

**MINUTES OF THE TRUST BOARD MEETING IN PUBLIC**

**HELD ON THURSDAY 3 SEPTEMBER 2020, 9.30AM – 11.20AM**

**TEAMS MEETING**

**PRESENT:**

Ms Helen Taylor  
Mr Eddie Bloomfield  
Mr Hussein Khatib  
Mr Richard Spencer  
Mrs Carole Taylor-Brown  
Mr Richard Youngs  
Ms Elaine Noske  
Ms Diane Leacock

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

Mr Nick Hulme  
Ms Melissa Dowdeswell  
Dr Shane Gordon  
Mr Adrian Marr  
Mr Mike Meers  
Mr Neill Moloney  
Dr Angela Tillett

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

**IN ATTENDANCE:**

Mrs Rebecca Driver  
Mr Paul Fenton  
Mrs Denver Greenhalgh  
Ms Leigh Howlett  
Mrs Tammy Hughes  
Mr Tom Fleetwood

Director of Communications & Engagement  
Director of Estates & Facilities  
Director of Governance  
Interim Director of Human Resource  
Head of Corporate Governance  
Freedom to Speak Up Guardian – item P55/20

Ms L Fraser

Senior Committee Secretary (Minutes)

<b>SECTION 1 – CHAIR’S BUSINESS</b>		<b>ACTION</b>
P46/20	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	<p>1. The Chair welcomed attendees to the meeting noting that in compliance with the current COVID-19 pandemic social distancing measures the meeting was being held via TEAMS.</p> <p>2. No apologies for absence were received.</p>	
P47/20	<b>DECLARATIONS OF INTEREST</b>	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <p>1. The following changes had been made since the last Board Meeting:</p> <ul style="list-style-type: none"> <li>• Neill Moloney, Managing Director seconded part time to work for the Department of Health and Social Care currently as Director of Supply Operations until December 2020.</li> </ul> <p><b>Resolved: That the Trust Board received and noted the Declarations of Interest.</b></p>	
P48/20	<b>MINUTES OF THE MEETING HELD ON 2 JULY 2020 AND ACTION LOG</b>	
	<p>1. The minutes of the meeting held on 2 July 2020 were approved and signed by the Chair as a correct record subject to amendments which had been received prior to the meeting and noted.</p> <p>2. The Action Log was received and noted.</p>	
P49/20	<b>CHAIR &amp; CHIEF EXECUTIVE’S REPORT</b>	
	<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"> <li>1. The Trust had been awarded more than £3m in Government funding to enhance urgent and emergency care in the run up to winter. The money was part of the £300m package announced by the Department of Health and Social Care in early August. In Ipswich it was planned to use £200,000 to upgrade the Children’s Emergency Department (ED) to increase capacity and improve waiting areas. An additional £1.4m would be spent creating an Acute Medical Same Day Emergency Care (AMSDEC) unit, where patients with problems such as chest infections or palpitations could be assessed and treated quickly and efficiently and without the need for a hospital stay. A similar unit opened in Colchester last October had seen around 500 patients every month during the winter, who had stayed on the unit for an average of four to six hours. In Colchester, a canopy would be put up outside the Urgent Treatment Centre (UTC) which would expand the waiting area so that patients could maintain social distancing and in addition £1.4m would be spent creating offices for clinicians to use to free up space in both the adult and children’s EDs, in turn increasing clinical capacity.</li> <li>2. Nick Hulme, Chief Executive and Neill Moloney, Managing Director had sent letters of reassurance to every patient on the Trust’s waiting lists who had been waiting more than 18 weeks for their appointment for treatment and care to inform them of what was being done to address the growing waiting lists and longer waiting times due to COVID-19.</li> <li>3. The work of the Trust’s therapists working across the whole health and social care system had been applauded in the local media. Allied health professional (AHP) teams across Colchester and Ipswich hospitals and community sites had worked together with other healthcare organisations to develop dedicated post COVID-19 rehabilitation care to support patients once they were discharged home.</li> <li>4. A new app was keeping parents updated on their babies’ progress on neonatal units. The free trusted NHS app called vCreate allowed videos and messages to be shared with new parents. The app had been introduced in line with national guidance when hospital visiting had to be restricted.</li> <li>5. BBC Look East would be featuring an innovative new research centre for children with lifelong neuro developmental conditions such as autism and cerebral palsy who would soon benefit from ground-breaking studies closer to home. The Synapse Centre would bring</li> </ol>	

together paediatricians, speech therapists, physiotherapists and researchers from ESNEFT who would work alongside university leaders to explore new approaches to benefit young patients and their families.

