvements in safeguarding compliance and noted a trajectory for improving L3 safeguarding was in development.
6. The Trust’s response to mental health regulations was discussed. Five issues were raised which were being addressed by the Safeguarding team to ensure that appropriate least restrictive practices were being adopted in all circumstances in the Trust.
7. In line with CNST requirements the Committee had received and approved a report outlining assurance of compliance with Standard 1 of Year 4 CNST requirements.
8. The Committee had received an update regarding the Medical Examiner system extending to include all deaths in 2022, which would include changes to legislation for death certification.
9. Mr Khatib informed the Board that the Committee had received an update following CRG’s discussion on cancer care and harm reviews and had formally supported the clinical view of the management of the current patients and not spending time on reviewing the long waiters, however, this had been challenged and it was noted that a whole system approach was required. The Committee were assured that an audit of specific patient groups, including patients with learning disabilities, would be priorities for harm reviews.

Questions and Comments

10. Mr Millar stated that he had been pleased to see the Committee had looked at falls but a similar pattern could be seen regarding tissue viability and he felt that this should be highlighted as an indicator. The Chief Nurse advised that as the organisation was moving forward the focus was harm free care which included many aspects. In relation to falls the number of patients admitted with higher complexity had increased and tissue viability also related to the complexity of the patients. The refresh being undertaken would be focused on optimal conditioning of patients.
11. Ms Noske noted the escalation point around the long waiting patients and questioned the timescale for the audit of cancer patients. The Chief Medical Officer assured the Board that an incident report was submitted for any patient who was felt to have come to harm

	<p>related to a long wait and the well embedded panel process for reviewing cancer patients waiting over 104 days was being restarted following a pause during the height of the pandemic. The teams were now also looking at refocusing on the whole care pathway for the patient and keeping in contact with patients who were waiting and signposting the support available.</p> <p>12.The Chief Executive commented that harm was not only physical and that long waiting times could impact adversely on other areas of people's lives. The Chief Medical Officer stated that there was no national definition of psychological harm but it was recognised that there would be an impact from long waits. Through the review of cancer patients' process some assessment of psychological harm was able to be made from the patient notes, correspondence and contacts with the patients but it was more difficult to obtain detail for other groups of patients. It was hoped that through the Making Every Contact Count approach and advising of the support available this would help to alleviate the psychological harm.</p> <p>13.Mr Khatib advised that the Quality and Patient Safety Committee had also discussed how the Trust was keeping in touch with patients waiting and signposting support available from the Trust and other organisations.</p>	
P21/22	UPDATE ON QUALITY AND PATIENT SAFETY SECTION OF THE INTEGRATED PERFORMANCE REPORT	
	<p><u>Quality & Patient Safety:</u> The Chief Medical Officer and Chief Nurse.</p> <ol style="list-style-type: none"> 1. The Chief Nurse advised that there had been some challenges in meeting the internal target 10 day response time for Duty of Candour, however, further improvement work was underway with the divisions and there was now an increased level of confidence that communication would be made within the 10 working day period by end of Q1 / Q2 this year. 2. The Board was informed that in relation to ongoing actions there were a number of very historic actions that sat outside the patient safety incident framework. The team continued to work with the CCG, and soon to be Alliances, highlighting the improvement work taking place and it was expected that an improvement would be seen in these outstanding actions by the end of Q1. 3. The Infection Prevention and Control (IPC) data was noted with the outbreaks of COVID-19 position shown for March. The Chief Nurse advised that the IPC manual from NHSE/I had been released which provided details which must now be refocused on. The IPC team were working through the manual and would provide an update to the Quality and Patient Safety Committee. 4. The Chief Medical Officer advised that mortality was returning to expected levels, the SHMI for the 12 months to October 2021 reported as being 1.0801 which was 'as expected'. Having carried out analysis of the Emergency Department deaths it had been recognised that over the last few months some very unwell patients had been admitted to the Trust. 5. The HSMR continued to be higher than expected as a Trust. The latest data available for discharges during November 2021 showed an in-month HSMR of 89.7. The data excluded COVID-19 on admission. The 12-month rolling HSMR figure for ESNEFT was 108.1 - 'higher than expected'. The Chief Medical Officer noted that not all records had been uploaded and data capture took some time, the coding and scanning teams had been working to meet the deadline for data submission this month. 6. The Trust continued to see a low still birth rate which was being maintained. 	
P22/22	EVERY BIRTH EVERY DAY PROGRAMME BOARD CHAIR'S KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> the Every Birth Every Day Improvement Programme Board CKI report presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. It was noted that concerns which had been raised regarding the Maternity Triage area at Colchester had been addressed, with appropriate assurance provided to the CQC. Ongoing QI work was underway to implement new ways of working to support better flow through triage at both sites. 2. The independent medical workforce review was noted as having been received and would 	

