

MINUTES OF THE TRUST BOARD MEETING IN PUBLIC

HELD ON THURSDAY 6 MAY 2021, 9.30AM – 11.30AM

TEAMS MEETING

PRESENT:

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

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

Mr Nick Hulme
Dr Shane Gordon
Mr Adrian Marr
Mr Mike Meers
Mr Neill Moloney
Mr Giles Thorpe
Dr Angela Tillett

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

IN ATTENDANCE:

Mrs Rebecca Driver
Mr Paul Fenton
Mrs Denver Greenhalgh
Mr Paul Little
Mr Andy Morris
Ms Kate Read
Mr Mark Ridler
Ms L Fraser

Director of Communications & Engagement
Director of Estates & Facilities
Director of Governance
Director for Integrated Pathways – *item P16/21*
Associate Non-Executive Director
Director of Human Resources & Organisational Development
Associate Non-Executive Director
EA to Director of Finance / Senior Committee Secretary (Minutes)

OBSERVING:

Mr David Welbourn

Lead Governor

SECTION 1 – CHAIR’S BUSINESS		ACTION
P11/21	WELCOME AND APOLOGIES FOR ABSENCE	
	<p>1. The Chair welcomed attendees to the meeting noting that with the continuing COVID-19 pandemic guidance the meeting was being held via TEAMS.</p> <p>2. No apologies for absence were received.</p>	
P12/21	DECLARATIONS OF INTEREST	
	<p><u>Received for noting</u> the Declarations of Interest.</p> <p><u>Noted</u></p> <p>1. The Standards of Business Conduct Policy requires all Board Directors to declare any interests, which are relevant and material to the Board. The following Declarations of Interest and amendments had been received since the last Board meeting:</p> <ul style="list-style-type: none"> • Mark Millar, Non-Executive Director updated his declaration to state his roles as President, Association of Chartered Certified Accountants (November 2020 to November 2021), and Member, Children’s Endeavour Trust (Ipswich based Primary School Academy). <p>Resolved: That the Trust Board received and noted the Declarations of Interest.</p>	
P13/21	MINUTES OF THE MEETING HELD ON 4 FEBRUARY 2021 AND ACTION LOG	
	<p>1. The minutes of the meeting held on 4 February 2021 were approved and signed by the Chair as a correct record.</p> <p>2. The Action Log was received and noted.</p>	
P14/21	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> <p>1. The Chair reflected that her thoughts were with everyone affected by the extremely difficult crisis facing the people of India, Pakistan and Bangladesh and across the wider South East Asia region, as a result of COVID-19. For colleagues at ESNEFT who were understandably anxious and concerned additional support including quiet rooms and psychological support had been put in place in addition to the other health and well-being support available. Colleagues from the EMBRace Staff Network and Kate Read, Director of Human Resources & Organisational Development had sent a personal e-mail to staff directly affected to advise on this support and help.</p> <p>2. This year’s International Workers Memorial Day was marked at ESNEFT with an act of remembrance and a two minutes silence brought together in a special film which was shared across the health and social care system which gave the opportunity to reflect and remember everyone who had been affected by the pandemic in a very uplifting and powerful way.</p> <p>3. Last Friday marked the end of an era with the closure of the COVID-19 vaccination hubs at Ipswich and Colchester. Our teams of vaccinators, clinical staff, administrative staff and volunteers had played a huge part in the biggest vaccination programme in the history of the NHS. They had given more than 74,000 doses, mostly to ESNEFT colleagues and other health and care workers from the local area. The vaccine programme now continued largely in the community vaccination centres but our hospital teams would continue to run some weekend vaccine clinics for clinically vulnerable people and new staff. The Chair expressed her thanks to everyone who had been, and continued to be, involved. Planning had also begun for a potential booster vaccination programme at ESNEFT in the autumn.</p> <p>4. This week celebrated the International Day of the Midwife, 5 May, and the Board would hear from Giles Thorpe, Chief Nurse a patient story about maternity care at ESNEFT a little later on this morning. Next week on 12 May the Trust would be marking International Day of the Nurse.</p> <p>5. The Board was informed that the Trust was taking the first major steps to upgrade and increase the oxygen supplies to the acute hospitals. Colchester Hospital had taken delivery of mammoth cylinders that bulk store liquid oxygen before it is converted into gas</p>	

oxygen for our patients. The same upgrade was happening at Ipswich Hospital too as part of a project worth more than £1m funded by national NHS investment. As well as increasing the amount of oxygen we can store, teams were also upgrading the pipework and other infrastructure which would increase the availability of high-flow oxygen therapy which had been particularly important for the treatment of COVID-19 patients. The Chair conveyed her thanks to all teams involved in the project including Estates and Facilities colleagues.