6. The Board was informed that Louie Horne, interim senior matron for Musculoskeletal Services and Specialist Surgery had helped launch the Filipino Nurses Association UK (FNA-UK), a national organisation to support Filipino nurses from all parts of the UK and offer support in their nursing roles.
7. This week nominations would open for the Governor elections for three vacancies for staff governors, one representing Ipswich and Suffolk community sites and two representing Colchester and Essex community sites.
8. The Chair extended an invitation to attend the ESNEFT Annual Members' Meeting on Wednesday, 23 September at 6pm which would be held virtually via Microsoft Teams Live. Joining information would be shared shortly.

The Chief Executive highlighted the following items to the Board:

9. The Chief Executive advised the Board that the COVID pandemic had amplified the inequalities in health care and ESNEFT was working closely with other system leaders to consider how these inequalities could be addressed.
10. The lack of detail of the central government financial settlement was causing a considerable challenge to the planning of services for the rest of the financial year. Clarity was being requested by the Director of Finance from the national team.
11. The Board was assured that the Trust had good mechanisms in place regarding the identification of potential harm caused to patients by delayed treatment caused by the pandemic and that the Time Matters philosophy was considered more important than ever during the reform and recovery stage.
12. COVID-19 had highlighted the importance of working as a system and the need for this to continue and develop. System working would be tested whilst dealing with the uncertainty of the next few months during any potential second surge and winter pressures.

**Resolved: That the Board noted the update.**

## SECTION 2 – STORIES

P50/20 Received for information a patient and carer story introduced by the Interim Chief Nurse.

### Noted

1. The Board heard via two videos the experiences of Ashley, a young woman who has learning disabilities, is autistic and has suffered two strokes and her mother Gillian (her carer). In June during the pandemic, Ashley had gone to the bathroom and found herself on the floor and in a lot of pain. Her mother Gillian had brought her to Ipswich hospital as her car was adapted for her daughter's needs.
2. The Interim Chief Nurse highlighted the positive experiences which had been reported by Ashley and Gillian following the attendance which had included; everything having been dealt with quickly and professionally whilst keeping the patient and carer informed throughout. However, it was noted that Gillian had raised that the communication with the first nurse at the normal A&E who had told her that she would not be able to attend with her daughter could have been worded differently to avoid the additional distress caused to Ashley.

### Questions and Comments

3. Ms Noske commented that this had been an uplifting story and questioned whether this message had been shared with staff. The Director of Communications & Engagement advised that patient stories were shared with staff in the Board briefing and the team would look at also sharing Gillian's video.
4. Mr Khatib agreed that it had been a very positive story but questioned how it was ensured that learning difficulties were always considered during care. The Interim Chief Nurse advised that significant work had been carried out regarding the impact of learning difficulties on care, including the introduction of patient passports and the key role of the learning disability nurses. The Chief Executive advised that clear masks had been introduced for some staff which aided communication during the pandemic and conversations were being held with the learning and training department regarding additional training for staff.