- be shared in depth at the next Every Birth Every Day meeting.
3. The Trust's Maternity Improvement Advisor had completed and shared their diagnostic report. The Chief Nurse advised that there had been nothing in the report that the Trust was not aware of and some positive commentary regarding the work already undertaken.
 4. Overall delivery of the Every Birth Every Day Programme was noted as being slower than planned due to staff sickness and turnover, however, clear plans were identified as being in place.

Questions and Comments

5. Ms Noske noted that it was good to see the focus coming back to outcomes rather than process. Ms Noske noted in the Integrated Performance Report that the recommending birth and recommending post-natal had both dropped from January to March and asked for assurance that this was the type of outcome which would be tracked. The Chief Nurse agreed that the experience of pregnant people and families was important, within the Friends and Family Test (FFT) there were 4 points in the pathway at which questions were asked. The Trust was working with the national team to see if there was a different way of collecting the data as there was a national issue of a lower response rate as people moved through the pathway. The team were working to ensure every family received the best care throughout the pathway.

Resolved: That the Board received and noted the update on the ongoing maternity improvement programme.

P23/22

OCKENDEN 2 REPORT

Received for assurance the Ockenden 2 Report presented by the Chief Nurse.

Noted

1. On 30 March 2022, the final report from Donna Ockenden's independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published. The Chief Nurse advised that there was much learning to come from the Ockenden Report not only for maternity services but for wider health care services.
2. The report provided a summary for the Board of all remaining outstanding actions from the interim report issued in December 2020, on which the Board received a full progress report, "Ockenden – One year on" in March 2022. The Chief Nurse advised that there had been significant progress on these actions and there was confidence that a level of assurance would be given against all the outstanding actions by the beginning of Q3. The Trust would continue to be monitored by the regional team in terms of progress, who would feed through to the national team.

Questions and Comments

3. Mr Bloomfield asked what was being done now that was not being done previously relating to listening to families. The Chief Nurse advised that one of the most important areas was that the relationship with the maternity voices partnership had been strengthened with an ESNEFT approach and pregnant people and their families were being invited to participate in the transformation work for the service.
4. The Chief Nurse advised that the report provided an overview of the final Ockenden report issued on 30 March 2022 and he would highlight that the team were already starting to work on the 15 key themes. Benchmarking against the final report was being led by the regional team.

Questions and Comments

5. The Chair stated that she would encourage all colleagues to read the full Ockenden report.
6. The Chief Medical Officer stated that regarding the specific medical roles she would highlight that this was a very important point to note as obstetric care had changed from 5 / 10 years ago and the needs of local communities in terms of complex health needs were now being recognised. Within maternity services there needed to be dedicated time

