

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

**HELD ON THURSDAY 7 JULY 2022, 9.30AM**

**TEAMS MEETING**

**PRESENT:**

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

**IN ATTENDANCE:**

Mrs Rebecca Driver	Director of Communications and Engagement
Mr Paul Fenton	Director of Estates & Facilities
Ms Kate Read	Director of Human Resources and Organisational Development
Mr Mark Ridler	Associate Non-Executive Director
Ms Emma Sweeney	Deputy Chief Nurse – <i>deputising for the Chief Nurse</i>
Ms Christine Tweddle	Sister, Fordham Ward – <i>item P37/22</i>
Dr Catherine Brosnan	Associate Medical Director for Clinical Effectiveness – <i>item P43/22</i>
Ms L Fraser	EA to Director of Finance / Senior Committee Secretary (Minutes)

**APOLOGIES:**

Mr Andy Morris	Associate Non-Executive Director
Dr Giles Thorpe	Chief Nurse

<b>SECTION 1 – CHAIR’S BUSINESS</b>		<b>ACTION</b>
P33/22	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	<ol style="list-style-type: none"> <li>1. The Chair welcomed all attendees to the meeting and the Board recorded congratulations to Giles Thorpe, Chief Nurse, for being awarded his doctorate.</li> <li>2. Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Mr Andy Morris, Associate Non-Executive Director</li> <li>• Dr Giles Thorpe, Chief Nurse.</li> </ul> </li> </ol>	
P34/22	<b>DECLARATIONS OF INTEREST</b>	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Standards of Business Conduct Policy requires all Board Directors to declare any interests, which are relevant and material to the Board.</li> <li>2. The Board was informed that Mr Nick Hulme, Chief Executive, had been appointed to both the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) from 1 July 2022. Declarations of interest would be relevant for all meetings going forward.</li> </ol>	
P35/22	<b>MINUTES OF THE MEETING HELD ON 5 MAY 2022 AND ACTION LOG</b>	
	<ol style="list-style-type: none"> <li>1. The minutes of the meeting held on 5 May 2022 presented were approved and signed by the Chair as a correct record.</li> </ol>	
P36/22	<b>MATTERS ARISING – ACTION LOG</b>	
	<ol style="list-style-type: none"> <li>2. The Action Log was received and noted.</li> </ol>	
P37/22	<b>PATIENT STORY</b>	
	<p><u>Received for noting</u> a patient story presented by the Deputy Chief Nurse and Ms Christine Tweddle, Sister, Fordham Ward.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. Mrs G first contacted the Chief Executive in September 2019 due to the care and treatment her mother was receiving at Colchester Hospital and again in June 2021. Both of these contacts were in relation to thanking him for the excellent service and providing him with feedback on their experiences. However, on 28 June 2022 Mrs G contacted the Patient Experience Team as her mother had had a bad fall at home the previous Friday which had resulted in a broken femur, which required surgery. Mrs G explained that they had had to wait six hours for an ambulance and then a further six hours in ED until x-rays were taken and pain relief given. The surgery was subsequently cancelled on two occasions. The family had raised concern that their mother was getting weaker the longer she had to wait. Following contact with the patient experience team, the family met with the ward sister and wider team who advised and supported the family.</li> <li>2. The Deputy Chief Nurse advised the Board that surgery had taken place on Wednesday 29 June and Mrs G’s mother was recovering well and receiving physiotherapy. Independent reviews were being undertaken within the division to ensure that the patient experience was shared and learnt from.</li> <li>3. Ms Tweddle advised that the ward team were in regular contact with the patient, who continued to make good progress, and the family.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>4. Mr Spencer questioned the procedures and the standards which were usually followed to ensure there was no delay in administration of pain relief. The Deputy Chief Nurse advised that there were targets in ED for provision of treatment and the team were working to ensure that all patients attending received timely treatment. Some paramedic crews were also able to administer pain relief.</li> <li>5. The Managing Director stated that the waiting times in ED were longer than they needed to be and there were inevitable consequences from this. Work was taking place with the clinicians to look at how care could be improved and identify and remove the barriers.</li> </ol>	

