

PERFORMANCE ASSURANCE COMMITTEE
25 May 2021, 9.30am – 12.30pm
TEAMS
MINUTES

Present:

Carole Taylor-Brown Non-Executive Director (CTB) – Chair of Meeting
 Hussein Khatib Non-Executive Director (HK)
 Mark Millar Non-Executive Director (MM)
 Richard Spencer Non-Executive Director (RS)

Adrian Marr Director of Finance (AM)
 Neill Moloney Managing Director
 Giles Thorpe Chief Nurse (GT)
 Angela Tillett Chief Medical Officer (AT)

In Attendance:

Paul Fenton Director of Estates & Facilities (PF)
 Denver Greenhalgh Director of Governance (DG)
 Paul Little Director for Integrated Pathways (PL)
 Karen Lough Director of Operations (Ipswich) (KL)
 Alison Power Director of Operations (Colchester) (AP)
 Kate Read Director of Human Resources & Organisational Development (KR)
 Sean Whatling Associate Director of Finance – Analytics (SW) – *Item 26/21*
 Jason Kirk Head of Business Planning and Cost Improvement (JK) - *Item 27/21*
 Lorna Fraser EA to Director of Finance / Senior Committee Secretary (Minutes)

Observing:

David Welbourn Lead Governor (DW)
 Tim Newton Public Governor (TN)

Apologies:

Eddie Bloomfield Non-Executive Director (EB)

18/21	Welcome and Apologies for Absence	Action
	1. Apologies for absence were received from Eddie Bloomfield, Non-Executive Director.	
19/21	Declaration of New Interests	
	1. No declarations of interests were received related to any matters on the agenda.	
20/21	Minutes of Previous Meeting / Action Log / Matters Arising	
	1. The minutes of the last meeting held on 27 April 2021 were received and agreed as a correct record, subject to amendment requested by RS of item 13/21 paragraph 6 to read as follows: <i>'RS stated that reflecting on investment in people he would question how this was transparent within the plan. AM noted that the Trust had made £450k investment in health and wellbeing which was included into the budgets with a full year effect on a recurrent basis. RS asked how the broader investment in people could be made more transparent and visible within the business plans.'</i> 2. The Integrated Assurance Committee Action Log was noted and updated as required.	
21/21	Performance Assurance Committee CKI Return from Board (IAC CKI this month)	
	1. The Committee received and noted the CKI return from the Trust Board meeting held on 6 May 2021.	
22/21	Integrated Patient Safety & Experience Report	
	1. GT presented the report and highlighted the key issues. 2. This month had shown a decrease in incident reporting across ESNEFT, there were a total of 2113 ESNEFT incidents reported in April. Overdue incidents had increased from last month at 756 following decreases in the previous months. 3. The 'stop the clock' placed on overdue SI's during the pandemic had now been lifted and all remaining SI reports were due at the end of April. There were 3 SI reports submitted to the CCG in the month of April 2021. There were currently 6 serious incident investigations which required completion. 4. Duty of Candour Compliance (pre investigation) had decreased to 28.6% during April, with 6 completed out of timeframe.	

5. There were 61 overdue action plans, following the action plan amnesty which took place. A further 12 had been submitted to the Patient Safety Team, of which 5 had been sent to the CCG for closure.
6. Falls: There had been a decrease in the number of falls and the number of falls with harm across ESNEFT in the month.
7. Tissue Viability: Developed pressure ulcers in ESNEFT care had decreased across the Trust in the month of April, showing 0.48 developed pressure ulcers per 1000 bed days.
8. There had been 9 nosocomial outbreaks of COVID-19 in April, 0 at Colchester Hospital and 9 at Ipswich Hospital and 0 in the Community Hospitals. GT stated that the final outbreak would be closed today with the CCG.
9. Infection Control: There were a total of 8 hospital apportioned C.Diff cases reported in the month, with 23 cases from 2020/21 still to be reviewed to determine onset through peer review.
10. Maternity March data was presented for information. GT advised that two CNST reports were presented to this Committee for approval, but that deeper conversation of maternity services would be held at QPS in June.
11. Sepsis & Deteriorating Patient: ED sepsis screening and compliance across both sites had increased and was showing no red rating (RAG) in any audited metrics. Inpatient sepsis screening had increased to 90% compliance for both sites with improvements in both Sepsis 3 and 6 treatment delivery. Auditing TEP (treatment escalation plan) compliance had commenced this month.
12. Total complaints received for April was 93. Overall response rate compliance had increased from 88% in March to 95% in April. There were 2 overdue complaints, both were due in April 2021.
13. The number of PALS contacts had increased in month to 489.
14. User Involvement / Engagement Activity: Experience of Care Week 26 - 30 April 2021; Celebrations had been put on hold until the summer months as agreed at the Patient Experience Group.
15. An idea to change patients wristbands was shared at the NHSE&I Experience of Care Conference, similar to 'Hello my name is' for staff. A working group would be established to review the feasibility within the Trust's current wristband procedure and printers.

