

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 9 SEPTEMBER 2021, 9.30AM – 12.00PM

TEAMS MEETING

PRESENT:

Ms Helen Taylor	Chair
Mr Eddie Bloomfield	Non-Executive Director
Mr Hussein Khatib	Non-Executive Director
Mr Richard Spencer	Non-Executive Director
Mrs Carole Taylor-Brown	Non-Executive Director
Ms Elaine Noske	Non-Executive Director
Mr Richard Youngs	Non-Executive Director

Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research & Innovation
Mr Adrian Marr	Director of Finance
Mr Mike Meers	Director of Information, Communication & Technology
Mr Neill Moloney	Managing Director
Mr Giles Thorpe	Chief Nurse
Dr Angela Tillett	Chief Medical Officer

IN ATTENDANCE:

Ms Kirsten Almond	Head of Legal
Mrs Rebecca Driver	Director of Communications & Engagement
Mr Paul Fenton	Director of Estates & Facilities
Mrs Denver Greenhalgh	Director of Governance
Ms Kate Read	Director of Human Resources & Organisational Development
Mr Mark Ridler	Associate Non-Executive Director
Ms L Fraser	EA to Chair & Director of Finance / Senior Committee Secretary (Minutes)

APOLOGIES:

Mr Mark Millar	Non-Executive Director
Mr Andy Morris	Associate Non-Executive Director

SECTION 1 – CHAIR’S BUSINESS		ACTION
P40/21	WELCOME AND APOLOGIES FOR ABSENCE	
	<ol style="list-style-type: none"> 1. The Chair welcomed attendees to the meeting. 2. Apologies for absence were received from: Mr Mark Millar, Non-Executive Director and Mr Andy Morris, Associate Non-Executive Director. 	
P41/21	DECLARATIONS OF INTEREST	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Standards of Business Conduct Policy requires all Board Directors to declare any interests, which are relevant and material to the Board. 2. No declarations of Interest had been received since the last Board meeting. 	
P42/21	MINUTES OF THE MEETING HELD ON 8 JULY 2021 AND ACTION LOG	
	<ol style="list-style-type: none"> 1. The minutes of the meeting held on 8 July 2021 were approved and signed by the Chair as a correct record. 2. The Action Log was received and noted. 	
P43/21	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> <ol style="list-style-type: none"> 1. The Chair stated that she was very pleased to welcome Helen Rose as the new lead governor for ESNEFT’s Council of Governors. Helen who was currently serving her second term as a public governor in the “rest of Suffolk” constituency, was elected unanimously to the role on Thursday 2 September 2021 for a period of one year. Helen had had a wealth of experience in healthcare and the voluntary sector, having trained as a nurse at Addenbrooke’s Hospital and also worked as manager of a Citizens’ Advice Bureau and as chief officer for a community health council. 2. The Board was informed that as part of National Pride in the NHS Week videos featuring members and allies of ESNEFT’s LGBTQ Network were being shown where staff talked about why they were proud to be part of an organisation that allowed staff, and them, to be their true self. Every day a new video would be posted from 6 to 10 September on the network’s Twitter account @ESNEFT_LGBTQ and on the staff intranet. 3. The Trust was celebrating being shortlisted in two national awards. The ESNEFT So We Don’t Forget COVID-19 timeline and listening project had been shortlisted in the National Health Service Journal Awards for the NHS Communications Initiative of the Year category. In the first ever NHS Communications Awards Nick Hulme, our Chief Executive had been shortlisted for Outstanding Contribution to Communications within the NHS. This nomination was centred on Nick’s unwavering commitment to the importance of communicating with honesty, candour and how this had set a gold standard for the hundreds of colleagues he had led and supported for 30 years. 4. The team had been talking to our colleagues and our communities about a lasting COVID-19 memorial. A Memorial Group, with representation from staff across our sites including staff governors and staff union representatives was brought together to discuss how ESNEFT could best remember patients and staff lost to COVID-19 and those who cared for them. Two projects were selected by the staff group to move forwards with, a community quilt project and a memorial sculpture. A £100,000 charitable award from the Colchester & Ipswich Hospitals Charity staff wellbeing fund will be used to create memorial sculptures which will be placed on all ESNEFT sites. 5. The new £5 million Pathology Molecular Biology Testing Laboratory at Ipswich Hospital is now up and running and a formal opening is planned early next month. 6. The teams are gearing up for a major vaccination programme for staff at ESNEFT which will offer both the flu vaccine and a COVID-19 booster vaccine. 7. Earlier in the week the work of community matron Kelly Ward had been celebrated for going many extra miles to make sure all of her community colleagues had the personal protective equipment (PPE) they needed during the COVID-19 pandemic. 	