	<p>5. Mr Spencer noted that the availability of equipment and the time given by staff had been particularly positive, but he would question how much this had been affected by lower demand during the pandemic and whether this would be the case with normal levels of activity. The Chief Executive stated that he would hope that the care provided had not been affected by the pandemic and the efficient supply of equipment demonstrated the benefits of the integration of the community services with ESNEFT.</p> <p>6. The Director of Strategy, Research &amp; Innovation agreed that it would be expected that the same experience of care would be received in the Trust at any time and that completion of diversity training was around 90% despite the pandemic.</p> <p>7. The Board requested that a review of mandatory training was undertaken by the Interim Chief Nurse in view of the potential impact of the use of PPE.</p> <p>8. The Board requested that thanks were passed to Ashley and Gillian for sharing their stories of care at ESNEFT.</p>	MD MD
<b>SECTION 3 – QUALITY AND PERFORMANCE</b>		
P51/20	<b>COVID 19 UPDATE</b>	
	<p><u>Received for assurance</u> a verbal COVID-19 update presented by the Chief Executive.</p> <p><u>Noted</u></p> <p>1. The Chief Executive informed the Board that nationally, except for small pockets, and in this area lower numbers of COVID-19 positive patients were being seen and that the tendency was for those who were now becoming infected to be younger and with no underlying health issues and, therefore, not putting additional pressure on the health system. Only 5 patients had been admitted in the last month with COVID-19 across both ESNEFT sites.</p> <p>2. Next week time would be taken to review the governance structure for the leadership meetings which had been set up at the beginning of the pandemic as the main focus had now moved to recovery and reform.</p> <p><u>Questions and Comments</u></p> <p>3. Mr Bloomfield noted that he had been involved with the Recovery &amp; Reform Group and the challenge was to get the balance right between being COVID safe and dealing with the backlog. The two meter rule was noted to be a constraint which was impacting on the achievement of the targets. The Chief Executive agreed that the two meter rule was a constraint which the team had been discussing particularly in relation to outpatients where the need to maintain social distancing was impacting on capacity, this issue was also being raised nationally with conversations taking place regarding the balance of risk. Any change to reduce the two meter rule would need to define the trigger for returning to the increased distance guidelines.</p> <p>4. The Managing Director stated that the Trust's desire was to achieve above 100% activity in order to deal with the backlog and that he had been encouraged by the work which had been undertaken by the clinical services but would now be focusing on outpatients and sharing examples of good practices between services.</p> <p><b>Resolved: That the Trust Board received and noted the verbal update.</b></p>	
P52/20	<b>INTEGRATED PERFORMANCE REPORT &amp; INTEGRATED ASSURANCE COMMITTEE CKI</b>	
	<p>The report for month 4 (July) outlined the performance of the Trust, however, because of the exceptional circumstances of the COVID-19 pandemic, many aspects of the Trust's 'normal' working had been dramatically impacted. In a number of areas, both national and internal reporting had been suspended or amended. Where reporting continued, performance might vary appreciably from previous months. Coupled with the need to minimise the administrative burden on operational staff that contribute to the report, there were consequently sections where the usual content was abridged or no longer included.</p>	
P53/20	<b>INTEGRATED ASSURANCE COMMITTEE CHAIR'S KEY ISSUES (CKI)</b>	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the meeting held on 25 August 2020 presented by Mrs Carole Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p>	