6. The Trust was very pleased to be part of a partnership in community services to deliver at home stroke recovery services. This early supported discharge service was highly valued by patients and their families and was previously provided by another NHS community service provider but from 1 April ESNEFT was working in partnership with West Suffolk Hospital to deliver this service throughout Suffolk.
7. The Trust had been pleased to welcome Ruth May, Chief Nurse of NHS England to Colchester Hospital recently. During the visit Ms May had thanked colleagues for all their work during these challenging times and presented a special award to a member of staff.
8. The Chief Executive reflected on the changing times following the pandemic and spoke about the need for recovery and the impact COVID-19 had had on personal and professional lives. COVID-19 had highlighted health inequalities across the world and more locally and the Trust had started to think about the impact for people across the areas it served led by the Chief Medical Officer.
9. The Chief Executive noted the high numbers of patients currently waiting for treatment, which were worse than had been seen across the NHS since the 1990s, and that as thoughts turned to recovery it would be important to ensure that the most vulnerable were not left behind. The recovery work was noted to be a huge piece of work but that this also presented a great opportunity to transform care pathways learning from the work which had been carried out during the pandemic.
10. The Board was informed that pin badges with a letter from the Chair and CEO had been sent to staff as a small gesture to recognise the part that staff had played during the pandemic.
11. Work continued regarding the transfer of community services in North East Essex from the 1 July 2021 and the Chief Executive expressed his thanks to the team involved in what was a complex project.
12. Leadership seminars and live TEAMS events had been recommenced and had shown exceptional levels of engagement across the organisation.
13. The Chief Executive noted that whilst the GMC survey had shown some challenges this had been generally positive and highlighted that orthopaedic trainees had fed back about the excellent training experience they received at ESNEFT.
14. The Chief Executive ended his report by expressing his personal thanks to the staff and volunteers who had worked on the vaccination programme and particularly highlighted the leadership of Mike Meers, Director of Information, Communication & Technology.

Questions and Comments

15. Mr Khatib questioned whether it was felt there would be an impact on the White Paper implementation following the announcement that Sir Simon Stevens was stepping down from his role as NHS England Chief Executive at the end of July. The Chief Executive responded that whilst he felt there was a risk that changes of leadership would affect the direction he felt that it was unlikely that a radical step back from the positive system wide focus would be seen.
16. Mr Spencer noted the reference which had been made to changes to how things were done during the recovery period and questioned the thinking about co-creating the changes with the workforce. The Chief Executive noted the need to continue the ongoing work working closely with the staff to progress the opportunities. Some executive time away had been scheduled at the end of May to discuss the plans further. The Chief Medical Officer advised that many ideas were also picked up and taken through the QI faculty with support offered to the teams and individuals with co-production with patients.
17. Mr Youngs questioned whether, with the NHS having stopped recruiting staff from India due to the current situation, the expected nurses had arrived at ESNEFT. Mr Youngs also questioned whether there was any demand from staff to return to India. The Chief Executive stated that in terms of the support being provided for India this was a nationally