8. The Chief Executive noted that health and care services had been at the top of the political agenda over the last few days but that there was currently little clarity around the division of the funding between health and social care and that good social care was needed to benefit the whole system. The Chief Executive stated that he would reflect that whilst the additional income was welcomed the amount of funding which had been identified would not meet the requirements to fully address the waiting list backlog and also that it was not just about the money but the need for resource in terms of workforce to deliver the activity and to look at transformation of services, working practice and IT.
9. The Board was informed that ESNEFT, like many other organisations, was under pressure regarding non-elective activity with high demand through the front door and that this would be spoken about when considering the Performance Report later on the agenda.
10. The Chief Executive commended the work being undertaken by the staff who were having to make difficult decisions whilst still dealing with the impact from COVID-19 admissions and stated that he was very proud of the low number of elective cancellations which had had to be made.

Questions and Comments

11. Mr Khatib questioned how the Trust was looking after its Afghan staff and whether any work was being done with the 500 refugees in Essex. The Chief Executive stated that the Trust had reached out to staff and advised that the Trust had been in contact with the CCG who were leading the support to the refugees. The Director of Human Resources & Organisational Development advised that the Human Resources Directors across Suffolk had met and expressed the desire to offer support and the Trust was also offering support to those staff who had served in Afghanistan.
12. Mr Bloomfield questioned the ESNEFT view on the nation conversation regarding mandatory vaccination of staff. The Chief Executive advised that he had personally been involved in the consultation but that it would be difficult to give an ESNEFT view without Board debate.
13. The Chair stated that the Board would return to this complex issue. The Chief Executive noted that ESNEFT staff who as part of their roles were required to go into the community care homes would require mandated double vaccination and this was being managed by the HR team.
14. Mr Youngs questioned whether there was a regional focus on staffing requirements to address the backlogs. The Chief Executive stated that ESNEFT was part of the accelerator programme and was working across the ICS regarding the provider collaboration approach but that it would take time to change the ingrained cultural picture.

Resolved: That the Board noted the verbal updates.

SECTION 2 – QUALITY AND PERFORMANCE

P44/21 **PATIENT STORY**

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

Noted

1. The Chief Nurse observed that the patient story this month regarded the transition from children’s services to adult services and also mental health issues.
2. AT had arrived at Colchester Accident & Emergency (A&E) in October 2020 and the Chief Nurse highlighted the main messages for learning from her experience.
 - Support/training needs to be designed by youth and given to staff to recognise that 16-19 year olds are new to the adult wards/units and may need extra support and what that support could be.
 - Staff need to first ask the patient and carer what they think is important for staff to know.
 - Staff should routinely ask patients if other patients are having a negative influence on them and talk to patients on a ward/unit if they know there is a difficult patient, not to disclose any protected information but to let them know who they can talk to if it gets too much.

Questions and Comments

	<ol style="list-style-type: none"> 3. Ms Noske commented that it had been good to hear a story which focused on this important age group and questioned whether there was flexibility in the location for treatment on either an adult or paediatric ward and also whether noise on the wards was a regular issue raised. The Chief Nurse advised that there was flexibility regarding the location of treatment, however, this was dependent on the availability of beds. It was recognised that wards were noisy environments which was an issue for all patients not just for young people and this was being discussed by the team. 4. Mrs Taylor-Brown stated that she was interested in young people getting together via technology and it would be good for information to be provided via technology rather than a written handbook. The Chief Nurse advised that a User Group was being developed through children's services and would be looking at the use of technology. 5. The Chief Medical Officer advised that ESNEFT had a Children and Young People Forum to link children's and adult services and address the interfaces across the Trusts services and the environment. 6. Mr Khatib noted that the emphasis had always been on the clinical need over the environment and there was a balance to be achieved and he would question whether staff were available who had the right approach to communicate with young people. The Chief Nurse stated that recently recurrent funding from the ICS had been received to support additional children's mental health nurses and training was undertaken with staff to ensure good and appropriate communication. 7. Mr Spencer noted the more general comments made regarding the time taken to provide a commode and comfortable chair. The Chief Nurse agree that there were fundamental standards of care to ensure patients' needs were being met but that this attendance had occurred during the pandemic when there were strict infection control procedures in place which had impacted the provision of the chair. 8. Mr Ridler questioned whether there were rooms available in the ED to allow patients to be treated separately if required. The Chief Nurse advised that during the pandemic the side rooms had been used for isolation but the team had continued to balance clinical risk. The Director of Strategy, Research & Innovation advised that the design of new buildings was governed by updated standards for NHS estate with a high proportion of single rooms and the UTC at Ipswich would have additional cubicles than were available in the current arrangements. 9. The Chair requested that the Board's thanks was passed on to AT for allowing her story to be shared with the Board for important learning. <p>Resolved: That the Board received and noted the report.</p>	GT
P45/21	QUALITY & PATIENT SAFETY (QPS) COMMITTEE CHAIR'S KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> the QPS CKI report from the meeting held on 26 August 2021 presented by Mr Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Committee had received a report from the Medicines Governance Group detailing the national shortage of immunoglobulin (IVIG) products. The Committee had discussed this issue at length and agreed that it should be reported to the Trust Board for information. 2. Following the presentation of the headlines of the Inequalities Programme Report, alongside equality, equity should also be focused on. The first focus was on patients with learning disabilities. A restart of the Learning Disabilities User Group provided re-engagement with this section of the community in order to ensure equity of access. 3. The Committee had received and approved the Safeguarding Annual Report and Infection Prevention and Control Annual Report. Both Reports were presented as Agenda items for approval by the Board. 4. The Deputy Chief Nurse, Quality had presented the Patient Safety Incident Response Plan (PSIRP) update to the Committee. The Committee engaged in a detailed discussion on the deep dive report and it was agreed this also needed to be shared with the Trust Board for inclusion as part of the planned Board Seminar programme. 5. The Committee had discussed the Board Assurance Framework (BAF) risks in detail throughout the meeting and raised queries and challenges as part of the discussions. <p><u>Questions and Comments</u></p>	GT

