

INTEGRATED ASSURANCE COMMITTEE
23 March 2021, 9.30am – 12.30pm
TEAMS
MINUTES

Present:

Carole Taylor-Brown	Non-Executive Director (CTB) – Chair of Meeting
Eddie Bloomfield	Non-Executive Director (EB)
Paul Fenton	Director of Estates and Facilities (PF)
Nick Hulme	Chief Executive (NH)
Hussein Khatib	Non-Executive Director (HK)
Adrian Marr	Director of Finance (AM)
Mark Millar	Non-Executive Director (MM)
Elaine Noske	Non-Executive Director (EN)
Richard Spencer	Non-Executive Director (RS)
Giles Thorpe	Chief Nurse (GT)
Angela Tillett	Chief Medical Officer (AT)

In Attendance:

Rebecca Driver	Director of Communications & Engagement (RD)
Denver Greenhalgh	Director of Governance (DG)
Paul Little	Director for Integrated Pathways (PL)
Karen Lough	Director of Operations (Ipswich) (KL)
Andy Morris	Associate Non-Executive Director (AndyM)
Alison Power	Director of Operations (Colchester) (AP)
Kate Read	Director of Human Resources & Organisational Development (KR)
Mark Ridler	Associate Non-Executive Director (MR)
Martin Mansfield	Deputy Chief Medical Officer – <i>item 37/21</i>
Andrew McLaughlin	Director of Clinical Strategy Implementation – <i>deputising for Shane Gordon</i>
Lorna Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

Apologies:

Richard Youngs	Non-Executive Director
Shane Gordon	Director of Strategy, Research & Innovation
Neill Moloney	Managing Director
Mike Meers	Director of Information, Communication & Technology

Observing:

David Welbourn	Lead Governor (DW)
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24/21	Welcome and Apologies for Absence	Action
	1. Apologies for absence were received from: Richard Youngs, Shane Gordon, Neill Moloney and Mike Meers.	
25/21	Declaration of New Interests 1. No declarations of interests were received related to any matters on the agenda.	
26/21	Minutes of Previous Meeting / Action Log / Matters Arising 1. The minutes of the previous meeting held on 23 February 2021 presented were received and agreed as a correct record. 2. The Action Log was reviewed and updated as required. 3. <u>Matters arising</u> <u>Action 15-21 Reservist Role</u> – The Committee was provided with an update around the Reservist Role by KR following a request for further detail.	
27/21	Strategic Incident Management Briefing 1. The Committee were provided with a verbal update by NH who advised that it was a year today from the first COVID-19 national lockdown. ESNEFT COVID-19 numbers had decreased significantly although there were still a high number of patients in ITU. By the Easter weekend it was expected that the wards would be back to normal configuration. 2. NH advised that the focus of his update this month would be the planning guidance from NHSE/I which was due to be published next Thursday. It was expected that the focus for the guidance would start by looking at health and wellbeing of staff. The second area of focus would be on continued	