	<ol style="list-style-type: none"> <li>1. The Committee had received the national annual Organ Donation and Transplantation Activity Report 2019/20.</li> <li>2. The Board was alerted that the Committee had received the financial position for Month 4 noting that NHSE/NHSI had provided guidance on the planning arrangements for 'Phase 3' (recovery in period up to March 2021). Deadlines had been provided for draft plan submissions by 1st September and final submission of system-level activity / performance / workforce plans was required by 21 September, except for finance where detailed guidance was still awaited. Financial planning for months 7-12 was, therefore, proving difficult given that no income detail nor financial guidance was available at this point in time.</li> <li>3. Nick Hulme, CEO had celebrated the great work carried out by the Trust's Procurement team over the past few months ensuring that appropriate stocks of PPE were procured to keep staff and patients safe during the COVID-19 pandemic.</li> <li>4. The Committee had received an update from the Freedom to Speak Up Guardian and noted that the Board would receive a report from the Freedom to Speak Up Guardian.</li> </ol>	
	<p><u>Quality &amp; Patient Safety</u></p> <ol style="list-style-type: none"> <li>5. The Interim Chief Nurse highlighted that there had been 5 incidents considered to meet the criteria of being a serious incident and reported to commissioners in July and that investigation of these was on track.</li> <li>6. The patient monitoring system Sentinel had been rolled out across the Trust with a previous Ipswich patient safety bundle also having now been rolled out Trust wide.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>7. Mr Spencer observed that the falls rate in the community hospitals was higher than at Ipswich or Colchester. The Interim Chief Nurse advised that this was largely due to the type and acuity of patients who were being treated at the community hospitals and that overall a good reduction in the number of falls had been seen over the last 18 months, but that the number of falls would generally be expected to be higher in the community.</li> <li>8. Ms Noske questioned whether the HSMR metric had been adjusted to reflect that at present the Trust had less patients being treated and also noted the large divergence between Ipswich and Colchester. The Chief Medical Officer informed the Board that the rolling HSMR had continued to reduce, noting that the data reported was up to March discharges. The impact of COVID would be reported in future reports and there would be separate reports for COVID and non COVID deaths so that comparative data was available. The Chief Medical Officer assured the Board that the mortality data had been modelled continuously and that more detail around the learning would be brought back in the report next month. In the crude mortality figures differences had been recognised between Ipswich and Colchester and this was a continued area of focus at the learning from deaths group, however, the gap was narrowing and there was growing understanding of the patients who were attending the sites. Sepsis deaths had seen a step improvement having been a focus for the last 2-3 years, now showing the benefits of the work carried out. Sustained improvement across both sites was being seen for perinatal mortality. An update from the stroke services which had been provided to the learning from deaths group with detail of the work which had been carried out was provided within the mortality report.</li> <li>9. Mr Spencer noted that it was reported that there had been a drop in local organ donation and questioned the future impact of this. The Chief Medical Officer advised that the Integrated Assurance Committee had received a report which had shown good progress. During COVID things had changed and work was paused during the pandemic, however, the service was now being opened up in the post COVID period.</li> <li>10. The Chief Executive noted the still births reduction and the change which had been seen this time last year between the position in Colchester and Ipswich. The Chief Medical Officer advised that the numbers were small but had seen an improvement which had been embedded well at Colchester. The Interim Chief Nurse noted that there had been access to a triage system which had been running at Colchester for a longer time and was newer at Ipswich.</li> </ol>	
	<p><u>Operations performance</u></p> <ol style="list-style-type: none"> <li>11. The Managing Director noted that there had been significant improvement in ED performance seen during the pandemic (4 hour standard performance for the economy in</li> </ol>	