	<p>6. Mr Ridler noted that this story had been positive in terms of communication but he would question how much of the good practice was standard practice or whether there were lessons to be learnt. The Deputy Chief Nurse advised that this was the way that communication of patient experience was embedded into the organisation and the team were also now working more proactively to contact patients rather than waiting for them to make contact.</p> <p>7. Mr Bloomfield stated that he felt that the intervention by the patient experience team was important but he would request further detail regarding how this team could be contacted. The Deputy Chief Nurse advised that there were some very experienced senior nurses in the team with a wide remit working alongside the PALs and complaints teams. The team were now working with the local communities to actively promote the PALs service and contact information was available throughout the Trust.</p> <p>8. The Director of Strategy, Research and Innovation noted that in this instance the delay between diagnosis and corrective surgery was longer than would be wanted and there were currently capacity issues. However, with the development of the Dame Clare Marx Centre, theatre capacity would be vacated which could be used for trauma surgery.</p> <p>9. The Chief Medical Officer informed the Board that there had been a significant increase in hip fracture surgery over the past months but the theatre group closely monitored the waiting times for surgery. Audits were undertaken of the position but it was good to triangulate this with the patient experience stories.</p> <p>10. Mr Khatib advised that he felt there were more stories to be heard and he had met with the Deputy Chief Nurse to discuss how engagement could be improved to ensure that there was learning.</p> <p>11. The Chief Executive observed this story had shown the importance of the Trust maintaining the 4 hour standard in ED and the link between the quality standards and the impact on patient experience. The Chief Executive also commented that the Trust needed to be better about understanding why cancellations of surgery occurred, the decision-making process behind this and options to facilitate other provision.</p> <p>12. The Chair asked that the Board's thanks was passed to Mrs G for sharing the important learning from her and her mother's experience of care at the Trust.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	ES
P38/22	<b>REPORT FROM THE TRUST CHAIR</b>	
	<p><u>Received for information</u> a verbal report by the Chair.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>The Chair noted that Friday 1 July had been a very important day for all in the NHS as this was when the new Integrated Care Boards came into being. The Suffolk and North Essex Integrated Care Board had held its first board meeting at Newmarket on its launch day and combined this with a major exhibition or 'EXPO' showcasing the work going on in health and social care. A particular focus was innovation and the Chair had been delighted to see ESNEFT strongly represented. Partnership work, including being collaborative and inclusive, was central to the way ESNEFT worked and the Chair stated that she felt very positive that this would only be strengthened by the Integrated Care Board.</li> <li>Staying with innovation, congratulations were expressed to Mr Subash Vasudevan consultant surgeon and the Trust lead for medical innovation. Mr Vasudevan, who had pioneered robotic surgery at the Trust, had been awarded The Future of the NHS Award in this year's Parliamentary Awards in the East of England category.</li> <li>There were further celebrations of clinical excellence with the news that Mr Mark Bowditch, consultant and clinical director of MSK and specialist surgery at ESNEFT, had been elected Vice-President Elect by the British Orthopaedic Association and would take on the presidency in 2024-25. The ESNEFT orthopaedic team at Colchester had been awarded Training Hospital of the Year by trainees for the second year in a row, which was a fantastic achievement. Mr Mark Loeffler, consultant orthopaedic surgeon and clinical lead, had been awarded Trainer of the Year by orthopaedic trainee surgeons in the annual training survey.</li> <li>This month many clinical leaders of the future, doctors in training, would join the Trust on their placements and all trainees were welcomed.</li> </ol>	

5. The new Clacton Diagnostic Centre (CDC) had opened its doors to patients this month and an official opening was planned in the early autumn. While the new centre was being built, temporary buildings were used to deliver diagnostic tests and since last summer, the centre had delivered more than 85,000 tests. There were 79 community diagnostic hubs throughout the country who had delivered 1,250,394 tests, which meant that the Clacton Diagnostic Centre had delivered 7% of the total additional capacity which was a great achievement. Feedback received from patients had been superb. The Trust had just heard that it had been awarded £12.2 million for the next stage (phase 2) to build an MRI suite, two new X-ray suites and two ultrasound suites which would all be up and running by July 2023.
6. An innovative partnership with Colchester Institute was also underway encouraging a local workforce that could sustain the CDC and rest of the Trust now and into the future. The programme was initially focusing on “entry level” roles at Bands 2-3 within the Clacton CDC, however, due to the programme’s popularity within the local communities this had now been extended to diagnostics in both Clacton and Colchester.
7. The Chair stated that she would like to say a few words about her future as the Chair of the Trust and the Board. As colleagues would be aware, her current term of office as Chair would come to an end at the end of the 2022 year. The Council of Governors had considered the position at its meeting in June and the Chair stated that she had been very pleased when she had been informed that the Council wanted her to continue for another term, an offer that she had been delighted to accept. The second term in office would be up to the end of March 2025, at which time she would have served the maximum term of service. The Chair formally thanked the Council of Governors for their expression of confidence in her through approving her appointment for another term and looked forward to working with Board and Council colleagues to progress the exciting programme of work which was being developed at ESNEFT.
8. The Chair noted that Mr Mark Ridler, who had been an Associate Non-Executive Director of ESNEFT for almost two years, was stepping down a little early at the end of July 2022 to take up a new role with the Spinal Injuries Association. The Chair expressed the Board’s thanks to Mr Ridler for his commitment and contribution to the Board and wished him well for the future.

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

P39/22

**REPORT FROM THE CHIEF EXECUTIVE**

Received for information a verbal report by the Chief Executive.