	<p>planning for COVID-19 patients and recovery of cancer and elective services, for which the base line was still being worked through. Performance targets would be set on a system basis and there would be incentives for performance above the target levels. The focus would then move to look at support for primary care capacity, followed by redesign of emergency and urgent care. Overall would be the system by default expectation.</p> <p>3. NH advised that with regards to finances it was expected that the year would be split into two halves, rolling over the financial agreement which had been in place during the pandemic for the first half of the year and for the second half the expectation of improved grip on the financial position. Any deficit at the end of this year would be recouped in the second half of next year and would sit within the system.</p> <p><u>Questions and comments</u></p> <p>4. EB noted that a deep dive by the Finance & Performance Committee was scheduled this Thursday to look at the work done so far on business planning and review the budget.</p> <p>5. EB noted the news stories regarding mandating vaccination for staff and questioned whether anything more had been heard. NH advised that he had not heard anything official but was involved in conversations with the national vaccine hub.</p> <p>6. RS noted that as NHSE/I were setting reduced targets he would question how the organisation was considering its reporting for next year, the current benchmarks being from a few years back and all areas, therefore, showing as red, which he felt could have a detrimental impact on staff morale. NH agreed that it was time that the conversation was held but that he did not feel that ESNEFT should move away from the ED and cancer targets; the other targets would need to be considered to ensure that these were realistic. NH stated that he would look to create local targets with the executives and then bring these to the Performance Committee.</p> <p>7. MR observed that NHS Providers provided a board seminar regarding presentation of data and trend analysis and he felt that it would be useful to hold a joint seminar on this topic.</p> <p>8. AM noted that the base line scenario had been set on 19/20 forecast outcome as the national guidance had not been available and that it should be recognised that ESNEFT was in a better position than others but would be viewed as part of the SNEE ICS. AM advised that funding had been allocated for the West Suffolk Hospital RAAC plank issues.</p>	NH
28/21	<p>Recovery update</p> <p>1. KL presented an update on the recovery programme post COVID-19 and advised that work was being undertaken with the teams on ensuring “down” time for staff was factored in to the plans. All theatres would be running from next week ahead of schedule.</p> <p>2. The most recently available data was from January 2021. Our ICS had 7.1% of the total patients waiting on an RTT pathway as having waited 52+ weeks, slightly above the regional average of 7.0%. Nationally, the equivalent rate was 6.6%. When looking at patients waiting with a Decision to Admit (DTA), the ICS had 20.5% of the total patients waiting as waiting 52+ weeks, lower than the regional average of 23.1%. Nationally, the equivalent rate was 19.0%.</p> <p>3. The ICS position was heavily influenced by the West Suffolk Hospital numbers of patients waiting 52+ weeks for definitive treatment. The number of ESNEFT patients waiting 52+ weeks was lower in total and for patients with a DTA than WSH and significantly lower in percentage terms. When looking across the whole region and the national average ESNEFT had a proportionately lower percentage of patients waiting 52+ weeks in January than peer organisations for both total patients and patients with a DTA.</p> <p>4. With the delay in national planning guidance a number of assumptions had been used working with ICS colleagues and divisional leaders across the Trust. KL advised that the ambition was to reduce the number of patients waiting over 52 weeks. The base model had been built and shared with operational teams who had pulled together plans which had been reviewed and RAG rated. These had been fed into the model to establish the expected number of patients waiting at any given time.</p> <p>5. The Committee was informed that the shape of the waiting list was “odd”, especially in March, and that this was essentially where low referrals through the recent wave were being offset by high treatments in month. It was forecast that 3,500 patients would be waiting over 52 weeks at the end of March. KL advised that there was confidence around the blue and green schemes.</p> <p>6. Indicative cost based on the assumptions was £40m and further work was being undertaken regarding costing.</p> <p>7. Work continued to develop the plans including - use of the independent sector; specific focus on non-admitted patient treatment plans; alignment of assumptions with national guidance when available and alignment of plans with available funding.</p> <p><u>Questions and comments</u></p> <p>8. AM advised that it would be necessary to await the national planning guidance and then ensure this was aligned with the available finance.</p> <p>9. HK questioned the reference to faster throughput. KL advised that the Trust had had schemes in place which had reduced long length of stay but it was felt there were further opportunities and noted that ESNEFT was 5th nationally for LOS reductions.</p>	