<p>July was 97.17%, the Colchester site delivered 96.83% whilst Ipswich achieved 97.69%) and that activity had now increased to normal levels.</p> <p>12. Diagnostic waiting times were reducing.</p> <p>13. Cancer performance during July had been good. A reduction in referrals had been seen during the pandemic but the good work which had been carried out previously was now being shown. Numbers of referrals were now increasing and the team would focus on maintaining performance.</p> <p><u>Questions and Comments</u></p> <p>14. Ms Noske noted that the 18 week RTT performance appeared to be trending away from the target, July's position being 43.44% which was below the national standard of 92%, and questioned what was being done to bring this back. The Managing Director stated that there was 80-100% delivery in some services, the focus had initially been on those in urgent need but was now moving to the long waiters. Improvement in RTT performance had been seen over the last few weeks and the key element would be over 52 week waits, and the position might continue for the next few weeks. The Managing Director informed the Board that he was encouraged that relative to other organisations the ESNEFT trajectory was good and the teams would continue to look at previous levels of activity and the introduction of best practice into all areas. The level of uncertainty regarding the financial envelope was proving challenging but there was work being carried out with the CCGs regarding the reduction of the backlog and this would be reported to the Board.</p> <p>15. Mr Bloomfield questioned the direction of travel since June relating to the 52 week breaches (slide 25) and whether as a single organisation there were opportunities for Ipswich patients to receive treatment in Colchester if they had waited above 52 weeks. The Managing Director responded that challenges had occurred before COVID and the constraints at Ipswich were recognised, the team would be looking at offering treatment at Colchester if appropriate.</p> <p>16. Mr Khatib questioned whether solutions were being worked up for August to improve the 2ww for cancer. The Managing Director stated that the figures for August were not yet available but that he would be happy to share the data with Mr Khatib outside the meeting.</p>	<p>July was 97.17%, the Colchester site delivered 96.83% whilst Ipswich achieved 97.69%) and that activity had now increased to normal levels.</p> <p>12. Diagnostic waiting times were reducing.</p> <p>13. Cancer performance during July had been good. A reduction in referrals had been seen during the pandemic but the good work which had been carried out previously was now being shown. Numbers of referrals were now increasing and the team would focus on maintaining performance.</p> <p><u>Questions and Comments</u></p> <p>14. Ms Noske noted that the 18 week RTT performance appeared to be trending away from the target, July's position being 43.44% which was below the national standard of 92%, and questioned what was being done to bring this back. The Managing Director stated that there was 80-100% delivery in some services, the focus had initially been on those in urgent need but was now moving to the long waiters. Improvement in RTT performance had been seen over the last few weeks and the key element would be over 52 week waits, and the position might continue for the next few weeks. The Managing Director informed the Board that he was encouraged that relative to other organisations the ESNEFT trajectory was good and the teams would continue to look at previous levels of activity and the introduction of best practice into all areas. The level of uncertainty regarding the financial envelope was proving challenging but there was work being carried out with the CCGs regarding the reduction of the backlog and this would be reported to the Board.</p> <p>15. Mr Bloomfield questioned the direction of travel since June relating to the 52 week breaches (slide 25) and whether as a single organisation there were opportunities for Ipswich patients to receive treatment in Colchester if they had waited above 52 weeks. The Managing Director responded that challenges had occurred before COVID and the constraints at Ipswich were recognised, the team would be looking at offering treatment at Colchester if appropriate.</p> <p>16. Mr Khatib questioned whether solutions were being worked up for August to improve the 2ww for cancer. The Managing Director stated that the figures for August were not yet available but that he would be happy to share the data with Mr Khatib outside the meeting.</p>	<p>NM</p>
<p><u>Finance Performance</u></p> <p>17. The Director of Finance highlighted that in July and before COVID-19 costs, the Trust's income exceeded costs by £0.3m (YTD this value was £3.7m). COVID-19 related costs of £3.5m (£12.8m cumulatively) had been incurred in the month, which took the Trust into deficit. However, as required by national guidance, the Trust had assumed the receipt of £3.2m 'retrospective top-up' to bring the in-month Month 4 position to break-even against control total.</p> <p>18. The CIP forecast was £17.2m, a shortfall of £1.6m, a net improvement of £0.1m from last month. Currently 42% of schemes by number (48% by value) had passed QIA, up from 34% last month. The phase 3 letter had been received but without full details of the financial architecture, therefore, a number of CIP assessments could not be completed with enough certainty to pass a QIA. Targeted support would be provided to areas with CIP gaps in order to eliminate the existing gap.</p> <p>19. The Trust had significant cash holdings at the end of July. The value was particularly high and was driven by national cash management plans which saw Trusts receive 2 months of income in April to ensure liquidity during the COVID-19 response, together with the receipt of 19/20 FRF monies (notably additional incentive monies).</p> <p>20. At the end of July the Trust had reported capital spend of £1.6m, of this £0.3m related to COVID-19. It was expected that capital requirements agreed as part of COVID-19 costs would be funded on top of the Trust's capital allocation.</p> <p>21. The Director of Finance stated that currently the Trust was awaiting further guidance regarding the financial plan for months 7 – 12 and 2021/22 to allow progression of its financial plans.</p> <p><u>Questions and Comments</u></p> <p>22. Ms Leacock noted that the Trust was on track to deliver 91% CIP and questioned what was being done to bring this up to 100%. The Director of Finance stated that there was a continuous CIP programme, but that the main concern at the moment was to get potential</p>	<p><u>Finance Performance</u></p> <p>17. The Director of Finance highlighted that in July and before COVID-19 costs, the Trust's income exceeded costs by £0.3m (YTD this value was £3.7m). COVID-19 related costs of £3.5m (£12.8m cumulatively) had been incurred in the month, which took the Trust into deficit. However, as required by national guidance, the Trust had assumed the receipt of £3.2m 'retrospective top-up' to bring the in-month Month 4 position to break-even against control total.</p> <p>18. The CIP forecast was £17.2m, a shortfall of £1.6m, a net improvement of £0.1m from last month. Currently 42% of schemes by number (48% by value) had passed QIA, up from 34% last month. The phase 3 letter had been received but without full details of the financial architecture, therefore, a number of CIP assessments could not be completed with enough certainty to pass a QIA. Targeted support would be provided to areas with CIP gaps in order to eliminate the existing gap.</p> <p>19. The Trust had significant cash holdings at the end of July. The value was particularly high and was driven by national cash management plans which saw Trusts receive 2 months of income in April to ensure liquidity during the COVID-19 response, together with the receipt of 19/20 FRF monies (notably additional incentive monies).</p> <p>20. At the end of July the Trust had reported capital spend of £1.6m, of this £0.3m related to COVID-19. It was expected that capital requirements agreed as part of COVID-19 costs would be funded on top of the Trust's capital allocation.</p> <p>21. The Director of Finance stated that currently the Trust was awaiting further guidance regarding the financial plan for months 7 – 12 and 2021/22 to allow progression of its financial plans.</p> <p><u>Questions and Comments</u></p> <p>22. Ms Leacock noted that the Trust was on track to deliver 91% CIP and questioned what was being done to bring this up to 100%. The Director of Finance stated that there was a continuous CIP programme, but that the main concern at the moment was to get potential</p>	