Noted

1. The Chief Executive advised that the challenges currently being faced within the NHS were taking place within an uncertain political situation, which directly impacted on the NHS and other public sector organisations.
2. The Chief Executive expressed concern around the Messenger Report and the impact which a change of Secretary of State might have on the implementation stage with loss of impetus and energy. Different priorities could lead to confusion and a vacuum of national leadership, however, the Trust and Board would continue to work to improve all areas of performance at ESNEFT and reflect the needs of the local communities.
3. The Chief Executive observed that he had attended the Newmarket launch of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB) and he felt that this offered great opportunities for collaboration and the removal of barriers between services. This area was felt to be particularly well placed to build on the good relationships which had already been developed by the local Integrated Care System (ICS).

Questions and Comments

4. The Chair endorsed the comment regarding the opportunities of the ICP and ICB but would note the governance challenges for the Board to consider when working as a system.
5. Mr Khatib noted the national pledge for new hospitals which had been made by the prime minister and questioned the impact of recent events on ESNEFT. The Chief Executive advised that he had heard that the new build programme had been oversubscribed by five times and a new team appointed to review all plans and affordability. As the new political

	<p>team developed there might be a different view regarding this programme.</p> <ol style="list-style-type: none"> <li>6. Mr Humpston questioned whether there would be any more detail of COVID-19 and the trends later in the meeting. The Chief Executive advised that this would be picked up in the discussion on the performance report but the Trust was not currently seeing significant numbers of COVID-19 patients in terms of admissions to the Intensive Care Unit, although the numbers were increasing.</li> <li>7. Mr Humpston commented that he felt there would be big opportunities if there was a political vacuum for ESNEFT to be able to demonstrate how well it was working. The Chief Executive agreed that there would be opportunities and noted that the Clacton CDC had been very positive and was a good example of this. The local ICS was widely recognised as being strong.</li> <li>8. Ms Noske noted the opportunity around working with the third sector and the ICS's ability to drive this forward, particularly to address health inequalities in a more co-ordinated way. The Chief Executive stated that he hoped that with the appointment of the ICP third sector director the opportunities would be developed in a long term sustainable way.</li> </ol> <p><b>Resolved: That the Board noted the verbal update.</b></p>	
<b>SECTION 2 – QUALITY AND PERFORMANCE</b>		
P40/22	<b>QUALITY AND PATIENT SAFETY COMMITTEE - COMMITTEE KEY ISSUES (CKI) REPORT</b>	
	<p><u>Received for assurance</u> CKI report from the meeting held on 23 June 2022 presented by Mr Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. Mr Khatib advised that this Committee meeting had been observed by two governors and highlighted that the Committee had undertaken a deep dive regarding delivery of harm free care. A detailed report regarding the improvement work underway across falls reduction, tissue viability improvements and continence care had been received. The substantive funding of a Continence Nurse Specialist was supported by the Committee.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>2. The Chief Executive expressed concern regarding tissue viability and questioned whether there was anything which needed to be done immediately to address the issues. The Deputy Chief Nurse advised that immediate actions had been taken in view of the rise in incidents. In the last 48 hours a review had been undertaken of the outstanding root cause analysis which had given immediate learning around training and development and timely response. The Deputy Chief Nurse assured the Board that there were no serious immediate concerns, actions had been taken and this would be monitored by the Quality and Patient Safety Committee. The Chief Executive advised that he would pick this issue up off line with the teams.</li> </ol>	
P41/22	<b>UPDATE ON QUALITY AND PATIENT SAFETY SECTION OF THE INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Quality &amp; Patient Safety:</u> The Chief Medical Officer.</p> <ol style="list-style-type: none"> <li>1. The Chief Medical Officer advised that COVID-19 patient numbers were currently 34 patients with a positive swab at Colchester and 45 at Ipswich. A plateau was being seen which was positive. Further information about the autumn vaccination programme was awaited.</li> <li>2. The Chief Medical Officer advised that there had been a failure regarding mortality data upload but this had been corrected and the full data would be uploaded by the end of July. The Board was informed that the Learning from Deaths Group monitored and reviewed the position closely. The perinatal mortality rate which was carefully monitored had shown a slight upturn at Colchester over the last five months which was felt might be related to some late terminations of pregnancy for medical reasons but this was being explored further.</li> <li>3. The NEE community hospitals team had provided an excellent case presentation to the</li> </ol>	