	10. AndyM questioned whether the £40.3m total cost was over and above funded budgets. AM advised that whilst the incentive scheme was positive all of the funding would need to be mapped together when further national planning detail was received.	
29/21	<p>Key Quality Issues</p> <ol style="list-style-type: none"> 1. GT informed the Committee that there were no particular matters of urgency to raise. 2. AT advised that a report had been received on 10 March 2021 following the quality assurance visits which had been undertaken in January 2021 (which were a follow up to visits carried out in 2017 at both the Colchester and Ipswich Hospital sites) regarding the cervical screening programme. The report would be reviewed and a full report taken to the Quality and Patient Safety Committee in April 2021. 	
30/21	<p>Integrated Patient Safety & Experience Report</p> <ol style="list-style-type: none"> 1. GT presented the report and highlighted the following – <ul style="list-style-type: none"> • Incident reporting practice remained consistent. • GT stated that not reporting near misses which had been highlighted by HK would be looked at with the quality team. • The Duty of Candour position had deteriorated in February. • Action plans continued to be submitted to the CCG but at the current time these were yet to see ongoing closure due to redeployment of CCG staff during the pandemic. The Trust was moving forward with an action plan amnesty in month in order to help close the remaining overdue action plans in collaboration with the ICS patient safety team. • Infection control – Detail of some of the historical outbreaks was reported and learning continued. • Tissue viability – An increase had been seen on the Colchester site with a reduction at Ipswich and the community settings. The corporate team were now providing a focus for clinical areas where an outlying position was being seen. • Falls at Ipswich had reduced in the last month and work continued to improve this further. A deep dive would be undertaken at the April QPS meeting. • Narrative was provided with the report regarding the outlying maternity position and GT advised that the maternity and neonatal safety champion meetings had recommenced. Within the maternity reports an update was provided against the CNST standards and GT noted that the Trust had received detail from NHS Resolution which had pushed the submission date back to the end of July and he was working with the Director of Governance regarding the relevant report to the Board. • Complaints – GT advised that despite increased activity the Trust was responding to complaints within the agreed time scales. • FFT reporting had recommenced nationally. The FFT score had risen sharply in ED but a slower improved performance was being seen in outpatients. 2. GT presented the Patient Safety & Clinical Effectiveness Group CKI from the meeting held on 16 March 2021 and the Patient Experience Group CKI from the meeting on 17 March 2021 for information and advised that there were no specific issues to raise from these meetings. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 3. HK advised that he had met with GT on a number of occasions when the issues had been picked up but he would highlight that the pressure ulcer on same patient would need to be picked up as an issue and would note the percentage of caesarean sections within the Trust remained at 33% and that the percentage of term admissions at the Colchester neonatal unit was going up which was against the plan. HK noted that with regards to sepsis it was good to know that review would be undertaken by a nurse to improve compliance. 4. GT stated that the number of pressure ulcers did highlight deficiencies in care practice but that this was a clear point of learning. With regards to the maternity metrics a significant amount of work was taking place regarding these safety activities and within the implementation strategy the ED nurses were looking at sepsis. 5. MM noted the amnesty for action plans and questioned the assurance that no matters of significance would be missed within the amnesty. GT advised that this was looking at historical action plans to identify actions which had already been taken and these would be analysed and then be moved forward with the CCG. 6. MR observed that whilst the complaint responses at 99% was positive he would question whether the level of complaint resolution and complaint satisfaction was recorded and whether there was evidence that the plans put in place regarding Never Events worked. GT advised that the team were in the process of going out to complainants to ask for feedback on the level of satisfaction with the response received. With regards to the Never Events no further events was a positive indicator and would show that learning had been undertaken but a robust programme was in place in relation to learning across the Trust. 7. AT advised that changes in Never Events had been seen over time but this was complex and further work was being undertaken, a lot of Never Events were around human factors which was being taken 	