	schemes which were being put forward from the divisions through the QIA process.	
<b>SECTION 4 – PEOPLE AND ENGAGEMENT</b>		<b>ACTION</b>
P54/20	<b>STAFF WELLBEING &amp; RESILIENCE</b>	
	<p><u>Received for assurance</u> a verbal update presented by the Interim Director of Human Resources.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Interim Director of Human Resources advised that £550k investment in wellbeing had been made, funded from the Charity and the divisions who had recognised the need for further investment in staff wellbeing. 95 people had now been trained as mental health first aiders and the job descriptions for the clinical psychology team had been drafted. The Oasis spaces were being developed as part of the ongoing provision for staff wellbeing.</li> <li>2. The Trust would be working across the ICS to take advantage of all the services which were being set up to support staff wellbeing.</li> <li>3. The team were actively supporting all staff to come back to work who had been shielding with active return to work plans in place. 184 staff had been formally shielding with 70 working from home and the remainder unable to work from home.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>4. Mr Spencer commented that it was encouraging to hear the progress being made regarding the comprehensive approach to staff wellbeing, but that he felt it would be good to start to measure the capacity available for the clinical psychology team and mental health first aiders and the impact of these roles. The Interim Director of Human Resources noted that it was part of the role of the line manager to support staff wellbeing and as part of the people strategy training for line managers regarding mental health was being considered, the importance of the role of line managers having been highlighted during COVID-19.</li> <li>5. Ms Leacock noted the rise in staff sickness due to stress and stated that she felt it would be important to treat the cause rather than just the symptoms. The Interim Director of Human Resources agreed and assured the Board that the team was becoming more active, sickness absence management now going through the central staff helpline and the team working to reassure staff regarding the measures which had been put in place for staff returning to work. Work was now being undertaken to embed the new sickness policy which was more dynamic, the implementation of which had been delayed due to the pandemic.</li> <li>6. Mr Khatib agreed that it was good to hear about the efforts being made to improve staff wellbeing but that assurance was also required regarding the continuation of professional development for the clinical and nursing staff. The Chief Medical Officer responded that whilst the focus during COVID had been on providing clinical care this was now going back to focus on professional development training and that more training was now being made available and accessible with virtual sessions. The Interim Chief Nurse advised that there had been a project of work across nursing and AHPs training during the pandemic and that the need to maintain the benefits of this training had been recognised. The team were currently working out how learning could be looked at differently with the potential introduction of more virtual sessions.</li> </ol> <p><b>Resolved: That the Trust Board received and noted the verbal update provided.</b></p>	
P55/20	<b>FREEDOM TO SPEAK UP REPORT</b>	
	<p><u>Received for assurance</u> a report presented by the Interim Director of Human Resources and Mr Tom Fleetwood, Freedom to Speak Up Guardian.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. Since the start of the COVID-19 pandemic, there had been a significant rise in the number of concerns that had been brought to the Freedom to Speak Up Guardian. This was unsurprising and had been reflected across other Trusts in the East of England. Many concerns had been specific to the pandemic, in particular with regard to matters involving personal protective equipment (PPE). On many occasions, such concerns had been addressed centrally before becoming an issue and the Infection Control Team in particular deserved praise for their reaction to changing direction and policies.</li> <li>2. Whilst the support offered to the Freedom to Speak Up Guardian had always been excellent,</li> </ol>	