	<p>Learning from Deaths Group related to a patient who had experienced multiple ward moves which had resulted in the patient contracting COVID-19. A focus group had been implemented to look at the wider learning to keep patients safe while in hospital and reduce the number of patient moves when in hospital.</p> <ol style="list-style-type: none"> <li>4. The Deputy Chief Nurse advised the Board that an external consultant had been commissioned to look at tissue viability practice in the community who was due to report at the end of August. This work had been extended to both Ipswich and Colchester hospitals. The report would be monitored by the Quality and Patient Safety Committee.</li> <li>5. The Deputy Chief Nurse advised that for maternity CNST (Clinical Negligence Scheme for Trusts) was currently at year 4, the actions were amber and were being monitored through the Every Birth Every Day Programme Board.</li> <li>6. The Board was informed that initial verbal feedback had been provided to the Chief Nurse following the Ockenden reviews for both sites. Reassuringly actions were already being taken in response to the feedback. When the formal report was received this would be shared with the Board.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>7. Mr Bloomfield noted the data losses and requested assurance that there were no related data protection issues involved. The Chief Medical Officer gave assurance that there were no information governance issues at all and this had been due to a technical issue.</li> <li>8. Mr Spencer noted the good progress in most of the actions regarding the Ockenden report but that eight were outstanding and questioned whether there had been any progress since the update which was from April. The Deputy Chief Nurse advised that an update was due to be provided in the private section of the Board meeting.</li> <li>9. Mr Bloomfield questioned whether the international nurse recruitment was on track. The Deputy Chief Nurse advised that it was and the Trust had taken additional international recruits, in collaboration with newly qualified nurses, and some international midwives. The Board was informed that there was good onboarding support provided for the international recruits.</li> </ol>	
P42/22	<b>EVERY BIRTH EVERY DAY PROGRAMME BOARD – COMMITTEE KEY ISSUES (CKI) REPORT</b>	
	<p><u>Received for assurance</u> presented by the Chief Executive.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Chief Executive advised that the Programme Board met every month in response to the Care Quality Commission (CQC) “requires improvement” status.</li> <li>2. Whilst the Ockenden actions were identified as being on track, there were some concerns raised at the Colchester site relating to medicines management and COSSH items. An action plan was already in place to address the concerns raised. The organisational Development and cultural work was progressing well and had been handed to the Human Resource and Organisational Development team.</li> <li>3. The external review of the obstetric workforce was shared with the group. Key actions being taken in relation to leadership development were noted as positive steps.</li> <li>4. MSSP Engagement - The Trust’s interim MIA updated the group in relation to the MSSP programme, in that the diagnostics phase had been completed. The group welcomed the interim MIA to the Trust and noted that meetings would be arranged with key corporate staff as part of their induction.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>5. Ms Noske noted the medicine concern raised, asked for more detail and questioned the timing for the draft report which was reported as due within the next two weeks which would have been 21 June 2022. The Chief Executive advised that from the initial feedback the position in the post-natal unit at Colchester was questioned. The issues had been addressed immediately. There had also been some cultural issues around the way the team were welcomed and this had been addressed with the maternity team.</li> </ol>	

	<b>Resolved: That the Board received and noted the update on the ongoing maternity improvement programme.</b>	
P43/22	<b>INEQUALITIES PROGRAMME REPORT</b>	
	<p><u>Received for assurance</u> report presented by the Chief Medical Officer and Dr Catherine Brosnan, Associate Medical Director for Clinical Effectiveness.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Chief Medical Officer advised that the programme had been running since July last year. The main message was that people in most need had access to care and treatment which was equitable for all patients and communities with parity of outcomes. The work was being carried out in combination with community partners including the voluntary sector.</li> <li>2. The Trust's focus on inequality in health outcomes was being developed in a number of areas and an Inequalities Work Plan gives this structure. This had been broken down into two key areas of focus, risk factor management including obesity and smoking and the nationally recognised CORE20Plus 5 approach, looking at the most deprived 20% of the population, core ICS groups with poorer health outcomes, plus five clinical areas of health inequalities, with a focus on health behaviours and risk factors.</li> <li>3. The Chief Medical Officer highlighted the good support which was being received from the Business Informatics and ICS teams regarding provision of population data.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>4. Mr Bloomfield noted the cost of the "Nourish" pilot and whether there was any place for the use of charitable funds. The Chief Medical Officer advised that the programme was being continued by Active Essex. The team were keen to extend the pilot to other areas and would be considering making an approach for charitable funding but the programme would need to be sustainable. Overall the cost had initially been £20k, primarily for the venue, with a lot of support provided by the local authority regarding this.</li> <li>5. Mr Spencer stated that he felt that this was all good work but third sector engagement needed to be thought about through the system. The Chief Medical Officer advised that the Trust was working with the alliance groups and Active Essex. The third sector often had different priorities but were invited to the Inequalities Group to provide input.</li> <li>6. Ms Noske stated that she felt this was an exciting initiative but would question how the ICS could be used to move faster and wider and the metrics that could be used to measure progress. The Chief Medical Officer advised that the metrics could be reviewed and if the scope was widened the increase in numbers would provide a greater level of data. An ICS lead for inequalities was being discussed with the new ICS medical director.</li> <li>7. Mr Humpston questioned the public health involvement and support being received from local authorities. The Chief Medical Officer advised that representatives from public health did attend the Inequalities Programme Group meetings and there was good engagement.</li> <li>8. Dr Gogarty advised that Active Essex were very engaged and he felt that in terms of prevention the daily mile at primary schools was critical. In terms of the Essex approach this was largely driven by community groups.</li> <li>9. Dr Catherine Brosnan provided an update on the Making Every Contact Count project noting that a successful two month pilot scheme had been carried out in orthopaedic outpatients with onward referral to Essex Wellbeing Services. Making Every Contact Count was now in place as business as usual and had moved to Clacton and Harwich.</li> <li>10. From 17 March 2022 Making Every Contact Count had commenced at Ipswich Outpatients in one clinic with referral to One Life Suffolk. Dr Brosnan stated that the aim was to spread and sustain the project through outpatients, but more funding would be required to support this. The team was working with One Life Suffolk and community partners to obtain outcome data.</li> <li>11. The Board was informed of the prioritisation of patients with learning disabilities, with a specific patient tracking list developed for patients awaiting surgery.</li> <li>12. The Chief Medical Officer noted the cancer referrals analysis work which was being undertaken which would be a key area of focus.</li> </ol>	

