

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

Held on Thursday 7 November 2019, 9.30am – 12.00pm

Edith Cavell Room, Education Centre, Ipswich Hospital

PRESENT:

Ms Helen Taylor
Mr Eddie Bloomfield
Mr Hussein Khatib
Miss Julie Parker
Mr Richard Spencer
Mrs Carole Taylor-Brown
Mr Richard Youngs

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

Mr Nick Hulme
Dr Shane Gordon
Mr Adrian Marr
Mr Mike Meers
Mr Neill Moloney
Mrs Catherine Morgan
Dr Angela Tillett

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

IN ATTENDANCE:

Ms Clare Conaghan
Mrs Rebecca Driver
Mr Paul Fenton
Mrs Denver Greenhalgh
Mr Michael Horley
Mrs Tammy Hughes
Ms L Fraser

Director of Human Resources & Organisational Development
Director of Communications & Engagement
Director of Estates and Facilities
Director of Governance
Lead Governor and Public Governor for Colchester
Head of Corporate Governance
Senior Committee Secretary (Minutes)

SECTION 1 – PATIENT STORY		ACTION
P61/19	<p><u>Received for information</u> and learning opportunity a patient story by Mrs Amie Robinson who talked to the Board of her experience of maternity care at Ipswich Hospital; accompanied by Shirley Califano, Patient Experience Engagement Officer and introduced by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> Mrs Robinson told the Board that her birth experience had deviated from plan and she felt that she was being delayed prior to attending the hospital, which she was told was very busy when she arrived. Mrs Robinson highlighted the key areas which from her experience could have been improved - <ul style="list-style-type: none"> Information around caesarean sections to be provided during pregnancy not at time of need; Proper consideration given to the ability of patients to truly have the mental capacity to make an informed decision when in an emergency situation and high emotional state; Recognition that after general anaesthetic patients might not remember what had been said to them or their responses. Communication with the patient and family to reassure them regarding the processes and inform them of what was happening. Mrs Robinson noted that the chance to not only talk about her care experience but to share it and be asked to get involved to support the hospital was an example of excellent patient care and had been beneficial to her personally. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Chair thanked Mrs Robinson for attending the Board meeting to share her experiences with the Board members and noted that there appeared to have been a running theme of poor communications throughout Mrs Robinson’s experience at the Trust. The Chief Executive questioned whether consent could be dealt with prior to need for emergency procedures such as a caesarean section. The Interim Chief Medical Officer advised that this would have some difficulties as for consent to be valid the patient had to have full information, however, it was important to ensure that preparation was appropriate. The Director of Governance noted the importance of the birth plan. The Chief Executive stated that he was extremely disappointed to hear that Mrs Robinson had been told by staff that they were very “busy” and this was not an appropriate message for staff to give to patients and their families and was being challenged. Miss Parker observed that the anxiety felt by Mrs Robinson’s husband could have been avoided easily by good and thoughtful communications by staff and this would be a learning opportunity throughout the organisation. The Chief Nurse advised that the organisation had ways of dealing with surges of capacity and staff sometimes forgot that what was routine to them was not for the person concerned or their relatives and it was important for learning that staff heard from patients about their experiences. Ms Califano advised the Board that Mrs Robinson was now involved in a patient experience initiative “In your shoes” where patients were invited in for one to one sessions to share their experiences which provided a powerful message to staff and the opportunity for staff across the divisions and departments to share learning. Mr Spencer questioned whether it had been established why staff had not had the information relating to the gestational diabetes from which Mrs Robinson suffered available. The Chief Nurse stated that this issue would be looked at. 	
SECTION 2 – CHAIR’S BUSINESS		ACTION
P62/19	WELCOME AND APOLOGIES FOR ABSENCE	
	<p>The Chair welcomed attendees to the meeting noting that this was the first Board meeting in public attended by Ms Clare Conaghan, Director of Human Resources & Organisational Development and Mr Adrian Marr, Director of Finance.</p> <p>No apologies for absence were received.</p>	
P63/19	ESNEFT DECLARATIONS OF INTEREST	