	<p>forward with new human factors training and training in specific areas. GT agreed that the teams were being proactive and looking at near misses to ensure there was appropriate learning taking place.</p> <p>8. EN questioned the serious incident maternal death and the corrective actions which had been taken. GT advised that there were key systemic points for the maternity services to look at and also system learning and work was being progressed with primary care practitioners and he was assured that robust tracking was in place.</p> <p>9. EN commented that she had joined the group meeting last week regarding end of life experience and it had been very impressive to hear the work which had taken place to ensure patients were allowed choice of location where possible particularly during the pandemic.</p> <p>10. AndyM raised the provision of the executive summary for the report and noted that it was good governance for a summary to be provided which was adequate to pick out the key points. GT stated that he would take the comment away and speak to the team about how the executive summary could be improved. CTB noted that this raised the wider issues of provision of and content of executive summaries for reports and it was requested that DG looked into this issue.</p> <p>11. AT stated that she would take the report as read but would highlight the following items -</p> <ul style="list-style-type: none"> • A robust process was in place with regards to nosocomial infection which complied with NHS requirements together with an alerts process. • Perinatal data – Whilst it was noted that these were relatively small numbers it was recognised that it was important to track that certain groups were having higher perinatal mortality rates. • AT noted the very important job undertaken by the coding team and that the quality of coding had improved further and she would commend the work undertaken by the team. • AT noted the CKI alert around resuscitation training and that it had been recognised that this had been impacted by COVID-19 but she would assure the Committee that alternative methods of training were being looked at. 	<p>GT</p> <p>DG</p>
31/21	<p>Quality Priorities 2021/22 (including Quality Account Plan)</p> <p>1. AT presented a paper around the Quality Priorities 2021/22 restart following COVID-19 and highlighted that work had been undertaken with the teams to identify the areas for focus and the presentation gave detail of the key milestones to focus the wider team on the programme.</p> <p>2. AT noted that the programmes had been in place for the last year but that a lot of work had gone on pause due to the pandemic. The next steps would be to progress the work whilst recognising the links to the national patient safety strategy and the direction for the Trust's Quality Strategy.</p> <p><u>Questions and comments</u></p> <p>3. RS stated that it would be helpful to have the outcomes linked to activity and requested that this information was included. AT advised that outcomes could be mapped to the Quality Strategy noting that these were a sub section of the wider plan.</p> <p>4. HK observed that in terms of the Quality Strategy tissue viability wasn't featured as a separate topic and that he felt that this needed to be included. In terms of GIRFT the paediatric surgery GIRFT report had been issued. AT agreed that tissue viability was important and that this would be highlighted. With regard to the GIRFT work several virtual visits had taken place and the momentum would now increase, however, the Trust would need to focus on what it felt was most important for its patients.</p> <p>5. GT advised that the Trust's aim was to move towards a position of harm free care which incorporated all areas of care.</p> <p>6. <u>Quality Account Plan</u> – GT presented the Quality Account plan for consideration and support by the Committee and advised that the Trust would not be able to respond to the majority of the regulations as the national programmes of work had been suspended due to COVID-19. GT advised that the Quality Account would be progressed and taken to the June Trust Board. Outcome: The Committee supported the progression of the Quality Account Plan for presentation to the June Trust Board.</p>	<p>AT</p>
32/21	<p>Regulation 28 Report – Update on actions</p> <p>1. GT provided the Committee with an update on the actions taken by the Trust in response to a Regulation 28 issued by the HM Coroner (prevention of future deaths). GT advised that the incident relating to a morphine overdose had been investigated as a SI prior to the inquest by the Division and the Coroner had identified further actions required by the Trust. The Coroner's concerns, detailed within the report, were responded to within the statutory 56 day timeframe in a letter providing a summary of the actions taken by the Trust. All necessary actions had been completed with corresponding assurance measures put in place and approved by the groups.</p> <p>2. GT also advised the Committee that the Trust had received notification from the CQC that the review by the CPPR had concluded and that the panel were satisfied with the actions taken by the Trust and that no further action would be taken.</p> <p><u>Questions and comments</u></p>	