	<p>13. The Chief Medical Officer advised that the next steps would be to explore funding opportunities, expand the Nourish programme and focus on the Do Not Attend (DNA) rates but that this would be a long term programme of work with ICS and community partners.</p> <p><u>Questions and Comments</u></p> <p>14. Dr Gogarty stated that he felt the next steps were positive but the issue was the scale of the programme and he would like to see this progressed across ESNEFT at pace. Dr Gogarty suggested approaching public health and the ICS for potential funding support.</p> <p>15. Mr Khatib advised that funding had been discussed at the Quality and Patient Safety Committee who had supported continuation of the project and the need to increase this across all areas of the organisation to become part of all conversations with patients.</p> <p>16. Mr Millar agreed that this was very positive work and showed the advantage of ESNEFT being an integrated provider but he would question where this work fitted with the provider collaborative and ICP and ICB work.</p> <p>17. The Chief Medical Officer advised that the team linked with both alliance groups and the programme had to be developed across the system to gain the best outcomes. This would be a key focus for the ICS following the structural changes.</p> <p>18. Dr Brosnan stated that to sustain and spread the programme it was important to have Executive and Non-Executive support and she would take this forward outside the meeting.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	
P44/22	<b>ORGAN DONATION REPORT</b>	
	<p><u>Received for assurance</u> report presented by the Chief Medical Officer.</p> <p><u>Noted</u></p> <p>1. The Organ Donation report for Colchester and Ipswich hospitals set out the Organ Donation information for ESNEFT. NHS Blood &amp; Transplant continued to report the two acute hospital sites as separate Organ Donation centres. This would be the reporting style for ESNEFT as no changes were planned for reporting centrally.</p> <p>2. COVID-19 had very significantly reduced the rate of organ donation, however, 2021/22 had been a significantly better year and discussions had been continued with families.</p> <p>3. The Chief Medical Officer highlighted the plans that were being developed to advertise Organ Donation Week in September 2022. In Colchester the priority was to unveil the Organ and Tissue Donation Memorial tree / plaque with donor families and ESNEFT staff attending. Work was ongoing at Ipswich to erect a piece of artwork (Glass Heart) to commemorate all those donors who provided organs and as a memorial for families, there already being a memorial mosaic artwork in situ at Colchester installed in 2017.</p> <p><u>Questions and Comments</u></p> <p>4. Mr Khatib noted that at the Quality and Patient Safety Committee meeting the positive impact of the specialist nurse had been highlighted.</p> <p>5. The Chief Executive questioned whether the change in the law had had an impact and whether this was being maximised in terms of communications. The Chief Medical Officer advised that the pandemic had a significant impact in terms of suitability of donors but the teams had continued to conduct conversations with families and the visual reminders around the site were helpful.</p> <p><b>Resolved: That the Board received and noted the report.</b></p>	
<b>SECTION 3 – FINANCE AND PERFORMANCE</b>		
P45/22	<b>PERFORMANCE ASSURANCE COMMITTEE - COMMITTEE KEY ISSUES (CKI) REPORT</b>	
	<p><u>Received for assurance</u> CKI report from the meeting held on 22 June 2022 presented by Mr Bloomfield, Non-Executive Director.</p>	



