

**Minutes of the Trust Board Meeting in public**

**held on Thursday 3 November 2022, 9.30am**

**The Orwell Room, Kesgrave War Memorial Community Centre, Twelve Acre Approach, Kesgrave,  
Ipswich IP5 1JF**

**PRESENT:**

Ms Helen Taylor	Chair
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr Mark Millar	Non-Executive Director
Dr Elaine Noske	Non-Executive Director
Mr Richard Spencer	Non-Executive Director
Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance
Mr Neill Moloney	Managing Director
Mr Mike Meers	Director of Digital and Logistics
Dr Angela Tillet	Chief Medical Officer
Dr Giles Thorpe	Chief Nurse

**IN ATTENDANCE:**

Ms Rebecca Driver	Director of Communications and Engagement
Mr Paul Fenton	Director of Estates and Facilities
Ms Ann Filby	Trust Secretary
Mr Andy Morris	Associate Non-Executive Director
Ms Deborah O'Hara	Deputy Director of People and Organisational Development
Mr Steve Parsons	Interim Director of Governance
Ms L Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

**OBSERVING:**

Mr John Murray	Director, Risk Advisory, Deloitte LLP (from item 2.1)
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**APOLOGIES:**

Mr John Humpston	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director

<b>SECTION 1 – Chair’s Business</b>		<b>ACTION</b>
P76/22	<b>1.1 Welcome and Apologies for Absence</b>	
	The Chair welcomed all attendees to the meeting. Apologies for absence were noted as above.	
P77/22	<b>1.2 Declarations of Interest</b>	
	No new declarations of interest were raised.	
P78/22	<b>1.3 Minutes of the meeting held on 8 September 2022</b>	
	The minutes of the meeting held on 8 September 2022 were approved as a correct record.	
P79/22	<b>1.4 Matters Arising – Action Log</b>	
	The Action Log was received and noted.	
P80/22	<b>1.5 Patient Experience</b>	
	<p><u>Received for noting</u> a patient experience presented via You Tube video.</p> <ol style="list-style-type: none"> <li>1. The Chief Medical Officer and Chief Nurse noted that this had highlighted the importance of staff remembering to keep patients fully informed during a procedure.</li> <li>2. Mr Millar highlighted the efficiency and reduced length of stay from use of epidural anaesthesia.</li> <li>3. The Chief Executive noted the pressure on all healthcare services and agreed that this experience had been an example of the progress and pace of change.</li> <li>4. Dr Gogarty concurred with the comments made but asked whether patients were given the choice of having an epidural or general anaesthetic as for some procedures, particularly those that were long or complex, patients might prefer general anaesthesia even if epidural was available. The Chief Medical Officer advised that anaesthetic options were discussed with the patient at length prior to a surgical procedure.</li> <li>5. Dr Noske queried the benefits versus risk from an epidural anaesthetic. The Chief Medical Officer advised that there was generally improved recovery and shorter length of stay. In response to a further question on whether use of epidurals was the direction of travel, it was confirmed that more procedures were now being carried out as a day case and under epidural anaesthetic.</li> <li>6. Mr Spencer observed that patients’ experience as told to family and friends following surgery was very important and might well influence the choices made by other patients.</li> <li>7. The Director of Strategy, Research and Innovation noted the huge transformation in care which also changed the profile of the workforce required and that there was a challenge to attract and retain appropriately trained staff.</li> <li>8. The Managing Director highlighted the national desire and target to get to 85% of procedures being carried out as day cases.</li> <li>9. The Chair requested that the Board’s thanks was passed to the patient for sharing his experiences via the video.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	GT
P81/22	<b>1.6 Report from the Trust Chair</b>	
	<p><u>Received for information</u> a verbal report.</p> <ol style="list-style-type: none"> <li>1. The Chair advised that during October to celebrate national Black History Month ESNEFT’s staff network EMBRace had been running a full programme of events to celebrate the lives of colleagues.</li> <li>2. Also during October more than 400 staff colleagues attended two celebrations for long service. Colleagues who had 20, 25, 30, 35 and 40 years of service to the NHS were invited to the events and more than 22,350 years of service were represented.</li> <li>3. At Colchester Hospital the children’s emergency department (ED) team had moved into a new unit where some of the youngest patients and their families would benefit from an improved experience. The brightly coloured department included a bigger waiting room, four larger cubicle spaces, new triage, high dependency and isolation rooms.</li> </ol>	