	<p>6. Mr Bloomfield questioned what steps were in place to manage the supply chain issues and the potential issues which might arise from this. The Chief Executive advised that the Trust's business continuity plans were being reviewed across both sites and part of that work was to look at potential supply chain issues.</p> <p>7. Mr Ridler noted that he would welcome the fact that the Learning Disabilities User Group was reengaging particularly in the context of the proportion of deaths from COVID-19 related to disabled patients and questioned how the work of the Inequalities programme would be captured in the Board business. The Chief Medical Officer advised that the Inequalities Group work would report through as part of the quality improvement programme to the Quality & Patient Safety Committee and also as part of the Time Matters Board. The Board was informed that the ESNEFT was leading on a programme of work on inequalities, working closely with Public Health England and the Alliance and ICS groups to tie in the data sets across the system.</p> <p>8. The Chair noted that the Trust was currently recruiting to two Non-Executive Director vacancies and it was hoped that it might be able to recruit candidates with specific experience in population and public health.</p> <p>9. Ms Noske questioned the shortage of immunoglobulin (IVIg) products and whether there would be an impact on patients and the mitigations in place to alleviate this. The Chief Medical Officer advised that there was the East of England panel and all teams were skilled at looking at this aspect and would risk assess each patient and she would assure the Board that no direct impact to patients was currently anticipated.</p> <p>Resolved that the Board: Received and noted the QPS CKI report.</p>	
P46/21	<p>SAFEGUARDING ANNUAL REPORT</p>	
	<p><u>Received for approval</u> the ESNEFT Safeguarding Families & Complex Health Team Annual Report 2020-2021 presented by the Chief Nurse.</p> <p><u>Noted</u></p> <p>1. The Chief Nurse advised that the Report had been scrutinised by the Quality & Patient Safety Committee and he would commend the report to the Board for approval.</p> <p><u>Questions and Comments</u></p> <p>2. Mr Bloomfield noted that 3 action plans remained open relating to incidents from the previous year. The Chief Nurse advised that some of the actions were system actions and multi-agency and that opportunities for interagency collaboration had not always been possible during the pandemic but these were now being picked up and there were no safeguarding concerns relating to ESNEFT.</p> <p>3. Mr Khatib advised that the Quality & Patient Safety Committee had raised the membership and attendance at the meetings during 20/21 and had suggested that the membership was reviewed and standards set for attendance.</p> <p>4. Ms Noske questioned the Trust's position in the context of other organisations both regional and national. The Chief Nurse advised that it was difficult to compare as organisations had different populations with different needs but the Trust had the benefit from a close working relationship with the community. The Safeguarding Committee ensured that mandatory services were being provided through the audits.</p> <p>5. Mr Spencer questioned whether ESNEFT Safeguarding (page 6) covered the community as well as the acute settings. The Chief Nurse confirmed that ESNEFT safeguarding did cover acute and community settings but noted that the requirements were different in Essex and Suffolk as these were put in place by the local authority.</p> <p>Resolved: That the Board received and approved the ESNEFT Safeguarding Families & Complex Health Team Annual Report 2020-2021.</p>	
P47/21	<p>INFECTION PREVENTION AND CONTROL ANNUAL REPORT</p>	
	<p><u>Received for approval</u> the Infection Prevention and Control Annual Report April 2020 - March 2021 presented by the Chief Nurse.</p> <p><u>Noted</u></p>	