	<p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. Mr Bloomfield advised that as a high level summary the Trust was not meeting the statutory targets for acute services although Emergency Department and diagnostics were moving in the right direction. Cancer performance remained a concern. The overall patient waiting list had increased by 1500. In terms of recovery day cases and outpatients, first appointments and follow-ups, it was good to report that they were all exceeding 2021/22 figures.</li> <li>2. Concern was noted by the Committee regarding the rising number of COVID-19 patients and the impact of these numbers on workforce availability and the potential negative impact on performance.</li> <li>3. Good performance from both NEE and IES community services had been noted.</li> <li>4. The Committee had noted that finance had made a steady start to the year.</li> <li>5. Mr Bloomfield highlighted the good work done by the HR team regarding time to hire, the Trust is performing very well in comparison with others in the region.</li> </ol> <p><b>Resolved: That the Board received and noted the CKI reports.</b></p>	
P46/22	<p><b>UPDATE ON PERFORMANCE SECTION OF THE INTEGRATED PERFORMANCE REPORT</b></p>	
	<p><u>Update provided for assurance</u> by the Managing Director.</p> <ol style="list-style-type: none"> <li>1. The Managing Director highlighted the work being progressed and the focus of actions over the next few months.</li> <li>2. In Emergency Care a reduction in the COVID-19 numbers had started to be seen, the numbers yesterday being 31 at Colchester and 43 on the Ipswich site. It was expected that these would vary going into autumn and winter. The Managing Director noted that many of these patients had been admitted with conditions other than COVID-19.</li> <li>3. The Board was informed that it was important that actions taken to improve performance in ED involved the whole system. However, ESNEFT was leading work with the ambulance service by linking with the community service to support care outside of the hospital. The pathways and barriers to discharge were also being reviewed and the team was working with partners to consider redesign of pathways, including virtual ward proposals. ESNEFT was building on the integration of community services in NEE.</li> <li>4. The Trust had seen an increase in demand for cancer services with upper and lower GI referral pathways being the most challenged. The teams were reviewing the pathways and working with GPs in the community, whilst increasing capacity across the board for the urgent patients.</li> <li>5. Diagnostics had seen a substantial increase in capacity which was beginning to reduce the waiting list. A good response and engagement from all clinical divisions had been seen in the development of their plans.</li> <li>6. The Trust had delivered the 104 week waits commitment, with the exception of four patients in oral surgery who by the end of July would have received their surgery. The focus was moving to the 78 week wait. Work was ongoing with all divisions but it was expected that the increase in referrals would impact on this at the end of this financial year / beginning of the next.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>7. Mr Khatib noted the need to make the integrated trust work for the patient and ensure the individual journey was fully integrated. The Managing Director advised that there was a clear demonstration that the work being done locally was making a difference to patients and further ideas were coming through concerning opportunities of working with community services and more widely across the system.</li> <li>8. Ms Noske stated that given the discussion of patient experience she would like to better understand the recovery plan for the ambulance service across the ICS and whether there was an associated timescale. The Managing Director stated that the need to ensure there was a pathway across the system which enabled the ambulance service to deliver was recognised and this would require some transformation work which would be overseen by the urgent and emergency care programme within the ICS. ESNEFT's programme of internal work was over a three month timeframe.</li> </ol>	

	<p>9. Mr Ridler questioned whether there was further work the ICS could do to publicise cancer within the community to ensure that cases were not missed. The Managing Director advised that nationally this was considered a challenge for the NHS due to the anticipated growth as these referrals came through but there was always more that could be done to support patients to receive early diagnosis and treatment.</p>	
P47/22	<p><b>UPDATE ON THE FINANCE SECTION OF THE INTEGRATED PERFORMANCE REPORT</b></p> <p><u>Update provided for assurance</u> by the Director of Finance.</p> <ol style="list-style-type: none"> <li>1. At Month 2 the Trust reported a £1.2m revenue deficit year to date. The two key areas leading to the deficit were an overspend in the surgical division and non-delivery across all divisions of cost improvement plans (CIP).</li> <li>2. At Month 2 the cash balance was stable at £75.5m.</li> <li>3. The capital plan was underspent by £5.8m mainly due to slippage on STP development.</li> <li>4. The Director of Finance noted that it was important to recognise that April and May had seen significant levels of COVID-19 activity which had impacted the financial position. For Month 3 the plan would move to break even.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>5. The Chair questioned the cost improvement conversations held at the Divisional Accountability Meetings. The Director of Finance advised that he and the Managing Director had been pushing the divisions to bring forward the CIP plans and it was expected that progress would be seen in Months 3 and 4. Focus was also on full year recurring schemes.</li> <li>6. Mr Khatib questioned whether income was in line with expectation. The Director of Finance advised that the COVID-19 income fixed allocation had reduced this year by £22m to £15m and the position was monitored closely against this allocation. ERF income was variable and national clarification was awaited particularly for Quarter 1 given the COVID position.</li> <li>7. The Chief Executive questioned whether conversations had started now that the financial position was monitored and assessed as a system and, therefore, the way the system worked could affect the CIP for ESNEFT. The Director of Finance advised that this was starting to be considered particularly for corporate services and the acute trusts had been looking at benchmarking and intended to hold an ICS finance/operational meeting to discuss this further.</li> <li>8. The Chair stated that going forward the Board would have to be sighted on various aspects of system performance and this would need to be addressed. The Director of Finance advised that during the planning process reports had been provided including detail of the constituent system partners and this would be continued in future reports.</li> </ol>	
<p><b>SECTION 4 – PEOPLE AND ORGANISATIONAL DEVELOPMENT</b></p>		
P48/22	<p><b>PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE - COMMITTEE KEY ISSUES (CKI) REPORT</b></p> <p><u>Received for assurance</u> CKI report from the meeting held on 26 May 2022 presented by Mr Spencer, Non-Executive Director.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. A deep dive had been undertaken regarding workforce planning and resourcing. The whole workforce planning process had gone through a transformation and the Committee was reassured by the progress which had been made and that this was now robust.</li> <li>2. Overall vacancy rates were 4.8% and average time to hire below 12 days, which compared well with other NHS Trusts in the region, however, ESNEFT's overall vacancy rate was higher than 12 months ago (4.1%). The Committee noted the positive assurance for the progress made but that workforce remained a key challenge for ESNEFT and the wider NHS.</li> <li>3. The Committee had considered plans to recruit more nurses and midwives by using a mix of international nurses and local education partnerships to feed the pipeline.</li> <li>4. Mr Spencer noted that voluntary turnover continued to increase, and the Committee had</li> </ol>	