	<p>4. At Ipswich Hospital the refurbished Outpatient Eye Clinic had recently opened. The £1.8million upgrade provides more treatment rooms and a better patient experience for the tens of thousands of patients being seen every year.</p> <p>5. Work was underway throughout the Trust to make sure that it was as easy as possible for patients to receive letters and other communications in a way that worked best for them. The first phase of the project for patients who had a learning disability, or who were visually impaired, had been launched at Ipswich this month.</p> <p>6. On Tuesday the Chair met with governors at one of the regular informal meetings which had also been attended by a number of the Non-Executive Directors. Deputy Director of Nursing, Emma Sweeney, had spoken about the Nursing Strategy. Following the recent elections, the meeting had also been attended by some new governors. An internal election was currently underway to appoint a Lead Governor, Helen Rose having come to the end of her term in the role.</p> <p>7. Recruitment for the Non-Executive and two Associate Non-Executive Directors had commenced as Dr Noske and Mr Morris would be leaving at the end of the year. The aim was to increase equality and diversity on the Board and members were encouraged to think about their own networks of colleagues to consider anyone who might be appropriate for either of these roles and to speak to the Interim Director of Governance.</p> <p><b>Resolved: That the Board noted the verbal update.</b></p>	
P82/22	<b>1.7 Report from the Chief Executive</b>	
	<p><u>Received for information</u> a verbal report.</p> <p>1. The Chief Executive noted the many changes which had taken place recently in the political world with some uncertainty around the national focus. The Board was informed that further guidance was expected following the autumn fiscal statement on 17 November 2022.</p> <p>2. The uptake of vaccination for flu and COVID-19 was currently lower than would be expected and there would be a focus on the message to encourage vaccination.</p> <p>3. The number of industrial action ballots was increasing and contingency planning was taking place for any disruption to services.</p> <p>4. There was noted to be some anxiety around the seasonal pressures which appeared to be taking place earlier than in previous years.</p> <p><b>Questions and Comments</b></p> <p>5. The Chair observed that during the community presentation for governors there had been discussion around the mitigations to reduce the number of ambulance conveyances to hospital. It was confirmed that all of ESNEFT's escalation beds were already open in November.</p> <p><b>Resolved: That the Board noted the verbal update.</b></p>	
<b>SECTION 2 – Quality and Performance</b>		
P83/22	<b>2.1 Key Issues report - Quality and Patient Safety Committee</b>	
	<p><u>Received for assurance</u> report from the meeting held on 27 October 2022 presented by Dr Gogarty, Non-Executive Director, who highlighted the alerts and escalations and the following issues.</p> <p>1. The Committee had noted that positive cases of COVID-19 were reducing whilst a return to asymptomatic testing and implementation of a Standard Operating Procedure enabled admission to contact bays based on clinical decision.</p> <p>2. Falls had decreased but remained above the Trust ambition. Pressure ulcers had also reduced per 1000 bed days and thanks were given to the team. An improvement plan had been prepared with a weekly meeting to enable progress to resolve the Care Quality Commission concerns about older people's services at Colchester/Medicine.</p> <p>3. The Emergency Department matron attended to provide an update following Board discussion of a patient's experience in July 2022. Assurance was provided that those elements regarding medical staff were being taken forward by the Chief Medical Officer. The Committee was very pleased to hear of the progress made and expressed its thanks</p>	

	<p>to the Matron and his staff.</p> <p>4. Reports from the Patient Safety, Clinical Effectiveness and Patient Experience Groups, the Health and Safety and Infection Control Committees were received. A deep dive was underway on the heightened incidents of assault on staff.</p> <p><b>Questions and Comments</b></p> <p>5. Mr Spencer noted his concern around the number of assaults on staff and asked that this was reported to the People and Organisational Development Committee. The Chief Nurse advised that an update would be provided.</p> <p>6. Mr Millar referred to the medical devices management report passed from Audit and Risk Committee to Quality and Patient Safety Committee as noted by the alert. The Chief Medical Officer advised that a similar report had been taken to Committee previously when it had been felt that not much progress had been made, hence the alert. Some dedicated resource had now been identified to work with the clinical teams and this was progressing for digital solutions to enable access to training online for basic equipment.</p> <p>7. Dr Noske noted that maternity transformation had been a focus for improvement and questioned how this was being addressed. The Chief Nurse advised that two interim heads of midwifery were now in post and the plan was to recruit into the Director of Midwifery role. The Trust's interim Maternity Independent Adviser continued to support a review of the maternity governance structure and reporting framework, with discussions and agreement on supporting the service to review their incidents with assistance from the Patient Safety Team.</p> <p>8. Mr Bloomfield noted the reported Never Event in podiatry and asked whether there had been any patient harm. The Chief Medical Officer advised that there had been a detailed review of the case to understand the issues, which was low harm. The team had a checklist in place which was being revisited and key learning was taking place.</p> <p>9. The Chief Nurse advised that all patients coming into the Emergency Department were reviewed and there were corridor review nurses in place. Further detail of the two hour review in Colchester ED would be provided to Mr Bloomfield for additional assurance.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	<p>GT</p> <p>GT</p>
P84/22	<p><b>2.2 Integrated Performance Report: Quality and Patient Safety</b></p>	
	<p>The Chief Medical Officer and Chief Nurse.</p> <p>1. The Chief Nurse advised that there had been a reduction in the number of COVID-19 cases across all sites, however, the expectation was that a number of patients would be admitted with COVID-19 and appropriate processes were in place.</p> <p>2. One CNST status standard was flagging as red with some challenges to delivery of the 95% target. Compliance against all other standards was on track.</p> <p>3. The Chief Medical Officer advised that mortality was seeing a reduction to seasonal norms and the impact from COVID-19 is now declining. The key learning regarding patients remaining in ED was included in the report. The learning from deaths group was well attended and learning around perinatal mortality had been presented previously.</p> <p><b>Questions and Comments</b></p> <p>4. Dr Noske asked whether the trend for ambulance handover delays was improving and how this was being managed locally. The Managing Director advised that much work was being undertaken to improve offload times including the option to manage patients differently. An agreement had been reached with an external organisation to provide support for patients whilst waiting. Some rapid changes were taking place including community teams managing patients in the community to avoid the need for conveyance to hospital and good discussion had been held with the ICS regarding patient pathways. The Chief Executive added that conversations were taking place around the opportunities for support from the community, and ESNEFT was well placed as an integrated trust.</p> <p>5. The Chief Executive requested clarity around breaches of the mixed sex accommodation standard. The Chief Nurse advised that conversations were held with patients and any clinical discussion was held with privacy and dignity in mind. However, the reported numbers had to include patients on the assessment units where they were not treated in separate areas. National changes were being made to reporting.</p> <p>6. The Chief Medical Officer noted the area of focus around admission of end of life patients.</p>	