	<ol style="list-style-type: none"> Ms Helen Taylor declared; in relation to Agenda item 2.4 <i>Chair Appointment</i>, that she had been a candidate for the position of ESNEFT Chair. No other declarations of interest were received in association with the papers for discussion. 	
P64/19	MINUTES OF THE MEETING HELD ON 1 AUGUST 2019 AND ACTION LOG	
	<ol style="list-style-type: none"> The minutes of the meeting held on 1 August 2019 were approved and signed by the Chair as a correct record. <p><u>Action Log</u></p> <ol style="list-style-type: none"> The Board was informed by the Director of Governance that all actions arising from the Board of Directors meeting held on the 1 August 2019 had been completed and closed, with the exception of item P49/19 which had been scheduled for a Board Seminar in January 2020 and remained on the planner until that time. 	
P65/19	CHAIR APPOINTMENT	
	<p><u>Received for ratification</u> the Chair Appointment recommendation presented by Michael Horley, Lead Governor and Public Governor for Colchester on behalf of the Council of Governors.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> Mr Horley described how the appointment of a Trust Chair in a foundation trust hospital was the responsibility of the Council of Governors. A rigorous appointment process which had included stakeholder meetings, presentations and panel interview for the shortlisted candidates had been undertaken. Mr Horley informed the Board that following the interview process the panel had felt that Ms Taylor had “stood out as an exemplar candidate”. The recommendation to appoint Ms Taylor to the position of Chair of East Suffolk and North Essex NHS Foundation Trust to start in post on the 1st January 2020 had been circulated to the Council of Governors and approved with a majority approval of 25 votes. Mr Horley expressed his thanks to the members of the Appointments and Performance Committee, including the Senior Independent Director and the Regional Director of NHSI for their support of the appointment process and also thanked the attendees at the stakeholder events, which had included governors, Non-Executive Directors and Executive Directors. Mr Horley highlighted the support received from the HR team and especially the work undertaken by Ms Diles, Head of Corporate Governance to guide the appointment team effectively and efficiently through the appointment process. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> Ms Taylor observed that the appointment process had been rigorous and that she was delighted and privileged to have been appointed. Ms Taylor commented that she felt that the organisation had a strong Board and a really clear strategy and she was very positive about the future and confident that the Trust would deliver together the best possible care to the people served. Ms Taylor thanked Michael Horley for his support as Lead Governor noting that this would be his last Board meeting in public as Lead Governor. Ms Taylor reiterated the thanks to Ms Diles, Head of Corporate Governance for her work to organise the recruitment process for which regional recognition had been received. <p>Resolved: That the Board ratified the appointment of Ms Helen Taylor to the position of Chair of East Suffolk and North Essex NHS Foundation Trust commencing on 1 January 2020 as approved by the Council of Governors.</p>	
P66/19	CHAIR & CHIEF EXECUTIVE’S REPORT	
	<p><u>Received for information</u> a verbal report by the Chair and Chief Executive.</p> <p><u>Noted</u></p> <p>The Chair highlighted the following items to the Board:</p> <ol style="list-style-type: none"> On Monday an invitation was accepted to attend an early preview of The Collingwood Centre, the new cancer centre just completed on the Colchester Hospital site, built entirely as 	

