

**Minutes of the Trust Board of Directors' Meeting in public
held on Thursday 7 March 2024, 9.30am
Joshua / Genesis Room, Kingsland Church Community Centre, 86 London Road,
Colchester, CO3 9DW**

Present:

Mr Mark Millar	Deputy Chair/Non-Executive Director (Chair)
Mr Eddie Bloomfield	Non-Executive Director
Dr Michael Gogarty	Non-Executive Director
Mr John Humpston	Non-Executive Director
Mr Richard Spencer	Non-Executive Director/Senior Independent Director
Ms Karen Sinnott	Non-Executive Director
Ms Usha Sundaram	Associate Non-Executive Director

Mr Nick Hulme	Chief Executive
Dr Shane Gordon	Director of Strategy, Research and Innovation
Mr Adrian Marr	Director of Finance
Mr Mike Meers	Director of Digital, Logistics and Operations
Ms Kate Read	Director of People and Organisational Development
Emma Sweeney	Acting Chief Nurse
Dr Angela Tillet	Chief Medical Officer/Deputy Chief Executive

In attendance:

Mr George Chalkias	Director of Governance
Mr Nick Sammons	Director of Estates and Facilities
Ms Ann Filby	Trust Secretary
Ms Alison Stace	Director of Operations
Ms Tina Terry	Board and Committee Secretary (minutes)
Ms Amanda Pryce-Davey	Director of Midwifery – item 3.1
Ms Selina Lim	Consultant General and Elderly Medicine – item 3.2
Ms Renee Ward	Consultant Nurse and Corporate Lead for Advanced Clinical Practice – item 3.2

Apologies:

Ms Helen Taylor	Chair
Mr Hussein Khatib	Non-Executive Director
Ms Karen Lough	Director of Elective Care

Three governors attended to observe the meeting.

SECTION 1 – Chair's Business		Action
P23/24	1.1 Welcome and Apologies for Absence	
	The Chair welcomed all attendees and members of the public to the meeting. Apologies for absence were noted.	
P24/24	1.2 Declarations of Interest	
	No further declarations were made, and the report was taken as read.	
P25/24	1.3 Patient Experience	
	The Acting Chief Nurse introduced a 76-year-old gentleman who was diagnosed with prostate cancer in 2002. The patient told the Board that he had received three rounds of treatment and acknowledged that although this diagnosis was ultimately not curable, it could be managed in a way which ensured he could maintain a good quality of life. The patient had spent a lot of time in the Collingwood Centre and mentioned how supportive	