	<p>7. The Managing Director advised of the proposal to develop community hubs which would provide advice to ambulance crews.</p> <p>8. Dr Gogarty referred to the planned 18-30% reduction of those attending ED and that the outcome had to be reduction of numbers attending hospital. The Chief Executive highlighted the need to ensure all organisations were looking at the same data and that as a system and organisation, plans required robust evaluation. Those elements that were not delivering the required results needed to stop quickly and resource utilised elsewhere. The Managing Director advised that different systems had different levels of conveyance and a clear message was being given.</p>	
P85/22	<p><b>2.3 Initial response to the East Kent Maternity Report</b></p> <p><u>Received for assurance</u> presented by the Chief Executive and Interim Director of Governance.</p> <ol style="list-style-type: none"> <li>Following a substantial investigation into maternity and neonatal incidents at East Kent Hospitals University FT, Dr Bill Kirkup had submitted the report “Reading the Signals; Maternity and Neonatal services in East Kent - the report of the independent investigation” which was published as a House of Commons paper on 19 October 2022.</li> <li>Following publication of the report, NHS England had written to all NHS organisations requiring them to hold a Board discussion at their next available public meeting.</li> <li>This paper focussed on the key lines of accountability that enabled the Board to have assurance in respect of the items identified in the report; and to note that there would be a more substantial report prepared for the Board’s consideration, expected to be brought forward to the public session in January 2023.</li> </ol> <p><b>Questions and Comments</b></p> <ol style="list-style-type: none"> <li>The Chief Nurse stated that this had been an uncomfortable report to read, however, the ESNEFT response was strengthened by the Every Birth Every Day programme and it was recognised where the Trust was an outlier and multidisciplinary work programmes were underway. This programme would continue until sustained improvement had been seen. As an early adopter for the patient safety framework patients and families were involved in investigations at an early stage.</li> <li>Mr Spencer was surprised that the Freedom to Speak Up Guardian was not included in the sources and the importance of their role recognised.</li> <li>Mr Bloomfield observed that the programme of visits to site pre pandemic by the Non-Executives and governors had been important to provide assurance to the Board and he would ask when a more systematic programme of visits would be reintroduced. The Chief Nurse advised that the 15 steps programme visits were being reintroduced and visits by external partners to maternity services were being arranged. The Chief Executive could not see any reason to delay the reintroduction of visits to site and the programme would be reintroduced at the earliest opportunity.</li> <li>The Chief Medical Officer advised that other data beside mortality was being looked at, such as near misses, with this data being collated to give assurance for the further discussions which would be held.</li> <li>Mr Morris asked to what extent there were lessons to be learnt and suggested that the Board focused on the intelligence from patient and staff maternity experiences. The Chief Executive noted that there was sometimes anxiety amongst patients regarding sharing their experiences in public but the Board needed to hear examples of good and bad experiences and he would suggest that for the next three Board meetings the focus was on maternity patient stories. The Chief Nurse added that the expectation was that there would be a national single safety framework following the East Kent report.</li> <li>Dr Gogarty observed that whilst he would agree that it would be good to restart the visits to site he would want visitors to have had their flu and COVID-19 vaccinations. The Chair agreed that she would work with the Non-Executive Directors and governors around vaccination and personal risk assessments prior to them visiting sites.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P86/22	<p><b>2.4 Every Birth Every Day Programme Report</b></p> <p><u>Received for assurance</u> presented by the Chief Executive and Chief Nurse.</p>	