	<p>a result of a fundraising campaign by the Colchester and Ipswich Hospitals Charity. More than £3.5 million had been raised through the fantastic support of fundraisers throughout North Essex. The event gave the opportunity to meet and thank in person some of the most long standing and dedicated fundraisers.</p> <ol style="list-style-type: none"> 2. The first ESNEFT celebration of long service with Afternoon Tea with the Board at Kesgrave Hall, Ipswich, took place on Tuesday 5 November 2019. Almost 1,000 staff across ESNEFT were this year marking a significant milestone of serving 20, 25, 30 or 40 years' service in the NHS. There had been a great atmosphere and buzz in the room at the first Afternoon Tea which had been attended by around 200 colleagues and members of the Board with the second event taking place on Thursday 28 November 2019. 3. The Chair noted that together with Nick Hulme, Rebecca Driver, Richard Spencer and Mandy Jordan she would be attending the Stars of Suffolk 2019 community awards which recognised outstanding people in the county. All three finalists in the Health Hero category were ESNEFT employees; Helen Findlay, consultant anaesthetist, Sue Downes, radiotherapist, and Kate Goddard, health care support worker. 4. ESNEFT teams had also been recognised nationally for their trail blazing work. Last week the Stroke Services Drop In Clinic team and the Outpatient Antimicrobe Team were shortlisted in the Nursing Times Awards 2019 and the REACT team was shortlisted for an HSJ Award. 5. ESNEFT's flu campaign had got off to a flying start with 56% of staff vaccinated in the first week. 6. It was noted that Neill Moloney, Managing Director had returned from his successful climb of Mount Kilimanjaro which he had undertaken in aid of the Children's Appeal. <p>The Chief Executive highlighted the following items to the Board:</p> <ol style="list-style-type: none"> 7. The Chief Executive noted that the pre-election purdah period had now commenced and said that he would encourage staff, patients and the public to be aware that health promises and commitments to health would undoubtedly become an issue during the election campaign. 8. The Chief Executive stated that he would like to also mention the very positive events which had taken place, particularly the long service awards and also the Stars of Suffolk awards which demonstrated the importance of the organisation for the local community. 9. The Chief Executive observed that this was a challenging time for health services and that whilst it was recognised that some performance metrics still needed to improve this emphasised the importance of undertaking significant transformational changes and conveying the correct message to service users which had been highlighted by the patient story. <p>Resolved: That the Board noted the update.</p>	
SECTION 3 – PERFORMANCE		ACTION
P67/19	CHAIR'S KEY ISSUES REPORTS & INTEGRATED PERFORMANCE REPORT	
	<u>Received</u> the Chair's Key Issues Reports and the Integrated Performance Report (IPR).	
P68/19	QUALITY & PATIENT SAFETY COMMITTEE	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 29 October 2019 presented by Mr Hussein Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Following on from the QPS CKI last month the Committee had undertaken a deep dive into the management of serious incidents and falls prevention work. 2. With regards to serious incidents work, to improve timely completion of investigations had been discussed alongside the findings of the national review of SI's which had shown a focus on process which did not always support learning. ESNEFT would be a pilot site, within the ICS, for the new national framework for SI's. 3. The action plan for reducing falls particularly on the Ipswich site had been discussed in detail. The Committee would monitor progress against the improvement plan presented, but felt it had gained a better understanding of the issues. 4. On 24 September 2019 the Health & Safety Executive and Care Quality Commission undertook and unannounced IRM(E)R inspection of Nuclear Medicine at the Colchester Hospital site. The review recognised good aspects of the services and also noted where 	

	<p>some improvements could be made. Actions to address these areas were underway with a trajectory of mid-November for completion.</p> <ol style="list-style-type: none"> 5. A routine and planned external quality assurance visit was undertaken by the National Screening Programme Quality Assurance Team along with Public Health England of the Chelmsford & Colchester Breast Screening Programme, hosted by ESNEFT. The visit had not raised any immediate concerns about the service; however, some areas were noted for action/improvement. The issue of the old equipment at Broomfield Hospital had been escalated by PHE to NHS England. Replacement of equipment was the responsibility of Mid Essex Hospital Trust; however, an investigation would be carried out into who carried the risk for equipment and the cost of replacement. 6. The Committee had received an update on progress against the Quality Priorities, as set out in the Quality Account and mandated quality information for the Quality Report and areas of risk. The Committee would keep this under review as the year progressed. 7. The Committee had reviewed the Autumn/Winter submission for the 7 day services assurance framework, noting that some data from Colchester was pending. The Committee had discussed that there was significant risk of not being compliant with the standards by April 2020 and that the risk register should be reviewed accordingly. The assurance framework was to be reported to NHSI by end November 2019 and was recommended to the Board for approval. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 8. Miss Parker questioned whether there was learning concerning the upfront work which needed to be undertaken regarding clarity of where responsibility lay to be gained from the breast service as ESNEFT looked to deliver more activity for partner organisations. The Chief Executive agreed that whether ESNEFT took over immediate service provision or this was planned the risks relating to inherited property and equipment needed to be clarified. The Board was informed that this would be considered by the New Business Group as part of due diligence when taking on new services. 9. In answer to a question raised by the Managing Director the Interim Chief Medical Officer confirmed that Mid Essex Hospital concurred that equipment replacement was their responsibility but that further work was required to review the historic working agreements. 	
	<p><u>Integrated Performance Report – Quality</u></p> <p>The Chief Nurse highlighted the following quality issues from the Integrated Performance Report (IPR):</p> <ol style="list-style-type: none"> 10. Detail of the new Serious Incident Framework would be brought to the Board. 11. The QPS Committee had been provided with the early indicators regarding fall prevention which had shown a reduction in the number of falls in the community and at Ipswich. <p>The Interim Chief Medical Officer highlighted the following quality issues:</p> <ol style="list-style-type: none"> 12. Both sites had been challenged regarding mortality and learning from deaths, however, the additional scrutiny by the medical examiners had been positive and detailed reviews were being undertaken. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 13. The Chair noted that a Board Seminar was planned to gain a deeper understanding of the mortality data. The Director of Governance advised the Board that discussion was being held with NHSI/E regarding the appropriate person to provide the training. 14. Miss Parker noted that the number of complaints under the theme of “treatment” had risen over the last month and questioned the reason for this. The Chief Nurse advised that there were a number of issues under that heading which was reflected in the higher volume. The Board was informed that the complaints team was now more sustainable and communication with the team had improved following the appointment of the new complaints manager who was working with the divisions and undertaking a review of how responses were made. 	<p>DG</p>
<p>P69/19</p>	<p>FINANCE & PERFORMANCE COMMITTEE CHAIR'S KEY ISSUES REPORT</p>	