	<p>1. The Chief Nurse stated that he would offer his sincere thanks to the Infection Prevention and Control team who have worked tirelessly to implement the national and regional requirements during the pandemic and to support the Trusts teams.</p> <p>2. The Chief Nurse advised that the Report had been scrutinised by the Quality & Patient Safety Committee and he would commend the report to the Board for approval.</p> <p><u>Questions and Comments</u></p> <p>3. Mr Bloomfield questioned the impact of not having an Infection Prevention doctor at Colchester since July 2020 and whether this role would be filled. The Chief Nurse advised that there was a vacancy and there were challenges around recruitment of microbiologists, however, he would assure the Board that this had not had a detrimental impact on patient care as staff had stepped up to provide cover.</p> <p>4. The Chief Executive stated that he would like to record his thanks to the Infection Prevention and Control team and would suggest that a letter from the Chair on behalf of the Board was sent to the team to acknowledge their exemplary work over the past 18 months.</p> <p>Resolved: That the Board received and approved the Infection Prevention and Control Annual Report April 2020 - March 2021.</p>	HT
P48/21	PERFORMANCE ASSURANCE COMMITTEE CHAIR'S KEY ISSUES (CKI) REPORT	
	<p><u>Received for assurance</u> the Chair's Key Issues report from the Performance Assurance Committee meetings held on 26 July 2021 and 24 August 2021 presented by Mrs Taylor-Brown, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. The Committee received and approved the minutes of the meetings held on the 22 June '21 and the 27 July '21 at the respective meetings.</p> <p>2. The Committee had an extensive discussion on the current pressures on the hospitals and the system overall. The Committee emphasised the need for system rather than organisational solution and ask that this was escalated to Chair / CEO for discussion within the ICS.</p> <p>3. The Committee received the internal audit review of Consultant Job Planning noting the recommendations to strengthen the control framework, noting that this was suspended during COVID surge and asked for progress report to come back to the Committee.</p> <p>4. The Committee suggested that the People & Organisational Development Committee (POD) might want to review the quality of job planning within their work plan later in the year. (POD)</p> <p>5. The Committee received a report on plans to recover mandatory training performance following its suspension during COVID. The August Committee asked that POD undertake a deep dive urgently and that an assurance report to be brought back to the Performance Committee addressing the key issues. (POD)</p> <p>6. The Committee received a report from the Director of Finance highlighting significant service capacity concerns raised which would have a potential financial implication. Meanwhile financial guidance for H2 (second half 2021/22), which was due on 16 September 2021, was likely to signal a reduction of 3.5% of funding in 21/22 with further reductions in 22/23. A financial plan will need to be brought to the Board at its October meeting which takes into account these service pressures.</p> <p>7. Jason Kirk (Head of Planning and Cost Improvement) attended the Committee and provided an overview of the Model Hospital. The Committee will be receiving regular reports.</p> <p>8. The Committee had a useful deep dive session which updated on the commissioning plans for mental health within the system. Next steps were to approach Norfolk and Suffolk NHS Foundation Trust to understand the provision and progress with addressing local pressures.</p> <p><u>Questions and Comments</u></p> <p>9. The Chair noted that the Committee had been discussed whether a Board to Board meeting with NSFT should be scheduled and this would be progressed.</p> <p>10. Ms Noske stated that she was interested in the emphasis on the single system approach. Mrs Taylor Brown advised that the Committee were raising the flow issues and that this</p>	NH / DG

	<p>should be taken forward in other forums. The Managing Director observed that this was about building on the work with partners which had been developed through the Alliances and work was underway to look at how the voluntary care sector could support care.</p> <p>Resolved that the Board: Received and noted the Chair’s Key Issues report from the Performance Assurance Committee meeting held on 24 August 2021.</p>	
P49/21	<p>PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE CHAIR’S KEY ISSUES REPORT</p>	
	<p><u>Received for assurance</u> the Chair’s Key Issues report from the People and Organisational Development Committee meeting held on 29 July 2021 presented by Mr Spencer, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Mr Spencer advised the Board that the Committee met for the second time in July having been reinstated and meetings were now held bimonthly. 2. The focus of the July meeting had been on education, training and leadership. The Director of Human Resources & Organisational Development provided an overview of the Education, Training and Leadership Development strategy which formed one of the 4 elements of the People Strategy approved by the Board. 3. The Director of Medical Education set out the ambition and strategy for transforming the quality of education and learning for all ESNFT staff through the establishment of an integrated Faculty of Education (FoE). The Committee had supported the direction of travel and asked for further assurance that there were robust operational plans to underpin it, which tracked progress and outcomes. 4. The Assistant Director of Learning and the Head of Innovation and Strategy at The Iceni Centre provided an overview of the proposed strategy to significantly increase the Trust’s utilisation of apprenticeships and the apprenticeship levy. The Committee was advised that apprenticeships could be used to train new and existing employees in a variety of skill sets which would be important to meeting the future needs of the Trust. 5. The Committee was advised that after staff consultation, a revised approach to staff appraisals would be launched in September, supported by a ‘toolkit’ for managers. This sought to improve the quality and value of appraisals to the individual and ESNEFT, incorporating performance, wellbeing, and career development. 6. The Committee was provided with an outline of the work underway to improve the Trust’s ability to develop leadership skills at all levels of the organisation. A re-launch of the management/leadership development programme across the 5 levels was planned for the Autumn. In addition, a new Senior Leadership Development Programme was being planned for launch in November which was approved in principle by the Board in April 2021. 7. The Committee received a paper on completion of mandatory training by training area and by department, together with plans to improve compliance. Performance would be managed through the Divisional Accountability Meetings (DAMs) and monitored via the Performance Assurance Committee. It was noted that training compliance suffered during the peak of the pandemic when some mandatory training was suspended, creating a backlog which now needs to be addressed. Training requiring face-to-face classes have capacity constraints due to limited training space and the need for social distancing. The Committee felt the paper gave assurance that there was an understanding of the backlog in mandatory assurance and the forecast recovery plan within the constraints set out. The Committee felt more consideration should be given to the risks to ESNEFT of particular training modules being non-compliant so that these could be given greater priority and to resolving the issue of non-attendance. 8. Draft Terms of Reference (TOR) was shared and subsequently approved outside of the meeting, having given a final opportunity for comments from POD committee members. The TOR was attached for approval by the Board of Directors. Mr Spencer advised of proposed further minor changes to the membership to 3 Non-Executive Directors, one of which could be an Associate and 2 governors one of which should be a staff governor. Mr Spencer stated that he felt that it would be worthwhile having a more general discussion regarding membership and attendees of the Committee. <p>Resolved that the Board:</p>	<p>RS / KR/ DG</p>