	<p>all the staff have been highlighting that despite current work pressures, all staff found the time to reassure and talk to patients including the lady and gentleman who served the teas and coffees and always offered the best welcome.</p> <p>The patient spoke of the telephone helpline within the centre, reporting that if calls were not answered, staff would call back which was reassuring for patients, carers and loved ones. The patient shared his experience of the cancer support services at Colchester Hospital and praised the staff including the palliative nurses and doctors for their excellent care and friendly manner. The patient went on to discuss his experience with lymphedema treatment, including a positive interaction with Dr Kumar.</p> <p>Questions and comments</p> <p>Mr Spencer highlighted that the patient could remember the consultants' names and how important that is to a patient. The patient advised he had worked there himself so got to know the staff.</p> <p>The Director of Strategy, Research and Innovation thanked the patient for sharing his story. What stood out was the kindness of the team towards and he questioned whether he had also engaged with patient support groups following treatment. The patient did not feel it was necessary as he had received all the support required through the hospital.</p> <p>The Chief Medical Officer thanked the patient for sharing his experience and highlighted the importance of a care partnership and decision making between doctors/ patients and how decisions are made around the care provided. The patient was asked whether they were involved to the right extent with those decisions. The patient confirmed he was happy with the choices of treatment that were given and felt supported throughout. The patient requested that his thanks were passed to the Collingwood Ward on his behalf.</p> <p>The Chair thanked the patient for sharing their experience and advised that the Board is engaged in patients' experience and understanding where it fits in the system.</p> <p>Resolved: That the Board received and noted the patient experience story.</p>	
P26/24	1.4 Minutes of the meeting held on 11 January 2024	
	<p>The minutes of the meeting as presented were approved as a correct record with two amendments:</p> <ul style="list-style-type: none"> • Paragraph 12/24 amended to: Mr Bloomfield queried whether there would be any financial benefits from meeting the targets/standards. The Director of Finance confirmed that this is a significant positive impact of £1.1m which would cover the cost of meeting the requirements. It was anticipated that most Trusts would achieve the CNST standards so the bonus received was likely to be small and therefore the position would remain cost neutral. • Mr Spencer requested that his comments be transferred from the BAF section to the Trust Constitution section of the minutes to accurately reflect the timing of his contribution. 	AF
P27/24	1.5 Matters Arising – Action Log	
	<p>The action log was received, and all actions were closed.</p> <p>.</p>	
P28/24	1.6 Report from the Trust Chair	
	<p>Received for information a verbal report. The Chair updated on the following items:</p> <ul style="list-style-type: none"> • The comments made in the budget published yesterday regarding efficiency. • Dr Jude Ominyi had joined the Council of Governors representing the University of Suffolk. Governors who resigned due to personal circumstances, Harvey Crane and Trevor Catlow, were thanked for their service. • RHS (Royal Horticultural Society) Well-Being Garden at Colchester Hospital – work to deliver our new garden for staff, patients and visitors gets underway this coming Monday 11 March and was due to open mid-May, created at the front of the building in the approach to the main hospital. It would include curved paths, wildflower 	

	<p>areas and seating, along with a 'dry' garden featuring boulders and rocks. The RHS has been working with Colchester and Ipswich Hospitals Charity and staff to co-create the garden with sustainability and accessibility at its heart. Once completed, the garden will become a space where NHS staff members, patients and residents can learn gardening skills, get involved in caring for the garden or visit to take a break and relax. There will be places for private moments of contemplation.</p> <ul style="list-style-type: none"> • National award for our education team – Catherine Morgan, NHS East of England Chief Nurse, was welcomed to the Trust recently when she presented the National Preceptorship Interim Quality Mark. It means ESNEFT has been recognised as an organisation that offers a high-quality preceptorship programme for its newly qualified registered clinicians. Preceptorships are now given to all newly registered nursing associates, nurses, midwives and allied health professionals (AHPs) in their first-year post-registration. It gives them space to be welcomed into their new team and place of work, learning time and support to make the transition from student to accountable practitioner. • New endoscopy centre at Colchester Hospital – the first phase of work to build a new unit is underway, due to be completed by the summer of 2025. • The Oliver McGowan Training on Learning Disability and Autism - a new national training programme for how learning disabilities and autism is recognised, responded to and respected within healthcare settings has been launched for all Trust staff. This will include training led by individuals with lived experience of learning disability and autism. • National Memorial Service for COVID-19 – this national commemoration was marked with a Trust service on Friday 1 March 2024. The chaplain, wellbeing team, Freedom to Speak Up Guardian and human resources colleagues led, with both physical and virtual safe spaces for any colleagues to talk or reflect on their own feelings. Colleagues were able to plant sunflower seeds in memory of family and friends thanks to support from the RHS. • Ramadan - the festival of Ramadan will soon be underway, and the Trust was supporting staff who wanted to observe this. Dates and water will be available in the chapels and prayer rooms at Colchester and Ipswich hospitals for colleagues to break their fast, with thanks to OCS, Estates and Facilities and Colchester and Ipswich Hospitals Charity in partnership with the chaplaincy team. Restaurant spaces at both hospitals will also be open for those who may wish to meet to break their fast together. Thanks to all colleagues who take care and support their Muslim colleagues during Ramadan. • Annual Members Meeting – This meeting was held virtually on Wednesday 21 February 2024. The slides and recording are available on the Trust website as was the Trust's Annual Report for 2022/23. • The new edition of ESNEFT life, the Trust's magazine has been published. It features good news stories from our hospitals, the Trust's community teams and news from the Colchester and Ipswich Hospitals Charity. This included the new children's department at Ipswich Hospital and the NHS at 75 photo series, as well as features on innovation and research, such as how artificial intelligence (AI) was being used to 'read' x-rays. Endoscopy services opening at Clacton's Community Diagnostic Centre, and the recent ESNEFT Commendation winners were also featured. <p>Resolved: That the Board noted the verbal update.</p>	
P29/24	<p>1.7 Report from the Chief Executive</p> <ul style="list-style-type: none"> • Integrated Care Board (ICB)/Integrated Care Partnership (ICP) briefing 	
	<p>Received for information a verbal report presented by the Chief Executive.</p> <p>The Chief Executive echoed the comments regarding internal/external support and thanked the Chief Medical Officer and Director of Strategy, Research and Innovation for their support during his recent secondment to the Norfolk and Norwich University Hospitals NHS Foundation Trust as their Accountable Officer.</p> <p>Mr Hulme highlighted the financial pressures across the public sector, NHS and local</p>	