P87/22	<b>2.5 Nursing and Midwifery Skill Mix Review / Acuity</b>	
	<p><u>Received for approval</u> presented by the Chief Nurse.</p> <ol style="list-style-type: none"> <li>The paper provided a summary following the annual comprehensive skill mix review undertaken in May/June 2022. The Chief Nurse advised that there was no change to overall WTE with no impact on finances and the Division of Women's and Children's were supporting changes in templates with ERF monies, noting that this was non-recurrent.</li> <li>Staffing templates had been produced for areas with escalation beds to support seasonal variation.</li> <li>The ED Safer Nursing Tool was now being used and the Board was informed that ESNEFT was to be a first wave adopter for the nationwide implementation of the community Safer Nursing Tool.</li> </ol> <p><b>Questions and Comments</b></p> <ol style="list-style-type: none"> <li>Mr Bloomfield noted that whilst there had been no change overall in numbers, continuity of carer had been paused due to lack of resource. The Chief Nurse advised that the nursing review had looked at acuity of patients rather than activity and the census period was prior to the escalation areas being opened. Continuity of carer had been suspended within organisations until resourcing was in place and there was confidence that the Trust had three teams which could move forward.</li> <li>Dr Gogarty requested clarification regarding slide 12 which reported that the levels of Care Hours per Patient Day at ESNEFT were below national average. The Chief Nurse advised that whilst this appeared lower than the national average the Board should recognise that the Trust used a different skill mix within ward areas and appropriate care was provided.</li> <li>The Managing Director questioned whether budgetary adjustments were necessary and had been agreed by the divisions within business planning and noted that the call on next year's budget needed to be explicit. The Chief Nurse stated that there were movements within each division and he would expect a further call on resource.</li> <li>Dr Noske referred to Current Safer Nursing Care Tool (SNCT) guidance recommendation of a registered nurse ratio of 1:5 during day and 1:8 at night and asked how this compared with what was in place at ESNEFT. The Chief Nurse advised that whilst there might be a WTE shortfall there were systems and processes in place to ensure safe staffing levels including reviews carried out twice a day.</li> <li>Mr Spencer felt it would be more appropriate for the skill mix acuity review to be reviewed six monthly by the Quality and Patient Safety Committee rather than the People and Organisational Development Committee and noted that the Performance Assurance Committee had raised the question. For consideration.</li> <li>The Chief Executive stated that the key question was whether the organisation had the right staff on the wards in terms of skill and numbers but it was recognised that this was impacted when additional wards were opened which were not part of the substantive staffing areas. However, the Board could take assurance that regular daily reviews were undertaken, supported by silver and gold on call if escalated, and mitigation was in place for the additional areas opened.</li> </ol> <p><b>Resolved: That the Board received and noted the report and approved the actions for the next six months.</b></p>	AF
	<b>SECTION 3 – Strategy and Transformation</b>	
P88/22	<b>3.1 Strategic Plan Monitoring – Quarter 2 Report</b>	
	<p><u>Received for assurance</u> presented by the Director of Strategy, Research and Innovation.</p> <ol style="list-style-type: none"> <li>Strategies in development - Clinical strategy: Board workshop, including DMT members, being held later today. Quality strategy refresh. ICT strategy refresh.</li> <li>Integrated Care System (ICS) - Development of ICS 5-year strategy and 5-year Joint Forward Plan (JFP) underway.</li> <li>Provider collaboration - Following recommendations from the Board to Board meeting on 6 October the first collaborative Board paper would be included on the agenda for both the ESNEFT and West Suffolk Foundation Trust Boards in public this month.</li> </ol>	