	<ul style="list-style-type: none"> • Received and noted the Chair's Key Issues report from the People and Organisational Development Committee. • Approved the People and Organisational Development Committee Terms of Reference subject to the minor amendments to the membership as outlined. 	
P50/21	INTEGRATED PERFORMANCE REPORT	
	<p>The Integrated Performance Report for Month 4 (July 2021) which outlined the performance of the Trust was received for assurance.</p> <ol style="list-style-type: none"> 1. The Chair advised that as the Integrated Performance Report had been reviewed in detail by the Performance Assurance Committee on 24 August 2021, the executive leads would be asked to highlight any key points for the Board's attention. 2. Finance: The Director of Finance. <ul style="list-style-type: none"> • In July the Trust reported an actual deficit of £0.3m, after adjusting for non-control total items. Nonetheless, this was favourable relative to plan by £0.1m. For the year to date there was favourable variance of £0.3m against control total. • At the end of July the Trust capital programme was underspent against the re-profiled plan by £0.2m, £3.2m spend £3.4m re-profiled plan. The Trust was forecasting that it would meet its capital programme plan for the year. • At Month 4 the Trust held a cash balance of £81m. • Overall, the CIP programme was £3.1m behind target as at the end of July. This was based on an even profiling of the £24m overall target. Work was taking place with the Divisions to improve this position. • It was understood that planning guidance for H2 would be released on 16th September 2021. The Trust was assuming that there would broadly be a 3.5% reduction to the funding envelope that the Trust received in H2, compared to H1. 3. Operational: The Managing Director. <ul style="list-style-type: none"> • There had been an increase in the numbers of COVID-19 patients over the last couple of months with challenges in emergency care. Alongside the increase in admissions there had been an increase in the number of "stranded" patients who had completed their care in the acute setting but were awaiting discharge into the community. • The Managing Director stated that he would reference the good working relationship ESNEFT had developed with partners whilst noting the pressures in some areas of primary and social care. • Much work had been undertaken on the elective surgery programme. The Trust had been designated an accelerator site and plans would see achievement of 113% activity in month. The number of patients waiting in excess of 52 weeks had reduced significantly. The Trust continued to work closely with West Suffolk Hospital and a Vanguard unit was on site at Ipswich to provide additional capacity. • Good learning had been seen across the region with examples of good practice shared and ESNEFT was offering support to others. • Work continued to transform the NEE Community services and this highlighted the benefits of working in an integrated way with partners. 4. People & Organisational Development: The Director of Human Resources & Organisational Development. <ul style="list-style-type: none"> • The Trust was focussing on filling vacancies in North East Essex Community Services and had recruited 47 new starters in July. Further work was underway to recruit to all remaining gaps. • Sickness absence had increased in July and this was discussed at length at the Performance Assurance Committee when it was noted that the number of COVID-19 related absence was in part due to contact tracing app issues. Absence numbers had impacted on the agency spend which had increased in July. • The focus of the medical staffing team had been on the safe changeover of medical staff which had been completed at the end of July. 5. Quality and Patient Safety: The Chief Nurse. <ul style="list-style-type: none"> • There was a continued focus on harm free care and maintenance of low rates of hospital associated pressure ulcers and reduction in number of falls. • With regards to maternity services there had been an improvement in some of the outlying quality metrics. • From the patient experience perspective a number of patient experience walkabouts had been reintroduced led by the Head of Patient Experience, adhering to social 	

- distancing guidance.
6. Quality and Patient Safety: Chief Medical Officer.
- National data issues continue but the Trust continues to track mortality rates closely but it was reassuring to see a return to expected levels.
 - The national report on learning disabilities has been reviewed by the team.