Questions and comments

16. HK noted that it was good to see a number of indicators moving in the right direction but he would request assurance of how the improvements would be sustained. With regards to the sepsis audit findings HK questioned what lessons could be learnt and the action which was being taken to bring performance at Ipswich in line with Colchester. GT advised that sustained performance had been impacted by COVID-19 activity, but the harm free care teams were now resuming their roles and were able to provide ongoing expert support and guidance to the clinical teams. In relation to the compliance for sepsis screening this had been taken up by the deteriorating patient group and sepsis team who would be working with the ED teams regarding the gaps for the 6 elements around sepsis screening. Detail of the actions being taken, specifically on the Ipswich site, would be included in the next report.
17. RS noted that the report of two similar never events (slide 6) and questioned whether staff were not taking the human factors training or this was not effective. GT stated that the never event incidents had happened in an area where patients were well known to staff, and the human factors had become more relaxed. Hard stops and the introduction of a "pause" had now been put in place.
18. RS questioned the processes in place for supporting staff who were under SI investigation. GT advised that staff were not investigated it being the systems and processes which were investigated, and staff were supported as part of the investigation process. New training was also being introduced. CTB noted that if a staff member was under disciplinary investigation there was support available in line with the Dido Harding letter.
19. AT noted that with regards to the human factors training uptake had not been high, so this had been relaunched to help teams embed this into their environments.
20. NM noted that whilst additional investment had been put in over time to drive down falls and pressure ulcers there was still a difference in outcome, the position at Colchester being better than Ipswich, and there was still more work to be done on the Ipswich site to change "hearts and minds". GT agreed that historically engagement with staff about falls reduction and tissue viability had been lacking and there had been more focus at Colchester which had been an outlier. GT stated that he was confident that changes would start to be seen with rates being comparable at Ipswich in the coming months. CTB observed that there had been many conversations and apparent improvements over the past few years regarding falls. She proposed this was kept under review so that Committee could be assured that the impact of this work delivered sustained and consistent improvement.
21. AT advised that in terms of the mortality data further data had been provided regarding COVID-19 and the preventative work which could be undertaken if there was a further surge, noting the new variant, and the need for continued vigilance.
22. AT noted that it was interesting to look at GP practices data and highlighted that the vaccination uptake was variable across the areas and lower in areas of deprivation and the team would be considering actions which could be taken to improve this position.
23. Further work was being undertaken to look at frailty and comorbidity, it would need to be ensured that there was therapy input early in the pathway and this was moved out into the community.

24. Learning from deaths was showing excellent engagement across the wider MDTs. Thematic reviews from the Leader programme were now being received.

Questions and comments

25. HK questioned the role of the medical examiner. AT advised that ESNEFT was fortunate to have the medical examiner programme rolled out across the Trust. The medical examiners reviewing the case notes of all patients who had died, meeting with families, answering questions and escalating any issues raised. AT advised that acute trusts had been asked to extend the programme into the community from April next year and the Colchester team were starting to pilot this.
26. HK noted the learning from deaths slide and questioned the actions being taken and the escalation process for the similar incidents which had occurred in medicine. AT noted that Sentinel was now in place for monitoring vital signs, but at the moment did not have the escalation module included. The IT team were currently developing an electronic solution which would be beneficial. In the meantime AT noted the need to encourage all staff to continue to sense check the figures against the patient's condition and escalate if required.
27. MM observed that he was interested in the relationship between the various committees and who would manage the journey between the QPS and Performance Committee and identify the areas of concern. CTB advised that this was only the second meeting of the Performance Assurance Committee which built on the work and learning from the Integrated Assurance Committee (IAC) which had been put in place during COVID-19. One of the benefits of IAC identified had been that it allowed oversight of various areas, so this had been restructured for the Performance Assurance Committee with more detailed review being undertaken by the other assurance committees. CTB suggested that she felt that at present the main areas of concern regarding patient safety being looked at in the Committee were infection control, falls, tissue viability and maternity.
28. MM noted that he felt that the pack which was presented here was more detailed than that which went to QPS, and the level of questions and conversations was more than oversight. CTB suggested that getting the balance right between the two areas needed some time as the Committees developed. CTB suggested that it might help if the key top risks were shown in the reports. NM agreed that this was a new governance structure which was being tested out and he felt that summarising the areas of focus could be improved with the detailed work being carried out in the other committees.
29. RS stated that he agreed the position and in discussion with KR he had established that the focus for POD would be to undertake the deep dives not to look at the monthly performance report which would be reviewed at the Performance Assurance Committee.
30. HK stated he agreed this position and QPS would be focusing on the deep dives, trends and actions being taken rather than the monthly oversight. The Performance Assurance Committee undertaking the monthly oversight linking finance, workforce and performance.