	<p>authorities and the need to reduce the impact on patients and staff support. There was a view emerging from some key partners that the NHS had been in receipt of funding to expand its workforce, however, this appeared to not have been accompanied by a corresponding increase in productivity and patients were waiting too long for treatment. The Chief Executive expressed frustration at the rhetoric portraying the NHS as broken, emphasising the value of staff and the need to address logistical issues to improve care delivery. The ICB faced challenges in co-ordinating and leveraging the strengths of various NHS and local authority partners with the need for long term planning and addressing operational issues to achieve true efficiency in healthcare. The emphasis on productivity/investments was likely to continue across the NHS.</p> <p>The Chief Executive highlighted the importance of embracing change and investing in technology to improve healthcare, citing the potential for AI and technology to augment clinicians' work and provide better outcomes. Acknowledging the discomfort of change, the need to take staff and patients on the journey towards a better future was stressed, leveraging the opportunity provided by the merger and advances in medicine.</p> <p>With the Epic contract to be signed shortly to provide an Electronic Patient Record (EPR), there are exciting developments over the next 12 to 18 months, but the NHS will be under a spotlight due to the election.</p> <p>Questions and comments</p> <ul style="list-style-type: none"> • Mr Spencer enquired about the aforementioned focus on productivity and how the wider system had reacted to it. The Chief Executive advised that as a system there was a requirement to demonstrate and promote productivity and not merely rely on individual partners to do so. • The Chair highlighted the need to look at organisational efficiency from the point of view of the patient and at system level. The Chief Medical Officer added that there was the need for an integrated approach to benefit patients and maintain good financial performance at the same time. • Mr Humpston enquired whether, given the strength of ESNEFT and discussions around productivity, the Trust could maximise opportunities to drive innovation. The Chief Executive encouraged the Trust to maintain high levels of ambition, and cited areas where transformative decisions had already been made including investing in a new EPR. <p>Resolved: That the Board received and noted the verbal and written reports.</p>	
SECTION 2 – Integrated Performance Report		
P30/24	2.1 Key issues Report: Quality and Patient Safety	
	<p>Received for assurance report from the meeting held on 22 February 2023 presented by Mr Gogarty, Non-Executive Director, on behalf of Mr Khatib, Committee Chair. The following key points were highlighted:</p> <ul style="list-style-type: none"> • The Trust faces increasing violence and aggression towards staff and there was discussion on the use of security within the hospital setting. • The regular report on infection control. • Medical equipment issues. • The increased prevalence of dementia and mental health in acute settings. • The potential harm from prolonged industrial action. • In recent months there had been a decline in still birth rates, aligned to an increased focus and improvements in maternity services. Compliance with CNST standards was positively received. • An alert related to the completion of audits for 2022/23 and risk assessments being carried out. • The safeguarding report and roll out of the mandatory Oliver McGowan training. • Detailed work on end-of-life care. Mr Gogarty reflected on the Charitable Fund Committee and the butterfly service, and the importance of securing ongoing funding. <p>Questions and comments</p> <ul style="list-style-type: none"> • Mr Bloomfield referred to Martha's rule and questioned how that was to be 	