	<ol style="list-style-type: none"> 1. RS questioned the steps being taken to deal with the cultural and interpersonal relationship issues between the nurse and doctor. GT advised that there had been team building work undertaken but this linked with the wider work of raising concerns. 2. EN questioned the reassurance available that the action plan had been effective. GT stated that this had been a unique case and the effectiveness of the action plan would be monitored by the central patient safety team and he was satisfied that the team had appropriate monitoring in place. 	
33/21	<p>Performance Report - Acute</p> <ol style="list-style-type: none"> 1. AP/ KL advised on the performance position and highlighted the following issues. <p><u>ED Performance</u></p> <ol style="list-style-type: none"> 2. AP advised that Time Matters work had been embarked on at Colchester and performance had significantly improved. For March Colchester performance was sitting about 95%. The Committee was informed that there were still some issues with ambulance conveyancing which were being progressed with the ambulance service. 3. AP highlighted an error on slide 5 with ambulance arrivals for February 2021 being shown as 100 and red. The team were looking at this and it was showing green for the month. <p><u>Cancer performance</u></p> <ol style="list-style-type: none"> 4. AP advised that ESNEFT had been leading the way nationally with cancer performance but as previously reported and expected there had been a drop in performance during the month. Work was ongoing with the teams regarding the recovery process and it was expected that for next month an update would be provided on the progress towards achieving the performance target. 5. There were currently 3,000 patients on the PTL and an increase in the number of referrals had been seen. <p><u>RTT</u></p> <ol style="list-style-type: none"> 6. KL advised that RTT was focused around the recovery programme. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 7. EB noted that there had been a drop relating to stroke performance (slide 7) and questioned whether there was confidence that this position would be recovered. AP advised that both units had had COVID-19 outbreaks resulting in some capacity delays during February and increased presentations. Work was underway with the team as access had now been resolved and there was confidence that the position would be improved. 	
33/21	<p>Performance Report Community Services</p> <ol style="list-style-type: none"> 1. PL advised that progress had been made on the inclusion of more outcome based measures in line with the recommendation agreed at IAC and the following measures were now included: <ul style="list-style-type: none"> • Healing rates for leg ulcers (slide 21), this information related to the district nursing service and at the moment the data only included specific clinics. • Functional outcomes measure for community hospital patients (slide 22). • D2A Pathway 1 home based reablement work (slide 23) – The data this month had come from the county council and was limited. 2. The remaining areas agreed by IAC were in development and these related to: <ul style="list-style-type: none"> • Functional outcomes measures for Integrated Neighbourhood Teams – more work was needed on standardising the recording across the teams. • Repeat patients over time – Migration of relevant data between the old West Suffolk systems (who host the data team for community services) from the previous provider had inhibited the ability to report on this. The same data migration issues had also stopped the ability to produce properly calculated figures to compare with the benchmark data on slides 8 and 9. 3. Slide 13 included new more complete D2A data and now included additional data from community hospitals which gave a more complete picture. 4. Performance against national benchmarks continued to be good and in many cases exceeded those benchmarks. PL informed the Committee that ESNEFT was dealing with more demand than the national average. 5. The increase in referrals from the ambulance service to REACT was part of a broader admission avoidance scheme. 6. The length of stay in community beds (slide 18) had shown some increase. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 7. NH commended the improvement in the report and questioned how this information would inform ESNEFT ambitions entering into NEE community services for the first year to 18 months. NH advised that he would take this conversation forward off line with PL. 	