	<p>coordinated issue and he was not aware of any request for staffing. The Director of Human Resources & Organisational Development advised that the last cohort of nurses had arrived from India but the second cohort who were due to arrive in May had been stopped. The Trust was now looking at further recruitment from the Philippines. Some staff had expressed a desire to go back to see relatives and the Trust was considering these requests on an individual basis under the organisations compassionate leave guidelines.</p> <p>18. The Chief Medical Officer advised that support to India had been offered in terms of CPAP machines and other equipment.</p> <p>Resolved: That the Board noted the verbal updates.</p>	
SECTION 2 – QUALITY AND PERFORMANCE		
P15/21	PATIENT STORY	
	<p><u>Received for noting</u> a patient story presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> The Chief Nurse observed that the patient story presented about early labour highlighted the importance of clear and compassionate communications throughout maternity services both within the Trust and across the wider services. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> Ms Noske stated that this had been a positive heart-warming story which linked to the line management development programme. The Chief Nurse noted that the intention was that support would be provided for line managers to hold improved conversations with staff which would link to appraisal. Ms Noske questioned why when the initial checks had been done it was not picked up that the patient was in the early stages of labour. The Chief Nurse advised that the initial checks were reassuring for the patient but given the levels of anxiety, the opportunity to be seen by a registrar was offered which the patient accepted. Mrs Taylor-Brown questioned what was felt to be the most important learning. The Chief Nurse advised the Board that he felt that the key learning was around the consistency of the message and the planning which was undertaken for the whole family. Mrs Taylor-Brown noted that facilities in the unit seemed to be an issue. The Chief Nurse advised that some work had already been undertaken to improve the facilities and there were further plans in place. The team were working closely with families to learn where improvement would be beneficial. It was noted that the Board would have oversight of this work through the Quality & Patient Safety (QPS) Committee. Mr Khatib thanked the Chief Nurse for the report and questioned whether the 3 hour wait for the registrar to arrive was usual and whether there had been clinical urgency in this case. The Chief Nurse advised that no clinical concerns had been identified at the initial review that required any further actions to be taken. The Chief Medical Officer noted that the clinical teams endeavoured to reduce waits but the way that the clinical and maternity staff worked together was key and she would assure the Board that the team worked closely together and also with colleagues across the region. Mr Ridler stated that it had been encouraging seeing the continuity of hand over and continuing care in this case but questioned whether there was an opportunity to recruit patient stories which were more challenging. The Chief Nurse stated that the team actively went out to people who had raised concerns through the complaints or PALS process to consider opportunities to share patient stories with the Board. The Chair noted that at previous meetings the Board had received stories where care had been less than ideal and which were more challenging. The Chief Nurse confirmed that the report had been shared with the staff involved. <p>Resolved: That the Board received and noted the report.</p>	
P16/21	CLINICAL DIVISION SPOT LIGHT	
	<p><u>Received for noting</u> a presentation by Mr Little, Director for Integrated Pathways.</p> <p><u>Noted</u></p>	

1. The Chair introduced the Director for Integrated Pathways, Mr Paul Little, who provided the Board with a presentation regarding community services as part of a new feature at Board meetings in public to understand more about how the clinical divisions worked.
2. Mr Little advised that the presentation focused on what had been learnt from the last 12 months and how this experience was helping development of community services across the ICS. The Board was informed that there was a real sense of energy to move forward with the prevention agenda whilst recognising the challenges of dealing with the shift in demand for community services over the longer term and there was now closer system working with a “one team” approach. Mr Little explained that the strength of the relationships which had been built up with partner organisation, such as care homes and GPs, had enabled the Trust to respond very quickly to demand and to create extra capacity in the community during the pandemic.
3. Mr Little observed that it should be acknowledged that all staff involved with the provision of community services had shown extraordinary commitment and flexibility over the last 12 months and there was a need to be mindful of the support staff would require to take forward the developments.

Questions and Comments

4. The Chair thanked Mr Little for the presentation which clearly showed the importance for ESNEFT of working as an integrated care organisation.
5. Mr Khatib questioned whether there had been a particular focus on the “hard to reach patients” during the pandemic and how patients had felt in terms of the new ways of working which had been introduced. Mr Little observed that the impact of health inequalities had been highlighted by the pandemic and tackling access was crucial. It would be key to move to practical interventions and the integrated neighbourhood teams were considering the impact of health inequalities across the area. In terms of patient experience the feedback gathered about remote access had been generally positive including for physio consultations.
6. Mr Morris questioned how the integration of primary care networks and GPs would be achieved to optimise the benefits of integration. Mr Little stated that for a couple of years discussion had been taking place and latterly work was being carried out across the system on the One Team Programme, clinical directors of the PCNs being partners in this work.
7. Ms Noske asked, given the challenges of the waiting list, how the community services could enable this and what support would be needed. Mr Little noted that there was a question around the extent to which diagnostic work could be increased to support elective activity and the support which could be offered to prepare people for elective surgery and whilst they were on the waiting list.
8. Mr Spencer observed that he felt this was a positive message and questioned how the Trust was looking at career pathways for staff noting that this could be taken forward by the People & Organisational Development (POD) Committee. Mr Little noted that there was flex between community and acute staffing and this was on the team’s agenda.
9. Mr Millar stated that ESNEFT’s role was pivotal for the service provision, strategic direction and expanding the opportunities for the provision of integrated community services and that Mr Little and his colleagues should be included in all conversations taking place regarding transformation of services. Mr Little advised that the Integrated Pathways division was included in a number of conversations taking place and the division included integrated therapies which spanned all areas and worked closely with colleagues across the Trust. Work was taking place to strengthen the links.
10. The Chief Executive commended Mr Little for the presentation and his leadership of the community services observing that the work done in community services differentiated ESNEFT from other organisations. Whilst provision of community services would be challenging in NEE it would be crucial not to lose sight of the benefits which could be derived from integrated care as shown by the community services provision in East Suffolk.