	<p>4. The ESNEFT urology service had been approached by NHS England to undertake some specialised cancer treatments on behalf of MSE.</p> <p>5. Community Diagnostic Centres (CDC) - Ipswich CDC – financial options appraisal underway and presentation of the hybrid OBC/FBC was anticipated in December. It would be helpful to review with the Non-Executive subgroup prior to the Board.</p> <p>6. Building for Better Care programme - Emergency care (Stream 1) ED at Colchester, construction delays were reported with completion date now estimated as Q4 2022/23. Elective care (Stream 2) – Dame Clare Marx Building, the contract with MTX was signed on 26 October.</p> <p>7. TIF funded laparoscopic theatres at Ipswich – To be considered further in private session.</p> <p>8. Project completions - Ipswich Ophthalmology, Colchester Children’s ED go-live 7 November, Ipswich Breast Care go-live 3 January (screening)/6 February.</p> <p>9. The quarterly strategy briefing was circulated this month.</p> <p><b>Questions and Comments</b></p> <p>10. The Chair advised that the questions raised by Mr Morris and Mr Bloomfield relating to the matters for escalation would be considered by the Board in Private session.</p> <p>11. Mr Millar questioned whether the whole programme would survive the 17 November autumn fiscal review. The Chief Executive responded that the funding most at risk was probably the capital programme and the Trust would need to undertake contingency planning and potentially reprioritisation of schemes.</p> <p><b>Resolved: That the Board received and noted the progress of the strategic plans and matters for escalation and agreed the review of the Ipswich CDC business case by the Non-Executive subgroup towards the end of November.</b></p>	AF
P89/22	<p><b>3.2 West Suffolk NHS Foundation Trust and ESNEFT Collaboration Report</b></p>	
	<p><u>Received for assurance</u> presented by the Director of Strategy, Research and Innovation.</p> <p>1. This was the first joint report which provided the Boards with a summary of activity and proposed next steps for collaboration between West Suffolk NHS Foundation Trust (WSFT) and ESNEFT.</p> <p>2. The Board was asked to note the progress of collaboration to date and the themes for future work, agree the vision, principles and ways of working, the establishment of a collaborative oversight mechanism, with detailed proposals to follow, and support the development of shared programme support for the priorities identified at the Board to Board meeting and provide regular reporting on collaborative activity to both Boards.</p> <p><b>Questions and Comments</b></p> <p>3. Dr Noske observed that the paper had provided interesting detail regarding the benefit of working with others but she would ask for more examples to be brought to Board to illustrate this and also clarity on the challenges which needed to be worked through.</p> <p>4. Mr Morris would agree with the vision apart from reference to “highest quality” which he felt needed some caveat regarding the constraints within the NHS. The Director of Strategy, Research and Innovation noted the comment and he would take the advice of the Board as to whether this should be considered at a future Board to Board meeting or a change of wording was required. The Managing Director responded that there would always be a debate about resource levels and the Trust would always look to provide the highest quality care.</p> <p><b>Resolved: That the Board received and noted the progress of collaboration to date and agreed the vision, principles and ways of working, the establishment of a collaborative oversight mechanism, with detailed proposals to follow.</b></p>	SG
<p><b>SECTION 4 – Finance and Performance</b></p>		
P90/22	<p><b>4.1 Key Issues report - Performance Assurance Committee</b></p>	
	<p><u>Received for assurance</u> from the meetings held on 28 September 2022 and 26 October 2022 presented by Mr Bloomfield, Non-Executive Director.</p> <p>1. The September report had previously been presented to the Board in private session on 6</p>	

	<p>October 2022. Mr Bloomfield highlighted the alert relating to discussions taking place regarding the British Medical Association (BMA) guide on pay rates for consultant participation in non-contractual work.</p> <ol style="list-style-type: none"> <li>Two items for alert from the October meeting related to patients attending with mental health issues, the associated pressure on ED and impact on flow and the submission of the Premises Assurance Model Assessment (PAM) made on 9 September 2022.</li> <li>The Committee had also undertaken a detailed review of the financial position for revenue and capital and considered the Finance Sub-Group Chair's Key Issues Report.</li> </ol> <p><b>Questions and Comments</b></p> <ol style="list-style-type: none"> <li>The Director of Estates and Facilities clarified that regarding the PAM ESNEFT had scored "requires moderate improvement" which was the same as the previous two years.</li> </ol> <p><b>Resolved: That the Board received and noted the reports.</b></p>	
P91/22	<b>4.2 Integrated Performance Report: Performance</b>	
	<p><u>Update provided for assurance</u> by the Managing Director.</p> <ol style="list-style-type: none"> <li>The Board was advised of ongoing development of the seasonal variation plan which included the virtual ward. Work continued with clinicians regarding management of patient pathways.</li> <li>Many of the patients being admitted with COVID-19 now had this as an incidental finding rather than the primary reason for admission, however, this did give rise to challenge for discharge of patients to care homes.</li> <li>Work continues with Essex and Suffolk Councils regarding the management of patients who required care in the community.</li> <li>Cancer performance remained below target for lower GI and skin. However, some extra capacity was being brought in which would help to alleviate the pressures.</li> <li>Good progress was being made on reducing waiting times in all areas highlighted.</li> </ol>	
P92/22	<b>4.3 Integrated Performance Report: Finance</b>	
	<p><u>Update provided for assurance</u> by the Director of Finance.</p> <ol style="list-style-type: none"> <li>Revenue remained in a strong position of £339k surplus with a continued forecast of breakeven. Overall the cost improvement programme remained a concern particularly for full year delivery. The finance team was working with the divisions to offer support.</li> <li>Within the wider system the ambulance service position was of most concern although the financial gap was reducing because of intervention from NHS England.</li> <li>Conversations regarding "brokerage" of capital continue with the Regional Director of Finance but this was expected to be an iterative process.</li> <li>The Board was informed that the decision from the autumn fiscal review was awaited but it was felt that the financial position going forward would be challenging with carry forward of the pay award gap and non-pay pressures which had been supported non-recurrently this year by the centre. Internally planning for 2023/24 continues.</li> </ol> <p><b>Questions and Comments</b></p> <ol style="list-style-type: none"> <li>Mr Millar advised the Board that he had discussed these issues with the Director of Finance outside of the meeting.</li> </ol>	
<b>SECTION 5 – People and Organisational Development</b>		
P93/22	<b>5.1 Key Issues report - People and Organisational Development Committee</b>	
	<p><u>Received for assurance</u> report from the meeting held on 29 September 2022 presented by Mr Spencer, Non-Executive Director.</p> <ol style="list-style-type: none"> <li>Mr Spencer advised that the report was represented in public having previously been presented to the Board in private session on 6 October 2022.</li> <li>The Committee had received the WRES (Workforce Race Equality Standard)/WDES (Workforce Disability Equality Standard) 2020/21 national comparative report and had asked to see the 2021/22 comparative data when this was made available to the Trust.</li> </ol>	