Questions and Comments

7. Mr Bloomfield noted the establishment of the community diagnostic hub (CDH) at Clacton and asked how the recruitment was going and whether the facility would be fully staffed. The Director of Human Resources & Organisational Development advised that this was being monitored closely through the Cancer and Diagnostics Division and through the workforce planning work which had a specific stream relating to the CDH. The Trust was also working through the apprenticeship programme, with Colchester Institute and through the usual recruitment process.
8. The Chair stated that she had attended a recent Integrated Care System meeting where the work being done around Clacton including the CDH and the Colchester Institute was looked at favourably.
9. The Director of Strategy, Research & Innovation stated that important contributors to this was the decision to change the way that apprenticeships were provided and that if the bid for funding from the community renewal fund was successful this would provide a significant boost for training.
10. Ms Noske stated that she would want to raise the issue of avoiding health inequalities as the backlog was worked through. The Managing Director stated that from the analysis undertaken it had been demonstrated that the waiting times for those on the waiting list were not different and the focus was on the patients who needed the Trust's care most.
11. The Chief Medical Officer stated that the Trust had looked at the profiles and data and that no difference had been seen in waiting times relating to ethnicity for those already on the waiting list and also the profile was the same for those with learning difficulties whilst the outcomes might be poorer. The Trust teams were linking closely with social providers and a number of teams were piloting work regarding healthy eating with more disadvantaged groups.

Resolved: That the Trust Board received and noted the report.

P51/21

EVERY BIRTH EVERY DAY PROGRAMME

Received for assurance the Every Birth Every Day Improvement Programme (Maternity Services) update presented by the Chief Nurse.

Noted

1. The 'Every Birth Every Day' Maternity Improvement Programme forms the governance framework through which the Trust has oversight of all improvement work relating to maternity services.
2. The paper provided an overview of the actions being taken to support the Trust's response to external reports and the CQC recommendations following the inspection carried out in March and April 2021 and was presented following the first two meetings of the Every Birth Every Day programme Group.
3. The Chief Nurse highlighted that during the first meeting the Regional Chief Midwife had highlighted the challenges facing maternity services nationally and had been escalated to the national EPRR Board and a national 8 point action plan had been released.
4. The Board was requested to note the outputs of the 'Every Birth Every Day' maternity improvement programme, gaining assurance that the Trust had robust oversight of the key work streams which focused on the delivery of improvements across maternity services in the Trust.

Questions and Comments

5. Mr Ridler commended the positive comprehensive programme and questioned whether there was learning for other areas from the weekly MDT meetings. The Chief Nurse advised that the multi-disciplinary team (MDT) meetings brought areas together and other services already had robust MDT working but there was always learning which was shared