Resolved: That the Board received and noted the presentation.

P17/21	PERFORMANCE ASSURANCE COMMITTEE CHAIR’S KEY ISSUES (CKI) REPORT	
	<u>Received for assurance</u> the Chair’s Key Issues report from the Performance Assurance Committee meeting held on 27 April 2021 presented by Mrs Taylor-Brown, Non-Executive Director.	

	<p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The final minutes of the Integrated Assurance Committee meeting held of 23 March 2021 had been approved. 2. The Performance Committee had reviewed and approved its Terms of Reference for submission to the Board for final approval. 3. The Committee received the Integrated Patient Safety & Experience Report and was informed that the CQC had carried out inspections of the ESNEFT maternity services on both the Colchester General and The Ipswich Hospital sites. The reports were awaited. 4. The Committee was advised that there had been 5 outbreaks of COVID-19 reported in March 2021: 1 at Colchester General Hospital and 2 at Ipswich Hospital and 2 at Community Hospitals. As part of the Trust's response the Infection Prevention and Control team were working with internal and external stakeholders to ensure that all areas of practice were maintained at a consistent high standard, thereby minimising the risk as much as possible for nosocomial transmission to occur. This would be picked up by the QPS Committee. 5. The Committee had received the Workforce Performance Report and noted that there was concern that the Trust was not converting applications into appointments for medical recruitment. Actions had been taken to improve the process and mentoring and development programmes for new consultants were being considered. The risk implications if this trend continued for activity were highlighted as a rising concern. 6. The Committee had noted that elective activity recovery was being approach on a system basis, funding being predicated by system wide delivery of targets. The Committee was appraised of the potential impact for the system delivery from the RAAC plank building works proposed at West Suffolk Hospital, which would create additional pressures and held risk implications for local activity and recovery. 7. The Committee had noted that the Board Assurance Framework was work in progress. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 8. The Director of Finance stated that with regard to the financial risk within the system there was a move to an elective recovery fund (ERF) for 2021/22 which would be managed on a system wide basis, rather than an individual trust basis. The impact from the RAAC plank issues at West Suffolk Hospital had been recognised nationally and the team were willing to receive a paper which had been drafted. The position regarding the estate works was moving on a weekly basis and costs might move higher than the estimation of £2m. The Board was informed that verbal confirmation had been received from the CCG that they would be managing organisations separately for ERF payments and national funding would be made available to cover the RAAC plank issues. 9. Mr Spencer questioned whether the draft minutes from the Performance Committee could be made available for Board members who had not been present at the meeting. The Chair advised that she would work with Mrs Taylor-Brown and the Director of Governance regarding the appropriate distribution of draft minutes to the Non-Executive Directors. <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and noted the Chair's Key Issues report from the Performance Assurance Committee meeting held on 27 April 2021. • Approved the Performance Committee Terms of Reference. 	
P18/21	INTEGRATED PERFORMANCE REPORT	
	<p>The Integrated Performance Report for Month 12 (March 2021) which outlined the performance of the Trust was received for assurance.</p> <p><u>Operational Performance</u></p> <ol style="list-style-type: none"> 1. The Managing Director stated that performance figures captured within the report were to the end of March but considerable recovery of elective activity had been seen through April. 2. The Trust had learnt a lot from the first wave of the pandemic regarding cancer services and had sustained a lot of the cancer services during this time and continued to work hard to bring waiting times down further. 	HT/ CTB / DG