	<p>considered the retention strategy. On a national basis the NHS and many other organisations were struggling with staff retention and this was an area which the Committee would keep under review.</p> <p>5. The Committee had also discussed the recent negative publicity in the Health Service Journal (HSJ) which indicated that ESNEFT had recorded the lowest level of disability disclosure by staff for an acute Trust (1.6%) and a high level of staff (67%) who had not chosen to disclose whether they were disabled. The Committee were disappointed that the HSJ article had not included the significant efforts which had subsequently been made at ESNEFT, reducing the percentage of staff choosing not to disclose to 36% and doubling the number of staff who had declared themselves as disabled (3.1%). The staff disability network (ESNABLE) had grown from 300 to 581 members and the Trust had now achieved Disability Confident Level 2 and was working towards level 3.</p> <p><u>Questions and Comments</u></p> <p>6. Mr Khatib questioned what was being done by the Trust around the issue of staff hardship which had been considered at the Quality and Patient Safety Committee due to the impact on quality of care. The Director of Human Resources and Organisational Development advised that a paper had been approved by the Executive Leadership Team (ELT) and Executive Management Committee (EMC) and there were three key pieces of work; an increase to the mileage rates paid backdated to April, enabling an advance on wages to be paid up to £1k, with agreed repayments and discussion was taking place through the Charitable Funds Committee around setting up a hardship bursary for staff. Weekly meetings were being held to discuss this issue.</p> <p>7. Mr Bloomfield noted the increase in voluntary departures and questioned whether there were any themes arising from the exit interviews. The Director of Human Resources and Organisational Development advised that there were two main themes, the first around flexibility of work patterns. The Flexible Working Policy and tracking of requests had been revised. The second theme was around career development and enhancement. The team were looking at the strategy for careers advice.</p> <p>8. Mr Ridler questioned whether there was anything at ICS level which could be done to work together rather than compete for staff. The Director of Human Resources and Organisational Development advised that she had looked at this on a month by month basis. From January to June churn had decreased slightly and the Trust was working with ICP partners to look at innovative ways to retain people within the system.</p> <p><b>Resolved: That the Board received and noted the CKI reports.</b></p>	
P49/22	<b>UPDATE ON WORKFORCE AND ORGANISATIONAL DEVELOPMENT SECTION OF THE INTEGRATED PERFORMANCE REPORT</b>	
	<p><u>Update provided for assurance</u> by the Director of Human Resources &amp; Organisational Development.</p> <ol style="list-style-type: none"> <li>1. The Director of Human Resources and Organisational Development advised that sickness absence had decreased in month by just under 2%. COVID related sickness absence had increased two weeks ago, WTE 37, and had now stabilised at 35. The team were contacting staff who had reported sickness absence.</li> <li>2. The Director of Human Resources and Organisational Development highlighted that the Trust's vacancy rate across nursing and medical staff was lower than the regional and national average.</li> <li>3. Some improvement in mandatory training and appraisals compliance levels had been seen and this was a continuing focus for the team.</li> <li>4. 120 nurses would be starting with the Trust between March–December and the international recruitment continued.</li> </ol> <p><u>Questions and Comments</u></p> <p>5. Mr Ridler noted that there had already been a delay in the new appraisal process for all Band 8a+ staff. The Director of Human Resources and Organisational Development advised that due to the operational pressures the new process that was to have been rolled out at the beginning of April had been delayed with a new deadline of the end of July</p>	