	<p>between divisions.</p> <p>6. The Director of Human Resources & Organisational Development advised that the Trust had been working with Blend Associates regarding multi-disciplinary team working and their latest report had shown good progress in that area.</p> <p>7. Ms Noske stated that it was good to see the focus and progress and questioned the timescale for completion of the must do actions and when this would be reported to Board (section 2.8) and whether the sustained evidence would continue to be monitored when closed by the CQC. The Chief Nurse advised that the must do actions were varied and a minimum of 3 months reporting was being looked for to show sustained evidence and this would then be reported to the CQC and a time agreed for the actions to be close. The Trust was working closely with the CQC who were seeing the evidence in partnership with the Trust and regular conversations were held and the Trust would continue to monitor the actions following closure by the CQC.</p> <p>8. Mr Khatib advised that as the NED lead he would advise the Board that ESNEFT shared work widely and would assure the Board that this was a very transparent and open meeting.</p> <p>9. The Chief Executive advised that representatives from HOSC and Colchester Borough Council had been invited to attend that Board and representation from Suffolk was being considered.</p> <p>Resolved: That the Board received and noted the Every Birth Every Day Improvement Programme update.</p>	
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SECTION 3 – PEOPLE AND ENGAGEMENT		
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P52/21	DISCIPLINARY POLICY	
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	<p><u>Received for approval</u> the Disciplinary Policy presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Board received a report 14 January 2021, providing an update on the Trust's response to the letter of 24 May 2019 from Baroness Dido Harding to NHS Trust Chairs and Chief Executives entitled 'Learning lessons to improve our people practices'. One of the actions from this report was to review the Disciplinary Policy. 2. Further to this NHS Improvement & NHS England's Chief People Officer wrote to NHS Trusts 1 April 2021 and specifically asked that the: <ul style="list-style-type: none"> • Disciplinary policy was reviewed and discussed at a public meeting or equivalent and that the updated policy was made available on our public website. 3. The Disciplinary Policy has been revised to reflect Just Culture principles and best practice and has been merged with the Investigation Policy and 2 supporting toolkits have been created, investigations toolkit and terms of reference toolkit. 4. The Policy has been approved by the Staff partnership Forum and by the Executive Management Committee and will be available on the public website. 5. The policy has the following key changes: <ul style="list-style-type: none"> • Details of the new cultural ambassador role who will support cases involving staff from a BAME background, acting as a neutral observer and advising on any EDI issues or cultural bias. • Creating of a decision making group for a case to proceed to an investigation or to be managed under fast track, to ensure all decisions are fair and equitable and this is being extended to all staff. • Reduction in initial suspension to 14 days. • Clear guidance on writing terms of reference. • Removal of the lengthy general rules of conduct, these have been merged within the examples of misconduct and gross misconduct. • Reduction in final written warning from 1-3 years to 1-2 years to reflect best practice. • Clear role descriptors for case manager, investigating officer and HR support. • Revised suite of template documents which include details of the wellbeing support available. 6. The Director of Human Resources & Organisational Development advised the Board members that the Policy fitted into a wider piece of work around early resolution and the team were also in process of reviewing the Freedom to Speak Up processes. 	
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	<p>7. The Trust Board were asked to note the revised and approved policy and that following review by the Board the Trust had satisfied the request made in the letter dates 1 April 2021.</p> <p><u>Questions and Comments</u></p> <p>8. Mr Spencer stated that he welcomed the detail of the Policy and the wider context of this work. Mr Spencer noted section 2.4 and the responsibility for staff to challenge inappropriate behaviour and suggested that reference was made to the Freedom to Speak Up Guardian as an additional channel and questioned how the process would be monitored to ensure the decisions were appropriate. The Director of Human Resources & Organisational Development advised that reference to the Freedom to Speak Up Guardian could be added and in terms of reporting a detailed performance report had been trialled which had been presented to the Performance Assurance Committee and it had been agreed that this would be taken to the Committee on a quarterly basis and a deeper dive would be undertaken at POD.</p> <p>9. Mr Khatib noted the cultural ambassador role and that managers would be encouraged to seek guidance from the ambassadors but stated that in his view this would remove the independence of the ambassadors and should not be in the Policy to ensure that the ambassador role remained neutral. Mr Khatib noted that it was stated that if a case progressed the cultural ambassador would attend where possible, but that he felt that no meeting should take place where the cultural ambassador who had been involved could not attend. The Director of Human Resources & Organisational Development advised that all staff were being offered access to cultural ambassadors if they would like this and she would pick up the point on the wording.</p> <p>10. Mrs Taylor-Brown stated that she would contact the Director of Human Resources & Organisational Development outside of the meeting to discuss strengthening the wording on a number of points. Mrs Taylor-Brown questioned how it would be ensured that managers were supported to move to this new policy and that there was consistency of approach. The Director of Human Resources & Organisational Development advised that this would start with the skills in the employee relations team and some initial work had been done regarding training but it was recognised there was more to be done in this area and she would welcome further discussion outside the meeting.</p> <p>11. The Director of Strategy, Research & Innovation stated that he welcomed the new Policy but more informal frequent use needed to be encouraged and noted that there were several groups which suffered inequalities which needed to be considered. The Director of Strategy, Research & Innovation suggested that the provision of outcome letters to the witnesses informing them when the investigation was completed would be helpful. The Director of Human Resources & Organisational Development stated that she was hopeful that outcome letters had been implemented and that the use of this Policy would be e for cases going forward rather than retrospectively.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • That the Board received and discussed the Policy as required by NHS Improvement & NHS England. • That the Board approved the Disciplinary Policy. 	KR
SECTION 4 – GOVERNANCE		
P53/21	RISK MANAGEMENT POLICY	
	<p><u>Received for approval</u> the Risk Management Policy presented by the Director of Governance.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Risk Management Policy had been reviewed to incorporate the recommendations of the internal audit limited assurance annual review and the revised risk appetite set by the Board in July 2021. 2. The Policy had been reviewed by the Audit & Risk Committee at its meeting in July 2021. 3. The Board was asked to receive and approve the revised Risk Management Policy which was recommended by the Audit & Risk Committee. <p><u>Questions and Comments</u></p>	