	<p><u>Workforce Performance</u></p> <p>3. The Director of Human Resources & Organisational Development advised that a conversation had been held on 29 April regarding consultant appointments and 62 new consultant appointments had been made in the last six months. It was confirmed that action was being taken regarding the issue raised in the CKI and there was focus on increasing the numbers of trainees and international recruitment to support this.</p> <p><u>Questions and Comments</u></p> <p>4. Ms Noske requested that the reduction of waiting times over the next couple of months, particularly looking at addressing inequalities, was expanded on. The Managing Director advised that a lot of this work, including activity and transformation, was coming together within the ICS and he would be happy to share an update from this work at the next meeting.</p> <p>5. Mr Ridler noted that the divisional accountability meetings, which had been stood down during the pandemic to reduce bureaucracy, had now been stood back up and he would question the pressure this put on the divisions. The Managing Director advised that the Trust had been in “command and control” through Tactical Control during the pandemic which had been required to identify and manage risks and that the Director of Governance had been considering the Trust’s governance structure going forward.</p> <p>6. Mrs Taylor-Brown observed that it had been agreed by the Board that the governance processes were reduced during the pandemic and it was now proposed that these were streamlined having taken the learning from the pandemic.</p> <p>7. The Director of Finance advised that the indicators had been reviewed during the last 6 months and would go live for the M1 divisional accountability meetings, the team had streamlined the information centrally which the divisions then provided conversation and added value on. The Board were informed that the divisions also used the information internally for their DMTs and the divisional accountability meetings provided appropriate governance for the money.</p> <p>8. Mr Bloomfield noted that he felt that the finance and workforce reports had improved significantly and that he understood that there was further work taking place regarding the Integrated Performance report.</p>	NM
P19/21	QUALITY & PATIENT SAFETY (QPS) COMMITTEE CKI	
	<p><u>Received for assurance</u> the CKI report from the meeting held on 29 April 2021 presented by Mr Khatib, Non-Executive Director.</p> <p><u>Noted</u></p> <p>1. Mr Khatib stated that the Quality & Patient Safety (QPS) meetings had now restarted and would continue on a bimonthly basis.</p> <p>2. The Committee had reviewed the Terms of Reference which were attached for approval by the Board.</p> <p>3. The Chief Nurse had informed the Committee of a never event occurrence categorised as wrong patient, noting there was no harm to the patient who received the correct treatment.</p> <p>4. The Committee were advised that the Quality Strategy due for June 2021 was now due to be completed in September 2021 and a forward work plan for the Committee would be presented at the next meeting in June 2021.</p> <p>5. The Committee heard from the Chief Nurse of continued efforts to reinforce PPE / handwashing and social distancing guidance and the importance in the post COVID-19 workplace.</p> <p>6. The Committee received and reviewed the Medicines Governance Annual Report presented by Kevin Purser, Chief Pharmacist and recommended this to the Board with the recognition of the significant level of medicines management activity during the COVID-19 period and enhanced clinical engagement achieved.</p> <p>7. The Chief Nurse presented the Maternity Transformation Programme which drew together the Trust actions in association with the Ockenden Report; CNST Maternity Incentive Scheme and introduction of Continuity of Carer. The Committee noted the progress report, recruitment plans, and the addition governance forums providing oversight and that this was a substantive item at the Board meeting.</p> <p>8. The Committee had noted that the CQC had carried out inspections of ESNEFT maternity</p>	