23/21

Workforce Performance Report

1. KR advised that the POD agenda would be agreed with deep dive reviews being undertaken on areas of the strategy and feeding through to the overview which would be seen at the Performance Committee.
2. KR presented the dashboard report and highlighted the key points.
3. Sickness absence remained below the expected average at 3.2%, the focus would now shift to bringing down the long term sickness cases. The wellbeing team was now looking to launch the wellbeing conversations and tie these into the long term aim of regular 1-2-1 to increase staff interactions and improve engagement.
4. The Trust's new ED&I lead had now commenced a review of the current strategy with the support the staff networks leads. The initial focus in the coming months would be on disclosure and data quality.
5. The retention partner had been launched this month to increase the retention of staff.
6. The Trust had finished the 20/21 financial year with agency spend £9.9 million below target and were looking to decrease this further over 21/22.
7. International recruitment for nursing staff from India had been paused and the Trust were looking to recruit from the Philippines. The Trust was undertaking a pilot for international recruitment of midwives.
8. Risk assessments were moving to electronic form, and it was hoped this would increase completion.
9. The transformational work was being brought within the ER department to bring quicker resolution to employee issues and support the divisions with the focus going forward on the just and learning culture work.

Questions and comments

10. NM questioned whether comparable information on agency rates was available. KR advised that the team worked closely with the regional team and comparative data was available monthly regarding agency and bank staff.
11. RS questioned whether the international recruitment of midwives would fill the numbers required and the timescale for this. GT stated that it was exciting that ESNEFT were a pilot site working with

	<p>NHSP but the longer term position of staff retiring and the introduction of continuity of carer would need to be considered.</p> <p>12. RS stated that he could see the benefit of increased learning in the organisation with regards to wellbeing conversations but that these conversations should become part of ongoing conversations between managers and staff. KR advised that a pilot was being undertaken with one division, but the conversations would not be held in isolation and would be part of other ongoing conversations.</p> <p>13. CTB suggested that the conversations were also about the response by managers to what was being heard and how they acted upon that to avoid loss of commitment.</p> <p>14. CTB questioned how the need for more diversity in the maternity workforce was which had been discussed previously was being addressed. GT advised that the Trust was looking to recruit from 3 countries across Europe and more widely internationally and an appointment had been made into an advocacy role in maternity for the Roma community. GT advised that the Trust were working at a system level, as well as an organisational level, regarding restorative supervision and for additional funding to increase the number of clinical supervisors across the system.</p>	
24/21	<p>Operational Performance Report – Acute</p> <p>1. AP/ KL presented the performance report and highlighted the following issues.</p> <p><u>ED Performance</u></p> <p>2. AP advised that a slight decrease in performance had been seen during the month although this was tracking over 91%. Attendance and admission levels were back to where they were in 19/20 but there was a change to acuity and complexity.</p> <p>3. Ambulance activity aligned with the increased complexity; however, a difference was being seen between sites for ambulances calls and this had been raised at the system resilience meeting. A working group had been set up to focus on this.</p> <p>4. Both organisations were working together for the introduction of the new ED standards.</p> <p>5. The system summer plan which would form part of ESNEFTs seasonal variation plan was now being developed.</p> <p>6. NM informed the Committee that there had been an increase of mental health presentations to ED and there was concern at regional level regarding the number of patients who were in acute hospitals due to lack of mental health facilities in the community. The Trust would need to be clear around how these patients were managed. AP noted that a high number of the presentations were for families / patients not already known. NM stated that this issue was not due to a lack of funding, but the ability to stand up capacity within the mental health services. Commissioners had brought a number of organisations together to consider this further, which had worked well in I&ES, with further work needed in NEE.</p> <p>7. CTB questioned the current picture with relation to NSFT. NM advised that some work relating to mental health services had been delayed due to COVID-19 but the link with the neighbourhood teams and implementation of the improvements was now being progressed. The Committee requested an update on progress was provided. NM stated that he would extend an invitation to Richard Watson to attend the Committee to provide an update.</p> <p>8. HK questioned whether the needs of staff in ED to take leave over the summer was being taken into account as the predictions were that respiratory illness for children would increase over the summer period. AP advised that this was part of the surge planning. AT advised that the Trust had been asked to plan for an increase of at least 50% of paediatric respiratory illnesses earlier than usual and that there had been a significant increase in young people presenting with mental health difficulties.</p> <p>9. AM noted that the financial position was now 2 months into the 6 months of available resource and the following 6 months would need to be considered during the planning and there were messages around the requirement for a 3.5% CIP. The Trust would need to save resource whilst COVID-19 costs were lower to cover any potential surge later in the year.</p> <p>10. NM stated that the Trust would need to ensure the winter plan was developed to ensure schemes were in place in good time to avoid any bed or financial deficit and he welcomed the finalisation of the winter plan by July.</p> <p>11. GT noted that as SRO for mental health he would provide assurance that some key work streams across the organisation had been established with senior clinical leads. A deep dive at QPS would be undertaken later in the year.</p> <p><u>Cancer performance</u></p> <p>12. AP advised cancer performance had improved and 104 day performance was down to c.44 patients waiting.</p> <p>13. There had been a high increase in referral numbers, and this had put pressure on the pathway and work was underway to ensure this was dealt with and did not lead to a further backlog. The biggest challenge was noted to be the quality of referrals coming through, particularly in NEE, and the team were working with the GPs through the Cancer Board.</p> <p>14. Breast 2ww remained a challenge. Insourcing and additional Saturday clinics had been set up and it was expected that the position would be back on track by the end of July.</p>	NM