	<p>implemented. The Chief Medical Officer emphasised the importance of easy access to critical care outreach teams and second opinions for patients and families, as well as the need to formalise the process of accessing second opinions.</p> <ul style="list-style-type: none"> Mr Spencer enquired about equality, diversity and inclusion (EDI) training for staff. The Director of People and Organisational Development confirmed the significant support across the Trust for rolling out the mandatory Oliver McGowan training for learning disability and autism, although more could be done on expanding the training offer and to ensure that everyone who worked at ESNEFT had an EDI objective agreed as part of their appraisal. <p>Resolved: That the Board received and noted the report.</p>	
P31/24	<p>2.2 Key issues Report – Performance and Finance Committee</p> <ul style="list-style-type: none"> Business and Financial planning 2024/25, first submission 	
	<p>Received for assurance report from the meetings held on 24 January and 28 February 2024 presented by Mr Bloomfield, Non-Executive Director. The following items were highlighted:</p> <ul style="list-style-type: none"> Confidence that the Trust was on course to eliminate 65 week waits by the end of March 2024, although nationally the deadline had been extended to September. The 75% diagnosis standard was forecast to be achieved, and a significant amount of activity was over-delivered in January 2024. The number of patients waiting for cancer treatment over 62 days remained slightly higher than anticipated, with the Trust sitting at 72% against a national target of 70%. Plans were in place to achieve an improved position in March 2024. Improvements in ambulance offload delays and patient care in Ipswich, with a focus on main presentations and same day emergency care pathways. Good progress had been made in the Urgent Community Response Service despite funding challenges. Sickness absence remained slightly higher than anticipated. The Trust vacancy rate was low but would increase because of aligning this with bank staff performance. The staff survey results had been received, with improvements across the majority of indicators. The nursing team has been leading the effort to improve patient safety, with medical teams recently joining in. There may be financial incentives for achieving the 4-hour treatment 76% target, which would support the challenging capital position. <p>Questions and comments</p> <ul style="list-style-type: none"> The Chair highlighted that on the Ipswich site there had been a 12% improvement in overall performance, ambulance offload improvements with zero over 60-minute waits over the last couple of days. Mr Bloomfield commended the teams for the improved position questioning whether there was a potential for financial penalties should the Trust not meet the 4-hour treatment target or a benefit by achieving it. The Director of Finance confirmed that it was more an incentive than a penalty. The Chief Executive thanked the team for the improved position and added that the challenge was maintaining this in the longer term as part of improving the overall culture and patient experience, including in areas served by the Trust which had poorer outcomes and higher levels of deprivation. The ambition was to reach zero 78 week waits by the end of the year. This posed a significant challenge and depended also on whether the industrial dispute with the medical workforce could be settled. The aim of delivering cancer diagnosis to 75% of patients within 28 days was noted. The Director of Finance reported on capital gained agreements from auditors, and updated on the EPR licence position once the contract was signed, to be achieved by the end of the financial year. National planning guidance was likely to be published shortly after the Chancellor’s Budget Statement to Parliament. A draft plan was submitted based on the draft planning guidance and the next submission was due later this month. The Performance and Finance Committee had been kept informed of developments and had noted the key headlines regarding financial performance and planning: £3.4 billion over three years, pushing for capital on maintenance, £2.bn for existing commitments such as pay awards added next year. There is a major focus on productivity at a system level and on performance against productivity 	