	<p>it had been salutary how much extra effort those within management positions had put in to support the Guardian throughout this period. In particular, the Guardian had always had clear and easy access to those within the Executive Team on the occasions that he had raised concerns and had met regularly pre COVID with the CEO and Chair.</p> <ol style="list-style-type: none"> <li>3. Between the 25th March 2020 and 1st August 2020 there had been 43 significant issues raised with the Guardian. These had included concerns over bullying and harassment, poor management and patient safety. Any alleged patient safety issues had been immediately flagged up to the most relevant executive and had been dealt with.</li> <li>4. As in previous reports it was rare that a concern involving patient safety did not include an element of poor management or leadership as well as an element of bullying and harassment. As mentioned previously, there were a number of concerns raised with regard to PPE, which included elements of concern over social distancing within the hospitals and which later transmogrified into concerns over risk assessments and working from home. A number of these were resolved without action from the Guardian as updated direction and policy was generated by the Trust.</li> <li>5. Many staff groups had raised concerns including clinicians, nurses and midwives, administrators and support staff.</li> <li>6. The Guardian meets fortnightly with representatives from the BAME, LGBTQ+ and Disability communities and works alongside the Head of Equality Diversity and Inclusion in ensuring that the specific needs of these communities are met. The Guardian sits within the Wellbeing Group Hub and had done so since the start of the pandemic, this had proved hugely effective and useful, generating a twice-weekly opportunity to share information and identify possible hotspots across the Trust. In addition to this meeting, the Guardian meets on a weekly basis with the staff side chair to compare areas of concern and to ensure that all avenues are used in an attempt to support staff with concerns.</li> <li>7. The current Raising Concerns/ Freedom to Speak Up Policy for ESNEFT reflects previous national guidance though is still contained with separate Colchester and Ipswich policy documents. The intent had been to produce a single ESNEFT Policy midway through this year but this was dependent on new national policy that had been expected in Q1 2020. The National Guardians Office had now indicated that this policy would be published in Q4 2020 and on receipt would be incorporated into a single ESNEFT Policy.</li> <li>8. The Guardian continued to support all inductions and has recorded a presentation for online use and would also again contribute to the leaders induction programme as it is reinvigorated. Recruitment of assistant Freedom to Speak Up Guardians would be progressed over the next few months in order to increase support available to staff throughout the organisation.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>9. Ms Noske questioned who decided if an issue which had been raised was closed. Mr Fleetwood advised that the advice from the National Guardian was followed which was to return to the individual who had raised the concern to discuss the outcome and ensure that they were satisfied with the outcome. The decision to close the incident was made jointly by the individual who had raised the concern, the Freedom to Speak Up Guardian and the manager/executive that the concern had been taken to.</li> <li>10. Ms Noske stated that it had been good to hear that there had been a positive response from leaders during the pandemic to concerns raised but questioned whether there were any areas where the Trust could have done better. Mr Fleetwood advised that it had been apparent from the concerns raised that the answers were often known by the organisation, however, this had been a fast moving position and the speed of response or communication had, therefore, sometimes been an issue.</li> <li>11. The Chair stated that it was good to see that the Freedom to Speak Up Guardian role was embedded into the wellbeing team.</li> </ol> <p><b>Resolved: That the Trust Board received and noted the report provided.</b></p>	
<b>SECTION 5 – GOVERNANCE, RISK AND REGULATORY</b>		ACTION
P56/20	<b>USE OF THE TRUST SEAL</b>	
	<p><u>Received for information</u> a report presented by the Director of Governance.</p> <p><u>Noted</u></p>	