	<p>15. CTB questioned the GP referral patterns and whether there was a relationship between GP electronic consultations and the number of referrals. AP agreed that some GPs were referring in all patients as they were not seeing patients face to face, but that referrals had always been a challenge and some pathways had been changed. AP stated that the hubs would be the way forward allowing self-referral by patients.</p> <p>16. HK questioned whether the issue around 31 day for breast cancer had been resolved. AP confirmed that each patient on the PTL was tracked.</p> <p><u>RTT / elective recovery</u></p> <p>17. KL advised that the Trust had now been accepted as an accelerator site. Plans from the divisions were coming together to deliver 120% activity by September. The plans demonstrated that the Trust would be able to deliver 100% activity by July and the teams were now looking at the detail to deliver this sustainably going forward.</p> <p>18. Much of the transformation was being led nationally and a number of national events had been planned to start in June and ESNEFT would have good representation.</p> <p>19. A speciality review had been undertaken with each team. Oral surgery remained the longest waiting speciality and plans were being progressed. Emergency cover through the Norfolk & Norwich Hospital had been agreed and conversations were being held with Bart's regarding additional clinics.</p> <p>20. In terms of the system the Trust was working closely with West Suffolk Hospital to look at system wide PTLs and plans to deliver the 120% activity by September.</p> <p>21. KL advised that the system had been allocated £10m from the recovery funding. Bids had been put forward and extensive conversations held regarding the allocations.</p> <p><u>Questions and comments</u></p> <p>22. CTB questioned how the recruitment and sustainability plan for oral maxillofacial services as there were still a number of vacancies was being progressed. KL advised that a number of approaches were being considered and discussions with a possible locum and team of surgeons were being held. If it was not possible to get cover or recruit the Trust would need to consider the continued delivery of the service. CTB suggested this needed a broad approach to explore all options for provision. NM advised that the options were being discussed by the EMT team and whilst the locum would support the service in the short term the longer term solution needed to be resolved. CTB suggested this needed to be flagged as an ongoing risk and escalated to the Board. NM stated that he would agree and felt this was an issue as 20 of the 104 week waits were from this area.</p> <p>23. RS questioned whether staff were getting the opportunity to take extended leave over the summer and how this was affected by the Trust's accelerator status and whether booking for annual leave was being tracked. KR confirmed that the booking of annual leave was being tracked on a monthly basis and booking was currently similar to previous levels. NM advised that in the discussions with the divisions they had been asked to take annual leave over the summer into account and look at redesigning care.</p>	
25/21	<p>Update on Operational Performance Report review</p> <p>1. SW provided a verbal update on the review of the Operational Performance Report which was being undertaken to identify the key metrics going forward and improve the flow of the report.</p> <p><u>Questions and comments</u></p> <p>2. CTB questioned the time scale for the work. SW advised it was proposed to bring the first draft to next month's meeting but to also keep the current format until the new report had been signed off.</p> <p>3. AP requested that committee members highlighted any items from the current report which were felt to be useful and should be continued or additional metrics which should be included to herself, SW or KL.</p> <p>4. CTB noted it was important to align the key risks with the BAF.</p> <p>5. RS noted that he found the key points on the left hand side of the finance, workforce and mortality slides to be helpful.</p> <p>6. HK requested that service line reporting was looked at to show the connections across the areas within the report.</p>	AP/ SW
26/21	<p>Operational Performance Report IES Community Services</p> <p>1. PL advised that performance continued to be of a high standard comparing very well to national benchmarks. The rolling annual figure had now been fully established to create meaningful comparisons to national benchmarks related to measures of capacity, specifically these related to: service users per WTE and face to face contacts per WTE.</p> <p>2. Completing this work had confirmed that ESNEFT operated a very lean staffing model in coping with significantly higher demand than national benchmark figures. ESNEFT did have higher numbers of staff per 100k of population, however, the much higher demand outstripped that by some margin, the consequence of which was the high number of service user per WTE (77 against benchmark of 66).</p>	