	<p>allowed to focus on risk management and quality improvement.</p> <ol style="list-style-type: none"> 7. Mr Morris stated that whilst this sounded positive he would question the sustainability of the audit plans. The Chief Nurse advised that plans for audits and how re-audits would be undertaken were in place, as the results were received these would feed through to the divisional plan, the executive, with key findings to the Every Birth Every Day Programme Board. 8. The Chief Executive questioned the learning for the rest of the organisation from the Ockenden Report, how the patient voice would be heard and the outputs measured in other areas of care. 9. The Chief Executive observed that the same issues had come up in a number of maternity reports, with a main theme being dysfunctional team relationships and this would need to be looked at across the organisation in order to prevent long term harm to patients. 10. The Chair advised that the next Board development day scheduled for later in the year would look at the wider learning from reviews. 11. Mr Khatib stated that as the Non-Executive Director with responsibility for maternity he would remind the Board of the improvements which had been made in maternity services over the last months and would give assurance that the structure which was now in place in maternity services put the Trust in a good position to address the challenges. 12. The Chief Nurse advised that the Midwifery Continuity of Carer report would come back to Board next month. However, the Ockenden Report had contained certain recommendations impacting on Midwifery Continuity of Carer (MCoC) plans with two immediate and essential actions: <ul style="list-style-type: none"> • “All Newly Qualified Midwives (NQMs) must remain within the hospital setting for a minimum period of one-year post qualification.” • “All trusts must review and suspend if necessary the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts.” 13. The Chief Nurse advised Board members that at ESNEFT given the work which had been undertaken regarding workforce and the strong midwife pipeline there was a degree of confidence that the Trust would be able to begin the continuity of carer journey this financial year with two teams, one based in North East Essex and one in Ipswich and East Suffolk, which would focus on the areas of greatest deprivation. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received the report for information and assurance that the Trust was enacting and reviewing all recommendations regarding the Ockenden Final report. • Approved receipt of the Trust’s Midwifery Continuity of Carer plan at the June Board, in line with national requirements, following further work being concluded in light of the Ockenden recommendations. 	
SECTION 3 – FINANCE AND PERFORMANCE		ACTION
P24/22	PERFORMANCE ASSURANCE COMMITTEE CHAIR’S KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> CKI report from the meeting held on 27 April 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 since the last Board meeting held in public the Performance Assurance Committee had been sitting as the Integrated Assurance Committee due to the operational pressures, however, the Trust’s usual governance arrangements had restarted and the Performance Assurance Committee had resumed its usual remit for performance and finance. 2. The Committee had held detailed discussions on acute and community performance and undertaken a deep dive on cancer this month. 3. The financial discussion was now supported by a sub group of two Non-Executive Directors undertaking a detailed look at the financial position prior to the meeting. 4. In summary Mr Bloomfield advised that acute performance against the national standards remained red but some improvement in the trends had been seen for cancer performance. Financial performance was on target for the year with an agreed £8m 	

	<p>revenue surplus which would be used to offset overspends elsewhere in the NHS system. An approved £66m had been spent on capital improvement, which was good news for the Trust.</p> <p>Resolved: That the Board received and noted the CKI report.</p>	
P25/22	UPDATE ON PERFORMANCE SECTION OF THE INTEGRATED PERFORMANCE REPORT	
	<p><u>Update provided for assurance by the Managing Director.</u></p> <ol style="list-style-type: none"> 1. The Managing Director highlighted that March had been a difficult and challenging period, however, the Trust was now starting to see a reduction in COVID-19 numbers with 40 patients at Colchester and 60 at Ipswich yesterday. The continued reduction in COVID-19 numbers gave opportunities to start to address some of the key areas of performance, particularly around emergency care and the emergency department. 2. There had been a specific focus over the past months with community services supporting patients during the period to assist the ambulance service. The system continued to look at this support going forward. 3. The teams were looking at marginal gains around discharge and high profile discussions were being held around the implementation of virtual wards and supporting more patients to receive care in their own homes. 4. The Trust continued to receive a high number of patients with mental health issues and the system were looking at development of a 72 hour facility as a pilot within the region. 5. The Trust was seeing an increase in the number of patients who were in hospital over 21 days and continued to work with the local councils regarding this. 6. The Performance Assurance Committee had undertaken a deep dive of cancer performance. The Managing Director stated that he would note that there had been an increase of 60% of referrals for upper and lower GI against pre pandemic levels. The team were working closely with primary care regarding referral pathways. However, the Board was informed that the number of cancer diagnoses had not significantly increased. 7. Elective routine waiting times had been a significant feature of the business planning process. The Trust's internal ambition of no patients waiting over 78 weeks by end of September was forecasted to be achieved by a large number of services, however, there were two main services which were at risk, General Surgery and T&O. The Trust's ambition was to go beyond national expectations for many specialities. 8. The Board was informed that an extensive transformation programme was also in place as detailed in the report. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 9. The Chair noted the very positive response of the REACT service to support reduction of conveyancing and the significant increase in referral numbers. 10. Mr Spencer requested assurance around visibility of improvement of the trajectories and that it would be good to see the detail at the Performance Assurance Committee and the Board. 11. Ms Noske stated that it had been good to see that a deep dive had been held regarding cancer performance but questioned the timescale for full recovery. The Managing Director advised that this had been a topic of conversation at Performance Assurance Committee, when the cancer trajectory in particular, had been considered but it was noted that this relied on referral patterns changing. The Managing Director noted the significant improvement in delivery of the performance trajectories in many services. 12. Mr Spencer questioned when the Divisional Accountability meetings would be reinstated. The Managing Director advised that the meetings had been reinstated and had been held over the last few days when trajectories had been discussed. 13. Mr Millar noted that the surplus had not been "engineered" and was about doing things to spend the money sensibly. Mr Millar stated that he would highlight the risks which were detailed in the report and requested more detail on the targets and the ambition of the business plan. The Managing Director advised that the Trust had a set of national standards, with no waits beyond 104 weeks by June, this was expected to be achieved expect for one service but the Trust was working closely with Addenbrookes and the regional team. The next target would be 78 week waits and the Trust expected to achieve this by the end of September except for general surgery. The requirement for cancer 	