	<p>3. The EDI annual reports had been received and all reports were recommended to the Board for approval. The process for ongoing monitoring and assurance was confirmed.</p> <p>4. The Committee had received the Nursing and Midwifery Acuity review and approved this for presentation to the Board in public in November 2022 as required.</p> <p>5. A second review of compliance had been undertaken against the 10 indicators of the Workforce Safeguards Toolkit and the report was recommended for presentation to the Board in public in November 2022.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P94/22	<b>5.2 Integrated Performance Report: Workforce and Organisational Development</b>	
	<p><u>Update provided for assurance</u> by the Deputy Director of People and Organisational Development.</p> <p>1. The Board was informed that sickness absence today was 5.3% with just under 44% of this due to COVID-19 or flu.</p> <p>2. The team would be encouraging uptake of vaccination for both COVID-19 and flu.</p> <p>3. Opportunities to improve retention of staff and were focusing on apprenticeship schemes.</p> <p><b>Questions and Comments</b></p> <p>4. Mr Spencer advised that the next People and Organisational Development Committee would be holding a deep dive on retention.</p>	
P95/22	<b>5.3 Flu Prevention self-assessment</b>	
	<p><u>Received for assurance</u> presented by the Deputy Director of People and Organisational Development.</p> <p>1. The report provided an overview of the 2022/23 staff seasonal influenza immunisation programme which aimed to achieve 80% vaccination of staff. The plan was to run for a set period from 10 October 2022 to 30 November 2022.</p> <p>2. Currently 27% of staff had received the flu vaccination and the team was working to encourage a higher staff take up.</p> <p>3. Lessons learnt from the 2021/22 scheme had supported the development of this year's plan and were set out in the paper.</p> <p>4. The self-assessment was included within the report.</p> <p>5. The Board was asked to confirm that sufficient assurance had been provided.</p> <p><b>Questions and Comments</b></p> <p>6. Dr Gogarty highlighted that flu was expected to impact on the whole population more severely this year, there having been lower levels due to the COVID-19 restrictions.</p> <p>7. The Chief Nurse advised that there were opportunities to promote flu vaccination and these would be taken forward. Peer vaccination would be reviewed to make best use of trained staff to increase rates.</p> <p>8. The Trust now had a supply of COVID Pfizer vaccination as well as Moderna. The Director of Communications and Engagement advised that the availability of the Pfizer vaccine would be publicised which might encourage increased take up. Dr Noske questioned whether the ICS at a system level could promote the message.</p> <p>9. The Director of Digital and Logistics noted that some staff might have been vaccinated outside of ESNEFT and this would not be recorded within the Trust's numbers, however, a voluntary registration method for staff would be considered.</p> <p><b>Resolved: That the Board received and noted the report and confirmed the assurance provided.</b></p>	GT
P96/22	<b>5.4 Workforce Safeguards Report</b>	
	<p><u>Received for approval</u> report presented by the Chief Medical Officer and Chief Nurse.</p> <p>1. In October 2018 NHS Improvement launched a toolkit to ensure that there were appropriate safeguards in place which supported NHS boards to make informed, safe and sustainable workforce decisions. NHSI would assess compliance annually.</p>	