	<p>metrics, workforce retention and cost reductions. 65-week waits are to be eliminated by September 2024. The Department of Health and Social Care will consider whether additional funding may be needed to offset the financial impact of further industrial action. Inflation continues to decrease.</p> <ul style="list-style-type: none"> • Mr Bloomfield congratulated colleagues for maintaining good financial performance throughout the year and enquired about the anticipated impact of IFRS16. The Director of Finance confirmed that nationally there had been a mechanism identified to support the implementation of IFRS16. • The Director of Strategy, Research and Innovation echoed the comments made about the Trust's strong financial position and enquired about financial risk at regional and system level. A discussion ensued on the level of financial risk across the system and whether this was monitored at the appropriate system level forums. The Chair advised there were relevant discussions taking place on a regular basis at the ICS Finance Committee. • The Chief Executive welcomed the discussion on the mechanism for potentially escalating any concerns that the Trust may have to the ICB, and it was noted that several Board members sat on ICB Committees and therefore had the option to do so on behalf of the Trust should the need arise in the future. • Mr Gogarty enquired whether resource was likely to be available for investment in reducing inequalities. <p>The Board agreed that it would continue to maintain oversight of financial performance across the system and its potential impact on patient care. Should planning submissions not indicate a more strategic approach to reducing inequalities the Chair, Chief Executive and Director of Finance would confirm when this risk was to be raised formally.</p> <p>Resolved: That the Board received and noted the report.</p>	HT/NH AM
P32/24	<p>2.3 Key Issues Report – People and Organisational Development Committee</p> <ul style="list-style-type: none"> • Staff Survey 2023 	
	<p>Received for assurance report from the meetings held on 17 January and 27 February 2024 presented by Mr Humpston, Non-Executive Director, and those items for Board approval were identified.</p> <p>The Director of People and Organisational Development provided a verbal update on the staff survey results following lifting of the embargo at 9.30am. There was a 51.8% response rate, staff engagement had improved significantly, with a focus on outcomes and staff wellbeing. Improvements in staff satisfaction were also seen, but there is still a need to address issues of sexual harassment in the workplace. An increase in harassment and abuse of BAME staff from patients was highlighted. A positive shift had been seen in all scores and it was proposed that the results were presented at the Council of Governors meeting next week.</p> <p>Questions and comments</p> <ul style="list-style-type: none"> • The Director of Strategy, Research and Innovation welcomed the significant progress that had been made across a wide range of areas which demonstrated the effectiveness of the Trust's workforce strategy and its timely implementation. The Director of People and Organisational Development outlined the priorities for the next year and the means through which these would be communicated to staff. • Mr Bloomfield congratulated the Director of People and Organisational Development and the team on the results and enquired about the reverse mentoring programme. The Director of People and Organisational Development confirmed that 20 people per year took part in that programme and had found it beneficial. • The Chair also commented on the positive results and a great trajectory recognising that this is beginning to turn the corner. <p>Resolved: That the Board received and noted the reports presented for assurance.</p>	

P33/24	<p>2.4 Integrated Performance Report</p> <p>Received for assurance report presented by the Director of Finance.</p> <p>The report for month 10 outlined the performance of the Trust. It included the key performance indicators and provided analysis at primarily an overall organisational level, though for some areas there was discussion of performance by site, notably mortality and A&E access. The Trust's post COVID-19 recovery progress is now included as part of the operational commentary and analysis.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 3 – Quality and Patient Safety		
3.1	<p>Maternity Assurance Report</p> <ul style="list-style-type: none"> • Perinatal Mortality Review Tool Quarter 3 • Every Birth Every Day 	
P34/24	<p>Received for approval the report was presented by Emma Sweeney, Interim Chief Nurse, and Ms Amanda Price-Davey, Director of Midwifery.</p> <p>The purpose of the report is to receive the maternity update for assurance, discussion, and approval. In addition, the Board was asked to review and approve the Perinatal Mortality Review Tool (PMRT) Quarter 3 report and Every Birth Every Day key performance indicators.</p> <p>The Director of Midwifery highlighted the consistent improvements in triage quality within the service, with stable pre-term birth rates at hospital, while nationally there was an increase. A thematic review of post-partum haemorrhage cases is being undertaken to improve learning and compliance and management by prevention. 94% compliance with Saving Babies Lives was reported with full compliance required in year 6 of the Maternity Incentive Scheme. The training development action plan was 90% complaint. There was a 3% vacancy rate across both main hospital sites. As part of the business planning process the division had reviewed what more could be done to further promote continuity of care and equality of access. A report on stillbirth rates was almost finalised. The organisation aimed to support vulnerable women through stronger partnerships with third sector organisations.</p> <p>Questions and comments</p> <ul style="list-style-type: none"> • The Director of Strategy, Research and Innovation thanked the team for a great report and summary highlighting the positive progress and specifically staffing on both sites, picking up on improvements to services and the focus on monitoring outcomes and access for all groups. • The Chief Medical Officer enquired about perinatal mortality, equity of care and handover protocols for vulnerable mothers in the system. The Director of Midwifery confirmed support with health visiting teams/joint visits at around four weeks post-natal. • Mr Bloomfield enquired about the risks associated with the use of maternity lifts. The Director of Midwifery confirmed the robustness of the mitigations in place, this was being regularly reviewed, and that several options for the short, medium and longer term were being appraised. • The Chair noted the positive developments outlined by the Director of Midwifery. <p>Resolved: That the Board received and approved the report.</p>	
P35/24	<p>3.2 Clinical Presentation</p>	
	<p>Received for assurance a presentation by Dr Selina Lim, Consultant General and Elderly Medicine (Care of the Elderly) and Renee Ward, Consultant Nurse and Corporate Lead for Advanced Clinical Practice, General and Elderly Medicine (Debenham Ward).</p> <p>There is an increasing prevalence of frailty in the UK population, particularly among those over 85 years. Resilience declines with age, leading to increased vulnerability and dependence. Individuals often become permanently dependant due to frailty, which is a common problem in communities and hospitals. The impact of social isolation, mood,</p>	