Received for assurance the Chair's Key Issues report from the Finance & Performance Committee held on 31 October 2019 presented by Miss Julie Parker, Non-Executive Director.

Noted

Finance performance

1. The Committee had been informed that as at the end of September, the Trust was £4.5m off the control total year to date excluding the loss of PSF for the period (£9.2m).
2. The overall Trust forecast remained at an adverse variance against control total of £9.4m with plans to mitigate this through local discussions with Commissioners. The forecast included assumptions on the delivery of £4.5m recovery plans within the division, as well as new stretch targets for the divisions of £4.0m.
3. CIP delivery was £8.0m behind plan year to date and the Trust was currently forecasting to deliver £16.9m against the £31.9m target, a shortfall of £15.0m.
4. Discussions had highlighted an issue on the Apprenticeship Levy not being fully utilised within the required timescales and therefore lost which the Committee asked to be taken to People and Organisational Development (POD) for a wider consideration of the Trusts approach to apprenticeships across the entire workforce.
5. As part of the NHS Long Term Plan Implementation Framework, STP / ICS systems were due to submit five year strategic plans, covering finance, workforce and activity, by 15th November 2019 that described how they would achieve the Plan's commitments. The current gap against £31.9m deficit control total for ESNEFT was estimated to be £4.5m but work was underway to reduce this further on a system wide basis, particularly focussing on outpatients. The Committee had discussed the assumptions underpinning the current projections and the risks associated with those.
6. A paper on proposed revised Financial Governance arrangements to reflect the size of the Trust and the need for some decision making to work in a more devolved way was discussed and further work was required.
7. There was a cumulative underspend of £7.9m against planned delivery of the 2019/20 £32.2m capital programme year to date. Following the reinstatement nationally of the 20% reduction in capital plans previously required the Trust had identified £5.9m of new schemes for the plan this year and a revised plan was to be presented to the Board. The planned capital programme for 2020/21 was £41.8m, currently in the early stages of planning.

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Finance

8. The Director of Finance advised that a financial masterclass had been undertaken which had provided the opportunity to gain views from staff and ongoing discussions would continue.
9. The Director of Finance advised the Board that he had attended a Regional Finance Directors Capital meeting yesterday where the message regarding the need to not under spend on the capital plan had been emphasised and it had been felt that there would be opportunities to apply for further capital funds.