	<p>performance was to achieve pre pandemic levels by the end of January, however, the Trust was looking to achieve this by the end of September and was looking to bring forward a reasonable trajectory for ESNEFT.</p> <p>14. Mr Humpston noted the piece of work carried out on mutual aid with West Suffolk Hospital. The Managing Director advised that the Trust had been offering mutual aid to West Suffolk Hospital and had been talking to colleagues across the system to discuss support which could be offered. The Trust would continue to offer support for West Suffolk Hospital patients but this was not expected to impact on the Trust's achievement of the 78 week wait. The close clinical relationships which had been developed would be key. The Managing Director advised that further conversations with the regional team were taking place regarding mutual aid with other organisations.</p>	
P26/22	UPDATE ON THE FINANCE SECTION OF THE INTEGRATED PERFORMANCE REPORT	
	<p><u>Update provided for assurance</u> by the Deputy Director of Finance.</p> <ol style="list-style-type: none"> 1. The Trust had reported a surplus of £8.2m for the year, after adjusting for non-control total items, in line with regional and system expectations. 2. The Cost Improvement Plan had delivered £18m against a £28m target, which was a creditable performance by the Trust and divisions given the operational environment. 3. The capital plan had been adjusted to include approved external funding. Based on this, the capital plan for the year was £66m which the Trust delivered and exceeded by £7.5m with endorsement and agreement from region. 4. The Trust had a strong cash position at the end of March and continued to aim to pay creditors within 7 days. 5. The team continued to work through 22/23 planning particularly noting the risks around inflation, utility costs and costs around COVID-19. 6. The 21/22 Accounts had been submitted on 26 April 2022 and these were now subject to external audit review. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Chair noted and commended the extraordinary amount of activity which had been undertaken to take advantage of the external capital funding which had become available during the latter part of the financial year for the benefit of the Trust. 	
	SECTION 4 – STRATEGY, BUSINESS AND TRANSFORMATION	
P27/22	TIME MATTERS BOARD (TMB) PROGRAMMES AND STRATEGIC PLAN	
	<p><u>Received for assurance</u> report presented by the Director of Strategy, Research & Innovation.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Strategic Plan had originally been set out in 2019/20 and was an ambitious plan. The Plan was monitored as a rolling programme through the biweekly Time Matters Board meetings. The Board was informed that the Plan did not represent the totality of the developments across the Trust but was made up of strategic or overarching plans across multiple divisions. 2. The Director of Strategy, Research & Innovation outlined the wide ranging programme of work which had been undertaken over the last 3 years which had included development of a suite of supporting strategies with focus on the Trust's strategic objectives. All projects had continued to be progressed despite the pandemic by the SROs. The continued work on the ambitious programme throughout the pandemic was recognised to be a testament to the level of focus on improving patient care that the leaders in the Trust continued to show. The success measures referenced in the paper were in development and required further review through the Time Matters Board. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Mr Spencer stated that the report provided had been a reminder of the complexity of the transformation which had been achieved and was planned. The oversight by the Time Matters Board was positive and gave assurance but he would question where the review of the clinical strategy sat. The Director of Strategy, Research & Innovation advised that review of the clinical strategy was not specifically listed but could be added to the Plan to 	SG