	<p>and fear of falling, leading to incontinence and decreased mobility was described, and the negative impact on physical and mental health. The importance of recognising this at an early stage enabled support to prevent hospital acquired decline. The impact of frailty on older adults and the importance of recognising and addressing the issue could lead to early intervention and potential reversal of symptoms. Dementia is a common co-morbidity with frailty, and the two conditions often overlap.</p> <p>There is a need to start delivering care closer to home, using clinics and understanding population data, a more proactive model of care. Projects supporting care homes/ hospices, frailty at the front door, integrated neighbourhood teams, healthy ageing and creating wellbeing and nutrition were also highlighted. Community based approaches to healthy ageing, including falls prevention and social isolation reduction, and these were key to addressing the complex needs for older adults.</p> <p>Questions and comments</p> <ul style="list-style-type: none"> • Mr Gogarty thanked the team for the interesting presentation and enquired about the range of actions required to manage falls. Dr Lim advised the need for early identification of risk through working in partnership with primary care in communities and raising awareness across different age groups. • Mr Spencer asked about the links with faith-based groups who may be providing support. Ms Ward confirmed that outreach work was taking place with third sector partners focusing on groups that were less likely to access the service due to language or other barriers. • The Director of Operations agreed that the profile of frailty should continue to be raised and enquired what further support Board members could provide in this regard. Ms Ward advised that any support to raise the issue at system level forums would be appreciated. • Mr Humpston suggested formal and informal arrangements with retirement homes. • The Chair touched on the ambition and the role of the ICB/ICS and primary care, and engagement was crucial for driving change in healthcare. <p>Resolved: That the Board received and noted the reports presented for assurance.</p>	
Section 4 – Strategy & Transformation		
P36/24	4.1 Strategic Plan quarterly monitoring	
	<p>Received for assurance on progress with the schemes that comprise the strategic plan presented by the Director of Strategy, Research and Innovation.</p> <p>This report covers 12 director-led programmes which deliver across the Trust’s strategic objectives:</p> <ul style="list-style-type: none"> • Keep people in control of their health. • Lead the integration of care. • Develop our centres of excellence. • Support and develop our staff. • Drive technology enabled care. <p>The plan is essentially a composite of workstreams that constitutes the major need for integration of care, centres of excellence and making time matter that drive the organisation forward.</p> <p>Questions and comments</p> <p>Mr Humpston thanked the Director of Strategy, Research and Innovation for the robust report.</p> <p>Resolved: That the Board received and noted the report.</p>	
SECTION 5 – Finance & Performance		
P37/24	There were no items for consideration.	