Questions and Comments

10. The Director of Estates & Facilities advised that ESNEFT was well prepared to apply for any funding opportunities which might arise and the Director of Information, Communication & Technology stated that discussion had already been held to consider IM&T across the system.
11. The Managing Director noted that some schemes around winter had already been supported, however, it should be remembered that schemes often required revenue and staff as well as capital.
12. Mr Khatib questioned whether the recruitment process challenged whether roles were suitable for apprenticeships. The Director of Human Resources & Organisational Development stated that the team were working on this area as part of the workforce plan.

Operational Performance

13. Miss Parker informed the Board that the Finance & Performance Committee had discussed the following operational performance issues –
14. ED Economy performance for September 2019 was noted to be 90.16% for Colchester and

	<p>83.72% for Ipswich. The ESNEFT performance was 87.92% in September, which had deteriorated from August's performance of 90.27%.</p> <p>15. The new Urgent Treatment Centre service had opened with effect from 1st October 2019 and the impact on performance was encouraging.</p> <p>16. The Referral to Treatment position for September 2019 was 82.2% which was below the trajectory set of 86.8% for the month. Discussion highlighted the need to manage the risk of the waiting list in terms of clinical priorities and the Committee asked for this to be taken to Quality and Patient Safety (QPS).</p> <p>17. The Managing Director highlighted that the improvement which had been seen in Diagnostics had been sustained and was expected to continue.</p> <p>18. The Board was informed that much work was being undertaken with the divisions regarding early facilitation of the return home for patients which was required to improve the ED position at Ipswich.</p> <p>19. The Managing Director stated that cancer performance was the most disappointing although there were some signs of improvement in urology. The skin department had the longest waits and effort was being focused on this area to resolve the issues. Upper and lower GI were also noted to have seen increases.</p> <p>20. The Managing Director advised that the ICS had pulled together a system cancer summit event and ESNEFT had received feedback that the correct areas were being concentrated on.</p> <p>21. Referral to Treatment had seen a decrease in the rate of increase seen.</p> <p><u>Questions and Comments</u></p> <p>22. Mr Spencer questioned what was being done regarding the increase in RTT to look at the number of pathways. The Managing Director noted that ESNEFT had taken on additional services this year which had contributed to the number of pathways and ability to sustain the reduction in RTT had also been affected by pension issues and the ability to recruit to specialities, which in some specialities was a national challenge. However, the team had sought to retain the focus.</p> <p>23. The Interim Chief Medical Officer advised that a small increase in the number of patients with multiple pathways would increase the overall number and different models of care were being considered whilst it was recognised that demand would increase. The Managing Director advised that intensive work with the six key specialities was being undertaken to look at flow.</p>	HK/ QPS
P70/19	PEOPLE AND ORGANISATIONAL DEVELOPMENT (POD) COMMITTEE	
	<p><u>Received for assurance</u> a verbal update provided from the meeting held on 31 October 2019, presented by Mrs Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. The Committee had received a presentation on workforce planning and supply and reports on the national interim people plan, the ICS people plan and local workforce issues. The Committee was assured that the team had a good oversight of the context and issues and was operating tactically at an operational level with the most pressing issues and was moving towards developing a strategic approach. These would form the workforce plan elements of the ESNEFT Workforce Plan which would be presented to the November POD and December Board.</p>	
	<p><u>Integrated Performance Report – Workforce</u></p> <p>2. The Director of Human Resources & Organisational Development observed that over the last 8 weeks since her appointment she had been reviewing the workforce challenges and looking at learning from other organisations and had committed to providing POD with detail of how the workforce would be taken forward at the January meeting which would be followed by a report to Board.</p>	
P71/19	EXECUTIVE MANAGEMENT COMMITTEE	
	<p><u>Received for assurance</u> the Chair's Key Issues Report from the meeting held on 24 October 2019 presented by the Managing Director.</p>	