	<p>4. Mr Spencer questioned whether there needed to be a better understanding of the Board level risks and the wider risks which were being managed through the organisation. The Director of Governance advised that risks with a threshold of 15 or over came to the Board and also items below 15 could be escalated by the Executive Risk Oversight Committee to the Board if they were felt to be significant. The Director of Governance advised that in order to provide increased Board oversight a Non-Executive Director would be invited to attend the Executive Risk Oversight Committee.</p> <p>5. In answer to a question raised the Director of Governance noted that meetings of the Executive Risk Oversight Committee had not been held during the pandemic so the internal auditors could not see the evidence of the management process through this Committee which had led to the limited assurance.</p> <p>Resolved: That the Board received and approved the Risk Management Policy.</p>	DG
P54/21	USE OF THE TRUST SEAL	
	<p><u>Received for information</u> a report presented by the Director of Governance.</p> <p><u>Noted</u></p> <p>1. Standing Order 8 requires that the Board of Directors receive a report on the sealing of all documents under the seal of The East Suffolk and North Essex NHS Foundation Trust.</p> <p>2. The Board of Directors was notified that the seal of the Trust was used on two occasions during July 2021 and one occasion during August 2021: On 2 July 2021 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to –</p> <ul style="list-style-type: none"> • Licence to assign relating to 659-662 The Crescent, Colchester Business Park, Colchester, Essex C04 4YQ. Between 1) Picton Property nominee (No3) Limited and Picton Property nominee (No4) Limited and 2) Colchester Management Company Limited and 3) Anglian Community Enterprise (ACE) Community Interest Company and 4) ESNEFT. In accordance with the Standing Order, the above was signed by the Chief Nurse and the Director of Information, Communication & Technology. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 56. • HM Land Registry. Transfer of whole of registered title. Title number EX943447. Property 659-662, The Crescent, Colchester Business Park, Colchester, Essex C04 4YQ. Transferor - Anglian Community Enterprise (ACE) Community Interest Company. Transferee - ESNEFT. In accordance with the Standing Order, the above was signed by the Chief Nurse and the Director of Information, Communication & Technology. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 57. On 4 August 2021 the seal of East Suffolk and North Essex NHS Foundation Trust was affixed to – • End Use Certificate re 1 x Database-CD BTyp2.0-Sec.Library1.0, 1x MBT IVD Library Extension, Version 1 Suitable for Compass HT Software. For Microbiology, ESNEFT, Colchester. In accordance with the Standing Order, the above was signed by the Chief Executive and the Managing Director. The Register for the Use of the Trust Seal was updated and the Register Number for the transaction was No. 58. <p>3. The Board was asked to receive and note the contents of the report.</p> <p>Resolved: That the Board received and noted the report.</p>	
	SECTION 5 - ANY OTHER BUSINESS	
P55/21	<p>1. Mr Khatib noted that it was World Patient Safety Day on 17th September and asked what ESNEFT had planned. The Chief Nurse advised that the focus was on maternal safety and the patient safety team would be leading on a variety of events throughout the week whilst maintaining infection prevention controls.</p>	
	SECTION 6 - PUBLIC QUESTIONS	ACTION

P56/21	<ol style="list-style-type: none"> 1. Ms Lockington noted that she was pleased that it had been picked up that a number of staff had not attended the safeguarding meetings and she would strongly encourage that this was followed up. The Chief Nurse noted that the majority of staff involved in the safeguarding meetings were clinicians who had been working clinically during the pandemic but that the membership for these meetings would be reviewed to ensure this was appropriate. 2. Ms Lockington stated that she felt that the high number of teenage pregnancy needed to be taken forward with public health. The Chief Nurse advised that teenage pregnancy had been picked up as a national issue and was a key work stream for the Trust and work would be carried out with public health to determine the base line position and whether COVID-19 had been a factor. 3. Ms Lockington questioned whether the Young Adult Unit which had been mentioned would be located at both or only one hospital. The Chief Nurse advised that it was planned that a Young Adult Unit would be sited on both acute hospital sites but this was being moved forward at Colchester first. 4. Ms Lockington noted that she had raised a question at the last meeting regarding the position in A&E and working with GPs and asked for an update about this. The Managing Director stated that the Trust had been working closely with local GPs and with the GP Federation and GPs did offer feedback where they felt the hospital could offer support or make beneficial changes to processes. The Managing Director observed that a significant increase had been seen in activity in community services and the issues of patients attending ED signalling that they had had problems accessing a GP were ongoing. 5. Ms Lockington questioned when the ESNEFT AGM would be held and whether this would be held as a face to face meeting. The Chair advised that the Trust continued to work with the Infection Prevention Control team but it was felt unlikely that the AGM would be able to be held as a face to face meeting this year. The date for the meeting would be set soon but had been delayed due to some national issues with laying the Annual Report before Parliament which were outside of the Trust's control. 6. Ms Rose noted the useful information which was already shared by the Trust communications team on Instagram and other social media sites and suggested that detail of the World Patient Safety Day was added. The Chief Nurse advised that all social media channels would be utilised to publicise the day. 	HT / DG
DATE OF NEXT MEETING - The next ESNEFT Trust Board meeting in Public would be held on Thursday 4 November 2021.		

Signed Date

Helen Taylor
Chair

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