	<ol style="list-style-type: none"> <li>2. The Chief Medical Officer, Chief Nurse and Director of People and Organisational Development had undertaken a second assessment of compliance against the toolkit in this financial year. This demonstrated that the Trust had progressed the work required to triangulate all data available, thereby supporting a clearer view on determining whether all aspects of the workforce were achieving maximum productivity and efficiency.</li> <li>3. There remain further areas of focussed work particularly in medical and Allied Health Professions (AHP) staffing groups where there were currently no national standards for safe staffing levels and assessment was reliant primarily on professional judgement.</li> <li>4. In line with the toolkit, all three Directors were satisfied with the outcome of the assessment that staffing was safe, effective and sustainable.</li> <li>5. The report had been considered in detail by the People and Organisational Development Committee in September and was recommended for presentation to the Board.</li> <li>6. The Board was asked to approve the assessment confirming the actions suggested. This signalled a change to a more proactive approach led by the Workforce Directorate as part of workforce planning.</li> </ol> <p><b>Resolved: That the Board received and approved the assessment confirming the actions suggested and the continued delegation of ongoing monitoring of workforce safeguards to the People and Organisational Development Committee, with relevant items being escalated as required.</b></p>	
<b>SECTION 6 – Governance</b>		
P97/22	<b>6.1 Key Issues report - Audit and Risk Committee</b>	
	<p><u>Received for assurance</u> report from the meeting held on 21 September 2022 presented by Mr Millar, Non-Executive Director.</p> <ol style="list-style-type: none"> <li>1. Mr Millar advised that the Board had previously received and considered the report in private session on 6 October 2022 and this was now represented to the meeting in public.</li> <li>2. The Annual Report and Accounts 2021/22 had now been laid before Parliament and would be presented at the Trust’s Annual Members’ Meeting on 10 November 2022.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P98/22	<b>6.2 Board Assurance Framework</b>	
	<p><u>Received for approval</u> presented by the Interim Director of Governance.</p> <ol style="list-style-type: none"> <li>1. The Board was informed of a full review of the contents and presentation of the risks recorded on the Board Assurance Framework (BAF) this year, supported by a seminar discussion and the approval by the Board of revised and updated Risk Appetite statements in September 2022. Following that approval, the risks recorded had been fully reviewed and a revised version was presented. Colleagues were thanked for their contributions.</li> <li>2. The Board was invited to approve the revised BAF and to consider the frequency of review and presentation. Given its strategic nature and the timescales that would be expected for changes, it was proposed that reviews were scheduled three times a year.</li> </ol> <p><b>Questions and Comments</b></p> <ol style="list-style-type: none"> <li>3. Mr Millar expressed his thanks to colleagues for the effort put in to get the BAF to this point and noted that the nine strategic risks provided a more comprehensive view of the Trust’s risks. However, he noted that other organisations had retained something around reputational risk and he felt this was worth consideration. The Chief Executive did not believe that this was a strategic risk as it was an impact from other risks.</li> <li>4. Mr Millar observed that it was important that the Non-Executive chairs of the Board assurance committees look at the narrative around assurance rather than just the risk score. More detail was needed regarding accountability with a clear line of sight for responsibility and decision making. It was requested that the Interim Director of Governance look at this and draw up an organogram.</li> <li>5. The Director of Communications and Engagement observed that there would be some learning from the Deloitte Well Led review and that the Trust already had some work in progress which would be finalised when the final Deloitte report was received.</li> <li>6. Mr Bloomfield as chair of the Performance Assurance Committee was unsure whether</li> </ol>	

	<p>risk 9 regarding transformation sat with that Committee or whether the Board would want to retain that risk. The Chair agreed that risk 9 should remain with the Board. Dr Noske agreed that this reflected previous discussions around the Innovation Committee.</p> <p>7. Mr Spencer asked whether the risks around partnerships should also be held by the Board as these were strategic areas. As the chair of People and Organisational Development Committee he felt that the risks allocated were fine as a starting point.</p> <p>8. Dr Gogarty noted the likelihood that resource would not be made available in line with requirements. The Director of Finance advised that there was the risk of a mismatch between available income and future costs but the position and risk would change as more detail became available.</p> <p>9. Mr Millar expected that any changes to be BAF would be presented to the Audit and Risk Committee as well as the Board.</p> <p>10. The Chair enquired whether the ICT digital programme was picked up at Board or elsewhere. The Director of Digital and Logistics noted that as this was clinical transformation the Quality and Patient Safety Committee would provide good oversight.</p> <p>11. The Chair welcomed development of the BAF which would now be used to support work plans for the Board Assurance Committees.</p> <p><b>Resolved: That the Board received and approved the revised BAF as a starting point for presentation three times a year, oversight by the Audit and Risk Committee, risk 9 to be retained by the Board, Quality and Patient Safety Committee oversight of the digital programme and preparation of an organogram.</b></p>	SP
P99/22	<p><b>6.3 Calendar of meetings 2023</b></p>	
	<p><u>Received for approval</u> presented by the Interim Director of Governance.</p> <p>1. The Board would continue with a broadly similar pattern of meetings, generally on the first Thursday of each month, with a public session in every second month.</p> <p>2. It was proposed that the Committee pattern was changed by ending the practice of holding a number of Board Assurance Committees in the same week of each month, which had placed significant pressure on some colleagues who had commitments to all those meetings. The patterns proposed would be subject to review and possible change, dependent on the recommendations made in the current Well-Led review.</p> <p><b>Questions and Comments</b></p> <p>3. Mr Bloomfield, Mr Millar and the Director of Communications and Engagement asked whether the Board was content with the People and Organisational Development Committee and Quality and Patient Safety Committees remaining bi monthly and that a conscious decision was made regarding this frequency. The Interim Director of Governance advised that this was a live question which would be better decided when informed by the outcome of the Well Led review.</p> <p>4. The Chair questioned holding seminars on non-Board days. The Interim Director of Governance noted that this could also be considered following the Well Led review.</p> <p>5. The Chief Executive noted the need to consider the dates of the wider system meetings within the final schedule.</p> <p><b>Resolved: That the Board noted this as work in progress pending review of wider system meetings; noted the proposed dates for Committee meetings in 2023 and that the patterns proposed might be subject to amendment dependent on the proposals made as a result of the Well Led review, when received and considered.</b></p>	SP/NH
P100/22	<p><b>6.4 Emergency Preparedness, Resilience and Response (EPRR) Core Standards</b></p>	
	<p><u>Received for assurance</u> presented by the Director of Estates and Facilities.</p> <p>1. The Board was informed that the annual core standards self-assessment return had been undertaken. This required ESNEFT to score itself against 64 standards assigned to acute hospital Trusts. Of the these, 57 had been reworded or significantly adapted from the 2021 return. The Trust had assessed itself as Fully Compliant in 60 of the 64 with the four standards not met included in the work plan and partially compliant. Overall the score of 60 out of 64 represented a compliance rating of 93.74%, therefore, the Trust remained</p>	