	<p><u>Noted</u></p> <p>1. The Chief Executive advised the Board that most of the items considered by the Executive Management Committee (EMC) had already been covered by the Board discussion of other committees; however, EMC had received a report detailing the proposed changes to its format following the review which had been undertaken. The changes would enable a greater emphasis driving the delivery of strategy in line with the ESNEFT philosophy and would enable other meetings to be disbanded freeing up executive and senior leaders time.</p> <p><u>Questions and Comments</u></p> <p>2. Mr Spencer stated that he would find it helpful to be provided with updated detail of the structure of the sub committees.</p> <p>3. The Chair noted that the change to a strategic focus at EMC would be positive and would help to drive the Board agenda.</p>	DG
SECTION 4 – STRATEGY, BUSINESS AND TRANSFORMATION		
P72/19	RESEARCH AND INNOVATION STRATEGY	
	<p><u>Received for approval</u> the Research and Innovation Strategy presented by the Director of Strategy, Research & Innovation.</p> <p><u>Noted</u></p> <p>1. The Research & Innovation Strategy was re-presented for Board approval, comments from the 29th August Board having been addressed.</p> <p><u>Questions and Comments</u></p> <p>2. Mr Bloomfield questioned where interim progress would be reported regarding the KPIs (slide 7). The Director of Strategy, Research & Innovation advised that progress against the KPIs would report into the Accountability Framework monthly although innovation was more difficult to set metrics for.</p> <p>3. The Director of Strategy, Research & Innovation confirmed in answer to a question raised by Mr Khatib that the aim of the Strategy was to broaden research and explicit reference was made to non-medical research.</p> <p>4. Mrs Taylor-Brown observed that oversight of the Director of Strategy, Research & Innovation’s work was carried out by POD.</p> <p>5. The Chief Nurse questioned how the Strategy would be shared with staff. The Director of Strategy, Research & Innovation advised that the Strategy was communicated in a number of ways, featuring as part of the staff induction programme, in regular ESNEFT communications and through research engagement events.</p> <p>6. The Director of Human Resources & Organisational Development noted that opportunities for workforce research might be attractive to potential employees.</p> <p>Resolved: That the Trust Board approved the Research and Innovation Strategy.</p>	
P73/19	QUALITY PRIORITIES 2019/20 MID-YEAR REPORT	
	<p><u>Received for information</u> the Quality Priorities 2019/20 Mid-Year Report presented by the Chief Nurse.</p> <p><u>Noted</u></p> <p>1. ESNEFT as part of its 2018/19 Quality Report set quality priorities for 2019/20. These being:</p> <ul style="list-style-type: none"> • To improve clinical outcomes for patients with mental health conditions, improve mental health well-being for staff and transform Mental Health provision across ESNEFT. • To improve compliance with the Sepsis 6 care bundle. • To continue to improve care to those at the end of their life and support patients who have limited treatment options. • To reduce the numbers of inpatient falls • Getting it right first time (GIRFT) programme improvements. <p>2. The attached report provided an update on progress year to date. The Chief Nurse advised the Board that the mental health programme had taken some time to establish as this</p>	

	<p>covered such a large area.</p> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Miss Parker noted that she felt that GIRFT was a real opportunity to change things, including waste reduction and questioned whether the Board was satisfied that enough traction was being given to achieve the recommendations. The Interim Chief Medical Officer responded that a lot of useful information had been received from the GIRFT visits and the focus was on the three top areas with the teams whilst recognising that some teams needed additional support. 4. The Chair stated that a Board Seminar on GIRFT would be scheduled. 5. It was noted that the recent leadership conference had highlighted the link between GIRFT and finance. 6. The Managing Director advised that he had attended a Mental Health Forum and spoken about the work being undertaken by ESNEFT to support people with mental health issues. 7. Mr Spencer stated that the focus on workforce mental health would need to go to POD as well as the Time Matters Board. 8. Mr Spencer noted that he had recently met with Hattie Roebuck and felt that there might be opportunities to link with her work and that the impact of building programmes on the wellbeing of staff and patients should be remembered. The Director of Estates & Facilities advised that in all designs within the capital programme there was strong engagement from both patients and staff which considered the effect on wellbeing. <p>Resolved: That the Trust Board received and noted the report.</p>	<p>DG</p> <p>CTB/ POD</p>
SECTION 5 – PEOPLE AND ENGAGEMENT		ACTION
P74/19	COMMUNICATIONS & ENGAGEMENT STRATEGY	
	<p><u>Received for approval</u> the Communications & Engagement Strategy presented by the Director of Communications & Engagement.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. As a new Trust, ESNEFT had committed to developing and delivering a Communications & Engagement Strategy. The final draft of the new Strategy which had been reviewed by the Board in October was presented to the Board of Directors for approval in public. 2. The Board was asked to approve the ESNEFT Communications & Engagement Strategy. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 3. Miss Parker stated that she felt there would be value in reviewing the Strategy prior to August 2021. The Director of Communications & Engagement agreed in the value of reviewing the Strategy in 6 months and advised that it was planned that this would be undertaken by POD. 4. Mr Spencer stated that with regard to reaching the “harder parts of the community” he was a Trustee of Beacon House a charity working with the homeless in Colchester and would be happy to host visits and discussions. 5. The Chief Nurse stated that she had been pleased to see the link to diversity and engagement but questioned how it would be known that these groups had been reached. The Director of Communications & Engagement agreed that this was difficult to measure but that the team would be developing measurement criteria alongside the qualitative feel. 6. The Director of Strategy, Research & Innovation advised the Board that on the innovation front the team were pursuing opportunities to work with Essex University regarding projects to consider and analyse responses received. 7. Mr Khatib noted the challenge of communicating the Strategy to the senior leadership. The Director of Communications & Engagement agreed that this was challenging but that communication with the ESNEFT leaders would be undertaken in a constructive and supportive way. Work had been facilitated by HR and the feedback received would inform the future work. 8. The Chair noted that the Strategy had been considered at her last informal meeting with the governors and an update would be provided for the next Council of Governors meeting. Mr Horley observed that the Council of Governors would be fully involved with the engagement. 9. The Director of Estates & Facilities commended the Communications & Engagement 	