	<p>8. MM requested clarity regarding the summary slide but that he would take this up direct with PL. EB agreed that a conversation regarding the summary slide would be helpful.</p> <p>9. HK stated that he felt that it would be good to have further detail provided of the total numbers of leg ulcers.</p>	<p>PL</p> <p>PL</p>
34/21	<p>Financial Report M11 (including CIP report)</p> <ol style="list-style-type: none"> 1. AM advised that in February the Trust had reported an actual deficit (£0.8m after adjusting for non control total items). This was largely in line with plan, a small adverse variance to the control total of £28k. For the year to date there was a favourable variance of £0.3m against control total. 2. A break even plan had been agreed with the region and all organisations would need to achieve breakeven in 20/21 to avoid a penalty in 21/22. 3. Pay costs reflected reduced expenditure. 4. Non pay costs had increased. 5. Divisional budgets were underspent by £4m mainly in MSK. 6. The CIP delivery was £0.2m over plan for Month 11 but for the year to date achievement of CIP was £2.0m behind plan. Forecast CIP delivery being £16.7m against the £18.8m target. Planning for 21/22 was underway. 7. The Trust held cash of £147.7m at the end of February. 8. In February the Trust spent £7.6m on capital against a plan for the month of £7.1m. A capital plan of £37.5m was agreed for the year but had been increased to £53.6m especially due to external funding for the molecular biology lab (£5.2m) and UEC Winter Funding (£3.8m). It was forecast that the Trust would achieve this plan for the year. At the end of February there was an underspend of £1.2m (down from £1.7m last month). Capital spend in February was £7.6m. Forecast underspends on ICT had been used to support the purchase of additional capital equipment which required replacement. 9. A deep dive session of the Finance & Performance Committee was scheduled for 25 March 2021 to look in more detail at business planning for 21/22. <p><u>Questions and comments</u></p> <p>10. EB noted the reduction in the amount reported regarding the buy back of annual leave and the reference to non-pay costs having increased (slide 4). AM advised that when the initiative to buy back leave from staff which had not been taken due to COVID-19 pressures had been set up in December an accrual of £5.9 m was made to cover the potential impact of this liability, however, it was now clear that the take-up of this offer was materially below expectations and, therefore, £5m of this accrual had been reversed in month 11, reducing the in month pay position by this amount. AM advised that it had been noted that some staff were choosing to take leave and then work bank shifts. AM advised that with regard to the increase in non-pay costs during the month this included a number of technical accounting adjustments and other approved year end expenditure and good discussions had been held with the divisions regarding investment in 21/22.</p>	
35/21	<p>New Business Group CKI</p> <ol style="list-style-type: none"> 1. EB presented the CKI from the second meeting of the New Business Group held on 15 March 2021. 2. EB advised that since the CKI was written the start date for commencement of LAMP testing had been delayed from the 22 March until the validation of the equipment could be undertaken. 	
36/21	<p>Workforce Performance Report</p> <ol style="list-style-type: none"> 1. KR presented the report and highlighted the key points: <ul style="list-style-type: none"> • Mandatory training and appraisal compliance had reduced slightly due to COVID-19 pressures on divisional teams, but as the Trust goes into recovery this would have greater focus. Bite size appraisal conversations were taking place with managers to prepare for the increased focus. • Sickness absence had reduced this month with the largest reduction in recent months. KR highlighted that no change had been seen in the level of sickness related to stress and the team were closely monitoring the access to staff wellbeing support. • There had been a slight increase in voluntary resignation. Plans were being developed around flexible working. • The vacancy rate was showing a downward trend in comparison to last month. The ward fill rate had increased. There had been 1,515 new starters and 1,126 leavers in a 12 month rolling period. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 2. RS noted on slide 5 that “ESNEFT demand is up 7%, whereas National Demand is up 35% in February 21” and questioned the considerable difference from the national picture. KR advised that ESNEFT had always maintained a reasonably low position and there was a challenge in the national reporting. 3. RS noted that the overall sickness rate was 4.2% although individual departments had higher levels (slide 7). KR advised that the information was not from all CDGs and the team were looking to make the information clearer in future. 	