	<ol style="list-style-type: none"> <li>1. Standing Order 8 requires that the Board of Directors receives a report on the sealing of all documents under the seal of The East Suffolk and North Essex NHS Foundation Trust.</li> <li>2. The Board of Directors was, therefore, notified that the seal of the Trust was used on one occasion in August 2020: <ul style="list-style-type: none"> <li>• On 6 August 2020 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to the Lease of Retail Unit at Gainsborough Wing, Colchester General Hospital, Turner Road, Colchester, Essex, CO4 5JL, between East Suffolk and North Essex NHS Foundation Trust and Colchester League of Hospital &amp; Community Friends.</li> </ul> </li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P57/20	<b>TRUST CONSTITUTION</b>	
	<p><u>Received for approval</u> the Trust Constitution presented by the Director of Governance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. As part of the annual governance review, the ESNEFT constitution had been reviewed and the following amendments made: <ul style="list-style-type: none"> <li>• Throughout the document, Director of Governance had replaced references to the Company Secretary, as this role no longer exists.</li> <li>• Paragraph 13 (13.1.1) amended to state 'Where a vacancy arises for an elected Governor the trust may, instead of holding a by-election, fill the vacancy by appointing the highest polling unsuccessful candidate at the most recent election of governors for the constituency or class in respect of which the vacancy has arisen, who is willing to take office. Any person so appointed shall hold office for the unexpired term of office of the retiring Governor'. This will enable casual vacancies within the Council of Governors to be filled in a timely manner. Where the person is unable or unwilling to take office then a by-election will be held.</li> <li>• Paragraph 13 (13.1.2) given the above amendment the clause had been amended to state 'If a vacancy occurs within six (6) months of the next scheduled election, then the seat will be held vacant until the next election'.</li> <li>• Removal of references to transitional provisions.</li> <li>• Amendment to public constituency areas to reflect the changes from Suffolk Coastal District Council to East Suffolk Council and removal of South Norfolk.</li> </ul> </li> <li>2. In line with the National Health Service Act 2006 the Council of Governors had reviewed and agreed the amendments to the Constitution at their meeting in August 2020 prior to it being presented to the Board of Directors for approval.</li> <li>3. At the point of forming ESNEFT the staff constituency classes were respectively described as Colchester and Ipswich to reflect the predecessor trusts and remained unchanged within this review. Prior to planned governor elections in 2021 there would be the option to explore options to refine the descriptors for staff constituency classes.</li> <li>4. The Board of Directors was asked to approve the revised ESNEFT Constitution.</li> </ol> <p><b>Resolved: That the Board received and approved the Trust Constitution.</b></p>	
	<b>SECTION 6 - PUBLIC QUESTIONS</b>	<b>ACTION</b>
P58/20	<ol style="list-style-type: none"> <li>1. Ms Inga Lockington noted that in the minutes of the last Board meeting she had been informed that there were 5 e-charging points at Ipswich whilst on the website it was stated that there were only 2. The Director of Estates &amp; Facilities apologised for any inaccurate information provided and advised that the information would be reviewed and the website would be corrected, noting that as one of the planning conditions for the UTC build five additional e-charging points would be added at Ipswich.</li> <li>2. In her role as local councillor Ms Lockington on behalf of a resident stated that in the community the message circulating was that elderly residents being admitted to Ipswich Hospital automatically got a Do Not Attempt Resuscitation notice. The Chief Medical Officer advised that it was important to hear of any concerns in the community regarding the Trust's stance and she could give reassurance that this was an individual discussion for every patient, not a blanket approach.</li> <li>3. In her role as local councillor Ms Lockington advised that she had been contacted by a person who had been admitted to the hospital during the pandemic who had commented that when staff handed over at the end of their shifts there was only a very brief hand over</li> </ol>	<p>PF</p> <p>MD</p>

	<p>conversation and asked that this was fed back to staff. The Interim Chief Nurse advised that this comment would be taken back to staff for them to reflect on, but that some conversation often took place between staff away from the patient.</p> <p>4. Mr David Welbourn questioned how the Trust was preparing to use the performance information going forward, due to the change in trends as care was delivered in different ways. The Managing Director agreed that the performance data would change and stated that during COVID consideration had been given by the divisions and executive team to the indicators in the accountability framework which would be used. The Director of Finance advised that a review of the accountability framework was being undertaken with the divisions to look at a potential reduction of some indicators and introduction of more appropriate new indicators. It was recognised that some indicators would take up to 18 months to settle down following COVID and the Trust would be considering how these could be looked at differently. The Chief Medical Officer stated that it had been recognised early in the COVID response that there was a lack of clarity regarding ward moves for patients and this would be looked at in more detail going into winter. Mr Welbourn noted that it had been useful to hear that in-depth conversations were being held around the Trust's performance indicators.</p>	
<b>SECTION 8 – DATE OF NEXT MEETING</b>		
P59/20	The next meeting in Public would be held on Wednesday 23 September 2020, Annual Members Meeting.	

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

Helen Taylor  
Chair

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