	<p>Strategy which communicated in a different but appropriate way to internal and external groups.</p> <p>Resolved: That the Trust Board approved the Communications & Engagement Strategy.</p>	
SECTION 6 – GOVERNANCE, RISK AND REGULATORY		ACTION
P75/19	7 DAY SERVICES ASSURANCE FRAMEWORK	
	<p><u>Received for approval</u> the 7 Day Services Assurance Framework presented by the Interim Chief Medical Officer.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The seven day services programme was designed to ensure patients who were admitted as an emergency received high quality consistent care whatever day they entered a hospital. The ten clinical standards for seven day services in hospitals had been developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. With the support of the AoMRC, four of the ten clinical standards had been identified as priorities, on the basis of their potential to positively affect patient outcomes. NHS England / Improvement were supporting trusts to meet the four priority standards identified as being 'must do' by April 2020. ESNEFT was required by NHS England to perform an audit of seven day working on its acute sites and submit this by the 29 November 2019 through the use of NHS England's Board Assurance Framework template. The Autumn/Winter 2019 audit data was presented for the Board with a narrative regarding the current audit and suggested action plan for discussion. The Board was asked to approve the Seven Day Services Board Assurance Framework for submission to NHS Improvement & England. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> The Chair questioned the targets set for what were "aspirational" standards. The Interim Chief Medical Officer advised that individual divisions would need to consider their position and how the targets could be achieved whilst recognising the role of the whole team. Mr Khatib questioned the link between seven day service and the mortality review. The Interim Chief Medical Officer stated that the mortality data and the learning from deaths reviews were already closely monitored. <p>Resolved: That the Trust Board approved the 7 Day Services Assurance Framework for submission to NHS Improvement & England.</p>	
P76/19	EMERGENCY PLANNING RESILIENCE AND RESPONSE (EPRR) ANNUAL SUBMISSION	
	<p><u>Received for noting</u> the EPRR Annual submission presented by the Director of Estates & Facilities.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The purpose of the paper was to provide notification to the Public Board that ESNEFT was meeting its statutory duties and obligations in relation to emergency planning, resilience and response as laid out in: <ul style="list-style-type: none"> Health and Social Care Act (2012) NHS Standard Contract NHS Core Standards for EPRR NHS England business continuity management framework Civil Contingencies Act (2004) There were a total of 64 core standards that ESNEFT were required to meet across Emergency Planning Resilience and Response (EPRR), Hazardous materials, chemical, biological, radiological and nuclear (Hazmat CBRN). Of these 64 standards, ESNEFT had self-assessed to be fully compliant with 57 and partially compliant with 7 standards. In addition to the core standards and Hazmat CBRN assessment there was a 'deep dive' exercise conducted by NHS England which changed each year. The 2019/20 deep dive was 	