	<p>services on both the Colchester General and The Ipswich Hospital sites. The reports were awaited.</p> <p>9. Regulation 12 Safe Care & Treatment: Falls Prevention – a deep dive had been facilitated into falls prevention and progress against patient safety priority 2. The Committee was assured that the programme of work showed good progress with the proactive work being undertaken and the good use of trend data to benchmark internal improvement.</p> <p>10. The work plan for QPS was being developed.</p> <p>11. The Chief Nurse advised the Board that during the period from the end of March into April there had been a rapid increase in the number of nosocomial outbreaks of COVID-19 and a number of actions had been taken by the team. The rate had now reduced and over the past 96 hours no further nosocomial transmission had occurred. The Trust was working closely with Public Health England and Public Health Suffolk. Senior nursing staff were now undertaking daily walk rounds to stress the need for continued compliance with infection control measures.</p> <p><u>Questions and Comments</u></p> <p>12. Mr Bloomfield questioned whether the timing for receipt of the CQC report was known and that he would look for assurance that any recommendations would be able to be built into the ongoing transformation work. The Chief Nurse advised that a high level report had been received following the visits and the verbal feedback had not identified any immediate safety concerns. The draft report was expected over the next few weeks although no formal timescale had been given. Work was already underway to address some areas noted as requiring further work and the division was clear on the overarching action plan and any CQC recommendations would be aligned with the ongoing work.</p> <p>Resolved: That the Board:</p> <ul style="list-style-type: none"> • Received and noted the QPS CKI report from the meeting held on 29 April 2021. • Approved the QPS Terms of Reference. • Approved the Medicines Governance Annual Report. 	
P20/21	OCKENDEN RESPONSE REPORT	
	<p><u>Received for assurance</u> a report presented by the Chief Nurse.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. Following the publication of the Ockenden Report and introduction of the Transforming Perinatal Safety Programme, also taking into account previous reports such as Kirkup and Morecombe Bay, all Trusts had been asked to assess their current position against the 7 Immediate and Essential Actions (IEAs) in the Ockenden Report and provide assurance of effective implementation to their boards, Local Maternity and Neonatal System Board (LMNSB) and NHS England and NHS Improvement regional teams. 2. The assessment and assurance tool had been provided by NHSE/I to enable the Trust to critically evaluate the current position and identify further actions and support requirements in a structured response. Evidence of the assessment would be submitted according to guidance and with the support of the Maternity Voices Partnership as required. 3. NHSE/I had reviewed the Trust's initial response and provided further guidance on evidence required as part of the Trust's final submission on compliance with the standards or action being taken to do so. This work would ensure that the 7 IEAs and the associated 12 clinical priorities would be implemented with the pace and rigour commensurate with the findings and ensure that pregnant people and their babies were safe. 4. Whilst the Board had reviewed the Trust response to the 7 IEAs at its meeting in February 2021, the Board was asked to note there was a requirement for the Trust Ockenden report response to be considered at a meeting of the Board held in public. 5. The Board was asked to receive the assessment and response following recommendation by the Chief Nurse and Mr Khatib, Non-Executive Director responsible for the oversight of maternity services. <p><u>Questions and Comments</u></p> <p>6. Ms Noske thanked the Chief Nurse for the report but commented that it would be helpful if the report could be explicit on the link back of the activities to the IEAs and give a clear</p>	

	<p>understanding of the outcomes for patients which were happening as part of the activities.</p> <p>7. Mr Youngs stated that he felt that the report provided good reassurance regarding the procedures and practical measures needed to address the Ockenden report at ESNEFT. But he had been shocked by the remote and callous attitude of some staff which had been highlighted in the Ockenden report and questioned how assurance would be provided that these attitudes did not developed amongst ESNEFT staff. The Chief Nurse agreed that the findings of the Ockenden report had been shocking and that attitudes and behaviours were a key focus for all professionals across the Trust. In relation to maternity services the Chief Nurse stated that he would assure the Board that there was a clear relationship with maternity voices partnerships which enabled any gaps or concerns to be identified and a close focus maintained. From the patient experience feedback this was not shown to be an insidious or increasing issue within maternity services.</p> <p>8. The Chair observed that the Quality & Patient Safety Group would continue to oversee this on behalf of the Board.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 3 – PEOPLE AND ENGAGEMENT		ACTION
P21/21	WELLBEING UPDATE	
	<p><u>Received for assurance</u> a report presented by the Director of Human Resources & Organisational Development.</p> <p><u>Noted</u></p> <ol style="list-style-type: none"> 1. The Public Board were asked to note the report which outlined progress with the wellbeing offer available to all staff at ESNEFT. 2. The report confirmed the appointment of Richard Spencer, Non-Executive Director as ESNEFT's first Wellbeing Guardian, whose role was to steer the wellbeing strategy and hold the organisation to account for the provision of its wellbeing support to staff. This appointment being in line with the recommendations set out in NHS People Plan 2020-21. 3. The second section of the report outlined the engagement of staff with the wellbeing provision which was currently available. In particular, the report highlighted an increase in staff both accessing the Employee Assist Programme and engaging with the virtual wellbeing sessions. The Board was informed that over 1,000 staff had now accessed the health and wellbeing programme. The Trust had now appointed eight new associate Freedom to Speak Up Guardians who would be identifying common themes of staff concerns with clear feedback loops being developed. 4. The increase in the number of trained mental health first aiders (250) was noted. 5. Finally, the report briefly set out some immediate next steps for the wellbeing hub. These included, enhancing physiotherapy services for staff, exploring links with the national occupational health and wellbeing service and ensuring close working with divisions and HR Business Partners to facilitate appropriate debrief and counselling support for staff as part of the Recovery and Re-Build programme. The Director of Human Resources & Organisational Development noted the link of this work to the line management development programme and that the intention that support would be provided for line managers to enable them to hold better conversations with staff which would then link to appraisal. 6. The Board was asked to note the content of the report. <p><u>Questions and Comments</u></p> <ol style="list-style-type: none"> 7. The Chair noted that it was good to see the data on the uptake and impact of the wellbeing offers. 8. Mrs Taylor-Brown noted the internal investment which had been made in terms of wellbeing and questioned how the return on this investment was monitored to ensure the right interventions were being made. 9. Mrs Taylor-Brown stated that the Trust needed to ensure the Freedom to Speak Up metrics were in line with national standards and that wellbeing principles were at the heart of the organisation, noting the focus now being placed on how psychologically safe organisations were. The Director of Human Resources & Organisational Development stated that these points linked with the wider strategy and she would be happy to pick this conversation up 	