SECTION 6 - People and Organisational Development		
6.1 Public Sector Equality Duty Annual Report 2023		
P38/24	<p>Received for assurance, report presented by the Director of People and Organisational Development, highlighting the following, with further work to be done:</p> <ul style="list-style-type: none"> • Increased composition in disclosure and protected characteristics. • Benchmarking data between white vs ethnic groups, and the data compares favourably against national figures. • Disclosure increases in relation to apprenticeships. • EDI group regional representation. • Individual responsibility around equality and diversity. • The Patient Experience Group is working with the EDI Steering Group. <p>Questions and comments The Director of Strategy, Research and Innovation confirmed the great performance that should be celebrated.</p> <p>Resolved: That the Board received and approved the report.</p>	
6.2 Gender Pay Gap Annual Report 2023		
P39/24	<p>Received for approval, the report was presented by the Director of People and Organisational Development</p> <p>The report provided the workforce gender pay gap (GPG) data for the period April 2022 to March 2023 and summarised developments, together with assurance of compliance through the GPG action plan. The Director acknowledged the hard work of staff networks and emphasised the need for individual responsibility around EDI. She added that the LGBTQI+ network was exceptional in providing a safe space, as were all the other staff networks in operation across the Trust. The GPG data showed that the Trust had a predominantly female workforce, currently standing at 77%, and that staff in age groups of 30-39 and 60+ had seen the largest growth. The specific actions were outlined aimed at supporting women within our workforce, for example through making it easier to use shared parental leave, while also acknowledging the need to support staff regardless of gender.</p> <p>Areas highlighted to the Board were:</p> <ul style="list-style-type: none"> • Gender breakdown: 22.4% men and 77.6% women, a 5.1% rise from 2020/21 (17.3% / 81.7%) • Our mean gender pay gap is 25.67%, an increase since last year (2021/22) which was at 24.8%. • Our median gender pay gap for 2021/22 was 10.24%, increased for 2022/23 to 11.99%. • Male staff proportionately continue to be paid at higher rates than their female colleagues in all staff groups. • Female staff proportionately continue to have lower representation in the highest earning quartile and there is a slight reduction in 2022/23 to 64.12% when compared to 2021/22 (64.60%). This data should be seen in the context that female staff represent 77.6% of the overall workforce. • Each grade has two pay points (five years apart) which impacts on the pay gap. <p>Resolved: That the Board received and approved the report.</p>	
P40/24	SECTION 7 – Governance	
	<p>7.1 Key Issues report – Audit and Risk Committee Received for assurance, presented by Mr Millar, Committee Chair:</p> <ul style="list-style-type: none"> • No alerts to raise to the Board. • The 2022/23 audit report had been received and the annual members meeting had been held. • The relationship with BDO, external auditors, had now concluded and new auditors have already embarked on the 2023/24 audit work. • The change in auditors has led to a dispensation from NHS England that the 	

	2023/24 annual report and financial statements submission is delayed to 31 August 2024. Resolved: That the Board received and noted the report.	
SECTION 8 – Questions from the public		
P41/24	8.1 Public Questions	
	There was a query relating to an individual patient who had received a pacemaker manufactured in the United States and was therefore by default set to a US time zone. A question was also raised about the level of attention paid to long-term conditions and the importance of addressing underlying issues to prevent deterioration in hospitalised patients. The Interim Chief Nurse highlighted the range of actions being taken to improve the experience for this group, including the provision of physiotherapy for all patients if they met the requirements, and reference was made to the slipper campaign currently in operation on both sites to support the prevention of falls.	
SECTION 9 – Other Urgent Business		
P42/24	9.1 Any Other Urgent Business	
	No further items of business were raised.	
P43/24	9.2 Date of next meeting	
	The next meeting in public would be held at 9.30am on Thursday 2 May 2023, Orwell Room, Kesgrave Community and Conference Centre, Twelve Acre Approach, Kesgrave, Suffolk, IP5 1JF.	

Signed Date

Helen Taylor
Chair

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