	agreed. The data would be fed back to the People and Organisational Development Committee.	
P50/22	<b>HEALTH AND SAFETY ANNUAL REPORT</b>	
	<p><u>Received for assurance</u> report presented by the Director of Estates and Facilities.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The report provided assurance on compliance with legislation and ESNEFT policies to the Health and Safety Committee and the ESNEFT Trust Board. This was the fourth annual Health and Safety report since Colchester Hospital, Suffolk Community Healthcare and Ipswich Hospital merged to form ESNEFT on 1 July 2018. The report covered the period 1 April 2021 – 31 March 2022.</li> <li>2. The report reflected the Trust's compliance with the Board of Directors' approved 'Statement of Intent' and Health and Safety Policy Statement.</li> <li>3. The year had seen the continuation of the worldwide COVID-19 pandemic which had been challenging for the Trust and consequently the health and safety team with changes of priorities.</li> <li>4. The report contained detail of the key objectives for 2022/23 required to improve upon the identified issues and formed the work plans for various departments within the Trust. The objectives would contain key performance indicators which would be reviewed at the ESNEFT Health and Safety Committee and forwarded to the EMC and Trust Board for information.</li> </ol> <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> <li>5. Mr Khatib advised the Board that the report had been presented to the Quality and Patient Safety Committee when the ligature point assessment had been noted. Given the mental health issues discussed previously the Committee had requested a timeline for this to be addressed which would be monitored by the Committee.</li> <li>6. Mr Spencer noted the unacceptable increase in the number of aggressive incidents and questioned whether appropriate support was being provided. The Chief Executive observed that it was important to differentiate between those who had cognitive impairment and the different approach which was needed. The Director of Estates and Facilities advised that there had been 409 incidents, 180 of which were clinical assaults of a non-intentional nature. The team continued to provide training and support for staff.</li> <li>7. Mr Bloomfield questioned whether "like with like" was being compared as there had been reduced footfall over the last couple of years. The Director of Estates and Facilities noted that this was a good question and it would be interesting to ask the team to review the information and the comparison.</li> </ol> <p><b>Resolved: That the Board received and noted the report.</b></p>	
<b>SECTION 6 – GOVERNANCE</b>		
P51/22	<b>PROVIDER LICENCE SELF CERTIFICATION</b>	
	<p><u>Received for approval</u> a report presented by the Director of Communications and Engagement and the Interim Trust Secretary.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> <li>1. The Board was informed that as a Foundation Trust, ESNEFT was required by law to operate within the terms of the Provider Licence issued by NHS England / Improvement. Part of the requirement was that each Trust considered, on an annual basis, its level of compliance with the Licence's provisions, and made a declaration accordingly in public Board.</li> <li>2. The draft declarations had been reviewed by the Audit and Risk Committee at its meeting on 26 May 2022 and the proposed declarations were recommended to the Board for approval.</li> </ol>	

	<p><b>Resolved: That the Board:</b></p> <ul style="list-style-type: none"> <li>• Received the NHS Improvement Provider Licence;</li> <li>• Agreed a compliant declaration regarding Condition G6;</li> <li>• Agreed the proposed declaration that the Board anticipated that the Trust would have access to the Required Resources for the coming 12 months;</li> <li>• Agreed the compliant declarations regarding compliance with Licence Condition FT4;</li> <li>• Agreed the compliant declaration regarding the training of Governors.</li> </ul>	
<b>SECTION 7 - ANY OTHER BUSINESS / PUBLIC QUESTIONS</b>		
P52/22	<b>PUBLIC QUESTIONS</b>	
	<ol style="list-style-type: none"> <li>1. Councillor Lockington expressed concern that the majority of the discussion by the Board had related to the Colchester and Essex area. Three weeks ago the Joint Health Scrutiny meeting discussing children's health had taken place and there had been no detail of the work ESNEFT was carrying out in Essex around the Nourish programme. A Joint Scrutiny Committee working group was being commenced from September which would need to be informed of what the Trust was doing. The Chair gave assurance that the Board did pay equal attention to Essex and Suffolk issues, although different areas might be highlighted at different meetings owing to the issues being discussed. The Chief Executive advised that he had attended the meeting regarding childhood obesity.</li> <li>2. The Chief Medical Officer advised that the Inequalities Group worked across the Trust and had partners from both Suffolk and Essex and the children's team worked very closely across the sites and from the data perspective had looked at areas of deprivation throughout Suffolk. The Chief Medical Officer advised that she would take the question back to the alliance partners regarding how the detail of the work being undertaken could be better shared.</li> <li>3. The Chief Medical Officer advised that as part of the healthy eating programme food provision was being looked at together with the opportunities to support healthy eating into the community.</li> <li>4. Councillor Lockington questioned the nutrition for inpatients and the quality of food provided. The Director of Estates and Facilities advised that there was a mixture of catering arrangements across sites and the menus exceeded many of the nutritional requirements and healthy eating options. The catering team work closely with dietitian colleagues.</li> <li>5. Councillor Lockington noted the prevention of falls programme balanced against the need to ensure people were not kept inactive. The Deputy Chief Nurse advised that the Trust provided extensive exercise programmes for patients whilst they were in hospital to avoid deconditioning and encouraged early mobilisation whilst trying to minimise the number of falls.</li> <li>6. Dr Gogarty stated that as a Director of Public Health he would never have considered inviting an acute hospital to a meeting regarding obesity which showed how advanced ESNEFT was in this area. Dr Gogarty stated that as a result of the earlier discussions he had e-mailed Stuart Keeble, Director of Public Health at Suffolk, to ask if he would be interested to be involved in and support the roll out of the programme of referral of people attending any of the ESNEFT sites into lifestyle management services. Dr Gogarty observed that he would be encouraging Essex County Council to become involved and would ask Councillor Lockington to encourage Suffolk County Council to do the same.</li> </ol>	
P53/22	<b>ANY OTHER BUSINESS</b>	
	<ol style="list-style-type: none"> <li>1. No further items of business were raised.</li> </ol>	
<b>DATE OF NEXT MEETING:</b> The next ESNEFT Trust Board meeting in public would be held on Thursday 8 September 2022.		

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

Helen Taylor  
Chair

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