	<p>outside the meeting.</p> <p>10. Mr Bloomfield thanked the Director of Human Resources & Organisational Development for the report and advised the Board that he had attended a virtual seminar on the pandemic and wellbeing which he had felt had been very beneficial.</p> <p>11. Mr Bloomfield observed that the national principle 2 stated that the “Board and Well Being Guardian would check the wellbeing of any staff member exposed to a distressing clinical event” and that he felt this was a big ask and he would question the thoughts on how this would be introduced in practice. The Director of Human Resources & Organisational Development stated that this came back to the wider role of the Guardian and was linked to the systems and processes in place to ensure that staff had access to relevant and appropriate debrief training after any event. An audit at divisional and CDG level regarding support had been conducted and the results would be reported to ODG. Additional support had been commissioned and a detailed referral process was being developed.</p> <p>12. Mr Spencer stated that he would agree with the comments that wellbeing should be embedded into the organisation and that with regards to SIs as well as patients and their families being kept informed the staff who had been involved were too. Mr Spencer observed that on occasions there might be benefit to having a staff experience story at Board level. The Chair advised that arrangements would be made to reinstate a staff story to Part 2 of the Board meetings.</p> <p>13. Ms Noske commented that one of the priorities was to consider long COVID-19 but none of the virtual sessions appeared to address this and questioned the number of staff affected. The Director of Human Resources & Organisational Development advised that it was currently hard to firm up the clinical definition of long COVID-19 but that a lot of work was going on by the Occupational Health team to identify the support required. A link was available to GP led services and staff were also being put in contact with one to one psychology services; currently six staff were being supported.</p> <p>Resolved: That the Trust Board received and noted the report.</p>	KR
SECTION 4 - PUBLIC QUESTIONS		ACTION
P22/21	<p>1. Mr Welbourn, ESNEFT Lead Governor observed that he felt that the coherence of the message of care and concern given during the Board meeting should be commended, particularly the focus on looking at cultural diversity and inequity.</p> <p>2. Mr Welbourn noted that whilst not detracting from the support being provided to staff affected by the situation in India he would observe that there were other countries that were also similarly or more affected by the pandemic but tended not to be mentioned so widely in the national media messages. The Director of Human Resources & Organisational Development thanked Mr Welbourn for the challenge and stated that she would ensure that this was followed up with a message sent to staff from other affected countries regarding the support available.</p> <p>3. The Chair thanked Mr Welbourn for his support as Lead Governor to the Trust.</p>	KR
DATE OF NEXT MEETING - The next ESNEFT Trust Board meeting in Public would be held on Thursday 8 July 2021.		

Signed Date

Helen Taylor
Chair

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