	<ol style="list-style-type: none"> 4. RS questioned whether the time taken to resolve issues relating to employee relations was measured. KR advised that this was a KPI which the team were looking to implement. 5. HK noted that there were 72 consultant vacancies and questioned the financial and quality impact of this. KR advised that a meeting had been scheduled for April with the divisional directors to talk about changes to the way recruitment of consultants was approached. Quality issues were being measured through other groups rather than workforce. AT advised that this issue tied into the workforce safeguards work which was taking place and the wider work around roles and any incidents were monitored. 6. HK noted that relating to the sickness breakdown by age (slide 9) MSK issues featured highly in the under 20s age group. KR stated that this had been picked up and specific work was taking place regarding the availability of physio support. 7. EB questioned the cost of staffing the vaccination hub and how long this would continue and whether the costs would be recovered. AM advised that the costs were recovered on a separate reclaim basis and the Trust was waiting to see the plan for next year in the guidance. NH advised that the Trust had put in a claim for £220k for the costs to the end of last month. 	
37/21	<p>GMC Survey</p> <ol style="list-style-type: none"> 1. Martin Mansfield presented an update on the national training survey (NTS) and advised that this was the largest annual survey of doctors in training in the UK. Trainees giving their views on their experience of training and working environments and trainers sharing their perspectives as a clinical and/or educational supervisor. Martin Mansfield observed that it should be noted that responses were based on experiences across ESNEFT from March – May 2020 during the first wave of the COVID-19 pandemic. 2. Martin Mansfield highlighted that ESNEFT benchmarked low on most questions and the report identified a number of actions being taken and that a number of changes had been put in place by the time of the second COVID-19 surge. The survey had been shared widely with the divisions, doctors and educational trainers. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 3. CTB questioned whether there would be a clear action plan with oversight. Martin Mansfield advised that no response was expected this year by the GMC, however, the Trust would be monitoring the action plan through the Executive Management Committee and this would then be reported to the People & Organisational Development Committee for ongoing assurance. 4. AT noted that generally the feedback received was balanced and the junior doctors had been flexible through the pandemic. Although another GMC survey was due shortly the Trust would need to ensure the actions were addressed and discussion had been held at EMC regarding the culture for trainees. 5. NH noted the hygiene factors and the need for trainees to be made to feel welcome and that it was considered to be part of a consultant's job to support trainees and the Trust would be looking to tackle the issues raised. 6. RS stated that he would want to see an action plan and noted the need for the cultural aspect to be addressed and for this work to be tracked through POD. 7. EN noted the timing of the report and that the action plan would need corroboration with the current position and questioned when the action plan would be agreed. Martin Mansfield advised that regular meetings were held with the junior doctors and this work was taken forward on an ongoing basis. The action plan would be progressed through the divisions and teams and be taken to EMC within the next couple of months. 8. MM stated that he felt that how this work interacted with the staff survey was a concern and from the Audit Committee perspective how this related to risk registers. 9. HK questioned the wider issues and whether the action plans would include more than just the junior doctors and include middle grade cover. Martin Mansfield advised that there had been some specific issues with rotas at Ipswich which needed to be addressed but were not necessarily within this action plan but confirmed that the survey included all doctors in training. AT advised that this would be picked up at the divisional meeting to look at the focus going forward. 	
38/21	<p>Staff Survey</p> <ol style="list-style-type: none"> 1. KR provided the Committee with a report of the NHS staff survey 2020 results which had been published nationally on 11 March 2021. 2. KR noted that the 45% response rate for the Trust was in line with the national rate and the survey had shown an improving picture but that the Trust continued to track just below average. Internal comparison was shown between divisions (slide 8) and local comparison data was shown on slide 9 for noting. 3. The Committee was informed that sessions were taking place within the divisional teams with the results from previous action plans being compared and specific areas for improvement targeted. The recovery programme was being used to start some of the work, with listening events and a pulse survey being undertaken. 4. KR highlighted the importance of the line manager for staff and advised that a piece of work had been started to review the leadership programme. 5. KR advised that the Staff Survey results would be presented that the May 2021 Board public meeting. 	