	<p>in relation to severe weather response and long term adaptation within the organisation. There were a total of 20 questions in relation to this element of which ESNEFT were fully compliant with 9 and partially compliant with 11 areas.</p> <p>4. It should be noted that these elements were not part of the annual self-assessment, nor were they reflected in the score submitted to NHS England.</p> <p>5. All of the standards which ESNEFT had assessed to be partially compliant were included in the EPRR work plan which had been reviewed in line with the overall standards compliance score. There were, therefore, no non-compliant standards for the Trust, indicating that the areas identified had appropriate approved actions to address them.</p> <p>6. Detailed analysis of the core standards was not for sharing in the public domain and Board members were asked to defer any specific questions to part 2 of the Board meeting.</p> <p>7. The outcome for ESNEFT having undergone external 'confirm and challenge' scrutiny sessions from NHS England and the Suffolk CCGs was a level of Substantially Compliant.</p> <p>8. The Board was requested to receive and note the Trust's level of assurance against the annual EPRR core standards compliance assessment as being 'Substantially Compliant'.</p> <p><u>Questions and Comments</u></p> <p>9. Miss Parker advised the Board that as the lead Non-Executive Director for EPRR she could confirm that what was reported was consistent with the discussions which had taken place.</p> <p>Resolved: That the Trust Board received and noted the Trust's level of assurance against the annual EPRR core standards compliance assessment as being 'Substantially Compliant'.</p>	
P77/19	REPORT ON THE USE OF THE TRUST SEAL	
	<p><u>Received for information</u> a report on the Use of the Trust Seal presented by the Director of Governance.</p> <p><u>Noted</u></p> <p>The Trust Board was notified in accordance with Standing Orders that the seal of the Trust had been used on four occasions:</p> <ol style="list-style-type: none"> On 10th October 2019 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: <ul style="list-style-type: none"> Sub-contractor collateral warranty for the Employer 2016 between DPL Group Limited and Turners Carpentry & Joinery Limited and ESNEFT relating to the refurbishment of the existing mortuary department and the fire alarms, containment routes and BMS controls at Ipswich Hospital. Licence to Sublet Part and Counterpart Under lease relating to premises on Part Ground and Lower Ground floors at 86 Sandyhill Lane, Ipswich, between ISG Jackson Limited and East Suffolk & North Essex NHS Foundation Trust. Lease of land at Colchester General Hospital and Underlease of part of the multi-modality diagnostic imaging centre at Colchester General Hospital, Turner Road, Colchester between Alliance Medical Limited and ESNEFT. On 16th October 2019 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to: <ul style="list-style-type: none"> Second Deed of Variation relating to the Agreement for Underlease for land at the New Main Entrance at Colchester Hospital, Turner Road, Colchester between Noviniti Colchester Limited and ESNEFT. <p>Resolved: That the Board received and noted the update.</p>	
SECTION 7 – RECEIPT OF REPORTS BY CONSENT		ACTION
P78/19	<p>Received the Confirmed Minutes from Board Assurance Committees:</p> <ul style="list-style-type: none"> Quality and Patient Safety Finance & Performance People and Organisational Development 	
SECTION 8 – ANY OTHER BUSINESS		ACTION
P79/19	No Board briefings were received.	

SECTION 9 - PUBLIC QUESTIONS		ACTION
P80/19	<ol style="list-style-type: none"> 1. Mrs Brazier commented that it had been good to hear such emphasis on communication and also the celebration of successes. 2. The Chair concurred with the importance of recognising success and the positive benefit this could have for the whole organisation. 3. Mrs Brazier questioned whether the volunteers were included in long service awards events. The Director of Communications & Engagement replied that a separate celebration event was held for the volunteers and the long service events which had been reported upon were for members of staff with continuous NHS service. 	
SECTION 9 – DATE OF NEXT MEETING		
P81/19	Thursday, 30 January 2020, 9.30am, PGMC Seminar Rooms 2&3, Colchester Hospital.	

Signed Date

Helen Taylor
Chair

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

DRAFT