	<p>provide greater visibility and the time scale for the work.</p> <ol style="list-style-type: none"> 4. Ms Noske reflected that the description provided by the Director of Strategy, Research & Innovation had given the detail of the impacts. 5. Dr Gogarty stated that he had been impressed by the number of projects within the Plan but questioned the reference to agreeing services which could move from acute to the community and the tele dermatology pilot which had been completed and what would be the next steps. Dr Gogarty challenged the level of ambition around the inequalities relating to tobacco cessation being limited to inpatients by January 2023. The Director of Strategy, Research & Innovation advised that the SROs for the programmes would take on board the comments which had been raised. For services moving from the acute sites to the community they would lead to plans which would be incorporated into this Plan or the divisional plans. The Director of Strategy, Research & Innovation advised that a review of the outcomes of the pilot would be undertaken when it would be considered whether this could be implemented at scale. 6. The Chief Medical Officer observed that there was a whole wider programme of inequalities work and at Time Matters Board the focus was only on one aspect. 7. Mr Millar noted the seven projects at risk and questioned how these were reported and managed and whether there were dependences and how the Board would receive oversight and assurance. The Director of Strategy, Research & Innovation advised that the Time Matters Board received the programme charters and reviewed the resource for the programmes and dependencies. Each programme was reported regularly via a highlight report when areas which were not on track were discussed. Within the portfolio seven at risk was a relatively small proportion and these would move as they went through the year and the review cycle. 8. Mr Khatib commented that he had discussed the clinical strategy with the Chief Medical Officer and it had been felt that due to the current operational pressures the timescale for this strategy would be around the end of the financial year to allow co-ownership with clinical staff. 9. Mr Khatib questioned the timeline observing that a number of the priorities were two years away relating to quality and requested assurance that this work was being progressed faster and suggested that these could be discussed at the Time Matters Board 10. The Chief Nurse stated that he would assure the Board that, whilst the development of a patient safety academy would take time to implement and would require funding, the after action reviews and debrief programme were already in place. Conversations would be held with the ICS and regional team. In relation to safer staffing reviews were already undertaken and the Trust was moving into the use of safer care tools and driving the agenda with the national team. Daily work was undertaken across all services regarding staffer staffing levels. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and approved the update. • Noted the new Strategic Plan. • Noted the strategic success measures were in development and would come back via the Time Matters Board. 	
SECTION 5 – PEOPLE AND ORGANISATIONAL DEVELOPMENT		Action
P28/22	UPDATE ON WORKFORCE AND ORGANISATIONAL DEVELOPMENT SECTION OF THE INTEGRATED PERFORMANCE REPORT	
	<p><u>Update provided for assurance</u> by the Director of Human Resources & Organisational Development.</p> <ol style="list-style-type: none"> 1. Sickness absence in March had increased to 7.0%, from 5.9% in February, as a result of the Omicron variant of COVID-19 in the community which had impacted on staff. However, over the last week a significant improvement in sickness absence levels had been seen. 2. The Director of Human Resources & Organisational Development highlighted the wellbeing support which was being provided to staff through mental health first aiders, which consisted of 490 staff voluntarily providing support to their teams. 3. The Board was informed that the employee assistance programme had always been available to families as well as staff and there had been a significant increase in the 	

	<p>number of family members accessing the helpline over the last two months. This access would continue to be extended.</p> <ol style="list-style-type: none"> 4. Weekly meetings continued to consider staff hardship and the support which was available. The team had benefited from hearing from a wide variety of staff groups regarding the support which they would benefit from. 5. Focused work was being undertaken on the quality and quantity of appraisals particularly for 8a and above staff over the next few months. Progress would be reported back to the Board in July. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 6. The Chair noted the significant increase in the family requests for support from the employee assistance programme and that it had been good to hear that the Trust was responding positively. 	KR
P29/22	LEADERSHIP DEVELOPMENT PATHWAY	
	<p><u>Received for information</u> report presented by the Director of Human Resources and Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Trust's Leadership Development Pathway had been designed for all staff and was focused on developing existing and future leaders at any point in their career and working in any role, in any part of the organisation. The entire Pathway was values based and was aligned to the Trust's Time Matters philosophy. 2. The Emerging, Engaging and Visible development programmes had been designed with external partners the Kings Fund and NHS Elect and were aligned to the NHS Leadership Academy's Healthcare Leadership Model Nine Dimensions. Specifically, the Visible Leader programme had been designed using feedback from workshops held with senior colleagues in summer last year. In time, modules would be CPD accredited and the programmes were being mapped to support completion of management/leadership apprenticeships if participants chose to undertake them. 3. Beyond the programmes there was also a suite of other development offerings to support leaders in their work and with their teams. 4. The Board was asked to note and support the commencement of the programmes of work. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 5. Mr Khatib commended the programme but asked how Non-Executive Director support in the delivery of this could be included and how the effectiveness of the programme would be measured in terms of cultural shift. The Director of Human Resources & Organisational Development advised that she would ask the team to consider how the Non-Executives could be included in the planned leadership sessions. 6. Mr Spencer commented that the paper talked about delivery of the modules but questioned how this would be rolled out to staff and the impact this was having for staff triangulated. The Director of Human Resources & Organisational Development stated that scrutiny and monitoring effectiveness was a key requirement of the programme. How many staff were booking on to the programme would be monitored closely and the team would be able to check the protected characteristics of those booking and would be targeting areas which were felt to require specific support. The team had been clear during the launch regarding modules which staff would be expected to have completed prior to progression. The ambition was to have 70% of leaders engaged in some modules on each of the programmes by the end of the year. 7. Mr Spencer noted the Trust's EDI agenda and questioned the opportunity for Black, Asian, and minority ethnic staff to progress through the programme. The Director of Human Resources & Organisational Development advised that the team had been ensuring that there was proportional representation from Black, Asian, and minority ethnic staff and were actively approaching newly appointed staff members and those who had narrowly missed out on posts. 8. Ms Noske stated that it looked like some elements were open to all staff but some appeared to have limited access and questioned how this was managed. The Director of Human Resources & Organisational Development advised that there were some elements 	KR