	<p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 6. CTB observed that the survey highlighted the importance of staff for the organisation. 7. RS commented that he felt that it was important that the cascade exercise was well led and the Board would need to take the lead in promoting this work to ensure that staff were motivated and supported and that this should be checked against the Board Assurance Framework. 8. MR noted that it was reported that 52% of teams met to discuss issues and that this engagement was a key part of the solution. KR agreed and advised that the work around recovery was considering how teams were engaged and this was being monitored. 9. HK noted the importance of the culture of the organisation and that raising concerns needed to be part of the action plan. 10. CTB observed that this item required escalation to the Board and would be highlighted in the CKI. 11. NH informed the Committee that a key executive team focus for some time had been on supporting staff and triangulating the GMC, staff survey and pulse survey results but that it would take time to deliver a long term sustainable plan. 	CTB
39/21	<p>Workforce Safeguards Report</p> <ol style="list-style-type: none"> 1. GT presented the report and advised that in October 2018 NHSI had launched a Workforce Safeguards toolkit to direct Trusts to ensure that there were appropriate safeguards in place that supported NHS Boards to make informed, safe and sustainable workforce decisions. NHSI would assess compliance yearly. 2. The Committee was informed that the Chief Medical Officer, Chief Nurse and Director of People and Organisational Development had undertaken an initial assessment of the Trust's compliance against the workforce safeguards toolkit which had demonstrated that the Trust was largely compliant in the nursing workforce indicators undertaking nearly all of the recommended actions in the toolkit. There was further work required to triangulate all of the data available, to take a clear view on whether all aspects of the workforce were achieving maximum productivity and efficiency particularly in medical and AHP staffing groups where the current national standards for safe staffing levels and assessment was reliant primarily on professional judgement. 3. AT added that this work linked in with the Strategy and would be extended from the initial focus areas. <p>Outcome: The Committee received the Chief Medical Officer and Chief Nurse assessment and confirmation statement for onward reporting to Trust Board meeting on 8 April 2021.</p>	
40/21	<p>Health & Safety Executive (HSE) Hospital Spot Check Inspections – Response to recommendations</p> <ol style="list-style-type: none"> 1. DG advised the Committee that the Health & Safety Executive had carried out a responsive inspection of administration offices on the Colchester Hospital site following a whistleblowing to the HSE in November 2020. They had found some contraventions and would be writing to the Trust with their report in the next few weeks and the Trust would then be given 4 weeks to take any corrective action indicated within the letter. 2. DG advised that a “holding” paper was presented to the meeting today and noted that the team was considering the learning and working to put the recommendations in place and that a full report would be taken to the People and Organisational Development Committee. 	
41/21	<p>Premises Assurance Report</p> <ol style="list-style-type: none"> 1. PF presented the report and advised the Committee that the Premises Assurance Model (PAM) was a management tool developed by the Department of Health in 2013 to provide a nationally consistent approach to evaluate NHS performance primarily set around premises against a set of common indicators. The PAM inspection criteria related to the whole area covered by the ESNEFT estate and environment and essentially constituted an internal audit of the areas that would be inspected by the CQC to ensure regulatory and legislative compliance and safety fulfilling the ‘rights of patients’ to be treated in a safe and suitably maintained environment. 2. PF advised that whilst ESNEFT had previously reported against PAM for the first time this year the submission was mandatory but that this had been delayed until May, before which the Trust would need to complete the online templates. PF advised the Committee that there were six domains covered by the assessment tool of which 4 areas (out of 336) were found to be inadequate related to the area of heating, ventilation and air conditioning (HVAC) leading to an overall ESNEFT score of “requires minimal improvement” which was felt to demonstrate the size and age of the estate. The 4 areas found to be inadequate would be discussed and addressed with the ventilation accredited engineer with progress monitored via the PAM Steering Group. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 3. RS questioned whether the PAM process took into account staff concerns. PF advised that PAM dealt primarily with the estate and did not include detail regarding staff welfare issues which tended to be picked up in other surveys. <p>Outcome: The Committee noted the content of the report for information and assurance and noted the overall score of ‘Requires Minimal Improvement’.</p>	

42/21	Forward Deep Dive Planning 1. CTB advised that this would be the final meeting of the Integrated Assurance Committee and that dates had been released for the new Performance Committee meetings from April 2021 onwards.	
43/21	Any Other Urgent Business 1. No further items of business were raised.	
44/21	Chair's Key Issues 1. CTB stated that the CKI to be presented to the Board would be agreed with the Director of Governance.	CTB

APPROVED