	<p>3. Community capacity had some impact on REACT services; plans were now advanced to align more activity around localities (connect areas), which included both REACT and pathway 1 D2A delivery, to ensure advantages in flexing staffing capacity to meet the ebb and flow of demand was gained.</p> <p>4. The percentage of pathway 0 discharges through the D2A approach was now back over 90%.</p> <p><u>Questions and comments</u></p> <p>5. CTB questioned the quality of the national data and whether this was meaningful to use as a reliable benchmark.</p> <p>6. NM agreed that the Trust needed to understand what “good” looked like but noted that the ability to undertake comparison would be affected by the requirement to implement the new minimum data set which over time would provide improved data.</p> <p>7. GT advised that the team was moving forward with undertaking acuity reviews in the community setting with the work stream starting in June to look at safe staffing levels.</p> <p>8. MM stated that he would note that he felt there was demand in the community which was not understood and that if ESNEFT were to be considered a true integrated care provider this should be considered a priority area. NM stated that work was ongoing to get the balance between investment in the community to manage patients without the need for admissions to the acute setting and the desire to transform ways of working in the community. CTB suggested and it was agreed that a working group was set up to consider this important topic further with Non-Executive support.</p>	PL / NM
27/21	<p>Business Planning 2021/22</p> <p>1. The Trust had submitted draft plan information for the ICS submission on the 6 May. No formal feedback had been received although the meeting with regional colleagues received positive assurance of submissions to date. A provisional Trust submission date was set for the 26 May, with the final ICS plan due on 3 June.</p> <p>2. The Trust had largely concluded internal business planning, with clinical and corporate divisions undertaking interdependencies presentations of key priorities at a final review session. A number of areas remained outstanding, due to external negotiations and timelines, and divisional plans would be updated through the DAMs once these issues were resolved.</p> <p><u>Questions and comments</u></p> <p>3. RS noted the “plan on a page” and questioned how this related to the BAF and the Strategic Plan. JK advised that the BAF and risks should feed into the business planning process, and he would check regarding the alignment with the Strategic Plan.</p> <p>4. RS stated that he felt it would be good to have clarity of the priority items. CTB observed that the business plan should be dovetailing with and underpinning the Trust’s Strategic Plan and not seen as separate.</p> <p>5. NM advised that one of the topics of conversation at the executive away day scheduled for later in the week would be prioritisation but that as the financial envelope was not known for the second half of the year it should be recognised that the plan might need to be changed once this became clear.</p> <p><u>Month 1 Financial position update</u></p> <p>6. AM advised that nationally there had been no requirement for providers to submit a provider finance return to NHSE&I for April. Work continued to finalise the H1 21/22 plan, notably confirmation of the distribution of COVID-19 funding and the calculation of anticipated income from the Elective Recovery Fund. Final ICS submissions were due on 3 June.</p> <p>7. High level review and divisional positions for M1 had been assessed internally and gave assurance that the Trust’s position was consistent with delivering breakeven. AM stated that his recommendation had, therefore, been that a formal M1 position report was not provided to the Committee this month, but work continued to provide the report for M2.</p> <p>8. MM advised that he had been consulted on the decision not to provide a formal M1 report in the context of the planning meetings for the Audit & Risk Committee meeting tomorrow and he had taken the view that the proposal appeared reasonable in the circumstances as long as a verbal update was provided around the level of comfort held on M1.</p>	
28/21	<p>Board Assurance Framework Risks</p> <p>1. <u>Long Term Financial Sustainability – Risk rating: 20 – Risk appetite: Cautious</u> - AM updated on the risk and advised that there were a number of questions around the Trust’s long term financial sustainability for which answers were awaited and these would need to be addressed. Due to the questions which remained AM advised that he felt that the risk remained at 20.</p> <p>2. <u>COVID Recovery – Risk rating: 15 – Risk appetite: Cautious</u> - NM noted that the risk appetite was expressed as “cautious” and he would question whether this was felt to be correct.</p>	