	<p>at a Substantially Compliant status.</p> <ol style="list-style-type: none"> <li>As the assessment required submission out of line with Board and governance timeframes the Associate Director of EPRR met with members of the executive and the submission letter with the standards return was signed. Subsequently the return had been reviewed at the EPRR Strategic Group on 28 September, the group was quorate with six Executive Directors represented. The Group recommended to the Board that the assessment was accepted.</li> <li>ICS representatives had undertaken a peer review of the return on 29 September. No conflicts arose and none of the Trust's assessment scores had been challenged.</li> </ol> <p><b>Questions and Comments</b></p> <ol style="list-style-type: none"> <li>The Managing Director requested that thanks were passed to Mr Michael Fuller, Associate Director of EPRR, for his work to complete this assessment and submission.</li> </ol> <p><b>Resolved: That the Board received and acknowledged the completed assessment and retrospectively approved the submission.</b></p>	PF
<b>SECTION 7 – Questions from the Public</b>		
P101/22	<b>7.1 Public Questions</b>	
	<ol style="list-style-type: none"> <li>Helen Rose, Lead Governor, understood that nationally there was a large cohort of independent midwives and asked whether ESNEFT had a relationship with this group. The Chief Executive advised that there had been an independent provider of midwifery in NEE but they had failed on governance and ESNEFT had taken over their business.</li> <li>Helen Rose, Lead Governor, noted that the Director of Strategy, Research and Innovation had attended to speak at a recent public meeting in Felixstowe which had been a very positive occasion and she would question whether other Executives would be available to come out with governors to engage with the public at meetings. The Chief Executive stated that he was keen to engage with the public. There would be difficult conversations to be held with the public regarding the expected constraints for the NHS and wider care system and engagement would be beneficial. The Chair echoed these comments with the current pace of change.</li> <li>Alison Ruffell, Public Governor Colchester, had been approached by a nurse working the late shift regarding car parking issues at Colchester Hospital. The Chief Executive recognised that car parking on both acute sites was limited partly due to the impact from the clinical building programme which would be providing significantly improved care environments for patients and staff. However, the Trust had provided the option for staff to use the Park and Ride at Colchester and Ipswich free of charge and were looking at other options including car share and improved cycling facilities. The Chief Executive acknowledged that this was a difficult conversation but there was no requirement to provide car parking facilities for staff and patient/visitor parking had to be prioritised. He commended the work which had been done by the Director of Estates and Facilities and estates colleagues to manage the limited availability of car parking spaces on site.</li> <li>Councillor Lockington asked whether there was anything in the ESNEFT plan about the current cost of living issues, thinking particularly about the elderly and the impact on their health of heating costs. The Chief Executive responded that the challenges were recognised and the Trust was thinking about ways for people to not incur expenditure unnecessarily attending the hospital, learning from the alternative options which had been introduced during the height of the pandemic. The Make Every Contact Count programme was being expanded to enable signposting to other support available. The Managing Director added that the Trust was working closely with community services and other partners in the community to direct patients to the support available.</li> <li>The Chair noted that work with the Charity was being undertaken regarding the setting up of a benevolent fund for staff. The Director of Communications and Engagement advised that this was ongoing and the Charity was currently seeking further advice and guidance from the Essex Police Force regarding their very successful fund. Governance was being finalised with the aim of introducing the fund from the end of November.</li> <li>Councillor Lockington observed that the anti COVID-19 vaccination protestors were active again.</li> </ol>	

<b>SECTION 8 – Other Urgent Business</b>		
P102/22	<b>8.1 Any Other Urgent Business</b>	
	No further items of business were raised.	
P103/22	<b>8.2 Date of next meeting</b> The next ESNEFT Trust Board meeting in public would be held on Thursday 12 January 2023, venue to be confirmed.	

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

Helen Taylor  
Chair

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