	<p>of the programme which staff had to book on to and some were by invitation particularly around the visible leadership programme, these staff being identified through the appraisal process. The aim was to get all of the 8a and above staff onto the Kings Fund programme over the next 3 years, focusing on clinical and operational leaders in the first instance over the summer period.</p> <p>9. Mr Humpston commended the programme but noted that based on his experience not all staff wanted to be leaders and whilst they would lead by example would not want to move into leadership roles. The Director of Human Resources & Organisational Development advised that those individuals would be signposted to the CPD funding available which would support them to be the best they could in the job they were doing and this issue would be given further thought.</p> <p>10. The Chief Nurse commented that all staff were leaders and had the opportunity to influence others to be the best they could be. The Trust had been one of the first organisations to commission the Stepping up Programme, the five month development programme for nursing and midwifery staff from Black, Asian, and minority ethnic backgrounds to increase diversity of leadership, and had put forward the funds and commitment. The programme would be launched at the ESNEFT Nursing and Midwifery Conference next week with the aim to then look at how this could be cascaded out across other staff group.</p> <p>11. The Chief Executive commended the work which had been done to develop the Leadership Development Programme and observed that it was good to see the detail of the technical support which would be provided to managers and the attitudes and values work taking place, which he considered to be essential for ESNEFT going forward.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 6 – GOVERNANCE		
P30/22	USE OF THE TRUST SEAL	
	<p><u>Received for information</u> a report presented by the Director of Communications and 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 was used on one occasion: On 31 March 2022 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to – <ul style="list-style-type: none"> • Deed of Covenant between ESNEFT and Essex Housing Development LLP regarding the transferred property at Essex County Hospital, Lexden Road, Colchester, CO3 3NB. • In accordance with the Standing Order, the above was signed by the Managing Director and Chief Medical Officer. • The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 83. <p>Resolved: That the Board received and noted the report.</p>	
SECTION 7 - ANY OTHER BUSINESS / PUBLIC QUESTIONS		
P31/22	PUBLIC QUESTIONS	
	<ol style="list-style-type: none"> 1. Ms Rose, Lead Governor noted agenda item 2.3 Every Birth Every Day, and questioned whether partners were invited to contribute to the post-natal data collection surveys. The Chief Nurse advised that in relation to the Friends and Family Test (FFT) partners were not invited to contribute as this focused on the patient, however, ESNEFT did welcome the experience of wider family through maternity voices. 2. Ms Rose noted agenda item 4.1 Time Matters Board Programmes and Strategic Plan and that it would be good if members of the press and public were on the call and had heard the detail provided. The Director of Communications and Engagement advised that a news release informing of the Trust Board meetings in public with an alert of areas of particular interest was published on the ESNEFT Website and the team were looking at opportunities to enable greater participation. The Director of Communications and 	

	<p>Engagement confirmed that the details of the Council of Governors meeting in public scheduled for the 9 June 2022 would publicised and published on the Trust's Website and that she would be happy to talk further with Ms Rose outside of the meeting regarding this.</p> <p>3. Ms Rose stated that the psychological impact from long waiting times for treatment could not be underestimated and thanked the executives for detailing the support which was available. The Chief Executive observed that this was a complex issue as it led into conversations around differential waiting times for individual patients but was a live conversation nationally, regionally and locally.</p>	
P32/22	ANY OTHER BUSINESS	
	1. No further items of business were raised.	
DATE OF NEXT MEETING: The next ESNEFT Trust Board meeting in public would be held on Thursday 7 July 2022.		

Signed Date

Helen Taylor
Chair

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

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