	<ol style="list-style-type: none"> 3. HK stated that he felt that “cautious” was the right word for the risk appetite, but that this did not differentiate between the 12 and 20 and he would question the message which was being given internally to the services regarding financial sustainability. 4. NM noted that the risk rating was currently at 15, there being the need to get the balance between the challenges of staff and finance whilst trying to express a level of ambition. CTB stated that she felt the risk appetite was “balanced” rather than “cautious”. 5. DG stated that the risk was “cautious” around clinical delivery and the long wait for patients and that there would be investment to improve this position, but that this might be a risk which had to have a dual risk appetite between financial investment versus the clinical consequences. DG advised that the new BAF was scheduled to be taken back to the July Board meeting with the new Risk Management Policy. 6. CTB stated that she felt the breadth of the BAF could be improved; she would discuss this outside the meeting with MM/HT/DG. 	
29/21	<p>CNST Maternity Safety Action #10 – NHS Resolution Early Notification Scheme Submission</p> <ol style="list-style-type: none"> 1. The Committee received the CNST Maternity Safety Action #10 – NHS Resolution Early Notification Scheme Submission presented by GT for approval. The report gave an overview of the compliance against the standard for reporting relevant incidents of suspected severe brain injury to HSIB and or NHSR EN within the required timeframe. 2. GT informed the Committee that for qualifying cases which had occurred during the period 1 October 2020 to 31 March 2021 there was assurance that: The family had received information on the role of HSIB and the EN scheme; and 5 and there had been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour. 3. The Committee was requested to approve the report which would then be included in the overarching report to the Board prior to submission to the CNST. <p>Outcome: The Committee received and approved the CNST Maternity Safety Action #10 – NHS Resolution Early Notification Scheme Submission.</p>	
30/21	<p>Compliance with CNST Maternity Safety Standard #1 – Use of the National Perinatal Mortality Review Tool - 13 December 2020 – 15 March 2021</p> <ol style="list-style-type: none"> 1. The Committee received the CNST Maternity Safety Standard #1 – Use of the National Perinatal Mortality Review Tool (PMRT) – 13 December 2020 – 15 March 2021 presented by GT for approval. The report detailed all perinatal deaths suitable for review using the PMRT during the period and the progress of each review, together with lessons learned and conclusions drawn from the quarterly data. 2. GT advised that a number of updated actions had been released through the year but the Trust had been able to show that it had maintained communication with families about any delay to the processes and that any concerns had been addressed. 3. The Committee was requested to approve the report as a level of assurance against the PMRT which would then be incorporated into the Board report prior to submission to the CNST in July. <p><u>Questions and comments</u></p> <ol style="list-style-type: none"> 4. RS noted that it was reported in the conclusion on page 9 that a failsafe had been set up in Colchester but the process in Ipswich was still being developed and he would question whether the Trust would only be compliant when the work at Ipswich had been completed. GT advised that the development work related to just the electronic failsafe process and confirmed that the Trust was compliant but currently had a manual rather than electronic process at Ipswich. <p>Outcome: The Committee received and approved the CNST Maternity Safety Standard #1 – Use of the National Perinatal Mortality Review Tool – 13 December 2020 – 15 March 2021.</p>	
31/21	<p>Items for escalation to the Board / Audit & Risk Committee</p> <ol style="list-style-type: none"> 1. The items for escalation to the Board via the CKI were considered with the following areas highlighted: <ul style="list-style-type: none"> • Mental health presentation. • Cancer referral pattern. • Oral Maxillofacial (OMF). • Community services strategic direction. 	CTB
32/21	<p>Any Other Urgent Business</p> <ol style="list-style-type: none"> 1. No further items of business were raised. 	
	<p>Date of next meeting – Tuesday 22 June 2021</p>	